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## Indigenous-specific Mental Health and/or Wellness Strategies in Canada

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National Collaborating Centre  
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*Institut national  
de santé publique*

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## **Indigenous-specific Mental Health and/or Wellness Strategies in Canada**

**October 2018**

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## Table of content

<b>Introduction</b> .....	<b>1</b>
<b>1 Alberta</b> .....	<b>3</b>
1.1 Alberta Aboriginal Mental Health Framework.....	3
1.2 Honouring Life: Aboriginal Youth and Communities Empowerment Strategy.....	5
<b>2 British Columbia</b> .....	<b>7</b>
2.1 A Path Forward: BC First Nations and Aboriginal People’s Mental Wellness and Substance Use Ten Year Plan .....	7
<b>3 Manitoba</b> .....	<b>9</b>
3.1 Manitoba First Nations Health & Wellness Strategy. Action Plan: A 10 Year Plan for Action 2005 - 2015 .....	9
<b>4 Nunavut</b> .....	<b>11</b>
4.1 Nunavut Suicide Prevention Strategy.....	11
4.2 Inuusivut Anninaqtuq Action Plan 2017-2022 .....	13
<b>5 Saskatchewan</b> .....	<b>17</b>
5.1 First Nations Suicide Prevention Strategy .....	17
<b>6 Yukon</b> .....	<b>19</b>
6.1 Yukon First Nations Wellness Framework.....	19
<b>7 Pan-Canadian</b> .....	<b>21</b>
7.1 First Nations Mental Wellness Continuum Framework .....	21
7.2 Honouring Our Strengths: A Renewed Framework to Address Substance Use Issues Among First Nations People in Canada .....	24
7.3 National Aboriginal Youth Suicide Prevention Strategy (NAYSPS) Program Framework .....	27
<b>8 Inuit Nunangat</b> .....	<b>29</b>
8.1 Alianait Inuit Mental Wellness Action Plan.....	29
8.2 National Inuit Suicide Prevention Strategy .....	31





## Introduction

The NCCHPP produced a Scan of Mental Health Strategies<sup>1</sup> to show what is being developed in the field of population mental health across Canada. This Scan provides an overview of mental health and wellness and related strategies through comparative tables and summaries, with a particular emphasis on work related to the promotion of mental health and the prevention of mental illnesses.

This document presents the information contained in the online comparative table that lists the most recent Indigenous-specific mental health and/or wellness strategies in Canada. In developing this section of the Scan, a search of the grey literature was carried out, and completed by reaching out to key informants in certain provinces/territories. Briefly, we searched for Indigenous-specific mental health strategies and suicide prevention strategies in each province and territory, as well as pan-Canadian strategies. In addition, Indigenous-specific wellness strategies were also identified and included where relevant. Despite this, the content is not necessarily a comprehensive review of all strategies. It should be noted that certain publications though not strategies or action plans themselves, i.e. frameworks, scientific advisory reports, etc., have been included in this section of the Scan due to the breadth of their recommendations, or their importance as reference documents.

To describe each strategy, a summary is presented, as well as its objectives, its guiding values and principles, the dimensions of mental health promotion, mental illness prevention, and early intervention, elements of its evaluation, and a listing any preceding versions of the strategy and accompanying evaluation reports.

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<sup>1</sup> The Scan of Mental Health Strategies in Canada is available online at:  
[http://www.ncchpp.ca/553/publications.ccnpps?id\\_article=1905](http://www.ncchpp.ca/553/publications.ccnpps?id_article=1905)



# 1 Alberta

## 1.1 Alberta Aboriginal Mental Health Framework

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### Organization

Government of Alberta

### Year

2006

### Sub-populations

Indigenous peoples

### Summary

“Aboriginal Mental Health: A Framework for Alberta is a framework for action in the development and implementation of mental health supports and services for Aboriginal Peoples in Alberta. Aboriginal Research Protocols outline ethical research practices with Aboriginal communities in the area of mental health services” (Alberta Health Services, 2009).

### Objectives

“Strategic Directions were identified during focus group discussion for the development of the Provincial Mental Health Plan in 2003. They are captured as key points in the PMHP Appendix A (pp. 34-35). The following strategic directions serve as a foundation for joint action planning to advance Aboriginal mental health.

#### 1. Service Development

- Integrated, community based service delivery
- Culturally based wellness workers
- Capacity building approaches

#### 2. Human Resources

- Comprehensive workforce to meet the cultural diversity of Aboriginal peoples and their unique needs
- Cultural Awareness training for mental health professionals serving Aboriginal peoples

#### 3. Research and Evaluation

- Aboriginal people take a lead role in research, evaluation and planning
- Develop a research guide (plan) that acknowledges Aboriginal cultural approaches and protocols

#### 4. Funding

- Equitable funding

## 5. Data Collection and Information

- Need for more accurate data specific to the Aboriginal peoples (First Nations, Métis & Inuit) in health/mental health
- Need to establish a system to monitor mechanisms to identify, monitor and reduce barriers to the mental health system used by Aboriginal Peoples” (Alberta Mental Health Board, 2006, p. 32).

### **Guiding Values and Principles**

The Framework is based on the following principles:

1. “Based on common goals, all necessary partners will support the health and well-being for Aboriginal peoples in Alberta through a coordinated, holistic approach.
2. The respect for the diversity of the Aboriginal population in Alberta will be demonstrated in the development and implementation of mental health programs and services for Aboriginal peoples.
3. Services will reflect community needs and protocols.
4. Efforts will be made to engage Aboriginal peoples in defining priorities for Aboriginal well-being in Alberta” (Alberta Mental Health Board, 2006, p. 9).

### **Promotion/prevention/Early Intervention**

The Framework is based on the principle of holistic healing. Traditional medicine and healing has been defined as “practices designed to promote mental, physical, and spiritual well-being that are based on beliefs which go back to the time before the spread of western ‘scientific’ bio-medicine,” and comprise “a wide range of activities, from physical cures using herbal medicines and other remedies, to the promotion of psychological and spiritual well-being using ceremony, counseling and the accumulated wisdom of elders” (cited from Martin Hill, 2003 in Alberta Mental Health Board, 2006, p. 12). As such, the Framework supports program development that “incorporate[s] traditional Aboriginal approaches to healing” and is “holistic in focus and use[s] the expertise and knowledge of Aboriginal peoples and their communities” (Alberta Mental Health Board, 2006, p. 26).

The Framework also posits the importance of “[i]ntegrated community-based service delivery strategies to address the determinants of health” (Alberta Mental Health Board, 2006, p. 28).

### **Evaluation/Measures/indicators**

N/A

### **Sources**

Alberta Health Services. (2009). *Aboriginal Mental Health: A Framework for Alberta*.

Alberta Mental Health Board. (2006). *Aboriginal Mental Health: A Framework for Alberta. Healthy Aboriginal People in Healthy Communities*. Retrieved from:  
<https://www.albertahealthservices.ca/assets/healthinfo/MentalHealthWellness/hi-mhw-aboriginal-framework.pdf>

### **Preceding Strategies and Accompanying Evaluation Reports**

N/A

## 1.2 Honouring Life: Aboriginal Youth and Communities Empowerment Strategy

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### Organization

Government of Alberta, Alberta Health Services

### Year

2009

### Sub-populations

Indigenous peoples (Youth; Communities)

### Summary

In 2009, the Aboriginal Youth Suicide Prevention Strategy was revised and published as the Honouring Life: Aboriginal Youth and Communities Empowerment Strategy (AYCES). The strategy was thus modified to promote and build protective factors in youth, and enhance overall physical, mental, emotional, and spiritual wellness, which is the preferred approach in Aboriginal communities. As such, “The approach shifts away from suicide prevention to a focus on enhancing the well-being of Aboriginal youth in a holistic fashion” (Alberta Health Services, 2009, p. 8).

