

Needs of Francophones Living in Nunavut

Mental Health and Addictions





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Mental Health in French¹

Mental health directly or indirectly affects all Canadian families. One Canadian in five will experience a mental health disorder over the course of the year. This equals more than 200,000 Canadians living in Francophone minority communities.

Unfortunately, mental disorders and illnesses do not stem from a single cause. In fact, they are the result of a complex combination of social, economic, psychological and genetic factors, factors that also influence the overall health and well-being of each individual.

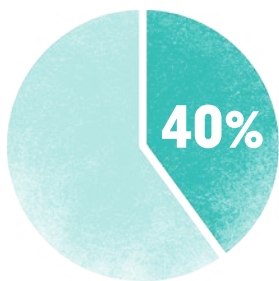
Up to 50% of mental health disorders or mental illnesses among adults appear before the age of 14 years.

What is the problem?

Although the symptoms do not always follow a specific pattern, certain mental disorders and mental illnesses may cause strong feelings of despair and low self-esteem that can lead to suicide.

Of the 4,000 suicides that occur in Canada each year, most involve individuals suffering from mental health disorders or mental illness.

Communication is an essential tool for health workers, whether for promotion, prevention, assessment or treatment of a mental disorders and mental illnesses. Language thus plays a decisive role in disclosure and promoting recovery.



Only 40% of Canadians who have reported mental health disorders choose to consult a health professional. A number of theories are put forward to explain this phenomenon: lack of resources, fear of stigmatization, and the problem of accessibility of services are cited as obstacles to obtaining care.

Francophone communities are socio-demographically highly diverse in Canada. Overall, Francophones in minority communities are older, less educated and have a lower average income compared to Anglophones, three risk factors for mental disorders and mental illnesses.



It is now recognized that language barriers: reduce recourse to preventive health services; prolong the duration of consultations; increase the likelihood of resorting to diagnostic tests, and increase the likelihood of errors in diagnosis and treatment



Only one person in three suffering from mental health disorders or mental illness says that he or she has sought and obtained services and treatment

A clinical interview conducted in a language other than the patient's mother tongue may lead to an incomplete or biased assessment of the mental state. Moreover, the use of medical interpreters in this context, whether or not they are trained, has greater clinical impacts than in other areas of health care. These situations present greater risks by compromising the correctness of the diagnosis as well as the detection of disorganized thought or delusions.

Environmental Analysis: Nunavut



Political

In 2008, the Government of Nunavut (GN), Nunavut Tunngavik Incorporated (NTI), the Royal Canadian Mounted Police V-Division (RCMP) and the Embrace Life Council (Iikelc) formed a partnership to create a strategy to prevent suicide.

A review of evidence-based research sought to identify suicide reduction methods from other jurisdictions. The partners sought input from Nunavummiut through a discussion paper, community consultation and targeted discussions with key stakeholders involved in suicide prevention. In October 2010, the Partners released the Nunavut Suicide Prevention Strategy (NSPS).

In September 2011, an Action Plan outlining steps, to March 2014, to reach the vision of the NSPS was released.

In March 2014, this Action Plan was extended to allow for an evaluation. Nunavut's Chief Coroner called an inquest into suicide, in January 2014, after the high level of suicide in 2013.

The inquest, held in September 2015, heard testimony from family members, clinicians, researchers and partners of the NSPS. The jury produced eighty-nine recommendations in their verdict. At the conclusion of the inquest, the Partners committed to reviewing the jury recommendations and continuing their partnership in suicide prevention. Nunavut Premier Peter Taptuna declared a crisis on October 25, 2015 and named Paul Okalik as Minister responsible for Suicide Prevention and Chair of the Quality of Life Cabinet Committee. On January 8, 2016, Partners of the NSPS re-adopted the strategy's vision, goals and approaches to suicide prevention and agreed to jointly developing Action Plans, consistent with the jury's verdict. (*Resiliency Within. An Action Plan for Suicide Prevention in Nunavut 2016-2017*)

The Nunavut Suicide Prevention Summit (Auausiuqatigiingniq Inuusirmi), was held from May 4 to 6, 2016, in Iqaluit. The Summit is the direct result of a recommendation by the jury following the inquest into suicide in Nunavut. The Summit, which brought together more than 100 leaders from all over Nunavut, was an opportunity to discuss their best practices, to learn from each other and to develop a long-term action plan to prevent suicide in the territory. NSPS partners will use what they learned from the Summit to create a new action plan to take effect in 2017.²

It is important to understand that although suicide prevention is the Government of Nunavut's priority, this in no way diminishes the urgent needs in mental health and the fight against addiction.



