Acknowledgements

This report was made possible through the cooperation and patience of a number of people. The authors would like to thank, in particular, members of the Evaluation Working Group and those members of the Nunavut Suicide Prevention Strategy Implementation Committee who currently represent Partner organizations.

We would also like to thank the many stakeholders who participated in interviews and who completed the survey of stakeholder organizations and others who work on the “front lines” of service delivery in areas related to suicide prevention.

Several others generously shared their knowledge about suicide and suicide prevention in Nunavut, and their insights into community based initiatives that are being undertaken to address suicide as one of most pressing social policy issues in Nunavut today.
# Table of Contents

**ACKNOWLEDGEMENTS** ................................................................................................................. I

**LIST OF ACRONYMS** ...................................................................................................................... III

**EXECUTIVE SUMMARY** .................................................................................................................... IV

1. **THE NUNAVUT CONTEXT** .............................................................................................................. 1

2. **INTRODUCTION** .............................................................................................................................. 3
   2.1. **THE NUNAVUT SUICIDE PREVENTION STRATEGY** ................................................................. 3
   2.2. **THE ACTION PLAN** .................................................................................................................. 5
   2.3. **STRATEGY PARTNERS AND THE IMPLEMENTATION COMMITTEE** ......................................... 6
   2.4. **GOALS AND ANTICIPATED OUTCOMES** ................................................................................ 8

3. **EVALUATION METHODOLOGY** ...................................................................................................... 10
   3.1. **EVALUATION FRAMEWORK** ........................................................................................................ 10
   3.2. **FOCUS OF EVALUATION RESEARCH AND PRIMARY METHODS USED** ........................... 11
   3.3. **LIMITATIONS** .............................................................................................................................. 14

4. **EVALUATION FINDINGS: THE NSPS AS A PARTNERSHIP-BASED INITIATIVE** ............................. 15
   4.1. **STRATEGY AND ACTION PLAN DEVELOPMENT AND LAUNCH** ........................................... 15
   4.2. **THE IMPLEMENTATION COMMITTEE** ...................................................................................... 17
   4.3. **PARTNER EXPERIENCES OF COLLABORATION THROUGH THE NSPS AND ACTION PLAN** ....... 19

5. **EVALUATION FINDINGS: AREAS OF FOCUS** .............................................................................. 28
   5.1. **RATIONALE AND RELEVANCE** ................................................................................................. 28
   5.2. **EFFECTIVENESS** ...................................................................................................................... 33
   5.3. **EFFICIENCY AND RESOURCES** ................................................................................................ 110
   5.4. **INTEGRATION** .......................................................................................................................... 117
   5.5. **SUSTAINABILITY** ...................................................................................................................... 118

6. **CONCLUSIONS** .............................................................................................................................. 122

**APPENDICES** ...................................................................................................................................... 126

  APPENDIX A – **NUNAVUT SUICIDE RATES** .................................................................................... 127
  APPENDIX B – **EVALUATION LOGIC MODEL** ................................................................................ 132
  APPENDIX C – **LIST OF DOCUMENTS** ............................................................................................ 140
  APPENDIX D – **LIST OF INTERVIEWEES** ..................................................................................... 153
  APPENDIX E – **LIST OF RECOMMENDATIONS** ............................................................................. 154
### List of Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>AP</td>
<td>Action Plan (Nunavut Suicide Prevention Strategy Action Plan)</td>
</tr>
<tr>
<td>ASIST</td>
<td>Applied Suicide Intervention Skills Training</td>
</tr>
<tr>
<td>CRC</td>
<td>Canadian Red Cross</td>
</tr>
<tr>
<td>ELC</td>
<td>Embrace Life Council / Ikitiahimalugu Inuuhik Katimajiit</td>
</tr>
<tr>
<td>EWG</td>
<td>Evaluation Working Group</td>
</tr>
<tr>
<td>DCH</td>
<td>Department of Culture and Heritage</td>
</tr>
<tr>
<td>DFS</td>
<td>Department of Family Services</td>
</tr>
<tr>
<td>DOH</td>
<td>Department of Health</td>
</tr>
<tr>
<td>DOJ</td>
<td>Department of Justice</td>
</tr>
<tr>
<td>EDU</td>
<td>Department of Education</td>
</tr>
<tr>
<td>GN</td>
<td>Government of Nunavut</td>
</tr>
<tr>
<td>HSS</td>
<td>Health and Social Services (now the Department of Health)</td>
</tr>
<tr>
<td>IC</td>
<td>Implementation Committee (NSPS)</td>
</tr>
<tr>
<td>IISP</td>
<td>Interagency Information Sharing Protocol</td>
</tr>
<tr>
<td>MHA</td>
<td>Mental Health and Addictions</td>
</tr>
<tr>
<td>MHA-F</td>
<td>Mental Health and Addictions Framework</td>
</tr>
<tr>
<td>MHAct</td>
<td>Mental Health Act</td>
</tr>
<tr>
<td>MHFA</td>
<td>Mental Health First Aid</td>
</tr>
<tr>
<td>MNHS</td>
<td>Maternal and Newborn Health Strategy</td>
</tr>
<tr>
<td>NAC</td>
<td>Nunavut Arctic College</td>
</tr>
<tr>
<td>NAYSPS</td>
<td>National Aboriginal Youth Suicide Prevention Strategy</td>
</tr>
<tr>
<td>NADAP</td>
<td>National Aboriginal Drug and Alcohol Program</td>
</tr>
<tr>
<td>NBS</td>
<td>Nunavut Bureau of Statistics</td>
</tr>
<tr>
<td>NHC</td>
<td>Nunavut Housing Corporation (NHCNLCA – Nunavut Land Claims Agreement)</td>
</tr>
<tr>
<td>NSPS</td>
<td>Nunavut Suicide Prevention Strategy</td>
</tr>
<tr>
<td>NTI</td>
<td>Nunavut Tunngavik Inc.</td>
</tr>
<tr>
<td>PHS</td>
<td>Public Health Strategy</td>
</tr>
<tr>
<td>RCMP</td>
<td>Royal Canadian Mounted Police</td>
</tr>
<tr>
<td>RIA</td>
<td>Regional Inuit Associations</td>
</tr>
<tr>
<td>THAF</td>
<td>Territorial Health Access Fund</td>
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</table>
Executive Summary

In October 2010, the Nunavut Suicide Prevention Strategy was formally released by the Partner organizations who had participated in its development over a two-year period. These partners included the Government of Nunavut, Nunavut Tunngavik Inc., the RCMP (V Division) and Ikitiahimalugu Inuuhik Katimajiit/the Embrace Life Council. The Strategy reflects the results of a collaborative effort by the Partners to identify appropriate approaches to suicide prevention in Nunavut based on evidence-based research, practices from other jurisdictions and the outcomes of community consultations in Nunavut, and discussions with key stakeholders involved in suicide prevention.

The Nunavut Suicide Prevention Strategy articulates a collective vision for suicide prevention in Nunavut that is shared and endorsed by the Partners:

“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. This will be a Nunavut in which children and youth grow up in a safer and more nurturing environment, and in which people are able to live healthy, productive lives because they have the skills needed to overcome challenges, make positive choices, and enter into constructive relationships.”

Subsequent to release of the Nunavut Suicide Prevention Strategy, the Partners developed an Action Plan in fulfilment of a key commitment made in the Strategy. The Action Plan, spanning a two and a half year time frame, from September 2011 to March 2014, encompasses a suite of measures aimed at suicide prevention, intervention and postvention (i.e. support following attempted suicide or death by suicide). It describes the specific actions that will be taken by the Partners in relation to eight broad areas of commitment, as well associated responsibilities, timeframes and expected outcomes.

The eight areas of commitment set out in the Action Plan are:

1. Focused and active approach to suicide prevention
2. Strengthened continuum of mental health services
3. Youth skills
4. Suicide prevention training
5. Research on suicide and suicide prevention
6. Communication and information sharing
7. Healthy development in early childhood
8. Community development activities

---

Partners in the Strategy have recognized that taking action in each of the eight areas of commitment will not produce immediate declines in suicides or suicidal behaviour in Nunavut, but that if implemented promptly and effectively, desired effects will be seen over time.

**Evaluation of the Strategy and Action Plan**

Through the Strategy and Action Plan, the Partners committed to ensuring accountability for their commitments by developing strong evaluation tools and processes. In 2014, the Implementation Committee, which oversees Strategy and Action Plan implementation and includes representatives from all Partners, initiated a formal evaluation of the Strategy. This report establishes detailed findings and conclusions from the evaluation. The evaluation, which took place between October 2014 and March 2015 adopts standard approaches to evaluation, including those which have been used in other, similar evaluations conducted in Nunavut.

The main goals of the evaluation are to:

1. Assess progress made towards the overall vision of the Strategy;
2. Assess progress made towards meeting the objectives and carrying out the actions and tasks identified in the Action Plan 2011-2014;
3. Assess Strategy and Action Plan implementation as a collaborative process (i.e. how the Partners are working together); and
4. To learn from the successes of the Strategy and Action Plan, and identify areas that can be improved (i.e. recommendations).

**The NSPS as a Partnership-Based Initiative**

The NSPS represents a unique, collaborative effort among the Partners to address one of the most pressing societal issues in Nunavut today. Although the partnership-based approach, which brings together government, Inuit organizations, communities and other key stakeholders did face challenges in the first year of implementation, some of the successes to date in Strategy and Action Plan implementation are attributed to the collaborative process, and the shared commitment of the Partners to achieving the Strategy’s overall vision. The Partners recognize that, despite constraints in their respective organizational mandates, as well as a general lack of dedicated resources for suicide prevention in Nunavut, progress has been made in many areas of the Action Plan, and this has come about as a result of the partnership-based approach and perseverance in the face of many challenges and differences with respect to expectations regarding process and outcomes.

The evaluation concludes that the “right” organizations are involved in steering Strategy and Action Plan implementation, but recommends that the Partners find ways to enhance the

---

1 The Evaluation Framework includes an evaluation “logic model”, performance indicators and an “evaluation matrix” with key evaluation questions, indicators and data sources. Evaluation methodologies utilized included review of primary and secondary documentation and data, key informant interviews, stakeholder interviews, a survey of Partners regarding their collaboration in the NSPS, and a survey of community based, front line workers and stakeholders.
engagement of other stakeholder organizations at territorial, regional and community levels in the future.

Relevance of the Strategy

Overall, the Nunavut Suicide Prevention Strategy and Action Plan are seen as a highly relevant and important initiative in Nunavut today. The goals and objectives of the Strategy are strongly associated with the eight commitments that are set out in the Action Plan and specific objectives, such as providing suicide prevention training to Nunavummiut and increasing youth skills. Partners are of the view that the Strategy aligns with their organizational mandates and priorities.

The goals and objectives of the Strategy and Action Plan are less apparent to stakeholders and community based front-line workers. There is a sense of ambivalence regarding the efficacy of the Strategy and Action Plan to increase capacity within Nunavut communities to address the issue of suicide and to prevent suicidal behaviours. However, as a result of the Strategy, and specific initiatives such as public awareness campaigns on suicide and mental health issues and suicide prevention training, there is both increased openness to discuss suicide within Nunavut society, and increased capacity of individual Nunavummiut to provide assistance to those who are at risk.

Outcomes: Action Plan Commitments and Objectives

With respect to Action Plan commitments and objectives, findings from the evaluation lead to the conclusion that progress is being made towards achieving most identified objectives. This is especially so in relation to Commitment #1 (focused approach to suicide prevention), Commitment #2 (strengthened continuum of mental health services), Commitment #3 (better equipping youth with skills to cope with adverse life events and negative emotions), and Commitment #4 (delivering suicide intervention training on a consistent and comprehensive basis).

While the Partners were able to advance some research on suicide in Nunavut, including on risk factors such as sexual abuse, other research related objectives established under Commitment #5 (supporting research on suicide in Nunavut), including establishment of a Nunavut suicide research agenda and holding a research symposium are not being met.

Good progress is being made in relation to Commitment #6 (communication and information sharing) as a result of public awareness and communications campaigns that are aimed at explaining the risk factors for suicidal behaviour, destigmatizing mental health and providing information on public resources and supports that are available to Nunavummiut, including youth.

Findings from the evaluation in relation to Commitment #7 (healthy early childhood development) are twofold. First, the evaluation concluded that some objectives are not being met, in part because these were not set within realistic timeframes and with cognizance of policy processes in Nunavut (e.g. the time and resources it takes to develop Nunavut-specific curriculum). Second, the evaluation was unable to assess progress due in relation to some objectives because, in some cases, these are broadly stated within the Action Plan (e.g. foster healthy development of children) and baseline data is lacking.
Finally, in relation to Commitment #8 (support for communities to engage in community development activities) the evaluation concluded that some of the objectives in this area are being met, and progress is being made in relation to others. There are a wide range of initiatives being pursued at the community level that are directly or indirectly linked with suicide prevention and the Nunavut Suicide Prevention Strategy and Action Plan.

The tables below summarize the findings from the evaluation in relation to each of the eight Action Plan commitments and their associated objectives.