The strategy has the following vision: “Alberta’s Aboriginal youth are balanced, healthy, and hopeful about their life journeys, proud of their cultural identities, and confident in pursuing success in their lives and communities” (Alberta Health Services, 2009, p. 9).

In 2014, AYCES adopted the Community is the Medicine model (Dr. Darien Thira). AYCES is presently being revised by Population, Public Health and Indigenous Health of the Alberta Health Services.

### Objectives

Three goals are elaborated within this strategy (Alberta Health Services, 2009, p. 9):

- “Goal 1: Support communities, identify strengths and build capacity to contribute to well-being and resiliency of Aboriginal youth and communities.”
- “Goal 2: Establish partnerships to support awareness, education and training in the areas of well-being and resiliency for Aboriginal youth and communities.”
- “Goal 3: Establish partnerships to support research and evaluation to inform future planning.”

In addition, the strategy recommends two policy directions (Alberta Health Services, 2009, p. 10):

- “A focus on community protective factors and individual and community well-being form the foundation of intersectoral work in preventing Aboriginal youth suicide.”
- “Work with provincial and federal counterparts and Aboriginal community representatives towards a shared vision and long term commitment to jointly address Aboriginal youth suicide.”

### **Guiding Values and Principles**

The strategy is based on the following principles (Alberta Health Services, 2009, p. 4):

1. “Wellness is achieved through a shared understanding of mental, physical, spiritual and emotional elements of well-being.”
2. “Community involvement is the key to understanding and responding to the needs of Aboriginal youth in their communities.”
3. “Respect is fundamentally important to gain support and promote appropriate involvement.”
4. “Trust is built between parties with mutual intentions and through consistent action sustained over time.”
5. “Working together in harmony from two diverse worldviews, western scientific and the Aboriginal ways of knowing.”
6. “Change of this magnitude will require sustained commitment.”

In addition, the following values underlie this strategy: harmony, interconnectedness, and balance.

### **Promotion/Prevention/Early Intervention**

“This strategy works toward utilizing a health determinants perspective and protective factors or asset based approach to address Aboriginal youth suicide, or other Aboriginal youth issues” (Alberta Health Services, 2009, p. 5). More specifically, the goals of this strategy include building community capacity, strengthening protective factors that contribute to the health and resiliency of Aboriginal youth and communities, supporting cultural renewal and continuity through Elders and other community leaders, providing opportunities for youth to get involved in community leadership or other avenues of life, increasing awareness and education, and providing training for youth on wellness and resiliency.

### **Evaluation/Measures/Indicators**

An overview of the results of the formative and summative evaluation of the *Aboriginal Youth Suicide Prevention Strategy* are available on pages 13-15 at:

<https://www.albertahealthservices.ca/assets/healthinfo/MentalHealthWellness/hi-mhw-honouring-life-final.pdf>

### **Sources**

Alberta Health Services. (2018). *Indigenous Health. Honouring Life: Aboriginal Youth and Communities Empowerment Strategy (AYCES)*. Retrieved from:

<https://www.albertahealthservices.ca/info/Page2735.aspx>

Alberta Health Services. (2009). *Honouring Life: Aboriginal Youth and Communities Empowerment Strategy*. Retrieved from:

<https://www.albertahealthservices.ca/assets/healthinfo/MentalHealthWellness/hi-mhw-honouring-life-final.pdf>

### **Preceding Strategies and Accompanying Evaluation Reports**

N/A

## 2 British Columbia

### 2.1 A Path Forward: BC First Nations and Aboriginal People's Mental Wellness and Substance Use Ten Year Plan

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#### Organization

First Nations Health Authority

#### Year

2013

#### Sub-populations

Indigenous peoples

#### Summary

This plan aims to “transform systems and improve capacity to better meet the needs of First Nations and Aboriginal infants, children, youth, adults and Elders. [It addresses] the need for a concentrated and coordinated effort in mobilizing resources, policy development, and the use of best practices to ensure First Nations and Aboriginal people in BC are provided effective, efficient, and empathic systems that honour the diversity of their customs, values, and beliefs” (First Nations Health Council, 2012).

#### Objectives

The Plan has four goals:

1. “To improve services, supports, and health outcomes for all First Nations and Aboriginal people in BC;
2. To keep First Nations and Aboriginal people's well-being at the center of our initiatives, while maintaining a high operational standard and cross-sectoral integration;
3. To ensure that mental wellness and substance use strategies and actions for First Nations and Aboriginal people reflect individual and family needs and are community-driven and nation-based; [and]
4. To engage First Nations and Aboriginal people in the journey towards improving health outcomes” (First Nations Health Authority [FNHA], British Columbia [BC] Ministry of Health & Health Canada, 2013, p. 14).

The Circle of Wellness model is used as a framework for the Plan, and “encompasses four quadrants: Holistic Wellness, Community Care, Integrated Care, and Specialized Care. The Plan has been developed around this model and Strategic Directions and Actions have been categorized in each quadrant based on the needs and vulnerabilities of First Nations and Aboriginal infants, children, youth, adults, Elders, families and communities” (FNHA, BC Ministry of Health, & Health Canada, 2013, p. 16).

#### Guiding Values and Principles

The Seven Sacred Teachings underpin the contents of this strategy. They are: love, respect, courage, honesty, wisdom, humility, and truth.

### **Promotion/Prevention/Early Intervention**

Actions encompass health promotion, illness prevention, and early intervention initiatives at the individual, family and community levels. Efforts address individuals of all ages and those belonging to vulnerable population groups (e.g.: two-spirited youth and adults).

Sample activities include promoting First Nations and Aboriginal early childhood education and parenting initiatives; developing mental wellness promotion and substance use prevention initiatives in school-based settings, as well as empowering children and youth to feel a sense of identity, belonging, and engagement; promoting public education and awareness about the history of First Nations and Aboriginal peoples, as well as increasing education and awareness about mental wellness and well-being in communities; building community capacity to support and deliver suicide prevention initiatives; developing healthy public policies, public education campaigns, and other programs and resources for the prevention of substance use, process addictions, and related harms; designing and delivering prevention and early intervention initiatives to reduce family violence, Elder abuse, neglect and isolation, and homelessness, as well as initiatives to reduce discrimination against First Nations and Aboriginal people who have mental wellness and/or substance use issues.

In addition, efforts to support the use of traditional medicines, practices, and initiatives, along with knowledge sharing and learning within the context of traditional ceremonies and spiritual protocols, and First Nations and Aboriginal models of wellness are also proposed.

### **Evaluation/Measures/Indicators**

One or more Accountability Frameworks will be collaboratively developed by First Nations and Aboriginal people and their various partners to support the implementation of this action plan.

It will be the responsibility of First Nations and Aboriginal people working with their regions to define and develop benchmarks for success (performance indicators). Indicator development work carried out by the province and other partners may also be shared with regions to help support the work of each in developing indicators.

### **Sources**

First Nations Health Council. (2012). *Mental Health and Wellness*.

