CHILD AND YOUTH MENTAL HEALTH AND WELLNESS

Intervention, Research and Community Advocacy Project in Nunavut

EXPLORING THE PERSPECTIVES OF FRONTLINE MENTAL HEALTH WORKERS IN NUNAVUT

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SUMMARY

The Qaujigiartiit Health Research Centre Child and Youth Mental Health Intervention, Research and Community Advocacy Project in Nunavut are in year two of the project. "Child and Youth Mental Health 2011" was conducted during the period of June 2011 to December 2011.

In January 2010, the Qaujigiartiit Health Research Centre undertook a Child and Youth Mental Health Services Needs Assessment. This report is available at www.qhrc.ca. In the preparation of this report, it was determined that the perspectives of frontline mental health workers were needed to complete a more complete picture of the current delivery of mental health services to children and youth in Nunavut.

In June 2011, the Honourable Peter Ma, Deputy Minister of Nunavut Health and Social Services, announced the partnering of the Department of Health and Social Services with Qaujigiartiit Health Research Centre to implement part of the Child and Youth Mental Health and Wellness Research project that is related to access to services in Nunavut. The Deputy Minister encouraged Mental Health Workers, Social Workers, and Wellness Workers (and like positions) to participate in the research and survey on positive mental health indicators.

The report provides perspectives of frontline mental health workers who are engaged with children and youth who agreed to participate in the research project.

INTRODUCTION

The purpose of this report is to communicate the results of the data collected for the Child and Youth Mental Health Intervention, Research and Community Advocacy Project in Nunavut at the Qaujigiartiit Health Research Centre.

The specific goals of this project have been to: 1) Interview key informants from a sub-selection of the survey respondent tool and provide a narrative summary of experiences of frontline workers; *and* 2) Explore best practices for frontline workers in this and other jurisdictions.

SCOPE

This report document review, sub-selection of service provider interviews, and a search of the grey literature.

TARGET GROUP

Government and non-government service providers who offer mental health services to children and youth up to nineteen (19) years of age both male and female.

Data collection and deliverables are based on the Dept. of Health and Social Services' division on services among four regions and their communities: Kitikmeot; Kivalliq; Iqaluit; and Qikiqtaaluk.

DEFINITIONS

Mental Illness Defined in a diagnostic context as a *"disorder"*.
i.e. Attention-Deficit/Hyperactivity Disorder (ADHD); Personality Disorder; Psychotic Disorders such as Schizophrenia; Post Traumatic Stress Disorder; etc.

Mental Health and Wellness have been used interchangeably and can be defined as: A holistic approach to *"well-being"* - in an ecological (interrelated) context - emotional, spiritual, cultural, physical, self, and community.

Mental Health is also used to describe reactive counseling services and interventions not necessarily reflective of diagnosed disorders.

Wellness generally refers to proactive interventions to maintain *"well-being"*.

Mental illness may be compounded by mental health issues (suicide ideation, depression, etc.) along with concurrent problems of substance misuse (alcohol, marijuana, solvent abuse, etc.).

METHODS

The method for data collection included the following elements:

INTERVIEWS

10 telephone interviews with frontline mental health workers in Nunavut who consented to participate.

REVIEW OF LITERATURE

A review of related policy documents, strategic plans, and scholarly and grey literature.

DESCRIPTIVE FINDINGS

CHALLENGES

Communication within Division or Department

Interviews revealed frontline workers found interdepartmental communication and department program silos as obstacles in their practice. Participants felt information, such as the Nunavut Suicide Prevention Strategy and accompanying action plan, had not been communicated or was inefficiently disseminated by superiors. Information sharing between different departments and/or programs appeared to be a consistent source of frustration for participants in this research project.

Role Clarity

Frontline workers felt there was confusion over the responsibility for service provision. For example, social workers are involved with children and youth for the purposes of child protection and are given clear direction from their superiors to not provide mental health services. However, mental health workers reported that they felt they did not have the expertise to work with children and youth and felt it was the responsibility of the social worker to work with this population.

Confidentiality

Community social services, child protection and interagency or interdepartmental family violence programs require particular attention with regards to confidentiality. It was felt that the parameters purpose of confidentiality need to be defined to facilitate or enhance services for children moving from one program to another. Several respondents indicated they would like to see a mechanism to share information between services and departments. They expressed frustration with specific situations, for example, the development of case plans. When developing case plans, multiple programs or departments may be involved with any given child's case plan. However, limited information is shared between agencies about a child's access to other programs across departments. Respondents felt that the government departments of Education, Social Services, Mental Health, and Justice are working in isolation of one another and information sharing is limited because of the perceived need to protect confidentiality outside of one's department. Developing unified interdepartmental protocols for the collection, use and disclosure of case information could assist in interagency collaboration between organizations and promote solution-focused strength-based case management for the benefit of children.

Support for "Non-acute" Children

Respondents indicated support for assessing, diagnosing and treating **acute** mental health problems is available through the array of out-of-territory treatment programs, specialist counselors, and other resources.
However, they highlighted that they experience challenges addressing **non-acute** issues, offering programming, and accessing funding

that could contribute to prevention and promote protective factors. If a child/youth is not in protective care or in the care of the Director of Child and Family Services, one respondent said *"it can be crazy-making and a waste of time trying to figure out who is going to pay [for support services]"* if a child needs to be sent out of territory for support. Further comments included frontline worker feeling the system *"is failing miserably"*, and the needs of children are not being met.

