

## Mental health services in the Northwest Territories: a scoping review

Aviva Elman<sup>a</sup>, Meghan Etter<sup>b</sup>, Kimberly Fairman<sup>c</sup> and Susan Chatwood<sup>c,d,e</sup>

<sup>a</sup>Faculty of Nursing, University of Toronto, Toronto, ON, Canada; <sup>b</sup>Community Development, Inuvialuit Regional Corporation, Inuvik, NT, Canada; <sup>c</sup>Institute for Circumpolar Health Research, Yellowknife, NT, Canada; <sup>d</sup>School of Public Health, University of Alberta, Edmonton, AB, Canada; <sup>e</sup>Dalla Lana School of Public Health, University of Toronto, Toronto, ON, Canada

### ABSTRACT

The impacts of colonization have had significant impacts on the mental health and community wellness Indigenous peoples in the Northwest Territories (NWT). It is important that all communities in the NWT have access to key services in a culturally relevant way in achieving mental and community wellness. A scoping review was conducted to identify mental health services available in the NWT. To guide the understanding of the landscape of mental health services in the NWT, the information on health services gathered was organized using the First Nations Mental Wellness Continuum (FNMWC) Model's Continuum of Essential Services. Documents accessed included grey literature, consisting of government documents, practice guidelines, education materials, community wellness reports, internet searches and expert consult interviews to collect data on mental health and wellness services in the NWT. 68 mental health services were included in this review, from 23 different sources. Results were summarized and described the Continuum of Essential Services from the FNMWC Model. This guided approach was found to be useful for mapping mental health services for communities in the NWT. The findings highlight and categorize existing mental health services and gaps in relation to a First Nation's perspective using the FNMWC Model. Specific areas examined included the Continuum of Essential Services, Key Partners, Culture as a Foundation, and Indigenous Social Determinants of Health. Findings can guide communities and health authorities in planning, implementing and coordinating a full range of optimized mental health services in the NWT.

### ARTICLE HISTORY

Received 3 October 2018  
Revised 23 May 2019  
Accepted 29 May 2019

### KEYWORDS

Mental health services; Northwest Territories; first nations mental wellness; first nations mental wellness continuum framework

### Introduction

In the Northwest Territories (NWT), providing mental health services that respond to the northern context with strong cultural values, geographic expanses and health inequities requires unique approaches. The NWT has the second highest proportion of Indigenous peoples in Canada, with 51% from Indigenous descent, within which lies substantial cultural diversity [1,2]. Of the indigenous population in the NWT, 57% identify as First Nations, 19% identify as Metis and 21% identify as Inuit. Nine of the 11 official languages in the NWT are indigenous [2]. The NWT is regionally diverse and one of the most sparsely populated regions in Canada [2]. It encompasses traditional territories of the Dene First Nations, Metis and Inuvialuit people. Cultural diversity and respect for this contributes to the health and well-being of the people living in the NWT [3]. Canada's century-long policy of state-sponsored, forced assimilation and systematic oppression to eliminate their cultures have had wide stretching negative impacts [1]. The historical trauma of forced colonization, displacement and the residential school system has had lasting

intergenerational effects and threatened the mental health and well-being of Indigenous communities in Canada, more so in the North due to a larger proportion of schools [1,4,5].

This created challenges throughout the region such as displacement, loss of autonomy, political oppression and bureaucratic control, that continue to impact the social determinants of health and wellness [6]. High rates of mental health and substance use issues, suicides, cultural degradation, poverty, and homelessness are manifestations of these underlying challenges within the Indigenous communities [4,7]. It must be appreciated that despite the impact of colonization, there is great evidence of individual and collective resilience, grounded in cultural values that have persisted and emerged from the renewal of Indigenous identities [5,6]. Cultural identity, language and traditions, geographic and social settings, historical connection to the land, history of adversity and overall community self-determination are important factors contributing to Indigenous resilience and mental health [1,6]. Studies have shown that Indigenous cultural continuity, self-government, involvement in land claims, and control over

health services and education have been correlated with decreased suicide rates [1]. Additionally, reduced illicit drug use has been associated with stronger identity with, and integration of, Indigenous culture and heritage [1]. These links between culture and health contribute to overall well-being. Regaining one's connection to Indigenous culture can lead to healing when dealing with mental health and addictions. Individual and community resiliency is based on connection to cultural values, identity and durability of interpersonal relationships within families and social networks of support [3,6]. Involvement in meaningful language and culture can equip people to better handle life stresses and become more grounded [3]. Different indigenous groups across Canada have different approaches to resilience, ranging from individual, community, resistance and revitalization, self-reliance, and strength from language and the land [6]. Cultural knowledge has become a deep source of strength and resilience for the indigenous people in the NWT [5]. Resilience can be developed through connections to culture and community and can be a protective force against mental health crises and addictions within indigenous communities [8].

### ***Mental health services delivery in the NWT***

Mental health services in the NWT are implemented at a variety of levels; federal, territorial, regional and within communities. The Health and Social Services (HSS) system in the NWT is complicated, spanning a variety of service providers, professionals, regional authorities and delivery partners [9]. In 2014–2015, individual communities, including 26 Indigenous governments and organizations, received Community Wellness Initiative funding, which included a mental health and addictions programming cluster. This was funded by Health Canada's First Nations and Inuit Health Branch (FNIHB), administered by the Government of the NWT (GNWT), and allocated to community governments, Health and Social Services Authorities (HSSA) and NGOs [10]. This funding was dedicated to prevention, assessment, early intervention, counselling and treatment services related to mental health and addictions [11]. There are many NGOs and community and Indigenous governments that play key roles in delivering promotion, prevention and community wellness services [11]. At the time of this review in 2016, the Department of HSS had eight independent regional Authorities responsible for providing access to mental health and addictions programs and services to communities within its region (Figure 1) [11,12]. In August 2016, following the data collection for this review, the NWT's HSSA went through a transformation. The Northwest Territories Health and Social Services Authority (NTHSSA) was created by merging six regional health authorities; Beaufort Delta, Sahtu,

Decho, Fort Smith, Yellowknife and Stanton Territorial Hospital (Figure 2) [12]. These previous regional authorities remain as identified regions within the new NTHSSA structure. The NTHSSA designs and delivers territorial health and social services in most of the communities across the territory. Through this health system transition, mental health and addictions remained a priority programming area [12]. Most programming depends on collaborative efforts of organizations and people in the community [13].

Mental health services in the NWT ought to be rooted in Indigenous culture and tailored to the specific needs, sociohistorical context and geographical location of its population. High rates of suicides and mental health issues still persist in the circumpolar regions, indicative of shortcomings in mental health systems and services despite federal and territorial mental wellness programs seeking to address mental wellness challenges [4,14]. Substance abuse and suicide rates are higher in the NWT compared to the national average. Furthermore, the suicide rates in smaller communities were more than twice the suicide rates in Yellowknife [2]. Between 2008–2011, alcohol and drug use were involved in 68% of mental health hospitalizations in the NWT; hospitalizations related to substance use in the NWT is more than six times higher the national average. The high rate of acute care mental health hospitalizations can often be prevented with other services such as counselling, outpatient services, and addictions treatment programs [15]. Ironically, a 2014 survey revealed that 59% of people in the NWT reported very good perceived mental health, which is lower than the national average of 69% [16].

Within the healthcare delivery system, the territory faces significant challenges in delivering adequate mental health care because of the remote and widely dispersed population, harsh environmental conditions and lack of human resources [17]. Barriers to receiving adequate health services include high cost of delivery, shortage of healthcare providers, limited offering of health services and lack of infrastructure [18].

### ***Approach to mental wellness using the framework***

This review aims to put mental health services in the NWT into the sociohistorical context of Indigenous populations. Indigenous mental wellness is inclusive of culture, language, Elders, families and creation to support healthy individuals, community and family life [4]. In particular, this scoping review looks at mental health and addictions services related to the wellness theme outlined and defined by the Community Wellness Plans based on NTHSSA programming, developed through collaboration between HSS and communities [11]. The mental health and addictions theme