First Nations Health Authority, British Columbia Ministry of Health & Health Canada. (2013). *A Path Forward: BC First Nations and Aboriginal People's Mental Wellness and Substance Use – 10 Year Plan*. Retrieved from: [http://www.fnhc.ca/pdf/FNHA\\_MWSU.pdf](http://www.fnhc.ca/pdf/FNHA_MWSU.pdf)

### **Preceding Strategies and Accompanying Evaluation Reports**

N/A



## 3 Manitoba

### 3.1 Manitoba First Nations Health & Wellness Strategy. Action Plan: A 10 Year Plan for Action 2005 - 2015

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#### Organization

Assembly of Manitoba Chiefs

#### Year

2006

#### Sub-populations

First Nations

#### Summary

The Manitoba First Nations Health and Wellness Strategy is the product of research, political deliberation and consultation with various stakeholders including First Nation leaders, community service members, and program providers. The strategy addresses First Nations “needs and values in health programs and delivery models, while working toward the vision for a First Nations administered health care system” (Assembly of Manitoba Chiefs, 2006, p. 9). Briefly, overarching goals include increasing life expectancy, reducing the prevalence of illness and disease, and strengthening infrastructure to improve access to health programs and services for First Nations. These are defined and expanded into priorities and key action areas. Short (within 1 year), medium (1-5 years) and long (5-10) term actions are further outlined for each key action area.

#### Objectives

The following priorities are mentioned:

1. “Designing and Implementing a First Nations Health Systems Delivery Framework
2. Strengthening comprehensive primary health care
3. Supporting emotional and social well-being
4. Addressing the social determinants of health
5. Pursuing health information and research” (Assembly of Manitoba Chiefs, 2006, p. 6)

In addition, seven key action areas are defined for creating a more effective healthcare system:

1. Working towards a healthcare system framework
2. Promoting and protecting traditional ways of life, healing, medicines and well-being
3. Facilitating community control of primary healthcare services
4. Improving emotional and social well-being
5. Building a competent workforce of health professionals
6. Supporting sustainable, needs-based funding and operations
7. Ensuring accountability.

## **Guiding Values and Principles**

N/A

## **Promotion/Prevention/Early Intervention**

Under a holistic approach to care, general actions are proposed to address the social determinants of health, including housing, environmental health (e.g.: clean drinking water), education, language/culture, economic opportunities (e.g.: employment), justice (safety, violence), etc. In addition, actions for promoting traditional ways of healing and knowledge include promoting the use of traditional foods; protecting and caring for traditional lands, sacred places and ceremonial sites, etc.; encouraging traditional ceremonies and promoting cultural values; and encouraging Youth-Elders meetings and cultural camps, while developing other programming targeting youth. Furthermore, the use of a population health approach and of community development approaches in supporting and building community capacity is also addressed.

Under key action area #4, “Emotional and Social Well-Being,” actions for improving the mental health of First Nations and restoring emotional and social well-being, as well as further upstream investments in mental health promotion, are proposed. Short-term actions include “Promot[ing] and lobby[ing] for upstream investments (i.e. prevention-oriented) into mental health programs and suicide prevention strategies that reflect a holistic model of care” (Assembly of Manitoba Chiefs, 2006, p. 22). Medium-term actions include “Develop[ing] culturally relevant and community based strategies to respond to alcohol, smoking, substance and drug misuse” and policies for the “protection of children, women, men and Elders from emotional and physical violence” (Assembly of Manitoba Chiefs, 2006, p. 23).

Other relevant actions include defining a mental health continuum, and ensuring sufficient training for healthcare professionals so as to respond adequately to the emotional needs of their community.

## **Evaluation/Measures/Indicators**

Under key action area #7, “Accountability,” the development of a First Nations-defined reporting framework and other related measures are defined as priority actions. No further information is provided.

## **Sources**

Assembly of Manitoba Chiefs. (2006). *Manitoba First Nations Health & Wellness Strategy. Action plan: A 10 Year Plan For Action 2005 - 2015*. Retrieved from: [http://epub.sub.uni-hamburg.de/epub/volltexte/2012/12746/pdf/MFNHWS\\_Action\\_PlanAug06.pdf](http://epub.sub.uni-hamburg.de/epub/volltexte/2012/12746/pdf/MFNHWS_Action_PlanAug06.pdf)

## **Preceding Strategies and Accompanying Evaluation Reports**

N/A

## 4 Nunavut

### 4.1 Nunavut Suicide Prevention Strategy

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#### Organization

Government of Nunavut; Nunavut Tunngavik Inc.; Embrace Life Council; Royal Canadian Mounted Police

#### Year

2010

#### Sub-populations

Whole population approach; Indigenous peoples

#### Summary

“In response to a longstanding demand for a coordinated approach, in 2008 the Government of Nunavut (GN), Nunavut Tunngavik Inc. (NTI), the Embrace Life Council (ELC), and the Royal Canadian Mounted Police (RCMP) formed a partnership to create a Nunavut Suicide Prevention Strategy” (Government of Nunavut [GN], Nunavut Tunngavik Inc. [NTI], the Embrace Life Council [ELC], & Royal Canadian Mounted Police [RCMP], 2010, p. 1). “It begins with the Partners' vision for a healthier Nunavut. [...] [The vision that guides the entire Strategy is that] Inuit are not predisposed by virtue of ethnicity to be at a higher risk of suicide than non-Inuit. Grounded in and encouraged by this truth, the Partners envision a Nunavut in which suicide is de-normalized, where the rate of suicide is the same as the rate for Canada as a whole – or lower” (GN, NTI, ELC & RCMP, 2010, p. 2).

“[The strategy] examines the current situation, and the historical and present-day factors that underlie and perpetuate it. This information forms the background for discussion of the Strategy's approach and core components, the challenges to be overcome, and the concrete commitments undertaken by the Partners” (GN, NTI, ELC & RCMP, 2010, p. 2).

#### Objectives

The strategy is built around three core components:

1. “A full range of mental health services and supports.
2. Evidence-based interventions that have been shown in other jurisdictions to successfully decrease the rate of suicide.
3. Community-development activities (commonly known as “embrace life” or “celebrate life” activities) that promote individual and community mental wellness, build self-esteem and confidence, and give participants new skills to live healthier lives.” (Government of Nunavut, Nunavut Tunngavik Inc., Embrace Life Council & Royal Canadian Mounted Police, 2010, p. 12)

Eight commitments have been elaborated for each of these three core components (Government of Nunavut et al., 2010, pp. 17-20):

- “Commitment 1: The GN [Government of Nunavut] will take a more focused and active approach to suicide prevention.”
- “Commitment 2: The Partners will strengthen the continuum of mental health services, especially in relation to the accessibility and cultural appropriateness of care.”

- “Commitment 3: The Partners will better equip youth to cope with adverse life events and negative emotions.”
- “Commitment 4: The GN will deliver suicide-intervention training on a consistent and comprehensive basis.”
- “Commitment 5: The Partners will support ongoing research to better understand suicide in Nunavut and the effectiveness of suicide prevention initiatives.”
- “Commitment 6: The Partners will communicate and share information with Nunavummiut on an ongoing basis.”
- “Commitment 7: The GN will invest in the next generation by fostering opportunities for healthy development in early childhood.”
- “Commitment 8: The Partners will provide support for communities to engage in community-development activities.”