### Commitment 1 - Focused and Active Approach to Suicide Prevention

<table>
<thead>
<tr>
<th>#</th>
<th>Objective</th>
<th>Evaluation Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1</td>
<td>The Department of Health and Social Services (HSS) will identify and mobilize initiatives across the GN.</td>
<td>Progress is being made</td>
</tr>
<tr>
<td>1.2</td>
<td>Strengthen interagency collaboration at the community level.</td>
<td>Progress is being made</td>
</tr>
<tr>
<td>1.3</td>
<td>Improve interdepartmental cooperation to identify and support children demonstrating indicators of behaviours that put them at risk, especially poor school attendance.</td>
<td>Progress is being made</td>
</tr>
<tr>
<td>1.4</td>
<td>Improve communications with HSS frontline workers to address the needs of children demonstrating indicators of behaviours that put them at risk.</td>
<td>Progress is being made</td>
</tr>
</tbody>
</table>

### Commitment 2 - Strengthened Continuum of Mental Health Services

<table>
<thead>
<tr>
<th>#</th>
<th>Objective</th>
<th>Evaluation Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1</td>
<td>Review Nunavut Addictions and Mental Health Framework and review Mental Health Act.</td>
<td>Progress is being made</td>
</tr>
<tr>
<td>2.2</td>
<td>Improve capital infrastructure to provide mental health services in Nunavut.</td>
<td>Progress is being made</td>
</tr>
<tr>
<td>2.3</td>
<td>Strengthen mental health professional capacity in Nunavut.</td>
<td>Progress is being made</td>
</tr>
<tr>
<td>2.4</td>
<td>Improve the ability to respond quickly and effectively to suicidal behaviour by children.</td>
<td>Progress is being made</td>
</tr>
<tr>
<td>2.5</td>
<td>Strengthen Mental Health and Wellness services available in Iqaluit which serves as a catchment area for other communities.</td>
<td>Progress is being made</td>
</tr>
<tr>
<td>2.6</td>
<td>Provide culturally appropriate and age appropriate grief counselling.</td>
<td>Objective is not being met</td>
</tr>
<tr>
<td>2.7</td>
<td>Provide greater support to community based counselling groups in the communities.</td>
<td>Evaluation unable to assess progress</td>
</tr>
</tbody>
</table>
Evaluation of the Nunavut Suicide Prevention Strategy and Action Plan

<table>
<thead>
<tr>
<th></th>
<th>Objective</th>
<th>Evaluation Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.8</td>
<td>Provide greater support to communities and front-line workers in the event of a 'cluster' of suicides (several suicides in a short period of time) in a community or region.</td>
<td>Objective is not being met</td>
</tr>
<tr>
<td>2.9</td>
<td>Increase support of the Nunavut Kamatsiaqtut Help Line.</td>
<td>Objective is being met</td>
</tr>
<tr>
<td>2.10</td>
<td>Increase support for Embrace Life Council.</td>
<td>Objective is being met</td>
</tr>
</tbody>
</table>

Commitment 3 - Youth Skills

<table>
<thead>
<tr>
<th>#</th>
<th>Objective</th>
<th>Evaluation Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1</td>
<td>Increase knowledge base, solutions, and strategies on the impact that adverse life events have on youth resilience and coping in relation to increased risk for suicide.</td>
<td>Progress is being made</td>
</tr>
<tr>
<td>3.2</td>
<td>Implement specific programming targeting the general youth population, including youth at risk of suicide, such as Mental Health First Aid (MHFA) for youth, provide strengths based programs for youth regularly in each community.</td>
<td>Progress is being made</td>
</tr>
<tr>
<td>3.3</td>
<td>Ongoing collaboration to address suicide prevention within school curriculum.</td>
<td>Objective is not being met</td>
</tr>
<tr>
<td>3.4</td>
<td>Ensure National Aboriginal Youth Suicide Prevention Program funds are spent to implement commitments of the NSPS Action Plan.</td>
<td>Objective is being met</td>
</tr>
<tr>
<td>3.5</td>
<td>Provide training opportunities for youth in areas of coping skills, anger management, healthy living, suicide prevention and general health and wellness.</td>
<td>Progress is being made</td>
</tr>
<tr>
<td>3.6</td>
<td>Increase and support access to healthy activities for youth at community level.</td>
<td>Progress is being made</td>
</tr>
<tr>
<td>3.7</td>
<td>Develop and support peer counselling initiatives in communities.</td>
<td>Objective is not being met</td>
</tr>
<tr>
<td>3.8</td>
<td>Support development of youth networks on community and territorial level.</td>
<td>Objective is not being met</td>
</tr>
<tr>
<td>3.9</td>
<td>Create public campaigns targeting youth on issues identified as risk factor behaviours that have an impact on suicide rate.</td>
<td>Objective is being met</td>
</tr>
</tbody>
</table>
### Commitment 4 - Suicide Prevention Training

<table>
<thead>
<tr>
<th>#</th>
<th>Objective</th>
<th>Evaluation Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1</td>
<td>Deliver Uqaqatigiiluk! Talk About it! a ‘Nunavut specific’ version of Applied Suicide Intervention Skills Training, to all interested Nunavummiut.</td>
<td>Progress is being made</td>
</tr>
<tr>
<td>4.2</td>
<td>Develop and support professional and community-based volunteer Uqaqatigiiluk!/Talk about it! Trainers.</td>
<td>Progress is being made</td>
</tr>
<tr>
<td>4.3</td>
<td>Increase high school support for youth at risk of suicide.</td>
<td>Progress is being made</td>
</tr>
</tbody>
</table>

### Commitment 5 - Research on Suicide and Suicide Prevention

<table>
<thead>
<tr>
<th>#</th>
<th>Objective</th>
<th>Evaluation Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.1</td>
<td>Build a research partnership and develop ongoing research agenda on issues of relevance to suicide prevention, intervention and postvention in Nunavut.</td>
<td>Progress is being made</td>
</tr>
<tr>
<td>5.2</td>
<td>Research and identify interventions aimed at breaking the transmission of physical and sexual abuse (child/adult) as abuse in these forms are significant risk factors for suicide in later life.</td>
<td>Objective is not being met</td>
</tr>
<tr>
<td>5.3</td>
<td>Researching risk factors specific to suicidal behaviour in Nunavut for which information is currently lacking such as the implications of high rates of early teen cannabis use or child sexual abuse.</td>
<td>Objective is not being met</td>
</tr>
<tr>
<td>5.4</td>
<td>Collecting and releasing data on suicide attempts.</td>
<td>Progress is being made</td>
</tr>
<tr>
<td>5.5</td>
<td>Developing a formal monitoring and evaluation framework for implementation of all aspects of the Nunavut Suicide Prevention Strategy.</td>
<td>Progress is being made</td>
</tr>
</tbody>
</table>

### Commitment 6 - Communication and Information Sharing

<table>
<thead>
<tr>
<th>#</th>
<th>Objective</th>
<th>Evaluation Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.1</td>
<td>Develop and implement an overall communications plan for the Nunavut Suicide Prevention Strategy.</td>
<td>Objective is not being met</td>
</tr>
<tr>
<td>6.2</td>
<td>Prepare and disseminate resources which:</td>
<td>Objective is being met</td>
</tr>
<tr>
<td></td>
<td>• explain the risk factors for suicidal behaviour;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• seek to destigmatize mental health and help-seeking for mental distress; and</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• provide information on how to obtain help for persons in mental distress.</td>
<td></td>
</tr>
</tbody>
</table>
Commitment 7 - Healthy Development in Early Childhood

<table>
<thead>
<tr>
<th>#</th>
<th>Objective</th>
<th>Evaluation Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.1</td>
<td>Ongoing collaboration with other HSS initiatives including but not limited to the Public Health Strategy and Maternal and Newborn Health Strategy as well as initiatives in development such as the Family Violence Prevention Strategy.</td>
<td>Evaluation unable to assess progress</td>
</tr>
<tr>
<td>7.2</td>
<td>Foster healthy development of children in Nunavut.</td>
<td>Evaluation unable to assess progress</td>
</tr>
<tr>
<td>7.3</td>
<td>Pilot a social and emotional learning curriculum in elementary schools throughout Nunavut.</td>
<td>Progress is being made</td>
</tr>
<tr>
<td>7.4</td>
<td>Address the expertise and funding required to allow the operation and establishment of well-designed and implemented Early Childhood Development (ECD) programs in all interested Nunavut Communities.</td>
<td>Progress is being made</td>
</tr>
<tr>
<td>7.5</td>
<td>Develop curriculum for positive and protective foundations in daycares in Nunavut.</td>
<td>Objective is not being met</td>
</tr>
</tbody>
</table>

Commitment 8 - Community Development Activities

<table>
<thead>
<tr>
<th>#</th>
<th>Objective</th>
<th>Evaluation Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>8.1</td>
<td>Support communities to better access flexible funding opportunities.</td>
<td>Progress is being made</td>
</tr>
<tr>
<td>8.2</td>
<td>Present Nunavut Suicide Prevention Strategy implementation to community groups and organizations. Partnering where relevant to implement specific aspects of the strategy.</td>
<td>Progress is being made</td>
</tr>
<tr>
<td>8.3</td>
<td>Identify specific community stakeholder contacts to assist with implementation of the Nunavut Suicide Prevention Strategy.</td>
<td>Progress is being made</td>
</tr>
</tbody>
</table>

Efficiency and Resources

The evaluation assessed the extent to which resources are being allocated to Strategy and Action Plan implementation and whether they are being used efficiently. It is recognized that in Nunavut, funding for suicide prevention activities is both direct (e.g. funding for suicide prevention public awareness campaigns, Kamatsiaqtut Help Line) as well as indirect (e.g. funding for mental health services, early childhood development and community wellness initiatives).

The evaluation concluded that overall, the resourcing of the Strategy and AP has not been effective. Some resources that were planned to be committed to the Strategy and Action Plan were not used effectively to further the overall goals and implementation of the Strategy, although these resources were able to contribute to specific suicide prevention initiatives.

A key theme that emerged through the evaluation process was that through the Action Plan the Partners committed to actions and anticipated outcomes that were not realistically achievable.
Evaluation of the Nunavut Suicide Prevention Strategy and Action Plan

in light of available resources (including human, financial and organizational) and within the limited two and a half year timeframe of the AP.

The evaluation reports on funds that were allocated to the Embrace Life Council as a primary institutional mechanism for implementation of Action Plan tasks, and how these funds were utilized for specific suicide prevention initiatives. It also reports on the funding commitments of Partner organizations for Action Plan items.

The evaluation includes a recommendation that the Partners establish a clear, transparent and shared mechanism through which financial resources that are being directed to suicide prevention can be better tracked, monitored and reported on in the future.

Integration

The Nunavut Suicide Prevention Strategy and Action Plan is one of many broad strategic social development initiatives being pursued within the territory by the GN and through partnerships between the GN, Inuit and other organizations and stakeholders. The evaluation found little evidence of strategic or formally organized integration or coordination of the Nunavut Suicide Prevention Strategy with some of these other strategies and initiatives. However, because the number of people who are working on social policy initiatives in Nunavut is fairly limited, and in many cases officials representing Partner organizations “wear many hats” and participate in multiple initiatives, stakeholder committees and collaborative forums, there is in fact a level of integration that occurs at an informal level. This is a positive outcome, but it should be recognized that there is no system-based or formally mandated process for integration of the NSPS with other strategies and initiatives of the GN, Inuit organizations or other stakeholders.

Sustainability

A common theme that emerged from the evaluation is that the Nunavut Suicide Prevention Strategy is very strongly supported in its current form. Partners and other stakeholders do not see a need to make modifications to the Strategy itself. They recognize that realizing the Strategy’s vision, particularly with respect to reduced rates of suicides in Nunavut is a long term goal requiring sustained efforts of the Partners and others. The evaluation recommends continuation of the Strategy without amendment at this time. It also recommends that the vision, goals and approaches to suicide prevention set out in the Strategy, including partnership- and evidence-based approaches inform the development of a 2nd Action Plan.

The evaluation also recommends that the 2nd Action Plan build on the successes and accomplishments of the first Action Plan, and provide for the continuation of many initiatives that were successfully implemented or piloted between 2011 and 2014 (e.g. suicide prevention training for Nunavummiut, RespectEd, and the “Ten Steps” program). It concludes that in establishing a new Action Plan the Partners should set realistic and achievable objectives and actions to achieve these, and ensure that resources are available to support implementation. The evaluation notes that there are some necessary conditions which need to be addressed to ensure the Strategy can be sustained in the near term, and in the medium to longer term. These conditions include continued commitment to a partnership-based and collaborative process, and finding better ways of communicating with communities and Nunavummiut around not just the Strategy but about suicide prevention and suicide in general.
Conclusion

Despite initial challenges faced in the implementation of the NSPS, the evaluation has concluded that, overall, there is progress being made towards the fulfilment of commitments made by the Partners through the Action Plan, and achieving specific objectives and some anticipated outcomes of the Strategy. There have been a number of positive achievements as well as opportunities for learning about what can be improved for the future both with respect to the Nunavut Suicide Prevention Strategy as a partnership-based initiative, as well as specific suicide prevention interventions in Nunavut.

Regrettably, and despite the fact progress is being made in specific areas of the Strategy and Action Plan, the overall vision for the Strategy is not being achieved at this time. There is no evidence that rates of suicide in Nunavut are decreasing, and for the most part, Partners and stakeholders do not believe that other components of the vision (i.e. de-normalizing suicide, providing safe and nurturing environments for children) are being met – though there is a sense that slowly, some progress is being made.

The evaluation report puts forward 42 recommendations pertaining to a wide range of issues. By working in a true collaboration, the Partners should review these recommendations together and determine what priorities they will pursue in the next phase of Nunavut Suicide Prevention Strategy implementation, and through a subsequent Action Plan.
1. The Nunavut Context

In almost every respect, Nunavut is a unique jurisdiction in Canada, with geographic, demographic, socio-economic, cultural and political circumstances that are not replicated in any other province or territory. This environment creates significant challenges for efficient, effective and coordinated delivery of programs and services within Canada’s newest territory, including those aimed at reducing rates of suicide, suicide prevention, improving human and mental health and addressing underlying systemic issues arising from historical trauma experienced by Inuit peoples.

The contextual environment of Nunavut has been instrumental in shaping the Nunavut Suicide Prevention Strategy and Action Plan – its goals, organization and approach to implementation.

Nunavut’s population, of whom 85 per cent are Inuit, is one of the youngest and among the fastest growing of any province or territory in Canada. In 2011 the median age of Nunavummiut was 24, with 61% of the population under the age of 25. The 2011 Census estimated the total population of Nunavut at 31,905 – an 8% increase in population over the previous Census in 2006. Population growth continues to put pressure on already overburdened infrastructure, programs and services, including in areas impinging on the social determinants of health and therefore rates of suicide in Nunavut.

Socially, culturally and economically, the people and communities of Nunavut, particularly Inuit, have experienced an unprecedented pace of change in the past 50 years. The human and economic impacts of such societal change have resulted in declines in participation in traditional economic activities, poor health outcomes and the emergence of persistent social issues including high rates of suicide, addictions, violence and abuse.