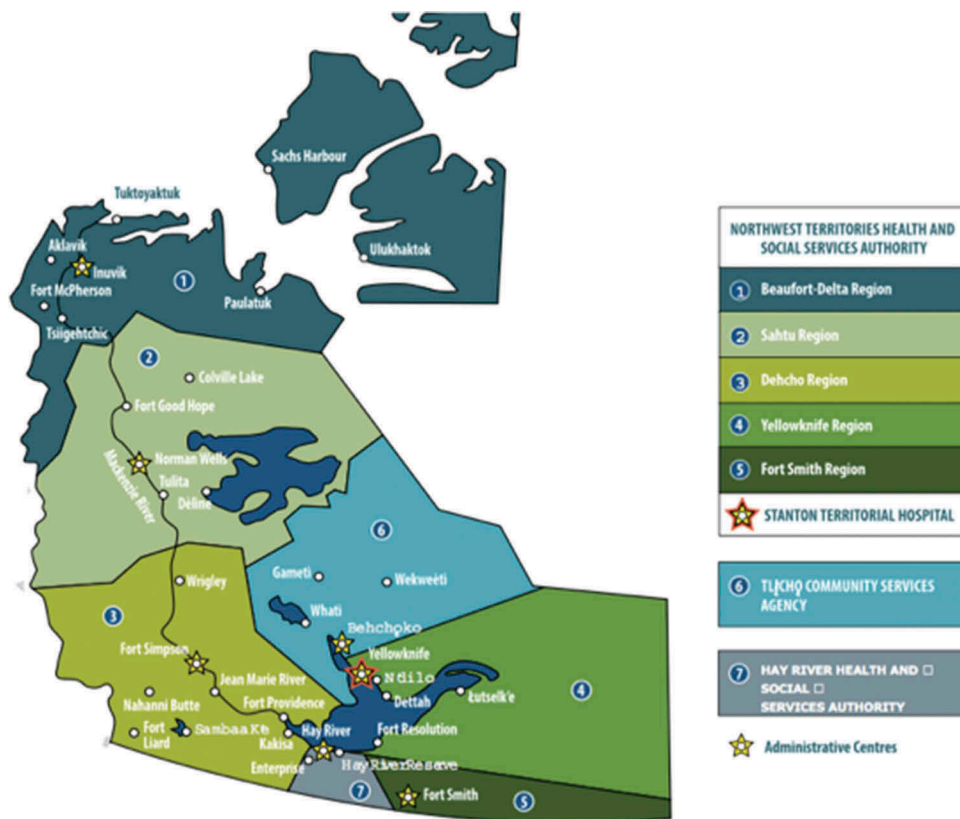


Figure 1. Map of regional HSSA and communities prior to 2016 transformation [12].

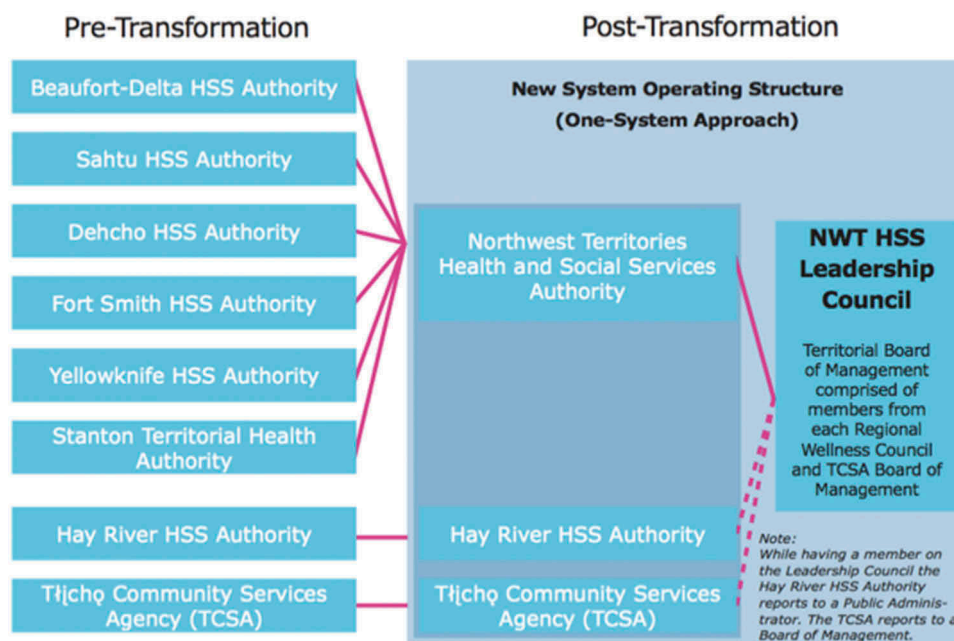


Figure 2. Transformation of governance structure for NWT HSS system [12].

includes: healing, substance abuse, addictions, counselling, self-esteem, connection to the land, effective prevention, treatment, aftercare and retention programming [11]. This scope of mental health and

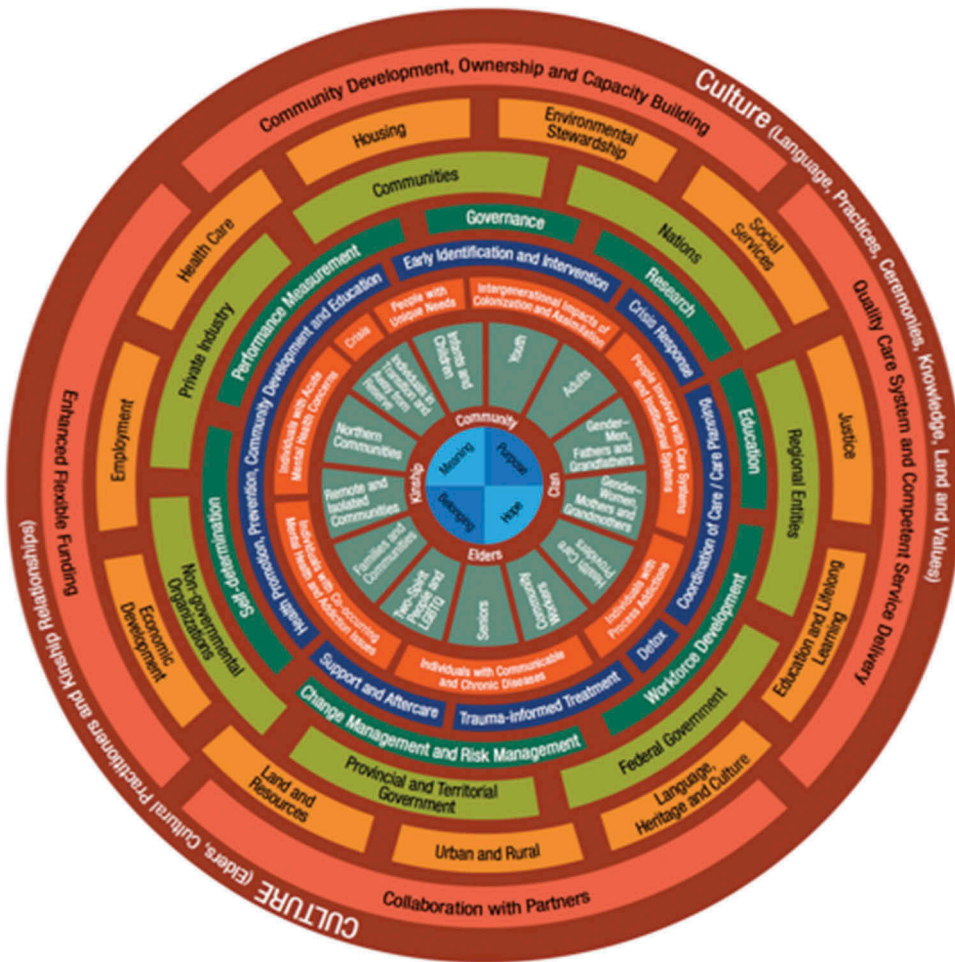
addictions, as defined by communities in the NWT, is used to guide what services were included.

This paper will review the status of mental health and addictions services in the NWT in line with a model that

reflects an Indigenous approach to mental wellness. For this purpose, we used the First Nations Mental Wellness Continuum (FNMWC) Model (Figure 3) to organize the review [5]. The FNMWC Framework is created using a First Nation’s approach. It must be acknowledged that this framework may not be as applicable to all Indigenous groups in the NWT, such as the Inuit, as it reflects First Nations values. The FNMWC Model includes a Continuum of Essential Services, the dark blue ring in Figure 3; a full spectrum of relevant supports and services necessary for First Nations’ mental wellness [5]. The Continuum of Essential Services will organize the results from this review

and will be used to categorize services from data collection. The Continuum of Essential Services include:

- Health Promotion, Prevention, Community Development, and Education
- Early Identification and Intervention
- Crisis Response
- Coordination of Care and Care Planning
- Detox
- Trauma-Informed Treatment
- Support and Aftercare [5]



Legend (from centre to outer ring)	
Four Directions (outcomes)	Supporting Elements
Community	Partners in Implementation
Populations	Indigenous Social Determinants of Health
Specific Population Needs	Key Themes for Mental Wellness
Continuum of Essential Services	Culture as Foundation

Figure 3. First nations mental wellness continuum model with legend [5].

Other concepts from the FNMWC Model (Figure 3) that are significant in mapping mental health services include Culture as Foundation (identified on the outside of the model), Partners in Implementation (light green ring), and Indigenous Social Determinants of Health (light orange ring) [5].

Culture as the foundation is an underlying theme for all concepts on this framework, and should be integrated into policies, planning, implementation and evaluating mental health services. Culture encompasses Elders, cultural practitioners, kinship relationships, language, practices, ceremonies, knowledge and land [5]. These cultural values are an important social determinant of health and wellness. Culture is dynamic across Indigenous communities in the NWT, however there are common principles such as identity, relationships, purpose and meaning [5]. Effective program implementation also depends on many partners, including various levels in government, NGOs and private sector and corporate partners [5]. Indigenous-specific social determinants of health include economics, employment, environmental stewardship, gender, historical conditions and colonialism, housing, land and resources, language, cultural identity, legal and political equity, racism and discrimination, self-determination and non-dominance, social services and supports [5]. Mental health services for northerners should target these determinants [5,17].