Health System

Nunavut's health and community services system is fragmented and partial. This is why the Department set up procedures to ensure access to specialized services when not available in Nunavut.

The Department of Health offers medical travel benefits to cover the cost of travel for medical purposes. As a result, all eligible Nunavummiut have access to medical services that are not available in the community on the recommendation of a health professional.³

However, when it comes to mental health and addiction, services remain fragmented and partial. In addition to this situation, there is an access barrier to culturally and linguistically adapted services, for both Inuit and Francophones.

In May 2016, the Office of the Languages Commissioner of Nunavut submitted a report on compliance with the Official Languages Act of the Qikiqtani General Hospital (QGH). The investigation report, which was conducted in 2013, demonstrates the absence of a plan or policy with regard to services in the official languages at the QGH. It states, among other things, that services in official languages other than English are practically non-existent and that staff must often rely upon unofficial interpreters (family, friend, other patients), which poses a risk for patients' safety.

These communication problems may also have serious repercussions for patients who do not have access to health services in their language, which may lead to an inaccurate diagnosis and inappropriate treatment. Language barriers may directly impact the patient's safety and the quality of care they receive.⁴

The report concludes with fourteen recommendations to the Department of Health of Nunavut to adapt care linguistically and ensure compliance with the Official Languages Act.

The fact remains that in Iqaluit, where the majority of Francophones are located, there are services available in French despite the fragmentation of health services in general. Some specific services like suicide prevention, psychological assessment of mental health needs, addiction intervention and support are sometimes available in French.



Francophone Communities in Nunavut

To properly understand the reality of Francophones in Nunavut, here is some historical and sociodemographic data that explains the reality of this minority community.

Nunavut was officially created on April 1, 1999. The territory covers the eastern and northern parts of what were, up until that time, the Northwest Territories. It covers an area of some two million square kilometres. Over 85% of its inhabitants are of Inuit origin. Of the 31,906 people residing in Nunavut on December 31, 2011, some 70% spoke Inuktitut as their mother tongue and for approximately 16,500 of these residents, it is the language spoken most often at home. French is one of Nunavut's official languages.

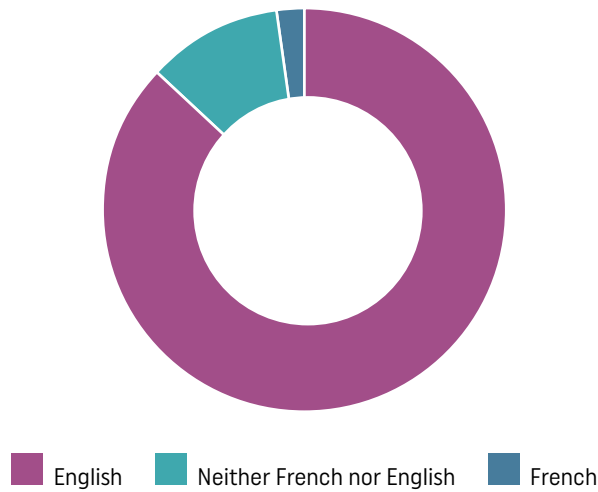
(Francophone Community Profile of Nunavut, Fédération des communautés francophones et acadienne du Canada)

According to the 2011 census, 455 residents of the territory have French as their first official language spoken, or 1.4% of the population. However, 1,205 people, or 4% of the population of Nunavut, can speak the country's two official languages, French and English. Most Francophones, some 315, live in the capital, Iqaluit.^{5*}

The population of Nunavut is by far the youngest in the country, with a median age of 23. However, the Francophone community is much older, with a median age of 39. Nunavut's Francophone population is composed largely of adults. Those under 20 years of age account for 19% of the Francophone population. In fact, the majority of Francophones (58%) are between 20 and 49 years of age, a figure that reflects the specific nature of Nunavut's economy, largely dominated by natural resources operations.⁶

* Note : Some individuals list both English and French as their mother tongue. For this reason, the categories total is greater than the total population.