With respect to indicators of social well-being and the social determinants of health, Nunavut faces a number of challenges. These include not only high rates of suicide and family violence, but also poor and overcrowded housing conditions, low educational achievement, and crime rates that are higher than in nearly every other jurisdiction in Canada. Housing conditions have contributed to a multitude of poor health and social outcomes including high rates of infant mortality, respiratory illness and violence. As a social determinant of health, housing is also linked with Nunavut’s high suicide rates.

Chart 1 below shows the number of deaths by suicide reported by Nunavut’s Chief Coroner between 1999 and 2014. Although there are variances year to year, the average number of deaths by suicide in that period was 29 per year. Data on suicide rates among Nunavut Inuit is included in Appendix A. This shows rates of suicide among Inuit at approximately 110 per 100,000 population versus approximately 15 per 100,000 population in Canada. Rates of suicide are highest among Inuit men aged 15 to 24 (at close to 500 per 100,000 population).

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Appendix A

The demographic, socio-economic, cultural, health and other circumstances of Nunavut and its population are critically important for Inuit and the Government of Nunavut, and underlie almost all matters of public policy in the territory. They are also of critical importance to Inuit organizations (Nunavut Tunngavik Inc. and Regional Inuit Associations (RIAs)) and to the effective implementation of important public policy initiatives such as the Nunavut Suicide Prevention Strategy.

These conditions, as well as government and non-governmental organizational capacity have an impact on how initiatives such as the Nunavut Suicide Prevention Strategy and Action Plan are carried out. In particular, vacancies and turnover in government services staff working in areas like mental health, family support, youth development and policing often mean that communities lack the capacity to plan for and manage community wellness and embrace life activities on a sustained basis. Sustaining the work of communities in the areas of health and wellness is a challenge due to resource availability, key community animators being stretched ‘too thinly’ across multiple commitments, and change in leadership.

However, over the two and a half period of the NSPS and Action Plan (2011 to 2014) and in the extension year (2014/15) there is strong evidence of increasing stability within communities in terms of the delivery and availability of key mental health supports, as well as partnership-based initiatives that have emerged as a result of the NSPS and Action Plan. There is a positive message that is emerging from Nunavut communities and organizations involved in suicide prevention and embrace life activities. In some instances this message can be seen to be directly linked with the work around the Nunavut Suicide Prevention Strategy, and Action Plan implementation, while in other cases they are arising from community initiatives and a desire to improve the social climate and drive change from within.
2. Introduction

This report provides final results of an evaluation of the Nunavut Suicide Prevention Strategy (NSPS) and Action Plan (AP) by Aarluk Consulting. The evaluation has been completed on behalf of the Partners in the Strategy and Action Plan: the Government of Nunavut (GN), Nunavut Tunngavik Inc. (NTI), the Royal Canadian Mounted Police (RCMP) and Ikitiahimalugu Inuuhik Katimajjiit/the Embrace Life Council (ELC) (collectively referred to as “the Partners”). It has been undertaken consistent with the approved Evaluation Framework for the Strategy and Action Plan.5

2.1. The Nunavut Suicide Prevention Strategy

The Nunavut Suicide Prevention Strategy (NSPS) is a partnership-based initiative, one of several being undertaken in Nunavut in key areas of social policy and community development.6

In 2010, the NSPS was formally released by the Partner organizations who had participated in the development of the Strategy over a two-year period (i.e. the GN, NTI, RCMP and ELC). The Strategy reflects the results of a collaborative effort by the Partners to identify appropriate approaches to suicide prevention in Nunavut based on evidence-based research and practices from other jurisdictions. The Strategy also reflects the outcomes of supporting work, including a discussion paper, community consultations, and discussions with key stakeholders involved in suicide prevention.

The Nunavut Suicide Prevention Strategy articulates a collective vision for suicide prevention in Nunavut that is shared and endorsed by the Partners:

“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. This will be a Nunavut in which children and youth grow up in a safer and more nurturing environment, and in which people are able to live healthy, productive lives because they have the skills needed to overcome challenges, make positive choices, and enter into constructive relationships.”7

The Strategy is premised on the notion that addressing the crisis of suicide in Nunavut requires collective action and responsibility – that every person and organization can play a role in

5 Aarluk Consulting Inc. 2014. Evaluation Framework for the Nunavut Suicide Prevention Strategy. The Framework was developed in 2014 and approved by the Nunavut Suicide Prevention Strategy Implementation Committee.

6 Others include the Nunavut Round Table on Poverty and the Nunavut Food Security Strategy. In the past, other partnership based initiatives in the area of health and wellness have included the Health Integration Initiative and the Nunavut Community Wellness Project. In all these projects, the Government of Nunavut and Nunavut Tunngavik Inc. have played a central role in identifying, coordinating and taking action through collaborative processes that have involved other partners and stakeholders.

7 The Nunavut Suicide Prevention Strategy, October 2010, p.2.
preventing suicide and building healthy communities, and that once mobilized, all Nunavummiut can contribute to achieving the Strategy’s vision.

The Strategy recognizes that suicide is not a random act. A wide variety of factors contribute to suicidal acts and ideation. These include personal characteristics or circumstances of individuals such as depression or drug and alcohol addictions, and situational factors such as previous or current experiences of physical or sexual abuse and violence. Also, protective factors can exert an influence on persons who are otherwise at risk of suicide. Protective factors include for example, a stable home life, spiritual grounding, education and employment.

While personal, situational and protective factors all play an influential role in suicidal behavior, it is recognized that a wide range of social risk factors also exist in Nunavut. These include high levels of domestic violence, substance abuse, poverty and unemployment. Social risk factors are also embedded in the historical trauma experienced by Inuit peoples as a result of rapid social and cultural change, the residential schools experience, and the erosion of Inuit language, culture and values.

The complexity of factors contributing to high suicide rates in Nunavut and among Nunavummiut creates an especially challenging and unique environment in which suicide prevention actions are approached. This led the Partners in the NSPS to conclude that:

- Nunavummiut have the same base rate of suicidal behavior i.e. there is no biological or ethnicity-related predisposition to suicide.
- The rapid increase in suicidal behavior in Nunavut is likely a consequence of social determinants including intergenerational transmission of historical trauma and its effects (violence, different forms of abuse).
- There are elevated rates of mental disorders in Nunavut society, triggered by a number of factors.

To respond to these realities, the NSPS identifies the need to focus on the quality and range of mental health services available to Nunavummiut and strengthening counselling and mental health services, as well as increasing understanding of the prevalence of mental disorders through research. At the broadest level, the Strategy points to the critical need to both identify and address the social determinants of suicidal behavior, and to ensure that action is taken at the community level.

Accordingly, the Strategy is built around three 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 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. 

In order to work towards achievement of the various components of the NSPS’s vision, including reducing Nunavut’s suicide rate to the Canadian average or below it, the Strategy sets out eight commitments of the Partners. The Strategy’s eight commitments are:

1. The GN will take a more focused and active approach to suicide prevention.

2. The Partners will strengthen the continuum of mental health services, especially in relation to the accessibility and cultural appropriateness of care.

3. The Partners will better equip youth to cope with adverse life events and negative emotions.

4. The GN will deliver suicide-intervention training on a consistent and comprehensive basis.

5. The Partners will support ongoing research to better understand suicide in Nunavut and the effectiveness of suicide prevention initiatives.

6. The Partners will communicate and share information with Nunavummiut on an ongoing basis.

7. The GN will invest in the next generation by fostering opportunities for healthy development in early childhood.

8. The Partners will provide support for communities to engage in community-development activities.

2.2. The Action Plan

Subsequent to release of the Nunavut Suicide Prevention Strategy, the Partners developed an Action Plan in fulfilment of a key commitment made in the Strategy. The Action Plan, spanning a two and a half year time frame, from September 2011 to March 2014, outlines the concrete steps to be taken to reach the Strategy’s vision and anticipated outcomes. The Action Plan provides a detailed road map identifying the specific activities that will be undertaken, associated implementation responsibilities and timeframes, and expected outcomes. Partners in the Strategy have recognized that short-term actions will not produce immediate declines in

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8 Ibid, p. 10.
suicides of suicidal behaviour in Nunavut, but that if implemented promptly and effectively, desired effects would be seen over time\textsuperscript{9}.

The Action Plan encompasses a suite of measures aimed at suicide prevention, intervention and postvention (i.e. support following attempted suicide or death by suicide). It describes the specific actions that will be taken by the Partners in relation to each commitment. The underlying premise of the Action Plan is that the partners will collaborate and pursue joint efforts. While many actions and tasks require the Partners and other stakeholders to independently undertake action or alternatively to lead action or carry out specific tasks, it is important to recognize that both the Strategy and Action Plan rest upon a foundation of collaboration and partnership.

“As emphasized in the Strategy, to be successful in achieving this vision a diverse group of stakeholders must be mobilized and work in harmony. Individuals, communities, organizations, and all levels of Government in Nunavut can play an important role in preventing suicide and in building healthy communities.”\textsuperscript{10}

It is notable that for three of the eight commitments set out in the Strategy, the GN is identified as the primary Partner responsible for implementation. All other commitments are made jointly by the Partners. For each of the eight commitments that make up the NSPS, the Action Plan identifies objectives, actions or tasks, timeframes, anticipated results and the responsible partner or stakeholder.

Overall, the Nunavut Suicide Prevention Strategy acknowledges the need to celebrate positive actions on an ongoing basis, and to ensure that outcomes are measured using objective data. Through the Strategy and Action Plan, the Partners committed to developing strong evaluation tools and processes so that progress towards the common vision can be measured and reported to Nunavummiut. The incorporation of an evaluation framework and measures is intended to ensure the accountability of all parties for their commitments.

\section*{2.3. Strategy Partners and the Implementation Committee}

Although the NSPS does not identify or establish specific structures to oversee Strategy implementation, subsequent to release of the Strategy in October 2010 and Action Plan in September 2011, the Partners established the Nunavut Suicide Prevention Strategy Implementation Committee (IC).
The Implementation Committee formalizes the way in which officials within the Partner organizations work together to implement the Action Plan through collaboration and shared responsibility. The Committee, which is comprised of two representatives from each Partner organization, and is co-chaired by the GN and NTI, meets monthly or as required. It is the central mechanism for coordinating Partner action and initiatives that support implementation of the Nunavut Suicide Prevention Strategy and achievement of its goals and objectives.

As Nunavut's Inuit land claims organization, Nunavut Tunngavik Incorporated is a partner in the NSPS and Action Plan. NTI's role in the development of social and cultural policies is outlined in Article 32 of the Nunavut Land Claims Agreement (NLCA), which is intended to provide Inuit with an opportunity to participate in the development of social and cultural policies, and the design of programs and services. NTI involvement in the development and implementation of the NSPS and its membership in other partnership and collaboration-based initiatives responds to this commitment. NTI carries out its responsibilities in relation to the NSPS through its Department of Social and Cultural Development and NTI's Article 32 Working Group, which works primarily on policy and advocacy in areas such as housing, education and health, youth and Elders. NTI is currently represented on the Implementation Committee by the Director and Assistant Director of Social and Cultural Development.

The Government of Nunavut is also a partner in the NSPS. Several departments are involved in Strategy and AP implementation including the Department of Health (DOH), the Department of Education (EDU), the Department of Family Services (DFS), the Department of Justice (DOJ) and the Department of Culture and Heritage (DCH). Additionally, other agencies of the GN share an interest either in the Strategy or in suicide prevention in the territory more generally. This includes Nunavut Arctic College (NAC), which is currently delivering the suicide prevention training program Applied Suicide Intervention Skills Training (ASIST), as well as the Nunavut Housing Corporation (NHC) and the Nunavut Bureau of Statistics (NBS).

Key departments of the GN that have been involved in the IC are the Departments of Health and Education. These two departments have primary responsibility on behalf of the GN to lead action in areas identified in the Action Plan. At the time of the evaluation the GN was represented at the IC by the Territorial Director of Mental Health and Addictions Programs (DOH) and by the Manager of Student Support Services (EDU). Previous to this, representation

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12 NTI was represented on the original Working Group for a Suicide Prevention Strategy for Nunavut that developed the Nunavut Suicide Prevention Strategy and Action Plan from 2008 to 2011. Its current Director of Social and Cultural Development is the only member of the Implementation Committee today that has been involved in the NSPS since its earliest inception.

13 Until March 31, 2013 the GN's Department of Health and Social Services (DHSS) was involved in the IC and NSPS implementation on behalf of the GN. On April 1, 2013 the DHSS ceased to exist and its responsibilities were transferred to the newly created Departments of Health (DOH) and Family Services (DFS).
of the GN on the IC had been somewhat variable, with representatives variously drawn from both senior levels of departments (including DM and ADM levels) and policy officers.

The RCMP participates in the partnership through the Nunavut V Division. The RCMP joined the Working Group for a Suicide Prevention Strategy for Nunavut in 2009 and participated as a key partner in the formation of the Strategy and Action Plan. While the number of actions and commitments identified for the RCMP in the Action Plan is more limited than for the GN and NTI, the RCMP has assumed a leadership role in a number of areas and has been instrumental in developing new approaches for tracking statistics related to reports of suicide attempts and completions. The RCMP is currently represented at the IC by the Officer Responsible for Community Policing and Media Coordination as well as the Inspector, Officer in Charge for the Kitikmeot Region and Operational Support Services. Previous representation by the RCMP included the Chief Superintendent of V Division.

Ikitiahimalugu Inuuhik Katimajiit / Embrace Life Council (ELC) is the fourth partner in the NSPS and AP. The ELC was established in 2004 as a non-profit suicide prevention organization by key partners with organizational interests and mandates related to suicide and suicide prevention. The ELC’s Board is comprised of representatives of NTI, Regional Inuit Associations (RIAs), the GN, RCMP, Nunavut Kamatsiaqtut Help Line, Nunavut Teacher’s Association, Nunavut Association of Municipalities and the faith community. The ELC provides suicide prevention related teaching and information resources to Nunavut communities and organizations through both its website and community activities. Information and resources designed to help youth, parents and others are also available.

The ELC has a lead role in the management of the NSPS and has contribution agreements with other Partners (the GN, NTI) that provide funding to support its participation in the initiative. Two representatives of the ELC Board and staff are also members of the IC for the NSPS. Although the Council has only a small staff of two, it has been instrumental in carrying out Action Plan commitments, particularly those that are identified as the joint responsibility of all the Partners working together.