The FNMWC Framework was developed in collaboration by FNIHB, the Assembly of First Nations and Indigenous mental health leaders from various First Nations [4,5]. The goal of the FNMWC Framework was to support development of a coordinated continuum of mental wellness services for and by First Nations with a combination of approaches, including traditional, cultural and mainstream [4].

We felt it was important not only to gather information on mental health services, but to organize this review around a model that was reflective of Indigenous wellness and created spaces for reflection outside the ongoing colonial and assimilative aspects of health system delivery. The FNMWC Framework accounts for some of the unique needs of northern First Nations, as it is flexible in its implementation to ensure adaptability and applicability to different settings and circumstances [5]. While understanding the diversity of Indigenous people in the NWT, we felt it was the best guideline available thus far to begin to reflect on and compare the scope of mental health services in the NWT.

All communities should have access to the full range of programs and services for promotion of mental wellness and treatment of mental illnesses [14]. Health and mental health inequities for Indigenous people was addressed by the Truth and Reconciliation Commission's Calls to Action, items 19, 20 and 21 to redress the legacy of residential

schools [19]. These items call for sustainable funding and establishing health goals while addressing specific needs of Indigenous people [19]. This highlights the importance of understanding the landscape of mental health services that exist in the NWT and how they align with Indigenous perspectives on mental health. Because of the challenges facing the people in the NWT and increased mental health issues in the territory, it is crucial to understand what programs have been implemented, targeting community and mental wellness.

The objective of this scoping review is two-fold:

- (1) to identify mental health services available in the NWT
- (2) to identify where they fall on the Continuum of Essential Services in the FNMWC Model (Figure 3).

## Methods

A scoping review of grey literature using Arksey and O'Malley's method was used to determine the extent, range and nature of mental health services in the NWT [20]. This scoping review maps key concepts of mental health and addictions services to develop a general understanding, identify gaps and summarize a more broad range of information through the application of the FNMWC Framework [20]. It surveys the landscape of mental health services without assessing quality. This scoping review was focused on identifying mental health services that were currently implemented in the NWT at the time of review, June-July 2016.

The FNMWC Model (Figure 3) has been applied in various practice settings. For example, in creating the Mental Health and Addictions Elder Advisory in Alberta, and in ensuring cultural safety and collaboration between and among agencies for the Give Us Wings project in Nova Scotia [4]. It has also been used to guide collaborative links between First Nations, federal and provincial governments in Ontario by identifying services available, service gaps, and to avoid duplicating services [4]. Similarly, this study will use the Continuum of Essentials Services from the FNMWC Model to identify and classify mental health services in the NWT. This approach is useful for mapping existing services in communities, identifying service gaps, and guiding communities and health authorities in coordinating a full range of optimized mental health services in the NWT.

## Search strategy and data extraction

Grey literature was the primary data source, valuable for exploring public health topics, to identify non-indexed

literature such as government documents, practice guidelines, educational materials, reports, websites and expert consults [21,22]. Expert consults consisted of local and territorial health program managers and counselling directors. They were contacted to identify published and unpublished sources, as well as provide information not available elsewhere, such as first-hand experiences, community events, and non-documented front-line services addressing mental health at the community level. Peer-reviewed academic literature was excluded in the data collection and analysis. The search strategy is highlighted in Table 1. General web searches on Google search engine were the last step in data collection until saturation was reached. Search terms were simplified to yield the greatest number of results, limited to “mental health OR mental wellness OR mental illness”, and “services OR programs”, and “Northwest Territories OR [region] OR [community]” [22]. Any more search terms brought forward the same findings.

#### **Inclusion criteria for services**

- Specific to the NWT
- In English
- Current at time of review (implemented after 2004 with no evidence of being discontinued)
- Described mental health services related to the mental health and addictions themes outlined by the Community Wellness Plans [11]

#### **Exclusion criteria for services**

- Services offered outside of the NWT
- Services for clinical presentations of mental illness such as dementia, bipolar disorder, schizophrenia etc.
- Services in the pilot or planning phase that have not yet been implemented
- Services targeting wellness without a mental health component (i.e.: tobacco campaigns)
- One-time, needs-based, community education sessions and workshops

Services targeting social determinants of health outside of the stated mental health and addictions theme as

well as services targeting clinical presentations of mental illness were excluded from this review as they are not reflected in the Continuum of Essential Services specifically, even if included in other areas of the FNMWC Framework.

## **Results**

### **Search results and sources included**

As shown in Figure 4, 312 sources were identified. Most sources excluded were duplicates, as they were identified in government and community websites as well as results in general internet searches. Various internet pathways and websites led to the same documents or service information. Sources were also excluded because they detailed services that were not within the set service inclusion criteria. For example, many sources detailed health promotion programs related to tobacco cessation. The remaining 41 sources were reviewed and 92 mental health services were identified. 68 services were included in this scoping review based on inclusion criteria. The 68 programs/services were from 23 of the 41 sources reviewed, as multiple sources included information on the same services/programs (Appendix A).

### **Charting the data**

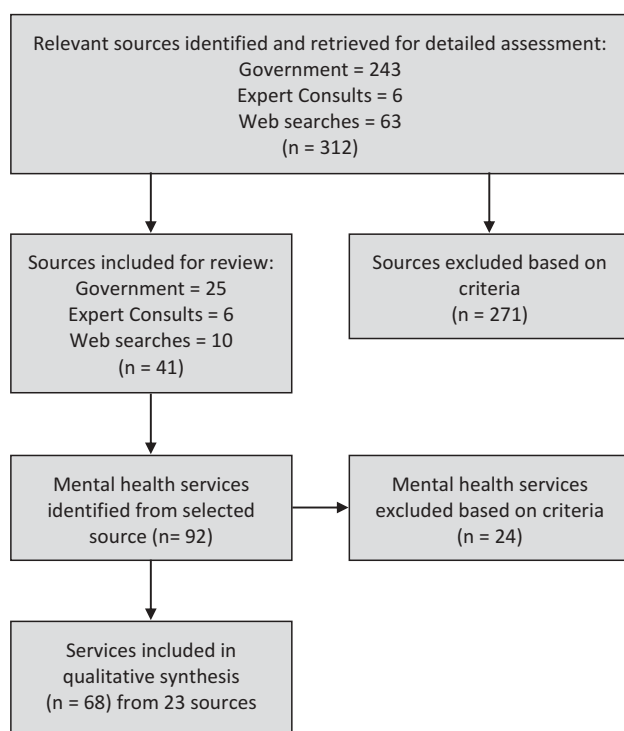
Charting is a way to organize and interpret qualitative data by sorting information according to desired topics and themes [20]. The 68 mental health services were charted based on service characteristics including jurisdiction, target population, and key concepts from the FNMWC Model such as key partners, Continuum of Essential Services, culture as a foundation and Indigenous social determinants of health (Appendix B). This data extraction was done to synthesize and interpret results.

### **Summarizing and reporting results**

A numerical analysis was done to describe the extent, nature and distribution of services, without assessing the quality of the mental health services reviewed [20].

**Table 1.** Grey literature search strategy.

Method	Tools	Used to find ...
Grey literature repositories	Government websites - Federal - Territorial - Indigenous and Regional	Government programs, reports, resources and services
Contacting experts	E-mail and phone conferences with mental health workers in 5 regions	All grey literature types specific to region, information on services not available elsewhere
Targeted and general web searches	- Centre for Addiction and Mental Health, Canadian Mental Health Association, Mental Health Commission of Canada websites - Google search engine	Health promotion, campaigns, social networking, NGO and other agency programs



**Figure 4.** Source identification and mental health service selection for inclusion in scoping review.

The charted data (Appendix B) shows that 25% (n = 17) of the 68 services had a cultural component, as charted in the Culture as a Foundation column, 5 of which were land-based. The data also shows that 41.2% (n = 28) of the 68 services targeted Indigenous social determinant(s) of health in addition to mental health. The data also revealed that 41.2% (n = 28) of the services had additional partners in implementation outside of its jurisdiction.

Table 2 demonstrates the extent that services in this review addressed the Continuum of Essential Services on the FNMWC Model. It is important to note that a single service may address more than one category on the Continuum of Essential Services, therefore represented in multiple rows on Table 2. 60% (n = 41) of

**Table 2.** Continuum of essential services and collected data.

Continuum of Essential Services from FNMWC Model	Services targeting Continuum of Essential Services category	
	Number of services	% of services (n = 68)
Health Promotion, Prevention, Community Development and Education	41	60%
Early Identification and Intervention	14	21%
Crisis Response	14	21%
Coordination of Care and Care Planning	12	18%
Detox	0	0%
Trauma-Informed Treatment	13	19%
Support and Aftercare	28	41%

services addressed Health Promotion, Prevention, Community Development, and Education, the most frequently targeted category, followed by Support and Aftercare, with 41% (n = 28) of services. It is important to note that there were no permanent services for medical detox in the NWT.

It was challenging to organize data based on jurisdiction or service site. Services are implemented by various levels of government; national, territorial, regional and community. For example, there are services implemented by territorial or regional jurisdictions that are not carried out in each community within its region. This finding reflects the reality of mental health service delivery in the NWT. There are many levels of self-governance and program variation that reaches parts of the NWT but not others. Therefore, evaluating these services based on regional and community levels or service sites was complex to understand and did not yield significant results. Appendix B details jurisdictional information of services reviewed.