Population by first official language spoken, 2011, Nunavut



Eight out of ten Francophones were born outside the territory. Almost all are from other provinces of Canada, with immigrants comprising only 6.5% of the territory's Francophone population. The Francophone residents of Nunavut come mostly from Quebec, but also from other regions of the country. The Francophone community is thus drawn from diverse sources that are mainly native to Canada, affecting their sense of belonging and identity

Education is the key to the vitality of the Francophone community in Nunavut. In fact, it can rely on a large percentage of Francophones who have a postsecondary education. The level of education of Francophones exceeds by far the territorial average, and the percentage of Francophones who have a college or university degree is considerably greater than the national average for French Canadians.

(Francophone Community Profile of Nunavut, Fédération des communautés francophones et acadienne du Canada).



Iqaluit's Francophone Community

During public consultations, the Francophone community spoke of its experience and how it sees itself. Here are some highlights:

- The community is made up of people in transition / passing through
- Francophones are constantly adapting, either arriving or preparing to leave
- They have a feeling of rootlessness
- They feel isolated from their «southern» social network
- Cultural and environmental shock (light, temperature, etc.) are common
- Resources do not exist, so people do not ask for them
- The reality of the environment is difficult
- It is a small community, everyone knows everyone else, this causes a problem in healthcare, in terms of confidentiality
- There are no services available for Inuit who seem to have more problems, so Francophones do not ask for services since it feels as though they are taking their resources



Consultation Process on Mental Health Needs

Mental health is a major health issue everywhere in Canada. According to the World Health Organization (WHO), **mental health** is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.

For this reason, in 2012, the Société Santé en français (SSF) and its network members equipped themselves with mental health guidelines in French, *Promoting recovery in French*.⁷ These guidelines direct all the procedures currently underway in terms of mental health for Francophone minority communities throughout the country.

More specifically, in Nunavut, RÉSEFAN has identified mental health and addiction as a major issue for the community. For this reason, RÉSEFAN, with the support of the Réseau-Ressource en santé mentale, the Réseau des services de santé en français de l'Est de l'Ontario (RSSFE) for the SSF and Tel-Aide Outaouais, analyzed the needs of Nunavut's Francophone community in terms of mental health and addiction.

RÉSEFAN used a holistic approach to analyze the needs of the community. The procedure included:

- A review of the literature on the mental health and addiction environment in Nunavut;
- Individual interviews with key players in the field of mental health and addiction (7 people);
- Community consultations with Francophones living in a minority context (24 people);
- Individual interviews with key stakeholders in Iqaluit's Francophone community (5 people);
- Survey of available mental health and addiction services (carried out with the help of a Social Work trainee).

More than 35 people were consulted between January and April 2016. This procedure made it possible to draw conclusive recommendations, when you consider the fact that those consulted represent close to 7% of Nunavut's Francophone minority community. This first consultation with the Francophone community enabled professional and personal perceptions of the Francophone community's needs in terms of mental health and addiction to be gathered.



Consultation Report: Mental Health and Addiction Needs and Potential Solutions

Findings

Overall, this procedure led to a better understanding of the Francophone minority community's mental health and addiction needs and the condition of services available to meet these needs

In 2013, the consultation on the Francophone community's priorities by the Department of Culture and Heritage revealed the need for access to French speaking family doctors and front-line workers.

Access to health services in French is an absolute priority. In an emergency situation, it is imperative for a person to receive services in his or her mother tongue. It is essential to immediately improve service delivery in French in hospital (the Qikiqtani General Hospital in Iqaluit), but also in the areas of public health, mental health, family health, social services and medical travel. ⁸

We recognize the unique nature of the Francophone community: a small, but very vibrant, and often transitional community. We believe that creative solutions can be implemented to ensure the quality and safety of care for everyone.