### **Guiding Values and Principles**

N/A

### **Promotion/Prevention/Early Intervention**

Commitments put forward by the strategy comprise various promotion/prevention efforts, including developing public awareness campaigns against physical and sexual assault, parenting classes, anger management courses, mental health-related supports in schools, and ensuring greater access to healthy activities (i.e. sports, camps) to better equip youth to cope with adverse events and negative experiences; providing opportunities for healthy early childhood development; providing suicide-intervention training for professionals who work with high-risk individuals; and promoting community development activities.

Other relevant efforts include fostering greater cross-government collaboration to facilitate the implementation of this strategy.

### **Evaluation/Measures/Indicators**

In 2014, a formal evaluation of the strategy was undertaken. The evaluation set out to assess whether progress was being made towards the overall vision and objectives of the strategy, as well as towards the actions identified in the Action Plan 2011-2014, whether implementation was a collaborative process (i.e. how well partners were working together), and to identify areas for improvement.

Findings from the evaluation can be found within the *Final Report on the Evaluation of the Nunavut Suicide Prevention Strategy and Action Plan* which is available at:

<https://nspsummit.ca/sites/default/files/NSPS%20Evaluation%20FINAL%20Report%20June%202015.pdf>

### **Sources**

Government of Nunavut, Nunavut Tunngavik Inc., Embrace Life Council and Royal Canadian Mounted Police. (2010). *Nunavut Suicide Prevention Strategy*. Retrieved from:

[https://www.gov.nu.ca/sites/default/files/files/NSPS\\_final\\_English\\_Oct%202010\(1\).pdf](https://www.gov.nu.ca/sites/default/files/files/NSPS_final_English_Oct%202010(1).pdf)

### **Preceding Strategies and Accompanying Evaluation Reports**

Aarluk Consulting Inc. (2015). *Final Report on the Evaluation of the Nunavut Suicide Prevention Strategy and Action Plan*. Retrieved from:

<https://nspsummit.ca/sites/default/files/NSPS%20Evaluation%20FINAL%20Report%20June%202015.pdf>

## 4.2 Inuusivut Anninaqtuq Action Plan 2017-2022

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### Organization

Government of Nunavut; Nunavut Tunngavik Incorporated; Royal Canadian Mounted Police V-Division; Embrace Life Council

### Year

2017

### Sub-populations

Whole population approach; Indigenous peoples

### Summary

Inuusivut Anninaqtuq (United for Life) is Nunavut's third suicide prevention action plan, based on the Nunavut Suicide Prevention Strategy published in 2010. It presents actions agreed to by partners implicated in the strategy for the next five years, from 2017 to 2022.

In July 2016, Inuit Tapiriit Kanatami (ITK) released the *National Inuit Suicide Prevention Strategy* (NISPS). The authors have taken much inspiration from the NISPS and have used it to enhance this action plan.

This action plan emphasizes the necessity of achieving social equity for primary prevention of suicide. As such, it endorses present work being carried out regarding access to adequate housing (*Blueprint for Action on Housing and Angiraqangittuliriniq, A Framework for Action for Nunavut's Absolute Homeless*), poverty reduction (*Makimaniq Plan 2: A Shared Approach to Poverty Reduction*), and crime prevention (*Nunavut Crime Prevention Strategy*).

### Objectives

This action plan sets out actions to implement from 2017 to 2022 in concordance with the eight commitments elaborated in the Nunavut Suicide Prevention Strategy which address the most urgent gaps in suicide prevention. These eight commitments are:

1. "We will take a focused and active approach.
2. We will strengthen mental health services.
3. We will support youth resilience.
4. We will deliver intervention training.
5. We will support research, monitoring and evaluation.
6. We will communicate openly with Nunavummiut about prevention and our progress.
7. We will support early childhood development.
8. We will support community-led action" (Government of Nunavut, Nunavut Tunngavik Inc., Embrace Life Council & Royal Canadian Mounted Police, 2017, p. 5).

### Guiding Values and Principles

N/A

### **Promotion/Prevention/Early Intervention**

Key actions proposed to strengthen youth resilience, including health promotion initiatives, include: campaigns against bullying and physical and sexual violence; fostering youth leadership skills through youth councils, events, and training programs; making strength-based programs rooted in Inuit skills, knowledge and practices more accessible to youth; integrating more socio-emotional learning content in schools, sports programs, and other settings frequented by children and youth; increasing access to healthy recreational activities, including sports and the arts; and increasing participation and success in school among children and youth. Further actions to support healthy early childhood development and reduce early adverse experiences comprise increasing access to parenting supports rooted in Inuit culture; increasing availability of early childhood education; improving nutrition and overall food security; and strengthening services that protect children from abuse and neglect.

Further efforts within the scope of mental health promotion, mental illness prevention, and early intervention include providing enhanced training for individuals who work with high-risk groups, such as cultural competency training, and providing funding, information and resources, and training to support community-led initiatives in suicide prevention.

Finally, key actions proposed to strengthen mental health services underpin the use of a wellness approach, with community-based programming that is rooted in Inuit culture.

### **Evaluation/Measures/Indicators**

Ongoing monitoring and evaluation of the implementation of the Nunavut suicide prevention strategy is listed under commitment 5. Specific actions include:

“Develop and implement a comprehensive monitoring and evaluation plan for the implementation of this action plan that includes:

- A performance monitoring framework to guide ongoing monitoring of progress toward outcomes by all stakeholders throughout the five years of this action plan, including a tool to track overall financial resources directed toward suicide prevention;
- Collecting baseline data within the first year;
- Coordination with Population Health and their ongoing monitoring outcomes of community wellness programs;
- Bi-annual assessments of progress towards the outcomes;
- Annual reflective sessions among the NSPS Partners to review progress and identify any course corrections needed;
- Production of an annual progress report; and,
- A comprehensive evaluation in 2020-21 of the implementation of this action plan.” (Government of Nunavut et al., 2017, p. 27).

### **Sources**

Government of Nunavut, Nunavut Tunngavik Inc., Royal Canadian Mounted Police and Embrace Life Council. (2017). *Inuusivut Anninaqtuq Action Plan 2017 – 2022*. Retrieved from: [https://www.gov.nu.ca/sites/default/files/inuusivut\\_anninaqtuq\\_english.pdf](https://www.gov.nu.ca/sites/default/files/inuusivut_anninaqtuq_english.pdf)

### **Preceding Strategies and Accompanying Evaluation Reports**

Government of Nunavut, Nunavut Tunngavik Inc., Royal Canadian Mounted Police & Embrace Life Council. (2016). *Resiliency Within: an action plan for suicide prevention in Nunavut 2016/2017*.

Retrieved from: [https://www.gov.nu.ca/sites/default/files/resiliency\\_within\\_eng.pdf](https://www.gov.nu.ca/sites/default/files/resiliency_within_eng.pdf)

Aarluk Consulting Inc. (2015). *Final Report on the Evaluation of the Nunavut Suicide Prevention Strategy and Action Plan*. Retrieved from:

<https://nspsummit.ca/sites/default/files/NSPS%20Evaluation%20FINAL%20Report%20June%202015.pdf>

Government of Nunavut, Nunavut Tunngavik Inc., *Embrace Life Council and Royal Canadian Mounted Police*. (2011). *Nunavut Suicide Prevention Strategy: Action Plan*. Retrieved from:

<http://www.tunngavik.com/files/2011/09/nsps-action-plan-eng4.pdf>





## 5 Saskatchewan

### 5.1 First Nations Suicide Prevention Strategy

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#### Organization

Federation of Sovereign Indigenous Nations' Mental Health Technical Working Group

#### Year

In construction

#### Sub-population

N/A

#### Summary

A First Nations Suicide Prevention Strategy is forthcoming.