## Discussion

### *Application of first nations mental wellness continuum framework*

The FNMWC Framework describes key services and supports required to achieve mental wellness for individuals, families and communities [4]. It provides a comprehensive overview of its development, the mental health status of First Nations, a FNMWC model with a systems approach to mental wellness, and implementation strategies to overcome challenges while ensuring preservation of Indigenous culture. The FNMWC Framework remains adaptable to the North and accounts for cultural diversity among First Nations [5]. The application of this framework in this scoping review has helped identify gaps in mental health services. Additionally, three important concepts from the FNMWC Model can help better understand the service data: Culture as Foundation, Partners in Implementation, and Indigenous Social Determinants of Health.

### *Strengths and gaps in the continuum of essentials services*

Health Promotion, Prevention, Community Development and Education is the most abundant continuum area found in this review. This category is interdisciplinary and 60% of services had some element part of this area on the continuum (Table 2). Many of these programs have overlapping target areas with mental health and other life skills (Appendix B). For example, the Brighter Futures Program

includes parenting skills and injury prevention, Craving Change targets addictive behaviors that also relate to eating habits, and Talking About Mental Illness has a focus on mental health literacy. Services in this category target a wide variety of skills that can contribute to prevention and community development as it relates to mental health.

Emerging strategies for Early Identification and Intervention include training programs to develop skills in recognizing mental health crises and early intervention. For example, ASIST (Applied Suicide Intervention Training) and Mental Health First Aid for Northern People provide people with skills to provide immediate basic support and care (Appendix B). These training programs can help combat service gaps as a result of overburdened systems and lack of human resources [5]. Other strategies to overcome service gaps include integrating on-the-land programming, mobile treatment, and decrease turn-around time for out-of-territory referrals [8].

One of the most critical gaps identified is the lack of Crisis Response plans [5]. There is no designated medical detoxification program or residential treatment facility in the NWT, creating a large gap in the Continuum of Essential Services of the FNMWC Framework, as demonstrated in Table 2 [23]. Nats'ejee K'eh Treatment Centre in Hay River closed in 2013 when the GNWT diverted funding [24]. The Truth and Reconciliation Calls to Action 21 acknowledges that there are no healing centers in the NWT, and calls upon the federal government for sustainable funding [19]. Due to the vast geography of the NWT, small population and diverse cultures, languages and healing traditions, it remains a challenge and extremely expensive to have a territorial treatment center grounded in local culture [8]. NWT residents requiring residential treatment may be referred to one of four facilities in southern Canada through their local community counselling program [8]. Timely and culturally appropriate access to Detox is an important step missing in the long-term recovery process [5]. Furthermore, it is challenging to provide adequate aftercare services to patients upon return from inpatient treatment centers [8,13,23].

### ***FNMWC framework key concepts***

***Culture as the foundation.*** This framework has culture at the foundation of mental wellness and can serve as a reference to ensure services are culturally safe (Figure 3) [5]. The cultural relevance of reviewed services is reflected in the Culture as a Foundation column. Culture degradation from colonialism remains a challenge, culture must be recognized as a healing force in promoting Indigenous mental wellness. Development of culture-based and land-based mental health services across the continuum is a common approach to wellness [5]. This review revealed emerging culturally-based and land-based programming,

with only 25% (n = 17) of programs aligning with Culture as a Foundation (Appendix B). Given the significant Indigenous population in the NWT, this review reaffirms the need to continue pursuing the FNMWC Framework as a resource in developing more culturally appropriate mental health and addictions services. On-the-land programming is an alternative to clinical mental health counselling that is rooted in culture. Opportunities like these can foster cultural continuity and pride, land-based skills, intergenerational relationships, reengagement with the community, emotional regulation, guidance and healing [6,14]. In 2015–2016, an On-the-Land (OTL) Collaborative Fund was initiated through collaboration between the GNWT, regional authorities, community representatives and NGOs, as a need to increase on-the-land programming in the NWT. Some of the funded projects have a specific focus on mental health concerns and addictions, which address these issues locally and in a culturally appropriate manner. Since its inception, the OTL Collaborative has funded many programs, however may not have been captured in this review, as at the time of data collection were likely in the planning/piloting stages, were considered one-time projects or detailed information about them was not available [25]. Common among all projects funded, is the notion that a strong cultural connection is related to increased well-being and a support when dealing with complex social problems [3].

This review did not reveal the utilization and success of services mentioned, as assessing service quality was outside the scope, however this review did reveal presence of culture embedded in some mental health services. It is likely, that other services offered may not have optimized outcomes or maximum utilization because of a lack of cultural appropriateness. There is an established need for qualified social workers and mental health workers in the NWT, with an understanding and respect of Indigenous history and culture, in addition to training in trauma and recovery connected to residential school experiences [5,13,26]. Cultural competence, knowledge and skills are necessary for delivering mental health care to people in the NWT.

***Indigenous social determinants of health.*** First Nations mental wellness includes specific social determinants of health, as outlined in the FNMWC Model (Figure 3). The Indigenous Social Determinants of Health refers to the section on the FNMWC Model (Figure 3) and reflects the social determinants of health for First Nations. It is important to remember that these social determinants are not inclusive of all Indigenous groups, as the Inuit have distinct social determinants of health as well. The Indigenous Social Determinants of Health column in Appendix B, as defined by the FNMWC Framework showcases the 41.2% (n = 28) of



mental health services with an additional social determinant of health component. Services that targeted only a health determinant, without a mental health and addictions theme as previously defined were not included in this review. Health and mental health is impacted by a variety of social and economic factors. Increasing and continuing to deliver intersectoral mental health programs can greatly impact mental health [5]. Education and lifelong learning (n = 10) and social services (n = 8) were the most common health determinants (Appendix B). Evaluating the success of multidisciplinary mental health programs targeting various determinates for improving mental wellness is an important next step.

**Partners in implementation.** Partners in the FNMWC Framework's systems approach to mental health include federal and territorial government departments, and Indigenous communities and organizations, and supports and services across sectors [5]. Some important collaborations within the 41.2% (n = 28) of services with additional partners include the GNWT, Health Canada, NGO's, and community members (Appendix B). Territorial and federal government provide flexible funding to local communities to target mental wellness issues [14]. Increased involvement and support between communities, Indigenous organizations, governments and all partners in implementation is crucial in increasing the amount of on-the-land and traditional healing programs. There is funding from the government designated for On-the-Land programming for communities to apply for that may not always be used [13]. There is limited understanding in the flexibilities that exist within funding structures that can further support community priorities [5]. Increasing this communication may enhance the scope and methods of delivering mental health services to communities, and better fulfil the Continuum of Essential Services necessary for mental wellness.

Providers delivering services to the same clients are not always aware of what services their fellow practitioners and Community Wellness Workers are providing, nor is it always clear what each partners' specific roles and responsibilities are [13,27,28]. The results show an established need to increase communication, awareness and collaboration between government authorities, non-governmental organizations and Indigenous groups in order to maximize the success of services and avoid duplication. In addition, this will help clients in knowing what services are offered to make informed mental healthcare decisions [28]. The data showed that majority of the services reviewed did not have partners in implementation outside of the jurisdiction of which it belonged to. *Northern, rural and remote considerations.*

The NWT experiences increased vulnerability to mental health challenges because of isolation, and increased barriers to a comprehensive continuum of essential services defined by the FNMWC Framework [5]. The region has unique geographic, economic and jurisdictional situations, requiring a specific Northern approach and implementation of services that align with the FNMWC Framework [5]. Compared to Yellowknife, people living in smaller NWT communities tend to have decreased access to education, income and lower employment rates. They are also less likely to report high social supports, access to affordable nutritious food and sustainable housing. These different social determinants of health have the ability to negatively impact mental health [2]. Travel to a larger center or a city outside the NWT is expensive and may be unavoidable in smaller, isolated communities if services are not available [5,7]. Additionally, some mental health professionals may only be available via Telehealth or for a limited time during temporary assignments, rotation programs and locums [13,29]. The NWT is working towards maximizing their use of telehealth [5].

### Limitations

There are limitations related to the methodology of this scoping review. It is recommended to use a team approach for selecting sources and data extraction to ensure consistency and minimize bias [30]. Sources were selected and data was extracted by one person in this review. It is hard to know what impact this may have had on the data. However, the methods were followed very closely and documented to ensure methodological legitimacy.

Another limitation was that experts were not consulted from each region, community or Indigenous government in the NWT. Therefore, some services may have been overlooked. Mental health services are not consistent across communities and regions in the NWT, and this scoping review would have benefited from gathering more grey literature. Moving forward, for a quality appraisal of services, a team approach should be used and every community in the NWT should have expert consulted.

### FNMWC framework limitations

This FNMWC Framework (Figure 3) is currently the closest document in the literature to represent Indigenous approaches and understanding of mental health and wellness for the NWT. However, it is recognized that an Inuit framework would be beneficial when looking at mental health and wellness for communities in the Inuvialuit Settlement Region (ISR) in the NWT. Once available, an Inuit designed framework, could be considered for service design in the ISR.