Tangible actions to improve access to mental health services in French fit into a comprehensive plan for access to culturally and linguistically adapted care. It is in the best interest of RÉSEFAN and the Department of Health to collaborate and lay the foundation for such a plan. A solid collaboration has already begun. The expertise of the various partners will no doubt lead to concerted actions and innovative solutions adapted to the community.

It is clear that the Francophone community also cares for its fellow Inuit citizens. We understand that their needs are numerous and urgent. We recognize that the actions taken by the Government of Nunavut to address the suicide crisis are essential. However, we believe that many of the actions and solutions already implemented can be adapted to the Francophone reality. We don't want to reinvent the wheel, we want to take advantage of this momentum, of the increased mobilization that will provide better access to mental health services for all Nunavummiut.

The courses of action proposed by the community are perfectly in line with the commitments proposed in Resiliency Within, An Action Plan for Suicide Prevention in Nunavut 2016-2017 :

1

COMMITMENT NO 1
FOCUSED AND ACTIVE APPROACH

Objective: Mobilise organizations and individuals to help prevent suicide

2

COMMITMENT NO 2
CONTINUUM OF MENTAL HEALTH SERVICES

Objective: Nunavummiut have access to a continuum of mental health services

3

COMMITMENT NO 3
EQUIP YOUTH TO COPE WITH ADVERSITY

Objective: Provide our ever-growing population of young people with knowledge and skills

4

COMMITMENT NO 4
TRAINING

OBJECTIVE : PEOPLE FEEL COMPETENT AND ABLE TO OFFER SUPPORT THROUGH THEIR WORK AND AS MEMBERS OF THE COMMUNITY

5

COMMITMENT NO 5
RESEARCH FOR UNDERSTANDING

Objective: To better understand the problems, enable informed decision-making with regard to policies and programs

6

COMMITMENT NO 6
COMMUNICATE WITH NUNAVUMMIUT

Objective: Public participation through informed, constructive dialog

7

COMMITMENT NO 7
EARLY CHILDHOOD DEVELOPMENT

Objective: Promote the healthy development of the next generation

8

COMMITMENT NO 8
SUPPORT COMMUNITY DEVELOPMENT

Objective: Encourage members of the community to find solutions on a local level

Moreover, a key message of the service suppliers consulted is that the needs of the Francophone community are heard, and that there is a will to answer. The interviews also revealed the following::

- There seems to be little demand for services in French
- Human resource recruitment is a challenge, especially when you add the ability to speak French
- Creative thinking will be required to provide services to everyone



Needs

Mental health and addiction needs cover many horizons, when considering that community consultations and individual interviews reached a wide array of key stakeholders of Nunavut's health sector and Francophone community.

For children, young people and parents:

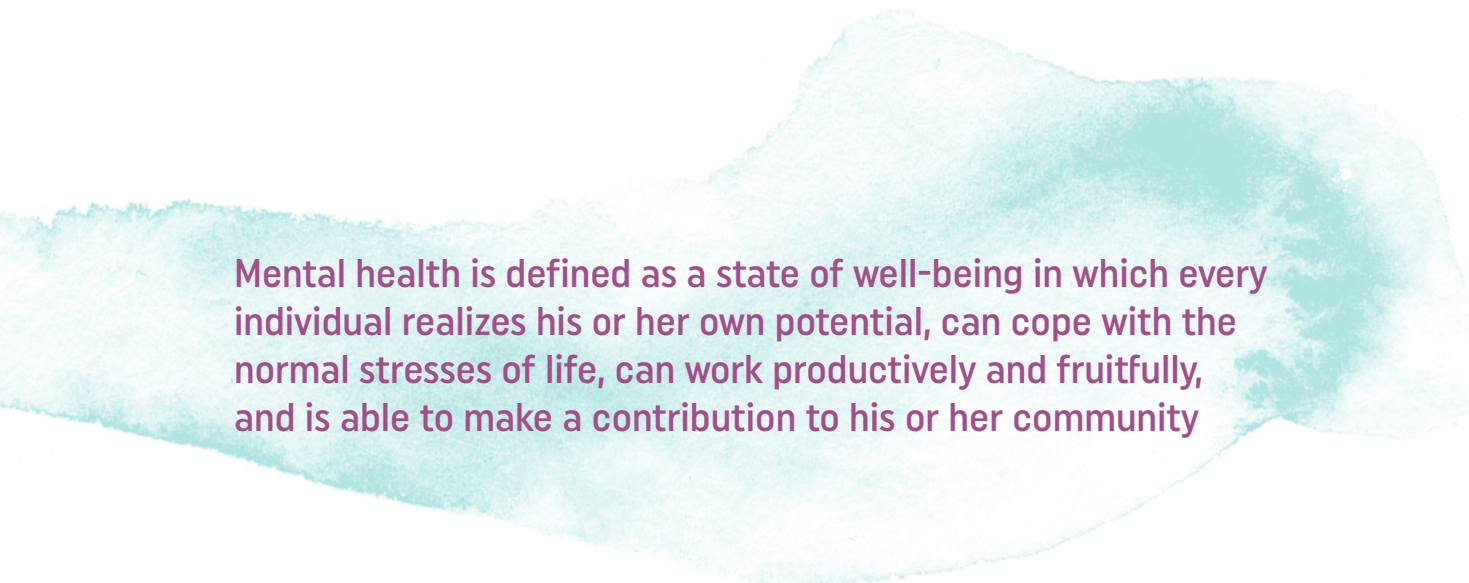
- Access to psychology services for diagnoses and educational resources (behavioural problems, learning problems, stress and anxiety management);
- Tools to implement intervention and follow-up plans, including guidelines for adaptation in school;
- Guidelines to ensure project continuity and sustained communication throughout staff turnover;
- Tools to support children when they are uprooted, or preparing to be uprooted (communication between schools, support, etc.)

For adults:

- Access to a family doctor or nursing care in French;
- Knowing where services are located and if they are available in French, or access to alternative methods of healthcare (online or telemedicine);
- Confidential support for Francophone patients;
- A helpline in French could fill a need in the Francophone community, since French-speaking workers are rarely available on the Kamatsiaqtut line;
- Access to community services;
- Suicide prevention and crisis intervention training, along with psychology and psychiatry services in French;
- Community services and programs available in French.

For the system:

- Employee stability, fewer positions for trained professionals left vacant;
- Facilitate accessibility of services;
- More community workers;
- Access to culturally and linguistically adapted tools;
- Trained interpreters;
- Stable funding for programs;
- Cultural training for workers/professionals;
- Recurrent training for personnel interacting with youth.



Mental health is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community



Possible Solutions

The following possible solutions were identified by the community and professionals with whom we met, as well as the organizations consulted.

Possible solutions for children, young people and parents:

- Collaboration, clear communication, training for everyone who interacts with children (common understanding, involve parents);
- Welcoming and inclusive school environment (community school or Healthy School model);
- Create a gathering place (youth centre, youth committee, reach children in Francophone schools);
- Promote greater parental involvement;
- Support and training for teachers.

Possible solutions for adults:

- Implement measures to ensure confidentiality within a small community;
- Area to create a sense of belonging, to meet up and break isolation;
- Access to nursing care and basic medical care in French;
- Create a directory of resources and specify willingness to provide services in French;
- Create interprovincial / interterritorial service agreements to provide mental health and addiction services in French (e.g. telemedicine);
- Helpline with volunteers trained for the reality of the North;
- More frequent addiction support groups (AA), groups for families (ALANON), access to addiction services in French (in the south).

Possible solutions for the system:

- Promote services for the Francophone community;
- Maintain lists of bilingual personnel;
- Collaborate to recruit bilingual human resources;
- Staff training tools adapted to the Francophone culture;
- Mental health internships for Francophone students;
- Explore possibilities for interpretation / support;
- Develop simple solutions that take advantage of things already in place without additional pressure on managers;
- Collaborate with existing organizations to develop programs.

Recommendations

This section of the report aims to make recommendations to attempt to address the needs and possible solutions identified above.

1 Collaboration and Creative Partnerships/ Key Actors Mobilization

Collaboration between the Department of Health, the Department of Family Services and workers in the field is essential to the adaptation of mental health services for the Francophone community. Organizations such as RÉSEFAN and the Association des francophones du Nunavut, as well as the École des Trois-Soleils, must be at the heart of creative partnerships. These partnerships will support initiatives in the field, which will have a genuine impact on the lives of Francophones. Francophone organizations are allies and are ready to work together with the Government of Nunavut to enable the Francophone community to flourish.