2.4. Goals and Anticipated Outcomes

In addition to the overall vision of the NSPS to significantly lower rates of suicide in Nunavut, there are many other goals and outcomes that are explicitly articulated within the Strategy and the Action Plan. These anticipated outcomes, which are expected to result from Strategy implementation in the medium to longer term, and from Action Plan implementation in the shorter term (i.e. 2011 to 2014) have been incorporated into the methodology and approach to the evaluation as well as the evaluation logic model. These outcomes include:

- Suicide rates in Nunavut are lower than or approximate the national average. (Vision)
• Suicide is de-normalized in Nunavut. (Vision)

• Nunavut is a place in which children and youth grow up in a safe and nurturing environment. (Vision)

• Nunavummiut live healthy and productive lives. (Vision)

• Nunavummiut have the skills needed to overcome challenges, make positive choices, and enter into constructive relationships. (Vision)

• Nunavummiut particularly youth have access to a wide range of mental health and addiction resources in communities. (Action Plan)

• Nunavummiut have access to culturally appropriate grief counselling. (Action Plan)

• There are mental health specialists in each region able to respond to requests and referrals from community health centres. (Action Plan)

• Community based counsellors have access to training, and their role is respected within the Nunavut health delivery system. (Action Plan)

• There is increased cooperation between government, schools and the RCMP to better support youth experiencing distress. (Action Plan)

• Nunavummiut can access information (in all official languages) on risk and protective factors and information on how to access help. (Action Plan)

• There is increased access to early childhood development and family programs. (Action Plan)

• There is support for children and adults displaying at-risk behaviours. (Action Plan)

• Social and emotional learning is offered at school. (Action Plan)

• Adults and youth have access to suicide alertness and intervention training, and to peer counselling. (Action Plan)

• There is support for community-based wellness initiatives. (Action Plan)

• There is daily access to Nunavut Kamatsiaqtut Help Line. (Action Plan)

• Partners are working together to address key risk factors for suicidal behavior. (Action Plan)
3. Evaluation Methodology

The evaluation report establishes detailed findings and conclusions in areas relevant to the evaluation research, as identified in the Evaluation Framework approved by the Evaluation Working Group (EWG). The evaluation methodology adopts standard approaches to evaluation, including those which have been used in other, similar evaluations conducted in Nunavut.

In October 2014 Aarluk Consulting Inc., a Nunavut-based consulting firm, was selected to be the project’s evaluation consultant and began work on the evaluation in the fall of 2014, completing the final evaluation report in early June 2015.

3.1. Evaluation Framework

The evaluation of the NSPS and AP is based on a pre-established Evaluation Framework that has been approved by the Partners through the Evaluation Working Group. This Framework was prepared to support evaluation of the Strategy in its fourth year of implementation, and the Action Plan at the conclusion of its two and a half year term. The Evaluation Framework encompasses:

- A logic model for the Strategy and Action Plan evaluation (Appendix B);
- An evaluation framework with several proposed methodologies;
- Performance indicators for the Strategy and Action Plan; and
- Evaluation matrix with key evaluation questions, indicators and data sources.

As determined in the Evaluation Framework, the main goals of the evaluation of the NSPS and AP are to:

5. Assess progress made towards the overall vision of the Strategy;

6. Assess progress made towards meeting the objectives and carrying out the actions and tasks identified in the Action Plan 2011-2014;

7. Assess Strategy and Action Plan implementation as a collaborative process (i.e. how the Partners are working together); and

8. To learn from the successes of the Strategy and Action Plan, identify areas that can be improved, and how lessons learned can be used in the future, including in the formation of subsequent Action Plans and approaches to Strategy implementation (i.e. recommendations).
3.2. Focus of Evaluation Research and Primary Methods Used

The evaluation research was carried out under contract to the Embrace Life Council on behalf of the IC, and overseen by the Evaluation Working Group (EWG). The EWG consisted of two representatives of each of the Partners.

The evaluation has a focus on assessing the outcomes and impacts of Action Plan implementation and the performance experience of the Strategy as a partnership-based approach to addressing suicide in Nunavut. Less attention is paid to processes related to the design and development of the Strategy and Action Plan, though it is noted that there is a “back story”, as is inevitably the case for an initiative such as NSPS that has had lingering impacts on Strategy and AP implementation.

With the above goals in mind, Aarluk structured the evaluation on the approved Evaluation Framework including logic model and evaluation matrix, and applied various methodologies in order to focus on the five areas of investigation proposed for the evaluation.

The five areas of focus are:

1. Rationale and relevance of the Strategy;
2. Effectiveness of the Strategy;
3. Efficiency of use of resources in implementing the Strategy;
4. Integration of the Strategy with other priorities and initiatives of the Partners; and
5. Sustainability of the Strategy.

The evaluation and chosen methodologies were intended to explore, investigate and assess each of the five areas of focus through a series of questions to be addressed within each category of the evaluation, and through evaluation methodologies.

Following is a short description of the main components of the evaluation research methodology applied throughout the evaluation.

3.2.1. Review of Primary and Secondary Documents

Aarluk began the evaluation by identifying, collecting and then reviewing relevant documents that were made available through the Partners. A very large number of documents were received for review (over 200). These have been used as a key source of information and data to support the evaluation and evaluation findings particularly with respect to the effectiveness of the Strategy and AP. Documentation received from partners was wide ranging and included, by way of example:

- Statistical data on suicide in Nunavut (attempts by community, attempts vs. actuals, among other statistics);


- Mental health, wellness and suicide related research studies commissioned or supported by the partners or stakeholders;
- Support programs offered to Nunavut communities and organizations (Kids Help Line, Canadian Red Cross RespectED program, ASIST);
- Memorandums of understanding regarding the sharing of information between partners and stakeholders;
- Funding requests and approvals for various suicide prevention related programs or initiatives;
- Embrace Life Council contribution agreements;
- Press releases regarding suicide prevention related reports, activities and community events;
- Communications products used in public/communication campaigns;
- ELC annual reports;
- Meeting agenda and minutes of the NSPS Implementation Committees;
- Internal briefing notes of partner organizations on the NSPS and AP, and various processes and progress on commitments;
- Business cases prepared by the GN DOH for mental health services and facilities expansion; and
- Summary reports of activities stakeholders have undertaken that relate directly to the NSPS.

Additionally, secondary data was obtained from various sources including reports and statistical data shared with the evaluation team by researchers studying rates of suicide in Nunavut and/or conducting studies relevant to suicide prevention and suicide amongst indigenous populations.

Other reports and documentation were made available from organizations or individuals other than the Partners but who are involved in specific Action Plan initiatives (e.g. the Canadian Red Cross, Nunavut Arctic College). Secondary sources of data were useful from the perspective of helping to identify key performance indicators and evidence that the anticipated outcomes of the Strategy and Action Plan are being achieved.

Appendix C provides a comprehensive list of all primary and secondary documents received by the evaluation team.

### 3.2.2. Key Informant Interviews

Key informant interviews were a primary source of data and information supporting the evaluation. Aarluk undertook extended interviews with representatives of the Partners including all members of the Implementation Committee (i.e. 8 interviews in total).

Additionally, a list of secondary key informants was drawn up in consultation with the Evaluation Working Group. Secondary interviews were conducted with individuals representing or directly involved with stakeholder organizations and initiatives connected with the NSPS and
AP or involved in territorial, regional or community level suicide prevention related activities. A total of 15 interviews were conducted with these stakeholders.

Appendix D provides a list of key informants who participated in interviews for the evaluation.

### 3.2.3. Community Stakeholder Survey

As set out in the Evaluation Framework, a survey was prepared and distributed to community level organizations and individuals considered stakeholders or ‘on the front line’ of suicide prevention in Nunavut. The Community Stakeholder Survey was intended to obtain perspectives of individuals working in communities and in front line service delivery, and who are more indirectly involved in Strategy and Action Plan implementation. The survey was made available using an on-line survey method.

The evaluation wanted to maximize the number of stakeholders invited to participate in the stakeholder, on-line survey, while recognizing that due to internet connectivity/bandwidth issues in many communities, completing the survey (and uploading results) would in some cases be a challenge for individual participants. As a result, the community stakeholder survey was kept fairly brief, with eight (8) questions in total. Of these, three (3) were ‘open ended’ providing an opportunity for participants to provide a narrative response, while the remainder required participants to select a response from a pre-defined list.

Aarluk prepared a comprehensive list of survey participants based on information supplied by Partners and others. The final list of invitees to the survey included 125 names and email contacts – mostly of front line workers involved in mental health, health, education, justice, community wellness and related activities. Aarluk received thirty (30) responses to the stakeholder survey out of a total 125 potential survey respondents (a 24% response rate). Results of the stakeholder survey are incorporated into the overall evaluation findings.

### 3.2.4. Partner Survey on Collaboration

As a supplement to interviews with representatives of Partner organizations (i.e. Implementation Committee members), the evaluation delivered a survey to the Partners who worked collaboratively to design and then implement the Strategy and Action Plan. This survey focuses on the overall effectiveness of the partnership as a tool for collaboration in suicide prevention, and as a key component of the Strategy and Action Plan implementation\(^\text{14}\).

\(^{14}\) The survey is based on the Wilder Collaboration Factors Inventory model, adapted for the purposes of this evaluation. Survey respondents were invited to complete the survey either on-line or through paper-based response.
3.3. Limitations

Due to the access that was provided to both written documentation associated with the Strategy and Action Plan implementation, and the fact the evaluation team was able to obtain input from a variety of sources, including those who are most closely involved in suicide prevention in Nunavut today, the potential limitations on the evaluation research were few, but included:

- The evaluation was originally planned for completion over the course of a 12 month period from April 2014 to March 2015. However, the project was only able to begin in the fall of 2014 after funding for the evaluation was secured and committed. As a result, the evaluation, which was fairly large in scope, was somewhat limited by the fact there were only a few months available to complete data collection and analysis.

- The evaluation was challenged by the large volume of documentation that was received from the Partners, as well as processing the rich and detailed information obtained through the interviews, surveys and other processes within the available timeframe.

- Documentation was made available to the evaluation team from the GN DOH in mid-January 2015. The documentation, which was extensive, was only made available for review by the evaluation team at GN offices in Iqaluit. This presented a logistical challenge for the evaluation team primarily from the perspective of not being able to readily refer to documents during the analysis of information and writing of the report. As a result the evaluation was not able to fully or easily access GN documentation critical to the evaluation during analysis and report writing phases.

- The evaluation was able to gain only a limited understanding of what is happening at the community level of Strategy and Action Plan implementation, primarily through the community stakeholder survey and a few interviews with community-based stakeholders. The community stakeholder survey response rate was approximately 24%. As a result, a full and complete picture of how the NSPS and AP are influencing action and outcomes at the community level could not be obtained as part of the evaluation.
4. Evaluation Findings: the NSPS as a Partnership-Based Initiative

This section of the evaluation report provides additional background to the NSPS and Action Plan and briefly describes the history and processes involved in their development and implementation. It also discusses the Strategy and AP as a collaborative undertaking, how it has been implemented through the structure of the Implementation Committee, and Partner perspectives’ on how the partnership has worked in practice.


While not a focus of the evaluation, some background details on how the Strategy was developed under a partnered approach is helpful in understanding ongoing experience of the NSPS as a collaborative initiative.

The earliest conceptions for a suicide prevention strategy for Nunavut date back to the early 2000s - a time when suicide rates particularly among Inuit were continuing to increase and, as the new territory of Nunavut was being created, the need to address suicide as a crisis issue came to the fore in political and societal level discussions.

In August 2008 the GN, NTI and ELC began to partner to create a single suicide prevention strategy. A Working Group of the three partners met through the fall of 2008, reviewing evidence based research and materials, discussing suicide prevention measures and ways to create the best possible strategy. In 2009 the Working Group released *Qaujijausimajuni Tunnaviqarniq, A Discussion Paper on Suicide Prevention in Nunavut* and entered into a consultation phase, with the intention of carrying out focus group sessions, community meetings, radio shows and using other media in order to engage Nunavummiut. Community consultations were carried out in the late spring and early summer of 2009. While it was the intention of the group to present a draft strategy for political approval in fall of 2009, it was not until 2010 that the Strategy was publicly announced.

During consultations, the Working Group presented findings from its research about suicide in Nunavut, emphasizing the social determinants of health (e.g. education, housing, employment), historical traumas experienced by Nunavummiut (e.g. relocation, residential schools) and other factors such as child, sexual, physical and emotional abuse as the root cause of Nunavut suicides. Also presented were suicide prevention measures and suicide rates from 1960 to 2008. Several possible actions were proposed for discussion during consultations, all of which were

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15 The subject of high rates of suicide among Aboriginal peoples in Canada had first been comprehensively addressed by the Royal Commission on Aboriginal Peoples in a special report. RCAP. 1995. *Choosing Life: A Special Report on Suicide Among Aboriginal People.*

related in some way to the eventual eight commitments that provided the overall architecture for the NSPS Action Plan released in 2011\textsuperscript{17}.

For the launch of the Strategy, the Partners in the Working Group had agreed that each Partner organization would provide a letter of support for the Strategy and then formally launch the Strategy together. However, the Strategy was tabled in the Legislative Assembly of Nunavut in October, 2010, pre-empting the Partners’ plans for a joint public release. Although the Partners were satisfied to see the Strategy formally launched, the GN’s independent action set the stage for what is perceived as ongoing unilateral action by the GN that has followed in the years of the Strategy’s implementation.

Following official release of the Strategy, the Partners set to work on development of an Action Plan to support implementation of the Strategy. Little evidence was made available to the evaluation regarding how specifically the Action Plan was developed, and what the experience of the partnership was during this phase. However, based on interviews with key stakeholders who were involved with this process, the Working Group’s composition expanded, and connections were made into the various organizations’ other working structures or policy groups. This included, for example, NTI’s work to ensure that linkages were established between NSPS implementation and the work of NTI’s Article 32 Working Group. Also, the Mental Health Unit of the Department of Health based out of Cambridge Bay played a key role in leading development of the Action Plan and articulating some of the eventual commitments made on behalf of the GN.