## Future directions

This scoping review is a first step and provides a foundation in understanding the state of mental health services in the NWT. The findings of a scoping review can help inform policy makers, practitioners and consumers [20]. With national representation, this framework can contribute to developing commitment to a shared mental health vision [27]. Through the HSS 2016 transformation into the NTHSSA (Figure 2), mental health and addictions has remained a priority in the NWT [12]. This review is important in understanding the landscape of mental health services pre-transformation, and can be a resource moving forward in the new health system structure. It can guide communities in planning, implementing and coordinating comprehensive responses, informed by the continuum of essential services, in line with community priorities to mental health challenges [27]. Community-level assessments using the FNMWC Framework can identify gaps in services and current needs to help inform decisions, facilitate access to funding, and seek out programming. The use of the FNMWC Framework overtime can track and measure progress and determine resource allocation to achieve culturally safe, community based services [27].

Through this research, it was discovered that local programming may be happening that is not known outside of the community. Moving forward, publicizing services can lead to increased service utilization. The Inuit Mental Health and Wellness Map is a user-friendly inventory with search functions for regions and communities to find services [31]. Similarly, Appendix B can be a start in creating an inventory of mental health services in the NWT or can contribute to inventories such as this.

It is also crucial look at the effectiveness of the existing services and improve availability and access [23]. There may be challenges in recruiting participants for group programs, affecting quality and outcomes of services [13]. Next steps can involve research and quality appraisal, an important supporting component of the FNMWC Framework [5]. It will be useful to build a comprehensive evidence base that tracks which programs and services are effective in different communities, contexts, and groups of people with different needs. Interventions require in-depth evaluations to determine effectiveness and sustainability, which is challenging to achieve in the circumpolar context [14]. Incorporating various knowledge types in evaluation – Indigenous, traditional, local, lived experience, practice-based and academic – will greatly impact the improvements of services and continue the progress of achieving individual and community mental wellness in the NWT [14]. Looking at these programs through the FNMWC Framework more in depth, exploring each ring and component of the model, would

give a more holistic cultural lens and enhance our understandings of strengths and gaps in relation to mental health and wellness. Furthermore, alternative methods for data collection, such as focus-groups and interviews would provide crucial insight into the effectiveness, utilization and quality of services through a cultural lens.

In future program planning, it is be noted that there is value in having local Indigenous people supported and trained to deliver mental wellness services [14]. There is also value in having non-residents deliver services due to community relations and confidentiality. This is a personal preference, and both options should be made available if possible. Service providers, community leaders, families, teachers and other respected individuals in the communities can promote mental wellness with enhanced knowledge and skills to provide individualized mental health programs [14]. It is noteworthy that at the time of this review, Health Canada and the Ministry of Northern and Indigenous Affairs were responsible for funding some of the services. In August 2017 all Indigenous-related services were linked together in a new division, the Department of Indigenous Services Canada, in taking steps towards reconciliation [32]. One of the stated measures of success from the federal government is that programs and services are appropriately and increasingly delivered by Indigenous peoples rather than the federal government [32]. Building local capacity can lead to better uptake of services, deescalate potential crises, and alleviate the waitlist to see a counsellor for mental health challenges. This FNMWC Framework encourages building local capacity and including community members in mental health care delivery [5].

## Conclusion

Understanding the landscape of mental health services in the NWT is crucial to enhance services, fill gaps in service and guide future research. Mental health service delivery and programs vary and change based on the needs and resources of the communities. Most programming depends on collaborative efforts of organizations and people in the community [13]. Governments and organizations should continue to work together in implanting cross-sectoral solutions and programs for mental health. Increased pathways of communication and coordination between federal, territorial, regional and Indigenous governments are required in order to support and optimize mental health services in the NWT [7]. The application of the FNMWC Framework provided context and guidance in understanding the landscape of mental health services in the NWT. Many services overlapped in the

Continuum of Essential Services from the FNMWC Model, providing holistic and culturally relevant services. However, there are still some gaps and shortcomings in mental health services. Achieving a comprehensive continuum of mental wellness requires a response to emerging and dynamic community priorities, sustained commitment, collaboration and partnerships at all levels ranging from federal, territorial, regional and local Indigenous governments and organizations [5]. The FNMWC Framework can serve as a resource for planning, implementing and evaluating services within the appropriate sociohistorical context of Indigenous people in Canada.

### Disclosure statement

No potential conflict of interest was reported by the authors.

### References

- [1] Boksa P, Joobar R, Kirmayer LJ. Mental wellness in Canada's aboriginal communities: striving toward reconciliation. *J Psychiatry Neurosci*. 2015 Nov;40(6):363–365. PubMed PMID: 26513541; PubMed Central PMCID: PMC4622632.
- [2] Government of the Northwest Territories. Northwest Territories health status report. Yellowknife, NT: Department of Health and Social Services; 2011.
- [3] Government of the Northwest Territories. Strong culture, strong territories: GNWT culture and heritage strategic framework. Yellowknife, NT: Department of education culture and employment; 2015.
- [4] Restoule BM, Hopkins C, Robinson J, et al. First nations mental wellness: mobilizing change through partnership and collaboration. *Can J Community Mental Health*. 2015;34(4):89–109.
- [5] Health Canada. First Nations Mental Wellness Continuum Framework. Ottawa, ON; 2015.
- [6] Kirmayer LJ, Dandeneau S, Marshall E, et al. Rethinking resilience from indigenous perspectives. *Can J Psychiatry*. 2011 Feb;56(2):84–91. PubMed PMID: 21333035; eng.
- [7] Mental Health Commission of Canada. Changing directions, changling lives: The mental health strategy for Canada. Calgary, AB: Mental Health Commission of Canada; 2012.
- [8] Government of the Northwest Territories. Mind and spirit: promoting mental health and addictions recovery in the northwest territories, strategic framework 2016–2021. Yellowknife, NWT: NWT health and social services; 2016.
- [9] Government of the Northwest Territories. Measuring success and focusing on results annual report 2011/12. In: Government of the Northwest Territories DHSS, editor. NWT health and social services system 2011/2012 annual report. Yellowknife, NT: Department of Health and Social Services; 2012. p. 51.
- [10] Government of the Northwest Territories. Northwest Territories community wellness initiatives Annual Report 2014–2015. Yellowknife, NT; 2016.
- [11] Government of the Northwest Territories. Measuring success and focusing on results annual report 2014/15. In: Government of the Northwest Territories department of health and social services. Yellowknife: Department of Health and Social Services; 2015.
- [12] Government of the Northwest Territories. Northwest Territories Health and Social Services Authority 2016–2017 Annual Report. Yellowknife, NT; 2017.
- [13] Expert consults with representatives from HSSA of the NWT. 2016.
- [14] Government of Canada. Sharing knowledge- Moving forward: Summary Report of the Circumpolar Mental Wellness Symposium. Ottawa, ON: Canadian Institutes of Health Research; 2016.
- [15] Government of the Northwest Territories. Public performance measures report NWT Health and Social Services System. Yellowknife, NT; 2016.
- [16] Government of the Northwest Territories. Self-perceived mental health in the Northwest Territories. Yellowknife, NT; 2014.
- [17] Chatwood S, Bytautas J, Darychuk A, et al. Approaching a collaborative research agenda for health systems performance in circumpolar regions. *Int J Circumpolar Health*. 2013;72. PubMed PMID: 23961514; PubMed Central PMCID: PMC3745603. DOI:10.3402/ijch.v72i0.21474.
- [18] Kielland N, Simeone T. Current issues in mental health in Canada- the mental health of first nations and inuit communities (In Brief). Legal and social affairs division. Parliamentary Information Research Service. Ottawa, Canada: Library of Parliament; 2014. p. 8
- [19] Truth and Reconciliation Commission of Canada: Calls to Action. Winnipeg, MB; 2015.
- [20] Arksey H, O'Malley L. Scoping studies: towards a methodological framework. *Int J Soc Res Methodol*. 2005;8(1):19–32.
- [21] Grudniewicz A, Nelson M, Kuluski K, et al. Treatment goal setting for complex patients: protocol for a scoping review. *BMJ Open*. 2016;6(5):e011869. PubMed PMID: 27225653; PubMed Central PMCID: PMC4885433
- [22] How to find and use grey literature for scoping reviews. Public Health Ontario; 2016.
- [23] Government of the Northwest Territories. A Shared path towards wellness: mental Health and addictions action plan. Northwest Territories: Department of Health and Social Services; 2012. p. 30.
- [24] K'atl'odeeche CD, GNWT disagree over future treatment facility MLAs question possibility of treatment centres in the north. Northern Journal. 2015. Available from: <http://myaccess.library.utoronto.ca/login?url=https://search-proquest-com.myaccess.library.utoronto.ca/docview/1721262991?accountid=14771>
- [25] GNWT. Moving Forward: NWT Health and Social Services System 2015–2016 Annual Report. Yellowknife, NT; 2017.