Need for Support and Relief

Respondents felt they are trying to respond to the needs of children and youth but are facing serious barriers and limitations to what they can provide given the wide range of issues children and youth are facing in Nunavut communities. It was felt among the respondents that mental health and wellness needs or children and youth are not being met because frontline workers are often handling more cases than they should because of staff shortages. This leads to 'burnout' among frontline workers and high rates of turnover. It also leaves little opportunity to engage in preventive activities or professional development.

Additionally, frontline workers reported that they are engaged in this work because of their love for children. Because of this, the severity of the cases they see in their work can affect them personally. They reported a perception that there is little support for addressing their own mental health needs when they are working with emotionally difficult cases.

Lack of Continuity or Permanency

Respondents perceived lack of continuity/permanency to have a profoundly negative impact on children and youth including depression, behaviour problems, and relationship difficulties. Frontline workers felt that resources, stability, and permanency planning are very challenging in their work. Resources can come and go with funding. Some children are moved back to their family home without adequate follow up or support, which they feel often results in the child returning to protective care or remaining in a high risk and potentially dangerous environment. Permanency planning or case management is made difficult by the constant turnover in staff and lack of information shared among service providers.

SUCCESSES

Providing Support to children who are outside of the school system

Many children and youth who require an intervention or support are not in the school system either as a result of their age or non-attendance. Some respondents to the telephone interview questions did indicate mental health workers who work with the youth in the community are helpful.

BEST PRACTICES

A best practice is a technique, activity or methodology that research has proven to produce outstanding results that may be modified and adapted. Based on literature reviews and respondent input, adaptions of the suggestions below may improve services and provide greater support to service providers in Nunavut.

Inunnguiniq – the shared responsibility within the group or the notion that "it takes a village to raise a child" (Tagalik, 2010) is a cultural principle that could be a guiding framework for services geared for children and youth. It is common practice in the child and youth care field to work with children from an 'ecological perspective' - an approach that examines how a child interrelates with their environment. The Inuit worldview sees the individual as part of an interconnected space bringing together people, land, and spirit. These approaches are aligned. Interventions for children and youth with mental health and wellness needs are more likely to be effective if they are encompassing of the whole self, are holistic, and incorporate Inuit worldviews and philosophies.

The best practices identified below are interrelated and are reflective of a holistic approach that will be required to promote and address mental health and wellness among children and youth.

EARLY INTERVENTION

Early intervention with children, youth and their families can decrease or eliminate the manifestations of some mental disorders (World Health Organization, 2005). Supporting early childhood programs that focus on home visitation and community-based programming can provide support for parents and assist in identifying families that may benefit from additional supports.

HOLISTIC SERVICE COORDINATION

The coordination of services across the spectrum needs to be a foundational treatment approach. A model that recognizes the Spiritual (connectedness); Physical (shelter, food, exercise); Emotional (acceptance, understanding, recognition, limits,); and Intellectual (concepts, thoughts) needs of children and families in Nunavut was highlighted by many service providers in this research, and supported by the literature.

Service coordination can also be improved by recognizing that children cannot be treated in isolation. Children are part of a family and a community, and a service model that is reflective of this, such as the Wraparound Initiative (Bruns et al, 2004) would be beneficial for Nunavut families. Support, education, programing, and treatment need to reflect the interconnectedness of the child's world.

ESTABLISHING AND MAINTAINING INTERAGENCY INFORMATION SHARING

Interagency collaboration to define the parameters for information sharing is needed. A shared information system, policies, or guidelines could assist with multiagency overlap and service delivery, and reduce redundancy. Multidisciplinary collaboration and information sharing are crucial elements in maintaining fluidity and seamless transitions between services.

EMPOWERMENT, SKILL-DEVELOPMENT FOR CHILDREN, YOUTH, AND FAMILIES

When children are treated with respect and provided with opportunities to build skills, they develop agency over their lives. This is a critical indicator in mental health and wellness. Opportunities to engage children and youth in opportunities to build social skills; develop positive peer relationships; explore self-reflection and self-control; develop problem solving skills; and emotional awareness can complement the goals of other services and programs children might be accessing. Parents also require support and opportunities to build skills that foster healthy child development, communication, and agency.

CULTURALLY SAFE RELATIONAL PRACTICE

Services that are culturally-relevant and respectful ensure that children, youth and families feel understood, and valued and respected for who they are. There is a need to recognize define and explore 'cultural safety' moving beyond simple 'cultural awareness' and analyze power imbalances, foundational principles, colonization and colonial relationships.

PROFESSIONAL DEVELOPMENT

Staff identified the need to be granted more access to professional development opportunities to ensure they have the expertise to deliver programs on a range of topics, but highlighted Inuit Qaujimajatuqngit (IQ). Training opportunities that are open to others in the community and non-government sector could assist with capacity building throughout communities.

CLINICAL SUPERVISION

Clinical supervision can be more than an administrative task. It can be a shared opportunity for front line workers and their supervisors to develop and maintain productive, goal-orientated relationship, the purpose of which is to enhance and evaluate service delivery. Individual learning plans for frontline staff that outline goals and objectives (short and/or long term) may assist in the evaluation of staff learning and direction. Learning plans can be responsive to an individual skill set, areas for development, with a focus on organizational values, mission and vision.

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