It is not appropriate for the evaluation to comment in detail on the process surrounding development of the AP and specifically how commitments were identified, discussed, approved internally by the partners and then signed off on. However, there have been significant questions raised through the period of AP implementation about the capacity of the GN’s lead departments in the Strategy, the Departments of Health and Education, to fulfill their many commitments under the Action Plan in light of available resources, timeframes and capacities. Some of the difficulties encountered in the Action Plan implementation, and the fact limited progress has been made with respect to some AP objectives and initiatives are directly traceable back to the development and approval of the Action Plan by the Working Group collectively and by individual partners at the most senior levels of the GN. The evaluation received many comments from various sources that have questioned how senior officials within the GN and the Cabinet could have approved and ‘signed off’ on some of the commitments that were made in the AP in the absence of committed resources and even, in some cases, that there was sufficient evidence that proposed actions/tasks would lead to anticipated results.

It was the Partners’ intention to complete the Action Plan within six months of the launch of the Strategy. However the Action Plan was not concluded by the Partners until the late summer of 2010 and as described above, was organized around eight (8) commitments and forty-one (41) specific actionable objectives. The long-awaited Action Plan was officially launched at a signing ceremony held at the Legislative Assembly in Iqaluit on September 12, 2011.

\textsuperscript{17} Creating a Suicide Prevention Strategy for Nunavut: Consultation Meetings May to June 2009 (powerpoint presentation).
4.2. The Implementation Committee

Shortly after public release of the Action Plan in the fall of 2011, an Implementation Committee was formally established by the Partners. Through Terms of Reference for the Committee, it was agreed that each of the Partners would appoint two representatives and that the IC’s mandate would be to oversee and undertake implementation of the AP. As provided for in the Terms of Reference, the IC is co-chaired by NTI and the GN. Meetings are to take place monthly or as required, and Partner organizations may bring others as observers or experts to meetings\(^\text{18}\).

Based on interviews with key informants and current members of the Implementation Committee, as well as documentation provided to the evaluation, several observations can be made regarding how the IC functioned in the eighteen months following the AP release.

1. **Meetings:** Under the terms of reference, the Co-Chairs have responsibility for organizing meetings, including agenda and “records of decision”. After the launch of the Action Plan in September 2011 three meetings of the IC were held i.e. in September, October and November. After this and for a period of approximately 6-7 months (i.e. between December 2012 and June 2013) the IC did not meet at all. This introduced significant delays in the overall process to implement the Action Plan within two and a half years, and left many partners discouraged about the prospects for successful implementation.

2. **Records/Minutes:** Although there are agendas of the IC available from May 2012 to the present time, it was not until December, 2013 that meeting minutes were prepared. This meant that, for most of the IC’s work, there was no formal record of discussions, decisions or meeting minutes. Participants reported that this led to considerable confusion within the IC and disorganization in planning for and implementing the AP action items.

3. **Turnover in Representation:** In the first 18 months of implementation there was turnover in the Implementation Committee’s membership, particularly among GN representatives. This further contributed to an inability on the part of the Partners individually and collectively to begin or follow through on commitments and actions. Participants reported that, as a result of turnover in Committee representation they found it extremely difficult to track progress and identify who was leading action on specific items, particularly those that were a shared responsibility of the Partners. The impacts of turnover compounded with the fact there were no records kept of meetings and actions.

4. **Capacity to Participate:** As new representatives joined the IC in response to turnover in representation, they brought with them different priorities, levels of interest and commitment, and also various capacity to carry out specific tasks, as well as basic knowledge of the Strategy and Action Plan. Some partners reported high levels of frustration with the Committee’s process which had to be diverted toward providing orientation to new representatives to the IC on the Strategy and AP and away from taking action on specific commitments and objectives.

\(^{18}\) *Nunavut Suicide Prevention Strategy Implementation Committee Terms of Reference*, October 2, 2013.
5. **Secretariat Support:** It was the intention of the Partners that two full-time Suicide Prevention Specialists would be hired by the GN to provide secretariat support to the IC and also to coordinate matters internally within the GN, who as a lead partner had the most significant undertakings to fulfill. These positions were established within the GN Department of Health’s Mental Health Programs unit with funds committed. While staff were hired into these positions, the positions did not function as anticipated and failed to provide the anticipated secretariat-type support to Strategy implementation and the IC. Instead, these positions focused on specific suicide prevention-related activities such as organizing and delivering Mental Health First Aid (MHFA). Key informants suggested that the limited resources that were specifically allocated by the GN for suicide prevention were not effectively utilized in furthering the overall goals of the Partners under the Strategy and AP.

While the IC did not function well for the first several months of AP implementation, in the last several months of activity i.e. between December 2013 and March 2014, and since that time (i.e. up to March 2015) there is evidence that the overall operation of the IC and progress made on AP implementation has stabilized and significantly improved. There are several reasons for this, including that Partner representation to the IC has been consistent, particularly on the part of the GN, and the ‘right’ people are seen to be participating – those being Partner representatives having appropriate levels of authority within their organizations to both contribute meaningfully to implementation as well as to lead the execution of individual and shared commitments, and to be accountable for these.

The Committee now has regular meetings, agendas and detailed minutes which are kept by NTI (and which go beyond the ‘record of decision’ as called for in the Terms of Reference). Meeting records for the IC show that the group follows a consistent agenda including updates from all Partners, collective planning for specific initiatives (e.g. research, world suicide prevention days), and priority setting for the future. All of this has reduced, though not entirely eliminated some of the tensions that formerly existed within the IC, and which were undermining its ability to effectively fulfill its mandate in overseeing and implementing the AP. It should be noted that most of these improvements occurred within the last few months of the AP’s ‘official’ implementation and therefore are really only very recent.

**Recommendation #1:**

*It is recommended that the Terms of Reference for the Implementation Committee be reviewed annually, and amended as necessary by the Partners. Amendments to the Terms of Reference should be developed by the Implementation Committee and recommended for approval by senior leadership of each of the Partner organizations.*

**Areas for potential revision to the TOR include:**

- a) **General procedures for meetings, agenda, minutes, and decision making;**
- b) **More specific statement of the roles and responsibilities of each partner with respect to carrying out AP commitments that:**
  - are the lead responsibility of one of the Partners,

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19 Documentation provided to the evaluation includes meeting agenda (May 25, 2012 to August 18, 2014) and minutes/records of meetings (December 2013 to August 2014). The period of the evaluation technically is restricted to the period from September 2011 to March 2014 (the timeframe of the 1st Action Plan).
Evaluation of the Nunavut Suicide Prevention Strategy and Action Plan

- are a shared responsibility of the Partners, or
- are a responsibility of a GN department or another organization not directly represented on the Committee;

c) Statement of the roles and responsibilities of the Committee collectively for Action Plan review, monitoring and reporting on progress towards AP implementation;

d) Annual and other reports of the IC and how these will be prepared approved and made publically available.

4.3. Partner Experiences of Collaboration through the NSPS and Action Plan

The NSPS represents a unique, collaborative effort among Partners to address one of the most pressing societal issues in Nunavut today. The partnership-based approach, which brings together government, Inuit organizations, communities and other key stakeholders, is to some extent being piloted in Nunavut, with potential application to other jurisdictions. The basis for partnership is shaped by the Strategy and Action Plan, but it is also embedded within the Terms of Reference for the IC as reflected in its key guiding principles which are:

1. Commitment by the Partners to a shared vision for the Strategy and its outcomes.

2. Recognition of Article 32 of the NLCA which provides for Inuit participation in the development of social and cultural policy, and the design of social and cultural programs and services in the Nunavut Land Claims Settlement Area.

3. A commitment to encouraging self-reliance as outlined in the Aajiqatigiiniq document signed by the GN and NTI in implementing the NSPS Action Plan.

While the evaluation is primarily concerned with assessing the outcomes and impacts of the Action Plan, it is also intended to report on experience with the Strategy as a partnership-based approach to addressing suicide in Nunavut.

This part of the report sets out findings from the evaluation regarding the NSPS and AP implementation as a model for partnership and collaboration. Evaluation findings for this section are based primarily on the results of interviews with key informants and a survey of partners on the effectiveness of the partnership, as well as documents available to the evaluation that provide insight into this aspect of the Strategy and AP. Recommendations are made with respect to what the Partners can do individually and together to improve the partnership in the future.

20 Nunavut Suicide Prevention Strategy Implementation Committee Terms of Reference, October 2, 2013, p. 1.
### 4.3.1. Results of the Partner Survey

The Partner Survey asked key informants, as representatives of the Partners to the IC, to rate their level of agreement or disagreement with specific statements regarding the NSPS as a collaborative partnership. The survey results are summarized below in Chart 2.

**Chart 2**  
Summary of Findings from the Partner Survey

<table>
<thead>
<tr>
<th>Assessment</th>
<th>Finding</th>
</tr>
</thead>
<tbody>
<tr>
<td>✔</td>
<td>A majority of survey respondents agreed that there is a history of working together on problems and issues in Nunavut through collaboration.</td>
</tr>
<tr>
<td>✔</td>
<td>In terms of the overall political and social climate for collaboration and change, most respondents agreed or strongly agreed that the time is right for the NSPS as a collaborative project.</td>
</tr>
<tr>
<td>✔</td>
<td>There is a high level of agreement among participants that there is <em>respect</em> for the people involved in the NSPS.</td>
</tr>
<tr>
<td>✗</td>
<td>There is less support for the notion that there is <em>trust</em> among partners. There was also less agreement that the partners are willing to compromise on aspects of the Strategy, the AP or partnership.</td>
</tr>
<tr>
<td>✔</td>
<td>All respondents agreed that the people who are leading Strategy and AP implementation have good skills to work with other people and organizations.</td>
</tr>
<tr>
<td>✔</td>
<td>In general, the right cross section of those who have a stake in the NSPS are seen to be involved, and those who need to be <em>are</em> members of the partnership.</td>
</tr>
<tr>
<td>✗</td>
<td>However, the majority of respondents either disagreed or strongly disagreed with the statement that the level of commitment among partners is high.</td>
</tr>
<tr>
<td>✔ / ✗</td>
<td>Approximately half of respondents felt that there is not enough time for members to take information to their organizations when major decisions are being made.</td>
</tr>
<tr>
<td>✗</td>
<td>The majority of respondents either disagreed or strongly disagreed with the notion that the people who participate in the partnership can speak for their entire organization, not just a part of it.</td>
</tr>
<tr>
<td>✔ / ✗</td>
<td>A majority of participants (but not all) agreed that there is flexibility in decision making, and that people are open to different opinions and approaches to carrying out the work of the AP.</td>
</tr>
<tr>
<td>✔ / ✗</td>
<td>While participants in the partnership are generally viewed as having a clear sense of their roles and responsibilities, the decision making process is not generally viewed as being clear.</td>
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### Assessment vs. Finding

<table>
<thead>
<tr>
<th>Assessment</th>
<th>Finding</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Also, the partnership is not generally seen to be adaptable to changing conditions (including leadership, political climate).</td>
</tr>
<tr>
<td>✗</td>
<td>With respect to the pace of development of the partnership and its work, almost all respondents felt that the partnership has taken on too much work within the available timeframe. Similarly, there is limited support for the notion that the partnership can keep up with the work and coordinate activities in the AP in the available time frame.</td>
</tr>
<tr>
<td>✔️ / ✗</td>
<td>There are opposed views about the extent to which people communicate well and openly with each other, and also the extent to which they are informed about what is going on in the partnership with respect to AP implementation. Some feel communication works well while others feel that communication is a significant deterrent to an effective partnership.</td>
</tr>
<tr>
<td>✔️</td>
<td>In general, key informants either agreed or strongly agreed that there is a clear understanding of what the partnership is trying to accomplish, what the goals are, and that partners are dedicated to success of the NSPS and AP.</td>
</tr>
<tr>
<td>✗</td>
<td>However, a majority either strongly disagreed or disagreed in their opinion as to whether the goals set by the partnership were reasonable.</td>
</tr>
<tr>
<td>✔️</td>
<td>Evidence of the perceived necessity of a partnership based approach to implementation of the Strategy is evident in the fact all survey respondents strongly agreed that it would be difficult for any single organization to accomplish the goals of the Strategy alone.</td>
</tr>
<tr>
<td>✗</td>
<td>Almost all participants strongly disagreed or disagreed that there are adequate resources, funds and “people power” available to do what the partners want to accomplish through the Strategy and AP.</td>
</tr>
</tbody>
</table>

### 4.3.2. Perspectives on the Partnership

The evaluation gained insights into the general perspectives of the Partners on the success of the NSPS and AP implementation as a collaborative and partnership-based approach to addressing the crisis of suicide in Nunavut.

Partner representatives were asked for their views on how the Partners came together in the Strategy and its implementation, and how effective the partnership was overall. In general, the early challenges encountered in AP implementation and through the IC were widely acknowledged, but most are optimistic that the partnership has turned a corner and is functioning more effectively through the IC.

There is a sense that while the partnership involves the “right organizations”, the level of participation among the senior leadership of these organizations as well as participation by communities is significantly lacking – in large part due to lack of awareness of the Strategy, the
AP and specific commitments and objectives and how these relate to stakeholders’ broader interests.

For Inuit organizations, the partnership model is seen to be appropriate because it has the potential to facilitate social and cultural policy and program development consistent with the vision of Article 32 of the NLCA, and implementation of a model that goes beyond consultation and towards true collaboration and group decision making. However, at least for NTI, the model has not delivered on its promise in practice, and representatives within NTI remain concerned that Article 32 and its practical expression through initiatives such as the NSPS and AP are not well understood or respected by the GN.

Some of the Partners hold a strong and consistent view that the GN’s participation in the AP’s implementation has presented some challenges for the other Partners. Concerns in the early phase of implementation with respect to GN representation, commitment and participation in the IC have grown over time into a broader concern that the GN does not always act consistently with the expectations of the Partners for the partnership more generally. Specifically, expectations of some of the Partners with respect to the following have not been met:

- that there would be close collaboration among the Partners in AP implementation and specific tasks/actions under each objective;
- that the Partners would respect each other and operate as equals;
- that there would be a high level of information sharing and exchange among the Partners about all initiatives undertaken pursuant to the Strategy and consultation on specific activities being undertaken by lead organizations with the other Partners;
- that each Partner organization would allocate appropriate levels of resource support including staff and offices; and
- that there would be shared accountability for actions taken based on agreement that an objective or activity in the AP had been completed.