It would also be interesting to examine the possibilities of partnerships with Francophone post-secondary education and health institutions in southern Canada to set up innovative actions that could facilitate the adaptation of services.

2 Promote Services and Healthcare Accommodation Procedures

Francophones do not know where to find the services they need. They do not know the system and pay little attention to promotion campaigns tailored to the Inuit majority community. They also believe that services do not exist, even though some options are available. It is important to ensure that the community is made aware of these services, that an up-to-date inventory of the services is maintained and that employees are trained to use this information when offering services to meet needs. The community should be made aware when healthcare accommodation procedures are available (e.g. telemedicine) to be able to access them.

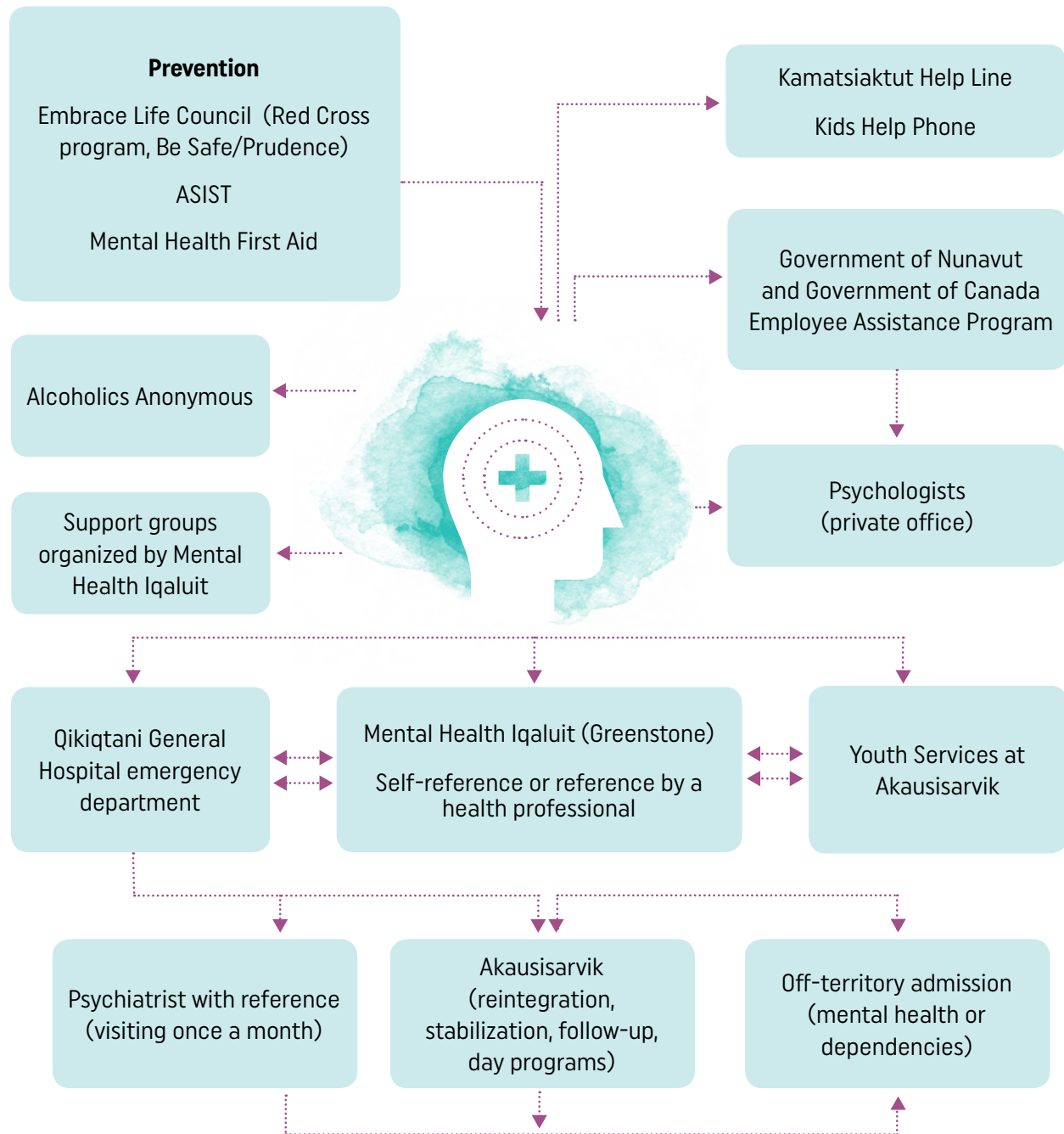
3 Increase Access to a Continuum of Mental Health Services in French