- [26] Government of the Northwest Territories. Building on our foundation 2011–2016: A strategic plan for the NWT health and social services system. Department of Health and Social Services; 2011.
- [27] Health Canada. First Nations Mental Wellness Continuum Framework: Summary Report. Ottawa, ON: Health Canada, Assembly of First Nations; 2015.
- [28] Government of the Northwest Territories. Integrated service delivery model for the NWT health and social services system. Yellowknife: Health and Social Services; 2004.
- [29] Davis S. Community mental health in Canada. Vancouver, BC: UBC Press; 2014.
- [30] Levac D, Colquhoun H, O'Brien KK. Scoping studies: advancing the methodology. *Implement Sci.* 2010;5:69. PubMed PMID: 20854677; PubMed Central PMCID: PMC2954944
- [31] Inuit Circumpolar Council Canada. Inuit mental health and wellness map Ottawa. ON2016. Available from: <http://www.inuitcircumpolar.com/inuit-mental-health-and-wellness-map.html>
- [32] Government of Canada. Government of Canada moving forward with departmental changes needed to renew the relationship with Indigenous peoples Ottawa. ON2017. Available from: [https://www.canada.ca/en/indigenous-services-canada/news/2017/12/government\\_of\\_canadamovingforwardwithdepartmentalchangesneededto.html](https://www.canada.ca/en/indigenous-services-canada/news/2017/12/government_of_canadamovingforwardwithdepartmentalchangesneededto.html)

## Appendix A. Sources identified for data extraction of mental health services

Amos, J., Andrew, P., Daniels, A., Deneron, J., Martel, P., Nerysoo, H., ... Rabesca, M. (2013). *The Minister's Forum on Addictions and Community Wellness: Healing Voices*. Retrieved from Government of the Northwest Territories, Department of Health and Social Services: [http://www.assembly.gov.nt.ca/sites/default/files/13-06-3td\\_85-174.pdf](http://www.assembly.gov.nt.ca/sites/default/files/13-06-3td_85-174.pdf)

Canadian Mental Health Association. (2016). Mental Health Week. *Canadian Mental Health Association*. Retrieved from <http://getloud.mentalhealthweek.ca/>

Deline First Nation. (2013). *Deline Community Wellness Plan*. Retrieved from Yellowknife, YK: <http://www.hss.gov.nt.ca/social-services/community-wellness/community-wellness-plans>

Environment and Natural Resources. Take a Kid Trapping. Retrieved from <http://www.enr.gov.nt.ca/programs/trapping/take-kid-trapping>

*Expert Consults with Representative from the Inuvialuit Regional Corporation*. (2016).

*Expert Consults with Representatives from HSSA of the NWT*. (2016).

Fort Smith Metis Council and Salt River First Nation. (2013). *Fort Smith Wellness Plan 2013*. Retrieved from Yellowknife, NT:

<http://www.hss.gov.nt.ca/social-services/community-wellness/community-wellness-plans>

GNWT. (2004). *Integrated Service Delivery Model for the NWT Health and Social Services System*. Yellowknife, NT: Government of the Northwest Territories.

GNWT. (2011). Choose: My Voice, My Choice. Retrieved from <https://choosenwt.com/programs/my-voice-my-choice/>

GNWT. (2012a). Addictions: Where to get help <http://www.hlthss.gov.nt.ca/>. Yellowknife, NT: Government of the Northwest Territories, Department of Health and Social Services.

GNWT. (2012b). *Measuring Success and Focusing on Results Annual Report 2011/12*. Retrieved from Yellowknife, NT: <http://www.hss.gov.nt.ca/>

GNWT. (2014). Health and Social Services, Northwest Territories Help Directory. Yellowknife, NT.

GNWT. (2015). *Measuring Success and Focusing on Results Annual Report 2014/15*. Retrieved from Yellowknife, NT: <http://www.hss.gov.nt.ca/>

Health Canada. (2014). *Your Health Benefits – A Guide for Inuit to Access Non-Insured Health Benefits*. Ottawa, ON Retrieved from <http://www.healthcanada.gc.ca/nihb>.

Health Canada. (2015). Indian Residential Schools Resolution Health Support Program. *First Nations & Inuit Health*. Retrieved from <http://www.hc-sc.gc.ca/fniah-spnia/services/indiresident/index-eng.php>

Inuvialuit Regional Corporation. (2015). Inuvialuit Regional Corporation Board Summary Newsletter. Inuvik, NT: Canada Post.

Public Health Agency of Canada. (2015). Community Action Program for Children (CAPC). Retrieved from <http://www.phac-aspc.gc.ca/hp-ps/dca-dea/prog-ini/capc-pacc/index-eng.php>

Tetit Gwich'in Council. (2013). *Fort McPherson Community Wellness Plan*. Retrieved from Yellowknife, NT: <http://www.hss.gov.nt.ca/social-services/community-wellness/community-wellness-plans>

Tlicho Government. Community/Social/CART Programs. Retrieved from <http://www.tlicho.ca/government/departments/community-programs/communitysocialcart-programs>

Tlicho Government. (2014). Suicide Prevention Day. Retrieved from <http://www.tlicho.ca/events/suicide-prevention-day>

Tlicho Government. (2016a). On the Land Grief & Loss Workshop Application Deadline. Retrieved from <http://www.tlicho.ca/events/land-grief-loss-workshop-application-deadline>

Tlicho Government. (2016b). Youth On The Land Healing Program. Retrieved from <http://www.tlicho.ca/news/youth-land-healing-program>

*Tulita Community Wellness Plan*. (2013). Retrieved from Yellowknife, NT: <http://www.hss.gov.nt.ca/social-services/community-wellness/community-wellness-plans>

**Appendix B Data extraction chart for mental health services**

source	jurisdiction	Partners	title of intervention	Date started, Duration	CES	Service Site
(GNWT, 2012) (Tlicho Government)	community community	CCP, NGO Community Action Research Team (CART)	Ti'oonidh Healing Society	2009	HPPCDE, TIT, SA HPPCDE	Fort McPherson Rae
Expert Consults with Representative from the Inuvialuit Regional Corporation. (2016).	community	DEA (district education authority)	Student and family support workers	2014, during school year	HPPCDE	IRC except Sachs Harbour (Aklavik, Inuvik, Paulatuk, Tuktoyaktuk, Ulukhaktok)
(Amos et al., 2013)	community	GNWT and National Crime Prevention Centre	Leadership and Resiliency Program (LRP)- Crime Prevention in Action	2009	HPPCDE	schools in Hay River, Fort McPherson, Aklavik, N'dilo, YK
(Expert Consults with Representatives from HSSA of the NWT, 2016)	community	GNWT, NGO	Salvation Army Withdrawal Management Program		CCCP	YK
(Public Health Agency of Canada, 2015)	community	Health Canada	Open Door Society		Eli	Fort Simpson
(Public Health Agency of Canada, 2015)	community	Health Canada	Gameti Early Intervention		Eli	Rae-Edzo
(Public Health Agency of Canada, 2015)	community	Health Canada	Treehouse Drop In Centre for Parents and Children		SA	Hay River
(Public Health Agency of Canada, 2015)	community	Health Canada	Yellowknife Family Centre		SA	YK
(Environment and Natural Resources)	community	HSSA, Environment and Natural Resources	Take a Kid trapping	2007 start	HPPCDE	Nahanni Butte, Aklavik, Dehcho, Inuvik, Trout Lake, Wrigley, Fort McPherson, Tuktoyaktuk, Yellowknife, Tlicho, Lutselk'e, Tulita, Deline, Colville Lake, Fort Good Hope, Fort Providence, Fort Smith, Fort Resolution, Hay River, Fort Simpson
(GNWT, 2012)	community	NGO	Lutsel K'e Mental Health and Addictions		Eli, CCCP, TIT	Lutsel K'e
(GNWT, 2012)	community	NGO	Deninu Kue First Nation		Eli, CCCP, TIT, SA	Fort Resolution
(Amos et al., 2013)	community	RCMP	D.A.R.E (Drug Abuse Resistance Education)		HPPCDE	Schools: Weledeh Catholic School (YK), Inuvik, Hay River
(Expert Consults with Representatives from HSSA of the NWT, 2016)	community	Salvation Army, southern facilities	Adult services		Eli, SA	YK
(Tlicho Government, 2016a)	community	Tlicho government, Tlicho friendship center	On the Land Grief & Loss Workshop	2016, 5 days	TIT, SA	Behcheko

*(Continued)*

(Continued).