Similarly, there is a strong perception among non-GN partners that the GN has acted unilaterally with respect to suicide prevention and AP implementation. There is a level of irritation within the partnership as a result of the need for Cabinet approvals to be obtained for many things developed collaboratively by the Partners through the IC, including for example the communications plan and progress report. As a result, many undertakings pursued by the partners, acting in partnership and in good faith, have simply not reached a point of conclusion or have been significantly delayed by the Cabinet approval process.21

Despite general concerns about how the GN participates in the partnership, there are also positive views held by those most closely involved. Many recognize that despite challenges encountered in the past, the Partners remain committed to the Strategy, the AP and to working together. Also, there is recognition that despite constraints in the mandates of some organizations to carry out commitments, and a general lack of dedicated resources for suicide prevention in Nunavut, there has been progress in many areas of the AP, and this has come about as a result of the partnership-based approach and perseverance in the face of many challenges and differences with respect to expectations regarding process and outcomes. These

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21 Neither the Communications Plan nor the Progress Report have been approved or acted upon.
perceived successes are discussed in more detail in sections that follow, including with respect to the assessment of the overall effectiveness of the AP found in Section 5.2 of this report.

Recommendation #2:

*It is recommended that within the GN, approvals for decisions and documentation produced by the Partners under the umbrella of the NSPS and the Action Plan be subject to approval by Deputy Ministers through the Quality of Life Committee, where executive-level approval is a necessity. Where modifications are made to the Strategy and Action Plan in the future these should continue to be subject to approval at the highest levels of each organization, including, for the GN, by Cabinet.*

Other aspects of the partnership that were assessed in the evaluation include the respective roles and responsibilities that are fulfilled by each of the partners within the partnership. The evaluation also assessed partner and stakeholder perspectives on whether the ‘right organizations’ are involved in the partnership, and the extent to which Strategy and AP implementation has involved meaningful participation by Inuit organizations and inclusion of Inuit cultural approaches and values.

**What Roles and Responsibilities does each Partner Fulfill?**

Overall, the general responsibility of each partner to others in the partnership is to ensure that Partners are fully informed of and aware of the activities of the participating organizations or GN departments with lead responsibility for specific initiatives. As stated by one interviewee “Partners are responsible for meeting their commitments under the Action Plan and expected to liaise with the other organizations who are also implementing the Plan”. Despite this generally held understanding regarding roles and responsibilities, a key theme that emerged in the evaluation is that there is insufficient communication between the GN on the one hand and other partners, particularly in action areas where GN departments are designated as the ‘lead organization’.

Despite this generally held view, it is a feature of the NSPS as a collaboration, that each partner does make a unique contribution to the initiative and to AP implementation.

The ELC has been a key structure in the implementation of components of the AP. This organization has spearheaded many of the initiatives that were to be undertaken collectively by the Partners and for which no specific lead organization was identified. Core funding for the ELC and funding for specific initiatives has been provided by the GN. The benefits of this approach are that funds for suicide prevention initiatives can be directed into suicide prevention activities especially at the community level more quickly than what might otherwise be possible for the GN working through existing structures and funding mechanisms. The ELC has also acted as the overall monitor of the AP and its implementation, ensuring that every action is brought forward for scrutiny by the IC, thus promoting general accountability and transparency.

NTI’s role has been critical in ensuring that the Strategy and AP remain on track, even when secretariat support that was anticipated to be in place has been lacking. NTI has assumed

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22 The extent to which the responsibilities and expectations for the Partners were balanced with their organizational and resource capacities is discussed in more detail in Section X below on Efficiency and Resource Use.
several secretariat type functions including managing meetings, agenda and minutes. NTI staff members have been ‘plugged in’ at times when additional technical and resource capacity was needed, or extra support required in light of the limited personnel resources available through the ELC and other Partners, including the GN, or when there was a more intense period of turnover in key personnel within GN departments. NTI also provides important input on Inuit content and alignment with Inuit cultural values and Article 32 of the NLCA with respect to suicide prevention related policy and program development. In turn, NTI is responsible for ensuring alignment with the RIAs and current initiatives they are pursuing that directly or indirectly relate to suicide prevention.

The GN as a key partner carries the most significant obligations for suicide prevention under the AP from a policy, funding and resource perspective. The Partners recognize the GN’s role in directing financial and human resources to the Strategy’s implementation, including providing core funds for the ELC and specific initiatives such as ASIST. Within the partnership, it has been suggested that the GN does not receive appropriate recognition for the role it plays in Strategy implementation, particularly in directing resources to specific AP initiatives and to the ELC for core operations and program initiatives. The success of the ELC is seen also as a success of the GN and its partnership in the NSPS.

The RCMP has a focussed but important role to fulfill in the Action Plan and Strategy implementation. As a service oriented organization with officers often working on the front lines of community mental health issues, suicide attempts and completions, they are recognized by other Partners as having a key role as a first point of contact in communities. At the community level RCMP officers also may have insights into the particular circumstances of those at risk of suicide and under established protocols may share information with other service providers and supports at the community level. The RCMP also plays a key role in tracking information on the number of suicide attempts and completions in Nunavut, and is generating data on the circumstances surrounding suicide that will provide an extremely valuable resource for the future.

Outside the core Partners in the Strategy, other organizations including RIAs, have roles and responsibilities that were set out in the AP. However, the evaluation findings are that these organizations were unable to fully engage with the Strategy as they lacked knowledge of their assigned responsibilities and how they could participate. Also, in the case of RIAs, adding to the responsibilities of these organizations may not have been realistic as they generally are under-resourced for their current mandates and the wide range of activities they are involved in.

Are the Right Organizations Involved?

As part of interviews conducted for the evaluation, both representatives of Partner organizations and stakeholders were asked whether the ‘right organizations’ are participating in Strategy implementation. There is a high degree of consensus that the current four partners participating in NSPS and AP implementation are the right core partners, but also that there is a need to better engage other stakeholder organizations in the regions as well as Nunavut communities. Overall, stakeholders view the Strategy and its implementation structures as

23 Because there is limited information available to the evaluation on the process to develop the AP it is not clear how involved the RIAs and other organizations including departments of the GN other than Health and Education were in the development of the AP and the identification and approval of specific objectives and action items.
territory/Iqaluit-driven, with limited connection to regional and community suicide prevention related programs and initiatives, youth organizations and with front line workers of the Partner organizations (GN, RCMP).

Many suggestions were made regarding other organizations and agencies that could be more directly engaged in Strategy implementation including:

- Nunavut’s Child and Youth Advocate;
- Nunavut’s Chief Coroner;
- Nunavut Association of Municipalities;
- Nunavut Status of Women;
- Regional Inuit Associations;
- Youth organizations; and
- Community based organizations such as Ilisaqsivik Society, the Baker Lake Against Suicide Team, Pulaarvik Kablu Friendship Centre in Rankin Inlet, Cambridge Bay’s Wellness Centre and the Iqaluit Community Tukisigiarvik Society (to name a few).

**Recommendation #3:**

*It is recommended that, in the 2nd Action Plan, the Partners identify ways to better engage stakeholder organizations at all levels (i.e. territorial, regional and community) in the Strategy and AP implementation. This could involve an annual roundtable or forum on suicide prevention hosted by the Partners, teleconference meetings to provide updates on progress towards AP implementation and to exchange information, and half day teleconference discussion groups organized around specific topics, Strategy commitments or AP objectives (for example, improved mental health services, youth training).*

There are concerns regarding how the GN is represented within the IC as it has two appointees who must represent the interests of the GN as a whole, as well as individual departments. In addition to Health and Education, which have lead responsibility for many commitments in the AP, other GN departments including Culture and Heritage, Family Services and Justice also are involved and share commitments with other Partners and GN departments. However, there is a level of agreement among all Partners that these departments, and other GN agencies, are not effectively engaged in the AP and its implementation.

**Recommendation #4:**

*It is recommended that the GN establish an active internal mechanism to coordinate its participation in the Implementation Committee and Action Plan implementation. The GN should ensure there is appropriate communication and exchange of information between GN representatives on the IC and departments that do not have direct representation on that Committee, including with respect to obligations arising from the AP and how those can be met by the GN and individual departments and agencies.*
Is there Meaningful Participation by Inuit Organizations and Inclusion of Inuit Cultural Approaches and Values?

In general, both Partners and stakeholders agree that Inuit cultural approaches and values are reflected in the Strategy but that more could be done through implementation of the AP and through the partnership structure.

Results from the community stakeholder survey suggest that many feel that there is meaningful Inuit participation and inclusion (43% of respondents) while many others are “not sure” (37%).

Table 1
Community Stakeholder Survey Results:
Does the Strategy involve meaningful participation by Inuit Organizations? and include Inuit cultural approaches and values?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Not sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>50.00%</td>
<td>40.00%</td>
<td>35.00%</td>
</tr>
</tbody>
</table>

While NTI is expected by all Partners and stakeholders to play a central role in ensuring there is alignment of the Strategy and its implementation with Inuit culture and values, NTI as an organization does not feel that they are sufficiently engaged by the GN in program development and initiatives related to suicide prevention and stemming from the Strategy and AP, and that they are not engaged in a manner consistent with Article 32 of the NLCA.

Related to this is a sense that the role of RIAs needs to be clarified and better communicated so that there can be more meaningful participation by these organizations in the Strategy and AP.

Other observations made through the evaluation regarding Inuit participation and inclusion of Inuit culture and values are as follows:

- Key initiatives pursued under the Strategy, such as delivery of ASIST and the RespectEd program have involved adaptations of these programs based on Inuit culture and values or the “Nunavutization” of core materials. This can been costly and time consuming but is seen as very effective and worthwhile.\(^{24}\)

\(^{24}\) At the national level, the Canadian Mental Commission of Canada is currently working with ITK to develop a Mental Health First Aid for delivery in Inuit regions.
In communities, there is much work underway to document IQ, incorporate IQ and values into programming including for youth, and identify transferable best practices. There is little or no connection between this level of activity and the NSPS and AP implementation, reflecting the general disconnect between territorial level implementation of the Strategy and community level activities related to suicide prevention.

- Community level front line workers, including mental health workers, receive limited cultural orientation and introduction to IQ, and so are not well positioned to deliver services in culturally safe and appropriate ways.

- Suicide prevention training opportunities have been primarily directed to GN staff. While these opportunities are often ‘open’ to participation by staff of Inuit organizations there is not a good effort to outreach to Inuit organizations to make them aware of training offerings and availability. As a result, rates of uptake are not high.

Recommendation #5:

*It is recommended that NTI engage in discussions with RIAs to determine how the Strategy can be better aligned with these organizations’ mandates, priorities and activities, and how stronger ties can be forged between RIAs and the NSPS and AP. Consideration should also be given to how RIAs can be supported by NTI in implementing suicide prevention interventions that are consistent with the Strategy and AP.*

Recommendation #6:

*It is recommended that NTI and the GN discuss and agree on processes to ensure that in both developing the 2nd Action Plan and fulfilling commitments made in the Strategy and Action Plan, there is more meaningful engagement and consultation with Inuit organizations consistent with Article 32 of the NLCA and the guiding principles that are set out in the IC’s Terms of Reference.*

Recommendation #7:

*It is recommended that in the 2nd Action Plan, the Partners consider how other organizations, including RIAs, can be more fully engaged in AP implementation, especially when they are identified as individually or jointly responsible for specific actions or tasks. RIAs and other organizations should be fully consulted and engaged in the discussion of any actionable commitments and their approval sought with respect to any AP items for which they are assigned responsibility.*

Recommendation #8:

*It is recommended that suicide prevention related training programs and opportunities that have Nunavut and Inuit adaptations be more broadly extended to all front line service workers in Nunavut communities, particularly those who are new to their
positions in communities, and greater efforts be made to extend these opportunities to the employees of Inuit organizations.

5. Evaluation Findings: Areas of Focus

The evaluation findings address issues and questions in the areas of rationale and relevance of the Strategy, effectiveness, efficiency, integration, and sustainability - as outlined in the evaluation matrix approved by the EWG.

5.1. Rationale and Relevance

This section of the evaluation report explores the expectations of Partners and stakeholders with respect to the Strategy and its goals, the relevance of the Strategy to organizational mandates, priorities and goals, and impacts on the ability of organizations and communities to participate in suicide prevention.

5.1.1. Goals, Objectives, and Expectations

As described in Section 2 of this report, goals and objectives for the NSPS are outlined in the Strategy as well as the Action Plan. Through interviews with Partners and stakeholders, and also through the community stakeholder survey, Nunavummiut were asked what they thought were the key goals and objectives of the NSPS and what expectations they have for the Strategy.

Representatives of the Partners uniformly point to the eight commitments set out in the AP as the primary goals and objectives for the NSPS. Other, related goals and objectives of the Strategy were articulated including increased community engagement in addressing the issue of suicide, and improving and expanding suicide prevention related policies and services based on community input.

Representatives of the Partners generally reported that even if they were not personally involved in Strategy development they were aware the process was attentive to evidence based research, best practices from other jurisdictions, and input received through community consultation.

For those stakeholders who were individually interviewed or who participated in the on-line community stakeholder survey, the goals and objectives of the NSPS were less apparent. Those objectives and goals that were identified more closely reflect the higher level components of the vision including reduced rates of suicide in Nunavut, youth empowerment, and increased capacity to address suicide through programs, services, research and institutional action.