The *Discussion Paper regarding a Saskatchewan First Nations Suicide Prevention Strategy*, released in 2017 by the Federation of Sovereign Indigenous Nations' Mental Health Technical Working Group is available here: <http://caid.ca/SasFNSuiDisPap2017.pdf>.

#### Objectives

N/A

#### Guiding Values and Principles

N/A

#### Promotion/Prevention/Early Intervention

N/A

#### Evaluation/Measures/Indicators

N/A

#### Sources

Federation of Sovereign Indigenous Nations' Mental Health Technical Working Group. (2017). *Discussion Paper regarding a Saskatchewan First Nations Suicide Prevention Strategy*. Retrieved from: <https://www.fsin.com/wp-content/uploads/2017/09/SK-FN-SPS-Discussion-Paper-FINAL.pdf>

#### Preceding Strategies and Accompanying Evaluation Reports

N/A



## 6 Yukon

### 6.1 Yukon First Nations Wellness Framework

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#### Organization

Council of Yukon First Nations

#### Year

2015

#### Sub-populations

First Nations; Whole population approach (Children, youth and families; People living with disabilities; Individuals with mental health issues, illnesses and disorders; Individuals with addictions and their families; Elders; Communities)

#### Summary

In 2013, the Health and Social Development Commission was created to coordinate the development of a wellness strategy. However, the "Commission members preferred a loose, non-prescriptive structure for the Framework, rather than the formality of a strategic plan. It was envisioned that the Framework would reflect a shared, holistic perspective of wellness, incorporate common priorities for action, and provide opportunities to coordinate efforts at regional or territorial levels" (Council of Yukon First Nations, 2015, p. 4). The Yukon First Nations Wellness Framework is the result of community input and a review of existing work in Yukon and elsewhere in the country.

This Framework uses the following definition of wellness: "wellness is a holistic balance of physical, spiritual, mental and emotional well-being" which is strengthened through purpose, a sense of meaning, a sense of belonging, and hope (Council of Yukon First Nations, 2015, p. 2).

#### Objectives

Six themes form a comprehensive framework of wellness to guide decision-making at local, regional and territorial levels:

1. "Traditional Ways of Being and Doing
2. Place, Purpose and Belonging
3. Healthy Living, Promotion and Prevention
4. Medical, Health and Social Services
5. Mental Health and Well-Being
6. Supporting Yukon First Nations Staff" (Council of Yukon First Nations, 2015, p. 8)

The Framework further identifies opportunities for action in association with each theme.

#### Guiding Values and Principles

The Framework's guiding principles state that:

- "Culture, traditions and language are an essential foundation for wellness.
- Elders are a source of wisdom and provide guidance for our journey together.

- Our children have the right to live in homes that foster health and promote well-being.
- Everyone has the right to feel safe and secure, to have healthy food, clothing and shelter, and to have access to education and meaningful employment.
- Connecting with each other, the Land, and nature promotes wellness, resiliency and sustainability.
- Our values of respect and sharing form the basis for our actions towards one another” (Council of Yukon First Nations, 2015, p. 8).

### **Promotion/Prevention/Early Intervention**

The Health and Social Development Commission has identified addressing mental health, addictions and substance abuse, and implementing crisis intervention strategies (e.g.: suicide prevention) as priorities for action.

Actions mentioned under themes 1, 2 and 6 relate to the broader social determinants of health: developing and implementing strategies for healthy early childhood development; promoting daycare policies grounded in First Nations culture, traditions and language, and traditional parenting skills; building community capacity; providing school-based programming; and providing skills training and other learning opportunities for adults. Other actions include identifying strategies to encourage greater use of First Nations language, integrating culturally-based approaches, and providing opportunities to develop traditional knowledge and skills. Further actions proposed include building capacity in health promotion through training and resources for frontline workers, as well as implementing workplace wellness promotion.

In addition, theme 3 (Healthy Living, Promotion and Prevention) proposes beginning health promotion activities at a younger age and extending across the lifespan, promoting healthy lifestyles at community events, increasing alcohol and drug prevention activities among children and youth, and increasing prevention efforts around substance use and addictions.

More specifically, actions mentioned under theme 5 (Mental health and well-being) include implementing educational strategies to reduce stigma; developing a comprehensive alcohol and drug strategy; implementing strategies to minimize and prevent lateral violence; creating supports related to housing, education/training, employment, and childcare and parenting to assist in recovery; and creating a mental health strategy that is aligned with this Framework and the First Nations Mental Wellness Continuum Frameworks.

### **Evaluation/Measures/Indicators**

Family and community wellness indicators, taken from the Yukon First Nations Mental Wellness Workbook (2010), are included in Appendix B (pp. 41-42).

### **Sources**

Council of Yukon First Nations. (2015). *Yukon First Nation Wellness Framework*. Whitehorse : Council of Yukon First Nations. [unpublished]

### **Preceding Strategies and Accompanying Evaluation Reports**

N/A

## 7 Pan-Canadian

### 7.1 First Nations Mental Wellness Continuum Framework

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#### Organization

Health Canada, Assembly of First Nations

#### Year

2015

#### Sub-populations

First Nations

#### Summary

The First Nations Mental Wellness Continuum Framework was jointly developed by the First Nations and Inuit Health Branch (FNIHB) of Health Canada, the Assembly of First Nations (AFN), and various other Indigenous mental health leaders in response to a need for “a comprehensive mental wellness system for First Nations that is based on an evidence-based continuum of care” (Health Canada & Assembly of First Nations, 2015, p. 9).

Previous work and processes have informed this Framework, including:

- The Strategic Action Plan established by the First Nations and Inuit Mental Wellness Advisory Committee (MWAC)
- *Changing directions, changing lives: The mental health strategy for Canada*
- *Honouring Our Strengths: A Renewed Framework to Address Substance Use Issues Among First Nations People in Canada*
- AFN’s *First Nations Health Action Plan*
- *First Nations and Inuit Health Strategic Plan: A Shared Path to Improved Health*
- Indigenous Community Development and Capacity Building Framework

Regional and federal consultations also informed the content of this Framework.

The First Nations Mental Wellness Continuum Model, at the heart of the Framework, “synthesizes key components of three different models: the HOS Renewal Framework [Honouring Our Strengths: A Renewed Framework to Address Substance Use Issues Among First Nations People in Canada], the AFN Public Health Policy Framework, and the British Columbia First Nations Health Authority Wellness Framework. The Continuum model builds off these previous works by outlining a comprehensive continuum of mental wellness services rooted in the Indigenous social determinants of health, which emphasizes First Nations culture as a crucial element to effective program and service delivery” (Health Canada & Assembly of First Nations, 2015, p. 13).

Briefly, the First Nations Mental Wellness Continuum Model describes the four key wellness outcomes (hope, belonging, meaning, and purpose); key relationships at the community level that organize social life and impact health; the diversity of populations to which First Nations mental wellness programs and services must respond; the range of needs experienced by specific sub-populations; key elements of a comprehensive continuum of mental health services; supporting

structures that ensure implementation of services; partners in the implementation process; Indigenous social determinants of health; and key mental wellness themes identified during regional and federal discussions; with culture as the underlying theme for all components of the Framework.