source	jurisdiction	Partners	title of intervention	Date started, Duration	CES	Service Site
(Tulita Community Wellness Plan, 2013)	community	Tulita Wellness Agency	Youth Wellness programs		HPPCDE	Tulita
(GNWT, 2014)	community		Native Women's Association		HPPCDE, SA	YK
(Deline First Nation, 2013)	community		Mental health and Addictions Program		HPPCDE, SA	Deline
(GNWT, 2014)	community		Sutherland House Women and Children's Shelter		HPPCDE, CR, SA	Fort Smith
(GNWT, 2014)	community		Friendship centers/tree of peace		HPPCDE	Fort Smith, Hay River, YK, Fort Providence, Fort Resolution, Fort Simpson, Inuvik
(GNWT, 2014)	community		Family Support Centre/Safe Home Network		CR	Hay River
(GNWT, 2014)	community		Drop-in Centre		CR, SA	Fort Good Hope
(GNWT, 2014)	community		Mental Health and Addictions Program		Eli, CCCP	Fort Liard
(GNWT, 2014)	community		Deline Wellness Centre		Eli, CCCP, SA	Deline
(Expert Consults with Representatives from HSSA of the NWT, 2016)	community		Central intake		Eli, CR, CCCP, SA	YK
(GNWT, 2014)	community		Side Door Youth Drop in	almost daily	HPPCDE	YK
(Amos et al., 2013)	community		Purple Door		HPPCDE	Hay River
(Expert Consults with Representatives from HSSA of the NWT, 2016)	community		Wellness Cafe- Dialectical Behavioural Therapy (DBT) at YK Primary Care clinic	Oct 2015, 1x/week	HPPCDE, SA	YK
(GNWT, 2014)	community		Alcoholics Anonymous		SA	YK
(Tetlit Gwich'in Council, 2013)	community		Grieving workshop	2013	SA	Fort McPherson
(GNWT, 2004)	community, NGO	funding from YKHSSA	Women and Children's Healing and Recovery Program		TIT, SA	YK
(GNWT, 2004)	community, NGO		Centre for Northern Families (formerly the Yellowknife Women's Centre)		CR, SA	YK
(GNWT, 2014)	national		Native Mental Health Association of Canada	annual	HPPCDE	national
(Canadian Mental Health Association, 2016)	national		Annual Mental Health Week	annually, 1 week	HPPCDE	national
(GNWT, 2012)	national		Kids Help Phone	Aug-10	HPPCDE, CR	national
(Health Canada, 2014)	national, federal	government	GNWT	Health Canada's Non-Insured Health Benefits (NIHB program)- short term crisis intervention mental health counselling benefits		CR

(Continued)

(Continued).

source	jurisdiction	Partners	title of intervention	Date started, Duration	CES	Service Site
National (Health Canada, 2015)	national, federal	government	Aboriginal Affairs, Northern Development Canada	Indian Residential School Resolution Health Support Program		CR, TIT, SA
National (Expert Consults with Representatives from HSSA of the NWT, 2016)	regional	community recourse and people, Elders etc.	Community education support and critical incident debriefing	upon request, typically 3 months post suicide	TIT, SA	Fort Resolution, also in Sahtu
(Expert Consults with Representatives from HSSA of the NWT, 2016)	Regional	Diabetes team	Craving Change	1x/wk., 4wk program	HPPCDE	Hay River HSSA
(Inuvialuit Regional Corporation, 2015)	regional	elders, partners in Alberta, GNWT	Project Jewel: Helping Aboriginal People Re-Discover Their Value	2012, one week	HPPCDE, EI, TIT, CCCP, SA	Beaufort-Delta Region
(Tlicho Government, 2016b)	regional	GNWT, Tlicho Community Services Agency	Youth on the land healing program	2013	HPPCDE	Tlicho
(Expert Consults with Representatives from HSSA of the NWT, 2016)	regional	Stanton Hospital, Salvation Army, southern detox facilities	Psychiatric services		EI, CR, CCCP, TIT	YK, Hay River, Fort Smith HSSA, Fort Simpson
(Tlicho Government, 2014)	regional	Tlicho Community Services Agency	International Suicide Prevention Day	2014	HPPCDE	Behchoko
(GNWT, 2015)	regional		"Talking About Mental Illness" (TAMI)		HPPCDE	YK, Beaufort-Delta regions
(Expert Consults with Representatives from HSSA of the NWT, 2016)	Regional		Empathetic Parenting	2016, 2 days	HPPCDE	Hay River HSSA
(GNWT, 2012b)	regional		The Health Café		HPPCDE, SA	Fort Smith
(Expert Consults with Representatives from HSSA of the NWT, 2016)	Regional		Domestic Violence treatment options	no longer related to HSSA	HPPCDE, EI	Hay River HSSA
(GNWT, 2014)	regional		Yellowknife Victim Service Program		SA	YK and region
(GNWT, 2014)	regional		Mental Health Clinic		EI, CCCP	YK, Mackenzie, Sahtu, Kitikmeot
(Expert Consults with Representatives from HSSA of the NWT, 2016)	Regional		CBD Depression Groups	3 hrs./week, 9 weeks, 3x/ yr., since 2014	HPPCDE	Hay River HSSA
(Fort Smith Metis Council and Salt River First Nation, 2013)	regional		AA/Alanon		HPPCDE	Fort Smith

(Continued)



(Continued).

source	jurisdiction	Partners	title of intervention	Awareness Week	Date started, Duration	CES	Service Site
(Expert Consults with Representatives from HSSA of the NWT, 2016)	regional		National Addictions Awareness Week		annually, 1 week	HPPCDE	Beaufort-Delta
(Expert Consults with Representatives from HSSA of the NWT, 2016)	Regional		Group for caregivers		2015, 1x/week for 8 weeks	HPPCDE	Hay River HSSA
(Inuvialuit Regional Corporation, 2015)	regional		Red Cross RespectED		2015	HPPCDE	Beaufort-Delta Region
(GNWT, 2012b)	regional		Mental Health First Aid for Northern People training		2013, 3x/yr.	HPPCDE, EI, CR	Fort Smith, Tlicho
(Inuvialuit Regional Corporation, 2015)	regional		Resiliency Workshop		2015	HPPCDE, TIT	Beaufort-Delta Region
(Expert Consults with Representatives from HSSA of the NWT, 2016)	Regional		Trauma Workshop		2 days, needed before allowed to start processing group, 2x/yr.	HPPCDE, TIT, SA	Hay River HSSA
(Expert Consults with Representatives from HSSA of the NWT, 2016)	Regional		Trauma Processing Group		2013, 12 weeks long (1 day/week), 1x/yr.	TIT, SA	Hay River HSSA
(Expert Consults with Representatives from HSSA of the NWT, 2016; GNWT, 2014)	territorial	Aboriginal band funding uses federal wellness funding, GNWT	Brighter Futures Program		2013	HPPCDE	YK, territorial (Aklavik, Fort Providence, Inuvik Native Band), Hay River
(GNWT, 2011; GNWT, 2012b)	territorial		My Choice, My Voice campaign		2011	HPPCDE	Tulita, Fort Good Hope, Tuktoyaktuk, Aklavik, Deline
(GNWT, 2014)	territorial		Healing Drum Society			SA	territorial, in YK
(GNWT, 2014)	territorial		Bosco Homes			HPPCDE, CR, CCCP	territorial treatment center in YK
(GNWT, 2014)	territorial		Alison McAteer House- family violence program			HPPCDE, SA	territorial, in YK
(GNWT, 2012)	territorial	government	HSSA		Health and Social Services Addictions Treatment Program; Matrix Project	3 aft/week ongoing, 2.5 hours	HPPCDE
territorial- all regional health authorities (GNWT, 2004)	territorial	government	Regional HSSA		Community Counselling Program (CCP)	2002	HPPCDE, EI, CCCP, TIT, SA
offered by each regional health authority to all communities (GNWT, 2015)	territorial	government			ASIST (Applied Suicide Intervention Skills Training)	3x/yr. in YK or upon request	HPPCDE, CR

(Continued)



(Continued).

source	jurisdiction	Partners	title of intervention	Date started, Duration	CES	Service Site
Fort Smith, YK; Hay River, Sahtu, Norman Wells (GNWT, 2014)	territorial	government		Trailcross Treatment Centre		HPPCDE, CR, CCCP
Fort Smith (GNWT, 2012) territorial	territorial	government		NWT Help Line		CR, SA
care provider	target population	mental health target	Culture as a foundation	Indigenous Social Determinants of Health	notes/recommendations/descriptive summary	
Healing Winds Advisory Committee		mental health and addictions	community based	community	"Project activities will include counselling, support groups and support visits. The project will provide workshops that, in conjunction with the counselling, will provide participants with the tools to address the Legacy of Physical and Sexual Abuse in Residential Schools."	
Community support worker	elementary and high school (youth)	addressing issues that resulted in low school attendance	cultural practice	community	Community Action Research Team (CART), a research group that combines modern and traditional practices for community well-being	
weekly groups, monthly community volunteering, monthly alternative/adventure activities	students 14–19 yrs. (youth)	enhances youth's internal strengths, resiliency, preventing substance use	values	school and community based	goal is to increase attendance at school, academic leading into professional success, promote wellness, need for increased attendance and motivation in communities to go to school	
	adults preschool program parents and children	addictions treatment	land based cultural focus	community based		
		addictions	cultural focus	community based		
		addictions	cultural focus	community wellness		
psychiatric nurse for caseload management	grade 6 (youth) Adults, mostly males	drug awareness program acute, chronic and persistent mental illness, learning disabilities			economic development, social services, housing	Supported living arrangements, help with living/financial forms, navigating social system, basic needs

(Continued)



(Continued).