Although not often able to comment on the specific goals and objectives of the current Strategy and Action Plan, stakeholders did suggest what their expectations are for the future with respect to the Strategy and specific suicide prevention related actions. These include:
• Ensuring objectives, actions and timelines are realistic.
• Greater sharing of information on the Strategy, Action Plan and specific initiatives with front line workers, particularly those working in mental health.
• Increased cooperation at the community level between RCMP, education and health workers, and municipal governments.
• Community based approaches that reflect an understanding of Inuit societal values and IQ and are informed by Nunavut specific best practices.
• Less top-down management and delivery of the Strategy and AP (i.e. at the territorial level and from Iqaluit) and more regional and community involvement.
• Focus on positive things that are happening including with respect to Inuit culture, social programs and the knowledge, experience and skills that exist in Nunavut.
• Fulfilment of commitments in the first Action Plan before taking on new commitments in subsequent plans.
• Continued delivery of key programs and resources including in the area of suicide prevention-related training e.g. ASIST and RespectEd.
• Activities that are focused on addressing root factors underlying suicide (such as violence and abuse, addictions, poverty, and overcrowded housing).
• Increased resources and services for at-risk children and youth, and those dealing with historical trauma, addiction and abuse.
• Promoting more open discussion among Nunavummiut about the issue of suicide.
• Communication around suicide and suicide prevention using terminology that is understandable and comfortable to community members.

5.1.2. Relevance of Strategy to Organizational Mandates, Goals and Priorities

The NSPS and Action Plan are recognized as being highly relevant to Partners. For the Partners, all report that the Strategy is aligned closely with their mandates and priorities.

• Suicide prevention is identified as a high priority for the RCMP, and activities are aligned with this priority to the extent possible.
• The ELC’s mandate is suicide prevention and embracing life and as a result the Strategy and AP provide a foundation for the work of this organization.
• NTI has indicated that suicide prevention is a high priority linked with its social development mandate and its goal to improve the quality of life of NLCA beneficiaries.
• Suicide prevention is a goal of the GN and aligns with the government’s focused efforts to address the social determinants of health through various policies, programs strategies and initiatives.
• Within the GN, suicide prevention is aligned most closely with the Department of Health’s Mental Health Programs and its efforts to build capacity in this area.

Among stakeholders there is less clarity with respect to linkages with organizational mandates and priorities. Stakeholder representatives interviewed indicated that they felt their mandates were to varying levels directly or indirectly lined up with the Strategy because of these organizations’ activities in programming for health, wellness, cultural revitalization, youth development and resilience, and addressing the impacts of historical trauma.
5.1.3. Impacts on Organizational and Community Capacity

The implementation of NSPS and Action Plan has had positive impacts on the ability of Partner organizations, particularly the ELC and the GN Department of Health, and some stakeholder organizations (e.g. the Help Line) to plan, manage and take specific action on suicide prevention.

Stakeholders recognize that the gap in mental health services at the community level has been partly addressed as a result of implementation of both the Mental Health Strategy and the Suicide Prevention Strategy, and the increased mental health resources and associated programming that is available. They also identified key initiatives that came about as a result of the Strategy as leading to increased capacity in communities (e.g. RespectEd, ASIST, Ten Steps).

Stakeholders noted that there appears to be an increased openness to discuss suicide as a result of public awareness campaigns, and this has resulted in suicide prevention. Some community stakeholders identified that the Strategy and specific initiatives such as ASIST have helped them at an individual level to talk and write about the issue of suicide and to provide assistance to those who are at risk and require access to support services. As stated by one stakeholder “the Strategy is helping people become aware of their actions, and of the importance of their actions”.

Also, several stakeholders reported that they felt implementation of the Strategy and AP has led to increased collaboration within communities among different government agencies and front line workers (e.g. educators and mental health workers) and with community organizations and groups involved in suicide prevention related activities.

It is less evident to what extent the initiative has directly led to capacity development within Nunavut communities for planning, managing and taking specific action on suicide. With some exceptions, the Strategy has not led to any direct increase in funding available for local initiatives. One stakeholder noted that “In terms of what is different at a community level, there are lots of community events and initiatives focused on engaging and empowering youth. However the Strategy itself is not really funding anything locally”. The main funding sources for community activities are seen to be community based health programs funding (i.e. flexible funding agreements between communities and the GN), RIAs and the ELC for annual suicide prevention awareness days.

Through the community stakeholder survey, respondents were asked if they felt that there is increased capacity in Nunavut communities and among Nunavut organizations:

1) To undertake community based suicide prevention and embrace life activities; and
2) To address the issue of suicide and cluster suicides when they occur.

As set out in Table 2 below, 31% of respondents feel that there is increased capacity to undertake community based suicide prevention activities, 24% feel there is no increased capacity and 45% reported that they weren’t sure whether capacity had increased.

As set out in Table 3 below, 24% of respondents feel that there is increased capacity to address the issue of suicide and cluster suicides, 41% feel there is no increased capacity in this area and 35% reported that they weren’t sure whether capacity had increased.
The results for both of these survey questions demonstrate a certain level of ambivalence among community stakeholders with respect to the overall efficacy of the Strategy and AP to influence community capacity for suicide prevention.

Table 2
Is there Increased Capacity in Nunavut Communities and Organizations to Undertake Community-based Suicide Prevention Activities?

Table 3
Is there Increased Capacity in Nunavut Communities and Organizations to Address the Issue of Suicide?

The community stakeholder survey also asked respondents if there is evidence of increased cooperation, collaboration and integration of activity among Nunavut stakeholders including at the community level.
Table 4 shows that 27% of respondents felt there was increased cooperation, 43% indicated there was not increased cooperation and 30% were unsure.

<table>
<thead>
<tr>
<th></th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Yes</td>
<td>27%</td>
</tr>
<tr>
<td>No</td>
<td>43%</td>
</tr>
<tr>
<td>Not Sure</td>
<td>30%</td>
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</table>

Despite the general lack of connection made between the Strategy and increased community capacity for suicide prevention, results of interviews with stakeholders as well as the community stakeholder survey provide evidence of momentum within communities to develop and implement community level programs and initiatives which address suicide “protective factors” as well as root factors such as historical trauma, violence and abuse (e.g. cultural revitalization projects). However, these are often not directly connected by community stakeholders to the Strategy or Action Plan per se. Some of the community based initiatives that were identified by community stakeholders include:

- Mens’ groups
- Music societies
- Youth groups
- Youth centres
- Youth mentorship programs
- Youth/Elder events
- Social and emotional learning activities/groups
- Addictions groups (adult and youth)
- Annual “Walk so Kids Can Talk” events
- Healthy lifestyle programs in schools
- Mental health week/educational sessions
- Healing circles
- Cultural revitalization projects
- On the land activities (camping, hunting, community hunts)
- School based suicide prevention talks
- School based anti-bullying programs
- Suicide prevention poster campaigns
- Parenting programs that integrate suicide prevention messages
• Community suicide prevention programs and groups such as Taloyoak’s “Walk to the Brighter Future” program and the Baker Lake Against Suicide Team (BLAST)

5.2. Effectiveness

The overall effectiveness of the NSPS and AP is a key focus of this evaluation and the evaluation component that holds the greatest interest for Strategy Partners, stakeholders at all levels, and Nunavummiut more generally. Several methodologies underlie the evaluation’s findings with respect to overall effectiveness of the Strategy and Action Plan. In assessing overall effectiveness, the evaluation drew upon the results of document review, key informant interviews with Partner organization representatives, interviews with stakeholders and, to a lesser extent, the community stakeholder survey.

This section of the evaluation report begins with a detailed assessment of the extent to which Action Plan commitments and objectives have been met. The assessment is provided in detailed tables that follow. These tables are organized to provide an assessment of each of the eight (8) Action Plan commitments and the forty-one (41) objectives associated with the commitments, as well as specified activities/tasks carried out. This is then followed by a general assessment of the overall effectiveness of the initiative in achieving the vision and anticipated medium and longer term outcomes. Recommendations are provided throughout.
5.2.1. **Focused and Active Approach to Suicide Prevention**

Commitment #1 of the Action Plan establishes that the GN will take a more focused and active approach to suicide prevention. Recognizing that the GN has the ability to transform suicide prevention in Nunavut, the commitment emphasizes a lead role for the Department of Health in mobilizing other departments including Education, Justice and Culture and Heritage. The GN commits to ensuring each department’s activities fall within the Action Plan. Commitment #1 includes four objectives. The Department of Health is identified as the lead for one of these objectives, and co-lead with EDU for two others. The Implementation Committee is identified as the lead for a fourth objective.

<table>
<thead>
<tr>
<th>Objective</th>
<th>Action or Task</th>
<th>Anticipated Results</th>
<th>Partner/Stakeholder</th>
<th>Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1 The Department of Health and Social Services (HSS) will identify and mobilize initiatives across the GN.</td>
<td>Create and chair a GN ADM Steering Committee to guide and monitor the implementation of the Action Plan as it pertains to the GN. Ensure two full time indeterminate positions continue to be staffed at the Mental Health and Wellness division, including a Suicide Prevention Specialist, who will provide ongoing support and direction for GN HSS and interdepartmentally on issues related to suicide.</td>
<td>The GN will implement its obligations in the Action Plan through structured mobilization across departments. Strengthened capacity for GN HSS to provide advice on issues related to suicide prevention, intervention and post-intervention.</td>
<td>Lead: GN HSS with all GN departments and agencies</td>
<td>2011 and ongoing</td>
</tr>
</tbody>
</table>

**Findings from the Evaluation**

The GN approved Terms of Reference for an ADM Steering Committee in December 2011. Meetings were held irregularly until September 2012 when they began to be held on a quarterly basis.

During the term of the AP the GN established two full time indeterminate Suicide Prevention Specialist positions, one of which was staffed from September 2011 to March 2014. The second position was staffed from September 2011 to September 2013 and has been vacant since that time. These positions have since been eliminated with funding re-profiled within DOH Mental Health and Addictions programs.

These positions did not fulfill the Partners’ expectations that they would provide broader support for the coordination of Strategy and AP implementation across the GN, and secretariat-type support to the IC. Rather, these positions focussed on specific AP initiatives such as coordinating delivery of Mental Health First Aid (MHFA). Job descriptions for these positions.

**Information Sources**

- Interviews with Partner representatives.
- GN Department of Health. 2015. *Activities Undertaken by Fiscal Year and Current Status*.
- Department of Health. Suicide Prevention Specialists. *Job Descriptions*.
Findings from the Evaluation

positions identify a very wide range of responsibilities and lack focus.

Despite these challenges, there is some consensus among partners that progress is being made towards achieving this objective, though not all agree.

Based on all evaluation findings the evaluation concludes that **progress is being made**.

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<tbody>
<tr>
<td>1.2 Strengthen interagency collaboration at the community level.</td>
<td>Develop and implement relevant Memorandums of Understanding and related protocols between Departments, senior local Department Representatives and community stakeholders, so communities are more capable of effectively responding to those at risk.</td>
<td>Supported by the Implementation Committee, communities will have increased capacity to respond effectively in the areas of prevention, intervention and post-intervention on the local level.</td>
<td>Lead: Implementation Committee with community stakeholders as appropriate</td>
<td>2011-2012 and ongoing</td>
</tr>
</tbody>
</table>

Findings from the Evaluation

Although the GN reported that in 2011/12 GN department protocols were established by HSS, Education, and Justice and shared with other departments “in order to develop a collaborative response” the primary focus of activity in relation to this objective was the establishment of a protocol between the GN and the RCMP.

An Interagency Information Sharing Protocol (IISP) was developed and reviewed by the Implementation Committee in September 2012. The Protocol was signed in March 2013 by the GN Departments of Health and Social Services, Education, Justice and the RCMP. Roll out of the Protocol took place during the last quarter of 2013, led by the RCMP. Based on feedback from the community level and front-line workers, the IISP has since been revised and is currently awaiting approvals from the Partners for 2015. The Protocol allows Partners and relevant agencies (e.g. Health, Education, RCMP, Family Services) to share information on specific cases where individuals are at risk of suicide and to cooperate in the context of attempts and completed suicides. There are provisions both for information sharing with the informed consent of the individual and without informed consent in defined circumstances. The overall intent of the Protocol is to promote collaborative planning to address the complex factors influencing suicide and to collaboratively

Information Sources

- Interviews with Partner representatives.
- GN Department of Health. 2015. *Activities Undertaken by Fiscal Year and Current Status*.
## Findings from the Evaluation

**Information Sources**

<table>
<thead>
<tr>
<th>Findings from the Evaluation</th>
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<tbody>
<tr>
<td>support individuals and families with respect and in a culturally sensitive manner.</td>
<td></td>
</tr>
<tr>
<td>Most Partner representatives are of the view that progress is being made on this objective.</td>
<td></td>
</tr>
<tr>
<td>Based on all evaluation findings the evaluation concludes that <strong>progress is being made</strong> on achieving this objective. this assessment.</td>
<td></td>
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</table>

## Information Sources

<table>
<thead>
<tr>
<th>Information Sources</th>
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<tbody>
<tr>
<td>GN Department of Health. 2015. <em>Activities Undertaken by Fiscal Year and Current Status</em>.</td>
<td></td>
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<tr>
<td>Government of Nunavut (Various Departments) and Royal Canadian Mounted Police. 2014. <em>Interagency Information</em></td>
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### Table

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<thead>
<tr>
<th>Objective</th>
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<tbody>
<tr>
<td>1.3 Improve interdepartmental cooperation to identify and support children demonstrating indicators of behaviours that put them at risk, especially poor school attendance.</td>
<td>Develop and implement a Memorandum of Understanding and related protocols to mandate collaboration between Education and HSS that will support a proactive case conferencing approach at the community level for children demonstrating indicators of behaviour that put them at risk.</td>
<td>More concerted intervention at the community level on behalf of children who demonstrate indicators of behaviours that put them at risk. Improved school attendance.</td>
<td>Co-Leads: GN HSS/GN Education with other stakeholders as appropriate</td>
<td>April 2012 completion</td>
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</table>

## Findings from the Evaluation

**Information Sources**

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<tbody>
<tr>
<td>As per objective 1.2 above, the GN reports that in 2011/12 GN department protocols were established by EDU and HSS. The protocols were not made available to the evaluation and their content as it concerns promoting support for children demonstrating at-risk behaviours, including school attendance has not been fully assessed.</td>
<td></td>
</tr>
<tr>
<td>The Interagency Information Sharing Protocol does, however, provide a good basis for bilateral information sharing between DOH and EDU front line workers.</td>
<td></td>
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<tr>
<td>Most but not all Partners’ representatives feel that this objective is not being met. However, non-GN Partners likely were not informed or made aware of a protocol developed between DOH and EDU, and may not associate the Information</td>
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</table>
Findings from the Evaluation

Sharing Protocol with this objective.