The Native Wellness Assessment™ (NWA™), an assessment tool which measures the effect of cultural interventions on a person's wellness using a strength-based, whole person approach, is available here: <https://thunderbirdpf.org/about-tpf/scope-of-work/native-wellness-assessment/>. This instrument is a product of the Honouring Our Strengths: Indigenous Culture as Intervention in Addictions Treatment (CasI) research project, a collaboration between the National Native Addictions Partnership Foundation (now the Thunderbird Partnership Foundation), the University of Saskatchewan, the Assembly of First Nations, and the Centre for Addiction and Mental Health.

### **Objectives**

Five themes are identified in the development of a continuum of mental wellness programs and services. Each theme includes priorities for action (Health Canada & Assembly of First Nations, 2015, pp. 33, 38, 45, 50, 54):

1. "Culture as foundation"
2. "Community development, ownership, and capacity building"
3. "Quality health system and competent service delivery"
4. "Collaboration with partners"
5. "Enhanced flexible funding"

### **Guiding Values and Principles**

N/A

### **Promotion/Prevention/Early Intervention**

The Framework outlines a continuum of essential mental wellness services to which all First Nations should have access. This includes health promotion, prevention, community development and education; early identification and intervention; crisis response; coordination of care and care planning; detox; trauma-informed treatment; and support and aftercare.

"Health promotion, prevention, and education strategies focus on restoring linkages to cultural strengths, enhancing empowerment at the individual and community levels to increase participation in family and community life, strengthening resilience, increasing protective factors, and decreasing risk factors" (Health Canada & Assembly of First Nations, 2015, p. 14). As such, the Framework underpins the importance of culturally-based promotion and prevention initiatives, and the promotion of culture-based strengths (i.e.: activities pertaining to First Nations way of life, language, culture, etc.) to enhance skills and knowledge at different levels (individual, family, community). Priorities for action comprise programming and policy development that better recognize and respond to the diversity of First Nations communities; defining culture; supporting cultural competence, cultural safety, and valuing Indigenous knowledge and skills in the development and delivery of services and among the workforce; and understanding the role of language in mental wellness.

In addition, the Framework posits that because physical and mental health are interrelated, "health promotion activities that target physical health, such as illness prevention, healthy living, physical activity, injury prevention, and safety are also critical to improving mental wellness" (Health Canada & Assembly of First Nations, 2015, p. 14).

In parallel, the Framework supports a community development approach in order to empower First Nations communities “to define and manage their own services, utilize their cultural knowledge, and build on their unique strengths” (Health Canada & Assembly of First Nations, 2015, p. 15). Priorities for action include supporting First Nations control of services; building on community priorities, so that programs and services are flexible, responsive and adaptable to multiple contexts; supporting community wellness plans; working in partnership with government and First Nations partners; and investing in community development and capacity building.

Furthermore, as part of early identification of individuals at risk for developing, or who already have, a mental health or substance use issue, the Framework stipulates the importance of suicide risk assessment training. Supports for parents and families with young children is also addressed.

### **Evaluation/Measures/Indicators**

A First Nations Mental Wellness Continuum Framework Council will be created to take on a leadership role in working with partners on implementation. In collaboration with key partners, implementation priorities will be identified; federal, regional, and community implementation work plans and community wellness plans for priority actions will be developed, with accompanying timelines; and a detailed evaluation plan and accompanying logic model outlining indicators to measure will also be developed.

Strength-based performance measurement indicators will be used to determine if implementation across the system as a whole is improving wellness outcomes for individuals, families, and communities. “Strength-based indicators (developed in partnership with First Nations communities) will be aligned with the community planning process” (Health Canada & Assembly of First Nations, 2015, p. 19). In addition, “Opportunities to include culturally relevant indicators (outside of the usual process and outcome indicators) should be explored” (Health Canada & Assembly of First Nations, 2015, p. 57).

### **Sources**

Health Canada & Assembly of First Nations. (2015). *First Nations Mental Wellness Continuum Framework*. Retrieved from: [http://www.thunderbirdpf.org/wp-content/uploads/2015/01/24-14-1273-FN-Mental-Wellness-Framework-EN05\\_low.pdf](http://www.thunderbirdpf.org/wp-content/uploads/2015/01/24-14-1273-FN-Mental-Wellness-Framework-EN05_low.pdf)

### **Preceding Strategies and Accompanying Evaluation Reports**

N/A

## 7.2 Honouring Our Strengths: A Renewed Framework to Address Substance Use Issues Among First Nations People in Canada

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### Organization

Assembly of First Nations, National Native Addictions Partnership Foundation (now the Thunderbird Partnership Foundation), Health Canada

### Year

2011

### Sub-populations

First Nations, Whole population approach (Infants and children; Youth and adolescents; Adults; Older adults and seniors; Individuals with mental health issues; Diverse communities)

### Summary

Developed jointly by the Assembly of First Nations (AFN), the National Native Addiction Partnership Foundation (NNAPF, now the Thunderbird Partnership Foundation), and the First Nations and Inuit Health Branch (FNIHB) of Health Canada, *Honouring our Strengths* is the product of numerous consultations with stakeholders at different levels and a comprehensive review of substance use-related services for First Nations people. The result is a national evidence-based framework which outlines a continuum of care for First Nations communities in Canada “in order to support strengthened community, regional, and national responses to substance use issues” (Assembly of First Nations, National Native Addictions Partnership Foundation & Health Canada, 2011, p.2). It further provides guidance on ensuring access to appropriate, culturally-relevant programs and services based on needs of individuals, families and communities throughout the continuum.

Parallel initiatives to this framework include:

- *National Anti-Drug Strategy (2007)*
- First Nations and Inuit Mental Wellness Advisory Committee’s Strategic Action Plan (2007)
- *National Framework for Action to Reduce the Harms Associated with Alcohol and Other Drugs and Substances in Canada (2005)*
- *A Systems Approach to Substance Use in Canada: Recommendations for a National Treatment Strategy (2007)*
- *Toward Recovery and Well-Being: A Framework for a Mental Health Strategy for Canada (2009)*

This Framework should be viewed as a “living document” which can be adapted/revised based on evolving evidence and the changing needs of First Nations.

The Native Wellness Assessment™ (NWA™), an assessment tool which measures the effect of cultural interventions on a person’s wellness using a strength-based, whole person approach, is available here: <http://thunderbirdpf.org/about-tpf/scope-of-work/native-wellness-assessment/>. This instrument is a product of the Honouring Our Strengths: Indigenous Culture as Intervention in Addictions Treatment (CasI) research project, a collaboration between the National Native Addictions Partnership Foundation (now the Thunderbird Partnership Foundation), the University of Saskatchewan, the Assembly of First Nations, and the Centre for Addiction and Mental Health.



## Objectives

The Framework outlines a continuum of care consisting of six key elements. These are intended to respond to the needs of individuals, families, and communities with a wide range of substance use issues, and meet population needs throughout the lifespan and across different groups (Assembly of First Nations et al., 2011, p. 15).

1. “Community Development, Universal Prevention, and Health Promotion”
2. “Early Identification, Brief Intervention, and Aftercare”
3. “Secondary Risk Reduction”
4. “Active Treatment”
5. “Specialized Treatment”
6. “Care Facilitation”

## Guiding Values and Principles

The principles underpinning the vision of this Framework are informed by the cultural realities of First Nations people: “Spirit-Centred [...] Connected [...] Resiliency-focused [...] Holistic Supports [...] Community-focused [...] Respectful [...] Balanced [...] Shared Responsibility [...] Culturally competent [...] Culturally Safe” (Assembly of First Nations et al., 2011, pp. 7-8).