care provider	target population	mental health target	Culture as a foundation	community based	Indigenous Social Determinants of Health	notes/recommendations/descriptive summary
	residential school survivors and families youth		land-based		land and resources	promote youth to participate in healthy activities, education on drugs and alcohol
	abused women and children adult	addictions	land based		health care, education and lifelong learning employment, economic development, social services environmental stewardship, social services housing	"Work activity program – upgrading, life skills, healing, computer skills, work placement, counselling support. Victim Services Program – assistance to victims of crime in Yellowknife areas." recreation weekly sports; nature and Nordic walks, healthy eating education, counselling and advocacy services, relapse support and counselling
community justice facilitator				community wellness program	justice	Community justice facilitator, choices and alternatives, youth programming and resource room.
community counsellors		alcohol and drug alcohol, drug and substance abuse mild to moderate mental health conditions		community	social services	"24-Hour Crisis Line: 867-874-6626. Provides a safe place for women and children living in abusive situations, crisis support, family violence issues, child/youth programs and community outreach." "men's support group, adults and children of Alcoholism, EGH support group, AA meetings, parenting, youth and women's support group, counselling, home visits, victim services, family violence and mental health issues"
1 intake counsellor, 1 intake psychiatric mental health nurse	all					
public health workers	ages 13-19, 6-13, ladies high school (youth)					"a safe place for teens to come without negative pressures"
counsellors and social groups	self-referral, anyone	suicidal thoughts, severe depression		community		"Programs that allow public health workers in high schools, text/cell phone based " skills-based group, teaching participants to develop awareness of how to deal with strong emotions and negative thinking, learning self-acceptance, DBT developed to treat chronically suicidal thoughts with BPD (borderline personality disorder)
facilitator	adults	alcohol addiction focus on grieving and loss		community based		

(Continued)

(Continued).

care provider	target population	mental health target	Culture as a foundation	community based	Indigenous Social Determinants of Health	notes/recommendations/descriptive summary
	women and children, in and outside of YK	trauma- sexual abuse/ domestic violence, addiction related issues			social services	
education and training conference "increase aboriginal awareness, understanding of native culture and improve mental health care for native people" Canadian Mental Health Association	women and families mental health practitioners	mental health	cultural	knowledge	housing, social services	emergency housing, advocacy, pre and post natal care, family support, clothing, lunch, supportive programming heritage and culture
professional counsellors	Canadians					
Therapists registered with Health Canada	children and teenagers (youth) First Nations, Inuit	depression, wide variety of problems, issues and concerns				"The Kids Help Phone is a national 24/7 phone counselling service that is free, anonymous and confidential for ages 20 and under. This bilingual service may be reached toll-free at 1-800-668-6868. Web counselling is also available at: KidsHelpPhone.ca" "When there is a crisis or at-risk situation and there is no other source of immediate funds for services. An initial assessment by a professional mental health therapist in order to develop a treatment plan (maximum two hours). Mental health short-term crisis treatment and referral services by a NIHB recognized mental health professional." "Provides mental health and emotional support services to eligible former Indian Residential School students and their families throughout all phases of the Indian Residential School Settlement Agreement"
Aboriginal organizations, Resolution Health Support Worker, professional counselling	Indian residential school survivors and family	PTSD, issues related to residential school experiences				
	no specifications	addictive habits, eating, mental health and diabetes	cultural focus	Yes	education and lifelong learning health care	grief and loss workshops in communities changing addictive eating behaviours, what cravings mean, geared to eating but also understanding emotions
Counsellors, financial advisors, dietician	all ages	any issues	Elders, practice, values, land		heritage and culture	Elders always present. Engage in and contribute to holistic workshop in culturally relevant, therapeutic environment, wellness programming- inclusive mental health
Teachers, Instructors, Facilitators, Elders, Workers	Behcheko youth, 13-18 yrs.	wellness, healing spiritual language, culture	cultural		knowledge, language, values	yes
land and resources, language, heritage and culture						

(Continued)

(Continued).

care provider	target population	mental health target	Culture as a foundation	Indigenous Social Determinants of Health	notes/recommendations/descriptive summary
adult and child psychiatrists, locum – rotational and travel to communities region	adult and child				
	grade 8 students (youth)	increase mental health literacy to decrease stigma		education and lifelong learning	"Talking About Mental Illness" (TAMI) was delivered to grade 8 students in Yellowknife. This program works to increase mental health literacy to decrease stigma. The program draws on the lived experience of speakers living with mental illness who tell their stories to help reduce stigma. NWT speakers have been identified and trained and school boards outside of Yellowknife have been invited to express interest in offering the program. In the 2015–16 school year, the program will expand to the Beaufort Delta.
mental health counsellor and wellness worker	any parents			education and lifelong learning	learning skills such as empathetic listening and help children problem solve through feelings etc.
Public Health, Mental Health and Addictions workers, nurse practitioners	young people	mental health and addictions		health care, education and lifelong learning	"The health Café, developed in Fort Smith, encourages young people to play an active role in health discussions, seeking support and receiving treatment if they require it. Topics include sexually transmitted infections, mental health and addictions, and pregnancy, among others. These services are provided by Public Health, Mental Health and Addictions workers and Nurse Practitioners. Information is also provided via phone or text."
probation officer and mental health and addictions counsellor	1st time offenders, spouse violence	violence		justice	used to be option for people to do treatment or go through justice system upon 1st time offence, no more money for HSSA to be part of it, stopped and now just justice runs it
		victims of crime or tragedy		justice	The program provides immediate and follow-up support to victims in the form of emotional support, referrals to community agencies, assistance with Victim Impact Statements, information about the legal system, and liaison with the police, hospital, court and other community services. Victim Services staff and volunteers provide 24 hour crisis support to victims to lessen the immediate effects of crime.
2 mental health and addictions counsellors, 1 wellness worker	adults	depression and anxiety	values		"assessment and treatment to persons referred by general practitioners or settlement nurses from the Mackenzie, Sahtu or Kitikmeot regions of the NWT"
		alcoholism	community-based		
2 mental health counsellors	caregivers of youth who self harm				work through feelings, money and time are limiting factor
					anti-violence program for suicide prevention

(Continued)



(Continued).

care provider	target population	mental health target	Culture as a foundation	community based	Indigenous Social Determinants of Health	notes/recommendations/descriptive summary
mental health counsellors		mental health problems, suicidal people				"... training course was developed to help people provide initial support for someone who may be developing a mental health problem or is experiencing a mental health crisis. ... The program teaches people how to recognize the signs and symptoms of mental health problems and guides a person towards appropriate professional help"
2 mental health and addictions counsellors	mostly women, Indigenous, adults over 18	any kind of trauma and trauma related illnesses		community based		help understand trauma, if participate in this can do processing group, review symptomology and physiology of what happens to brain during trauma, can understand if have triggers etc. daytime counselling is stopped when these workshops are happening
health care, education and lifelong learning, heritage and culture, land and resources	Aboriginal youth	community mental health, child development, solvent abuse, life skills, youth communities. Projects must have community support and re etc. one or more of the following elements: community mental health, child development, solvent abuse, injury prevention, healthy babies or parenting skills"	land,		knowledge, practice	community based
	"Brighter Futures supports community projects designed to improve the physical, mental and social well-being of Aboriginal children, their families and					
	young people, 13–18	addictions, drug and alcohol	cultural focus	community wellness	education and lifelong learning	"... helping youth and other NWT residents to get the message out about how addiction and binge drinking hurts families and communities. ... A toolkit for teachers and other mentors is being developed that will help to guide meaningful discussion."
	residential school survivors	addictions or other problems	cultural focus		heritage and culture	
psychologist and psychiatrist	children ages 8–12 (youth)	social, emotional and behavioural issues	culturally relevant approach	community based		
	12-bed shelter for women and children	family violence victims			housing, social services	"Services include shelter, food, counselling, group support, referrals to other agencies and services. Advocates to challenge systematic barriers to women's safety and empowerment. Support groups and counselling for women and children who have witnessed violence."

(Continued)



(Continued).

care provider	target population	mental health target	Culture as a foundation	community based	Indigenous Social Determinants of Health	notes/recommendations/descriptive summary
CWW		addictions				"12-week outpatient addictions treatment program which is run three times a year. The program includes education, relapse prevention, and is based on cognitive behavioral skills, motivational skills and harm reduction."
CWW, mental health and addictions counsellors, clinical supervisors, social workers	across whole territory	variety: mental health, addictions, family violence,		community-based	programming	
"1st territory-wide program to bring mental health and addictions closer to home. HSSA deliver mental health"						
training frontline workers, trained by 2 mental health and addictions counsellors	primary care workers in screening	suicidal			education and lifelong learning	"Applied Suicide Intervention Skills Training (ASIST) teaches effective intervention skills while helping to create suicide prevention and support networks in the community. The program gives community members the skills to help those who may be dealing with mental health issues. In 2014/15, 130 residents attended the two day ASIST program offered through the Authorities."
workers, peer culture influence, group centered therapy, one to one therapy	children/ adolescent ages 13–15 (youth)	social, emotional and behavioural issues	cultural focus	family and	community based	social services, education and lifelong learning, heritage and culture
"This involves living, working, therapy and skill building groups a one-to-one psychotherapeutic relationship, educational remediation, familial interventions, and community integration. The program features a culturally relevant approach in addressing the physical, emotional, intellectual, and spiritual needs of individuals and their families"						"The NWT Help Line, which is available 7 PM to 11 PM, 7 nights a week. Call 1-800-661-0844 or in Yellowknife at 920-2121, Call this number if you are having any sort of personal problem and want to talk to someone. This line provides information, support and referral services. Your call will be completely confidential, which means no one will know that you have called and talked about your personal problem"