Obviously, access to mental health and addiction services in French is the ultimate answer to the concerns of the community, health professionals and the system. This can take many forms. Procedures have been implemented, or will soon be implemented. Very specific actions, in collaboration with key actors, can lead to wonderful results for the community. Several possible solutions were identified during the consultation process. These measures and actions can be transferred from the Inuit community to the Francophone community and vice-versa.

Appendix 1

Continuum of Mental Health Services

Iqaluit, Nunavut



* All these services may not be available in French, see description of services or Appendix 2 - Directory of Resources for more information.

Appendix 2 – Directory of Resources

FR EN	Government of Canada Family/Employee Assistance Program: 1-800-268-7708
EN	National Domestic Violence Hotline US: 1-800-799-7233
	Kamatsiaqtut Help Line: 1-800-265-3333
FR EN	Assaulted Women's Helpline: 1-866-863-0511
IK EN	Alcoholics Anonymous: 1-888-616-4011
	AI Anon : (867) 979-5595
	Iqaluit Mental Health Centre Centralized mental health reception service coordination : (867) 975-7267
	Government of Nunavut for employees and family assistance:
FR	1-866-398-9505
IK EN	1-800-663-1142
	RCMP : 867-979-0123 / 867-979-1111
	Qikiqtani General Hospital: (867) 975-8600
FR EN	Kids Help Phone: 1-800-668-6868 (24 heures)
	Shelter for Homeless Women: 867-979-2700
	Qimaavik Women's Shelter: 867-979-4500
FR EN	Social/Family Services: (867) 975-7250 (Grinnell Place) (possibilité d'évaluation en français)
EN	Psychology service (confidential phone and voice mail): Melanie Stubbing 1 (867) 222 5690 www.melaniestubbing.com Confidential email: contact@melaniestubbing.com
	Public Health: (867) 975-4800
EN	Mental Health Workers: (867) 979-7270
	Mental Health Workers (Emergencies): (867) 975-5650

FR = French EN = English IK = Inuktitut

Notes

- 1 Mental health in French, understanding the complexity of the challenge and the urgency to come together. <http://santefrancais.ca/wp-content/uploads/Argumentaire-sant---mentale-SK-EN.pdf>
- 2 http://www.nunatsiaqonline.ca/stories/article/65674nunavut_suicide_prevention_summit_lays_groundwork_for_action_plan/
- 3 <http://www.gov.nu.ca/health/information/medical-travel>
- 4 <http://langcom.nu.ca/sites/langcom.nu.ca/files/QGH%20-%20Final%20Report%20EN.pdf>
Systemic Investigation Report, Investigation Into The Qikiqtani General Hospital's Compliance With The Official Languages Act, R.S.N.W.T. 1988, Final Report
- 5 <https://www12.statcan.gc.ca/census-recensement/2011/dp-pd/prof/details/page.Lang=F&Geo1=PR&Code1=62&Geo2=CSD&Code2=6204003&Data=Count&SearchText=iqaluit&SearchType=Begin&SearchPR=01&B1=All&Custom=&TABID=1>
- 6 http://profils.fcfa.ca/user_files/users/44/Media/Nunavut/nunavut_fr.pdf
- 7 <http://santefrancais.ca/wp-content/uploads/Orientations-en-sant---mentale-FR.pdf>
- 8 Mise en oeuvre de la Loi sur les langues officielles : Les priorités de la communauté francophone en matière de services en français, ministère de la Culture et du Patrimoine, Mars 2015.



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