## Promotion/Prevention/Early Intervention

The Framework outlines the use of prevention and health promotion approaches to reduce future substance use or mental health issues, by focusing on lowering risk factors, promoting protective factors, and enhancing community development through community health promotion.

As part of element 1, the Framework proposes community development, universal prevention, and health promotion efforts, including: a system-wide approach to community development, focusing on First Nations-specific social determinants of health, designed and delivered by First Nations communities in order to promote the local control of services; promoting community-driven alcohol policies; supporting parents and families with young children, and implementing activities for youth; providing better service coordination across sectors and between prevention/promotion, treatment, and community-based intervention services in order to promote a multi-faceted community wellness approach; developing a universal prevention and health promotion strategy with defined outcomes and indicators; and defining the role of culture in service design and delivery.

## Evaluation/Measures/Indicators

A National Native Alcohol and Drug Abuse Program (NNADAP) Renewal Leadership Team will guide the implementation of the Framework. This body will in turn be supported by national renewal partners – the AFN, NNAPF (now the Thunderbird Partnership Foundation), and Health Canada, who will be tasked with tracking and communicating progress on implementation. Per implementation of the Framework, tools/guides will be developed to support uptake, including its use as a best-practice framework to guide the design, delivery, and coordination of addictions and mental health services across various levels.

### **Sources**

Assembly of First Nations, National Native Addictions Partnership Foundation & Health Canada. (2011). *Honouring Our Strengths: A Renewed Framework to Address Substance Use Issues Among First Nations People in Canada*. Retrieved from: [http://www.thunderbirdpf.org/wp-content/uploads/2014/02/Honouring-Our-Strengths-2011\\_Eng1.pdf](http://www.thunderbirdpf.org/wp-content/uploads/2014/02/Honouring-Our-Strengths-2011_Eng1.pdf)

### **Preceding Strategies and Accompanying Evaluation Reports**

N/A

### 7.3 National Aboriginal Youth Suicide Prevention Strategy (NAYSPS) Program Framework

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#### Organization

Government of Canada, Health Canada

#### Year

2013

#### Sub-populations

Youth (10 to 30 years old); First Nations youth living on a reserve; Inuit youth living in an Inuit community

#### Summary

In 2005, a five-year National Aboriginal Youth Suicide Prevention Strategy (NAYSPS) (2005-2010) for First Nations living on reserve and Inuit living in Inuit communities was established, as part of Phase I of NAYSPS. As part of NAYSPS Phase II, the Strategy was renewed for another 5 years (2010-2015).

Briefly, NAYSPS aims to:

- “Increase protective (preventive) factors against suicide (e.g. resiliency); and,
- Reduce risk factors associated with Aboriginal youth suicide (e.g. addictions)” (Health Canada, 2013, p. 7).

#### Objectives

The Strategy has six goals (Health Canada, 2013, pp. 13-15):

- “Increase awareness and understanding of preventing suicide among Aboriginal youth”
- “Strengthen key protective factors (e.g. strong sense of identity, meaning and purpose, perceived community connectedness, etc.)”
- “Strengthen and facilitate collaborative approaches and linkages within and across government, agencies, and organizations”
- “Develop and carry out locally-driven community plans for preventing suicide in First Nations and Inuit communities”
- “Improve and increase crisis response efforts to intervene more effectively in preventing suicide and suicide clusters following a suicide-related crisis in First Nations communities south of 60”
- “Enhance the development of knowledge about what we know about what works in preventing suicide among Aboriginal youth”

Each goal is associated with further objectives for action.

#### Guiding Values and Principles

Guiding principles of this strategy include:

- “Projects and activities must use approaches that are consistent with evidence;
- Utilize community-based approaches;

- Be community-driven;
- Be culturally relevant, appropriate and safe;
- Meaningfully involve youth (e.g. youth action teams, student council, youth committees, etc.);
- Incorporate elements of primary, secondary and tertiary prevention, and knowledge development, where appropriate;
- Consider varying levels of community-readiness;
- Respect local cultures and traditions;
- Promote the prevention of suicide as everyone's responsibility;
- Complement provincial and territorial mandates; and,
- Promote life and well-being" (Health Canada, 2013, p. 9).

Furthermore, NAYSPS uses a strengths-based approach to addressing Aboriginal youth suicide.

### **Promotion/Prevention/Early Intervention**

"The Strategy is based on four elements of prevention (primary, secondary and tertiary prevention, and knowledge development)" (Health Canada, 2013, p. 9).

Select objectives of interest associated with these four pillars of prevention include: promoting mental wellness; decreasing stigma around suicide, addictions and mental illness; and supporting the development of youth leaders, as well as the engagement of members of the community in developing and implementing suicide prevention efforts. More tangible actions items include developing educational activities and resources on health and well-being for parents of children and youth; educating frontline workers, volunteers, gatekeepers, etc. on suicide prevention, risk factors and the referral process; and providing communities with culturally relevant resources to help foster resiliency, well-being, and coping skills.

Finally, in utilizing a population health approach, community is recognized as an important determinant in addressing suicide. As such, the strategy encourages partnerships and linkages with a variety of stakeholders in order to have a greater impact on community-related determinants of health and mental wellness. Through NAYSPS, Health Canada is also committed to supporting First Nations and Inuit communities in developing community-specific suicide prevention initiatives that address community-identified priorities.

### **Evaluation/Measures/Indicators**

Indicators to measure progress from 2010-2015 in primary, secondary, and tertiary prevention, and knowledge development have been elaborated (see pages 6-7). Anticipated outcomes are also listed.

### **Sources**

Health Canada. (2013). *National Aboriginal Youth Suicide Prevention Strategy (NAYSPS) - Program Framework*. Retrieved from: [https://www.canada.ca/content/dam/hc-sc/migration/hc-sc/fniah-spnia/alt\\_formats/pdf/pubs/promotion/suicide/strat-prev-youth-jeunes-eng.pdf](https://www.canada.ca/content/dam/hc-sc/migration/hc-sc/fniah-spnia/alt_formats/pdf/pubs/promotion/suicide/strat-prev-youth-jeunes-eng.pdf)

### **Preceding Strategies and Accompanying Evaluation Reports**

Cousins, J.B. & Chouinard, J.A. (2007). *Evaluation Framework: National Aboriginal Youth Suicide Prevention Strategy (NAYSPS)*. Ottawa: University of Ottawa Centre for Research on Educational and Community Services.

## 8 Inuit Nunangat

### 8.1 Alianait Inuit Mental Wellness Action Plan

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#### Organization

Alianait Inuit-specific Mental Wellness Task Group

#### Year

2007

#### Sub-populations

Inuit

#### Summary

“Alianait was formed to develop an Inuit Mental Wellness Plan to support the First Nation and Inuit Mental Wellness Advisory Committee's (MWAC) “Strategic Action Plan for First Nations and Inuit Mental Wellness.” The committee comprises representatives from Inuit Tapiriit Kanatami (ITK), First Nations and Inuit Health Branch (FNIHB) of Health Canada, the land claims organizations, national Inuit organizations and the governments of some provinces with higher Inuit populations.

Alianait was mandated to create an Inuit-specific national strategy that reflects Inuit mental wellness priorities and circumstances. While Alianait has an immediate purpose in developing an Inuit specific action plan, the group sees a longer-term role in providing strategic advice and facilitating communication and collaboration amongst mental wellness partners” (Alianait Inuit-specific Mental Wellness Task Group, 2007, p. 4).

#### Objectives

This plan has five strategic goals:

1. “To ensure a continuum of culturally relevant mental wellness programs and supports, including traditional/cultural and clinical approaches.
2. To recognize and strengthen community roles and connections.
3. To increase community resources for the mental wellness continuum.
4. To ensure Inuit-specific data, research, information, knowledge and training is available.
5. To enable implementation through strong partnerships” (Alianait Inuit-specific Mental Wellness Task Group, 2007, p. 4).

#### Guiding Values and Principles

“The principles on which the Mental Wellness Action Plan was developed are:

- People come first, including family and community.
- The approach is Inuit specific, holistic and positive (Celebrate Life).
- Elders have an important role.
- The role of young people will be acknowledged and nurtured.

- Invest in “protective factors” (protective factors are abilities, skills and social supports that offer people the ability to cope with stress and spring back from crises and trauma).
- Support language and cultural capacity development.
- Communication, collaboration and coordination are key to creating a seamless continuum of programs and services.
- Build on what exists.
- Work in partnerships” (Alianait Inuit-specific Mental Wellness Task Group, 2007, p. 6).

“These principles are based on the *Principles of the Inuit Mental Wellness Framework (2002)*” (Alianait Inuit-specific Mental Wellness Task Group, 2007, p. 6).

### **Promotion/Prevention/Early Intervention**

This action plan utilizes the following definition of mental wellness: “an all-inclusive term encompassing mental health, mental illness, suicide prevention, violence reduction, and reduction of substance abuse and addictions” (Alianait Inuit-specific Mental Wellness Task Group, 2007, p. 10). As such, mental wellness constitutes a holistic approach comprising “Prevention and promotion [...] Treatment, intervention and aftercare and [...] Traditional knowledge and practices” (Alianait Inuit-specific Mental Wellness Task Group, 2007, p. 10).

Under this holistic approach to mental wellness, general actions are proposed through strategic goals 1, 2 and 5. These include ensuring culturally appropriate programming; integrating Elders; supporting existing initiatives that are working within the mental wellness framework; strengthening community networks supportive of mental wellness, as well as implementing other strategies supporting community engagement; and promoting intersectoral collaboration and partnerships with stakeholders at every level.

Additionally, the impact of social determinants on mental wellness is acknowledged in the vision of this action plan. Relevant strategies proposed under strategic goal #3 include: utilizing northern government subsidies/programs to support healthy lifestyles and reinforce mental wellness, such as by applying subsidies to lower the price of food products, broadening housing subsidies for workers and permanent residents, facilitating the development of affordable housing and supporting existing housing initiatives, and supporting healthy eating programs.

Finally, specific prevention activities proposed under strategic goal #1 pertain to establishing programs for fetal alcohol spectrum disorder (FASD) (e.g.: developing programs for women and men who have drinking problems and are likely to have FASD babies, and for servers of alcohol).

### **Evaluation/Measures/Indicators**

A series of actions have been grouped under the five strategic goals and are being measured with respect to short term, mid-term and long term outcomes.

### **Sources**

Alianait Inuit-specific Mental Wellness Task Group. (2007). *Alianait Inuit Mental Wellness Action Plan*. Retrieved from: <https://www.itk.ca/wp-content/uploads/2009/12/Alianait-Inuit-Mental-Wellness-Action-Plan-2009.pdf>

### **Preceding Strategies and Accompanying Evaluation Reports**

N/A

## 8.2 National Inuit Suicide Prevention Strategy

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### Organization

Inuit Tapiriit Kanatami

### Year

2016

### Sub-populations

Inuit

### Summary

The National Inuit Suicide Prevention Strategy (NISPS) is designed to assist community service providers, policymakers, and governments in coordinating suicide prevention efforts at the national, regional, and community levels. It provides guidance and support for existing suicide prevention initiatives and strategies, as well as informing the development of new initiatives, via an evidence-based, Inuit-specific approach to suicide prevention.

The NISPS describes the evidence for effective suicide prevention via suicide risk factors and protective factors, and outlines six priority areas for action and investment, identified as necessary for guiding community and regional suicide prevention efforts in Inuit Nunangat.

### Objectives

Six priority areas are outlined for action and investment (Inuit Tapiriit Kanatami, 2016, p. 28):

1. “create social equity”
2. “create cultural continuity”
3. “nurture healthy Inuit children”
4. “ensure access to a continuum of mental wellness services for Inuit”
5. “healing unresolved trauma and grief”
6. “mobilize Inuit knowledge for resilience and suicide prevention”

Each priority area funnels into specific objectives and actions that will be measured for progress. The strategy also envisions holistic, concurrent actions across all six priority areas

### Guiding Values and Principles

N/A

### Promotion/Prevention/Early Intervention

The NISPS takes “a holistic approach to suicide prevention that focuses on intervening and providing support much earlier in life so that individuals are less likely to reach the point where they consider suicide [...] The Strategy’s evidence-based approach to suicide prevention considers the entire lifespan of the individual, as well as what can be done to provide support for families and individuals in the wake of adverse experiences that we know increase suicide risk” (Inuit Tapiriit Kanatami, 2016, p. 9). As such, the NISPS proposes individual and community level health promotion, suicide prevention, and early intervention initiatives, that target individuals across the lifespan, address the

social determinants of health, and are embedded in Inuit knowledge, language and culture, to reduce suicide risk.

Actions targeting children and families (priority area 3) include: raising public awareness about the link between adverse childhood experiences and risk for later suicide; and advocating for protection against child maltreatment, and for safe shelters, early childhood education and Inuit-specific schooling, and an integrated continuum of child protection services that is child-centered, responsive, and culturally safe.

Community level actions (priority areas 2, 5 and 6) include: supporting access to cultural activities and education; working to reduce stigma related to suicide and mental illness; providing public education about trauma in Inuit communities and individual- and community-wide implications; creating resources to guide said communities in responding to suicide, including the role of social media; creating media guidelines for reporting about Inuit suicides; creating and/or culturally adapting resources to foster resilience; and assisting Inuit regions in creating regional suicide prevention strategies.

Priority area 4 includes the objectives of ensuring access to a continuum of mental wellness services within the context of suicide prevention (universal prevention, targeted prevention, crisis intervention services, intervention); supporting training of healthcare professionals in suicide prevention best practices; and developing an Inuit wellness strategy.

Finally, working with governments at every level to address the broader social determinants of health is also addressed (priority area 1). Actions comprise advocating for resources that address social and health gaps, sharing information among Inuit regions about the connections between social inequity and suicide, and supporting Inuit-led research to fill gaps in knowledge and track the impact of improved social determinants of health on suicide rates. The eleven social determinants of Inuit health mentioned are “quality of early childhood development; culture and language; livelihoods; income distribution; housing; safety and security; education; food security; availability of health services; mental wellness; and the environment” (Inuit Tapiriit Kanatami, 2016, p. 30).

### **Evaluation/Measures/Indicators**

Progress towards the achievement of objectives set out in this strategy will be evaluated in two-year increments.

An evaluation framework will be developed with key indicators and outcomes for each action item and processes for ongoing data collection. No further information is provided.

### **Sources**

Inuit Tapiriit Kanatami. (2016). *National Inuit Suicide Prevention Strategy*. Retrieved from: <https://itk.ca/wp-content/uploads/2016/07/ITK-National-Inuit-Suicide-Prevention-Strategy-2016.pdf>

### **Preceding Strategies and Accompanying Evaluation Reports**

N/A







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