Overall, the findings of the evaluation are that progress is being made towards achieving this objective, but more information on interdepartmental protocols should be made available to non-GN partners, including how they support achievement of this objective, and the extent of their use. Also, more information needs to be made available to the Partners regarding the use of the IISP.

Recommendation #9:

*It is recommended that the objective to improve interdepartmental cooperation to support children at risk, and associated actions/tasks be carried over to the 2nd Action Plan, and that there be improved recording and reporting on levels of use and implementation by DOH and EDU front-line workers of inter-departmental protocols, number of interventions for at-risk children by front-line workers and also use of the Interagency Information Sharing Protocol.*

<table>
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<tbody>
<tr>
<td>1.4 Improve communications with HSS frontline workers to address the needs of children demonstrating indicators of behaviours that put them at risk.</td>
<td>Agree on a referral process that maintains confidentiality and addresses the need of children demonstrating indicators of behaviours that put them at risk.</td>
<td>An established referral process for HSS workers and educators.</td>
<td>Co-Leads: GN HSS/GN Education</td>
<td>January 2012 completion</td>
</tr>
</tbody>
</table>

Findings from the Evaluation

The GN DOH reported that in 2011/12 a referral process was developed between Child Welfare and Mental Health and Addictions divisions that maintains confidentiality and addresses the needs of children demonstrating at-risk behaviours or indicating need for other mental health services. The referral process was updated in 2012/13 following the division of GN Department of Health. 2015. Activities

Information Sources

Sharing Protocol (Draft - September 2014).
### Findings from the Evaluation

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Undertaken by Fiscal Year and Current Status.</td>
</tr>
<tr>
<td>Government of Nunavut (Various Departments) and Royal Canadian Mounted Police. 2014. <em>Interagency Information Sharing Protocol</em> (Draft - September 2014).</td>
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</tbody>
</table>

HSS into the Departments of Health and Family Services. An effort was made to improve information sharing between health and mental health clinicians through the e-health records system. Information sharing processes were reviewed in 2013/14 as part of the Interagency Information Sharing Protocol review.

The Interagency Information Sharing Protocol establishes a good basis for information sharing between front line workers in DOH and EDU.

Most Partner representatives feel that this objective is not being met. However, there is evidence from the evaluation that protocols have been established which non-GN Partners were not informed or made aware of. Also, Partners may not directly associate this objective with the Information Sharing Protocol.

Overall, the findings of the evaluation are that **progress is being made** towards achieving this objective, but more information on protocols needs to be made available to non-GN partners on referral processes, how they are intended to achieve the objective, and the extent of their use.

Future indicators of progress towards achieving this objective may include levels of use by front-line workers and others of the referral process and IISP as well as tracking of number of interventions for at-risk children by DOH front-line workers.
5.2.2. **Strengthened Continuum of Mental Health Services**

Commitment #2 of the Action Plan recognizes that Nunavummiut lack adequate access to mental health services and that providing a mental health continuum of care will improve well-being and reduce levels of risk. In this commitment the Partners commit to address gaps in service, build a larger cadre of mental health professionals, and improve the cultural appropriateness of mental health services. Specifically, the GN commits to creating and improving mental health facilities, to revise its Mental Health Strategy, review the *Mental Health Act* and ensure grief counselling is available to Nunavummiut. Commitment #2 includes six objectives and areas for action, with the GN Department of Health identified as the lead partner.

<table>
<thead>
<tr>
<th>Objective</th>
<th>Action or Task</th>
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<th>Partner/ Stakeholder</th>
<th>Timeline</th>
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<tbody>
<tr>
<td>2.1 Review <em>Nunavut Addictions and Mental Health Framework</em> and review <em>Mental Health Act</em></td>
<td>Conduct a gap analysis in territorial mental health services. Review <em>Nunavut Addictions and Mental Health Framework</em> to better address identified gaps and current realities in mental health services. Review <em>Mental Health Act</em> to more accurately reflect current needs and realities.</td>
<td>An improved Framework and legislated authority to guide the provision of mental health services in Nunavut.</td>
<td>Lead: GN HSS in collaboration with Implementation Committee and Stakeholders as appropriate</td>
<td>2011-2012 2011-12 2012-13</td>
</tr>
</tbody>
</table>

**Findings from the Evaluation**

A gap analysis of mental health services was completed by the GN DOH in 2011/12 and 2012/13 resulting in a comprehensive Community Asset Mapping document that was shared with the IC in September 2012. The Community Asset Mapping document includes an identification of community mental health resources as well as community programs and resources.

The GN reported that work was scheduled to begin in 2012/13 on the review of the *Mental Health Act* (MHAct) to more accurately reflect current needs and realities. These activities were in progress in 2012/13. A MHAct Framework was drafted in 2013/14.

Internal consultations on the MHAct were reported to be completed in December 2013. However, consultations appear to be ongoing in 2014.

Some non-GN Partners felt that they were not adequately involved in collaborating on this objective and the work being completed by the GN through the DOH, nor were they consulted or their endorsement for activities sought.

**Information Sources**

- Interviews with Partner representatives.
- GN Department of Health. 2015. *Activities Undertaken by Fiscal Year and Current Status*.
## Findings from the Evaluation

<table>
<thead>
<tr>
<th>Objective</th>
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<th>Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.2 Improve capital infrastructure to provide mental health services in Nunavut</td>
<td>Conduct a gap analysis to identify capital requirements for acquiring the appropriate type and quantity of mental health facilities in Nunavut. Develop a Capital plan for an integrated mental health service that maximizes the use of existing facilities and identifies the need for additional facilities. Develop business plans for the construction or purchase of new facilities.</td>
<td>Sufficient and effective mental health and addictions facilities in Nunavut.</td>
<td>Lead: GN HSS</td>
<td>2011-2012</td>
</tr>
</tbody>
</table>

### Information Sources

- Various other documents provided by DOH regarding the MHA Framework and MHA review including briefing notes, discussion papers, consultation and communication plans (see Appendix C – List of Documents).

## Findings from the Evaluation

A gap analysis of mental health facilities was not completed during the period of the AP. However, the GN developed a capital plan for the renovation of the old boarding home in Iqaluit which was submitted and approved in 2011/12 with renovations completed in 2012/13. The Iqaluit Akausisarvik Mental Health Treatment Facility expanded service delivery in 2012 and increased capacity in 2014 with an additional 6 inpatient beds, frontline staff and increased service delivery to outpatient and day program clients.

Buildings suitable for mental health and addictions programs were identified in Cambridge Bay (CB) and Rankin Inlet (RI) in 2013/14. Following renovations, the CB facility opened in 2012/13 as a day/residential treatment facility and an engineering review was completed for the RI facility. Business plans were prepared for the Cambridge Bay Mental Health Facility.
### Findings from the Evaluation

<table>
<thead>
<tr>
<th>Facility and the Rankin Inlet facility.</th>
<th>Information Sources</th>
</tr>
</thead>
<tbody>
<tr>
<td>The business case for the CB facility proposed establishment of a twelve-bed inpatient mental health facility, with the intent of reducing the number of clients sent to hospitals and group homes in the south. The CB facility was opened in January 2014 and provides residential and day treatment programming and supports.</td>
<td>Department of Health. 2014. <em>Business Case: Cambridge Bay Mental Health Transition House</em>. March 2015.</td>
</tr>
<tr>
<td>The business case for the RI facility proposed capital renovations of approximately $1.2 million for an existing building to establish a Mental Health Transitional House. A separate business case for operation and maintenance of the Rankin Inlet facility was prepared calling for $1.2 million for a full year of regular ongoing O&amp;M and partial year funding for the first year of operations in 2014/2015.</td>
<td>Department of Health. 2014. <em>Business Case: Mental Health and Addictions Phase One Service Expansion, November 2014</em>.</td>
</tr>
</tbody>
</table>

Partner representatives either felt that this objective is not being met or that progress is being made.

Overall, the evaluation has found that improvements have been made to capital infrastructure for mental health services in Nunavut with the extension of the Iqaluit facility and the renovation and operations of the facility in CB. However, a full gap analysis has not been completed as contemplated in the AP. Also, sustained funding for the CB facility has not been secured and the facility in RI has not been operationalized, although a medium term plan is in place to secure funding for both of these objectives under the Territorial Health Access Fund (THAF). Action is required to ensure that funding commitments are made to allow continued expansion of mental health facilities capacity in Nunavut and sustained operation and maintenance of the CB and Iqaluit facilities.

The evaluation findings are that **progress is being made** on this objective.

### Recommendation #10:

*It is recommended that the GN continue to pursue funding to ensure that mental health facilities can be established, operationalized and sustained in all regions of Nunavut.*
# Evaluation of the Nunavut Suicide Prevention Strategy and Action Plan

<table>
<thead>
<tr>
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<th>Anticipated Results</th>
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<th>Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.3 Strengthen mental health professional capacity in Nunavut.</td>
<td>Conduct a gap analysis to identify the type and number of mental health professionals required to deliver an optimal mental health system. Identify the level of mental health resources required to establish sufficient service levels to meet the needs of Nunavummiut. Develop a multi-year business case to address mental health and wellness resourcing gaps or shortages. Work with Nunavut Arctic College to develop an enhanced mental health workers diploma program.</td>
<td>Increased resources and professional staffing capacity in the area of mental health to serve the needs of Nunavummiut.</td>
<td>Lead: GN HSS with all mental health delivery agents in Nunavut</td>
<td>2011-2012 2011-2012 2012-2013 2012-2013</td>
</tr>
</tbody>
</table>

## Findings from the Evaluation

Gaps in mental health professionals and service level needs were identified based on the Addictions and Mental Health Framework and a new staffing analysis completed in October 2014 by the DOH. That analysis showed that, as of August 2014, there were large gaps in service capacity, with only 34 of 81 positions filled and 47 vacant. Since that time efforts have been made to fill vacant positions and the GN has been successful in recruiting staff to positions that are either indeterminate or “casual staffing arrangements”. As of January 2015 DOH Mental Health and Addictions reported actual staffing of 92, including staff working in all regions, at the territorial level and in two Iqaluit mental health facilities (Akausisarvik and Grinnell Place) This number actually exceeded the number of approved positions on the division’s organizational/staffing chart.  

A Mental Health Staffing Summary and Phase One Service Expansion Business Case were developed and submitted in November 2014. The Service Expansion Plan is focused on increasing psychiatric nursing services in five under-serviced communities and securing operational funding for the Cambridge Bay Mental Health Residential Treatment Facility. 

In 2013/14 the DOH received federal funding under the Territorial Health Access Fund (THAF) allowing the GN to begin building mental health and addictions capacity in Nunavut. In 2014/15 the Department received $2.1 million in supplementary funding to implement Phase One of the Mental Health and Addictions Service Expansion Plan for one year. The business case submitted requests ongoing funding from 2015/16 to 2017/18 to complete the Phase One

## Information Sources

- Interviews with Partner representatives.
- GN Department of Health. 2015. Activities Undertaken by Fiscal Year and Current Status.
<table>
<thead>
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<th>Findings from the Evaluation</th>
<th>Information Sources</th>
</tr>
</thead>
<tbody>
<tr>
<td>The NAC Mental Health Diploma ran for two years and was then discontinued. It was determined that a generic Social Service Worker program provides students with the most employment options. DOH participated in further Social Service Worker program curriculum review, with a focus on including mental health and addictions content and basic counselling skills development. Additionally, the Mobile Addictions Treatment (MAT) Pilot Program was piloted for six weeks in 2012, offering culturally appropriate addictions treatment which included land-based programs, involvement of Elders and addictions training to local program staff. The MAT pilot program is linked with the NSPS and AP. An evaluation of this program recommended continuation of addictions treatment in Nunavut and encouraged addiction certification training for workers to ensure sustainability and capacity building in Nunavut communities. Overall most Partners agree that progress is being made towards this objective. The evaluation findings support the conclusion that progress is being made on this objective.</td>
<td></td>
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<tr>
<td><strong>Recommendation #11:</strong></td>
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<tr>
<td><em>It is recommended that the GN continue to place high priority on ensuring that any vacant mental health positions in communities are filled.</em></td>
<td></td>
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<tr>
<td><strong>Recommendation #12:</strong></td>
<td></td>
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<tr>
<td><em>It is recommended that the Partners work together and collaboratively support the effort to ensure that curriculum for social workers and others working in front line social service delivery includes not only mental health and addictions content but also specific content that is relevant to understanding suicide in Nunavut (including root causes in historical trauma), risk and protective factors and suicide prevention measures.</em></td>
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</table>
Findings from the Evaluation

The GN DOH reports that a Nunavut trauma team was established by DOH in 2011/12 along with resources in each community and “critical incident” training was provided to community front line workers.

The GN also reported that in 2013/14 it completed a review of experience to date within Nunavut and evidence-based practice regarding suicide intervention and postvention. This led to a more community-led approach being initiated in order to support and strengthen local capacity. Draft Critical Incident Response Guidelines for community mental health workers were developed.

“The critical incident response framework honours indigenous coping and self-help/healing processes and identifies responsive means to augment local capacity with external resources and expertise when necessary to meet the needs of those impacted by critical incidents.

The guidelines serve as a fundamental starting point to revision (sic) the manner by which the Department of Health and other intuitions (sic) and stakeholders attempt to support individual and community wellness in the aftermath of traumatic events”.

Within the draft guidelines suicidal ideation is identified as one of many symptoms of distress. While the draft Guidelines provide a good starting point for addressing the need for quick and effective response to many symptoms of stress evidenced in individual cognitive, physical, emotional and behavioural actions, including potential risk of suicide, they are not oriented towards addressing the particular psycho-social behaviours that may be presented by children and youth at risk of suicide.

The evaluation finds that progress is being made towards achieving this objective, although this is somewhat limited.
Findings from the Evaluation

The Phase One Service Expansion Business Case (discussed under Objective 2.3 above) does not directly address the need to strengthen mental health and wellness services in Iqaluit as a regional or territorial catchment for other communities. However, it does propose additional resources in Iqaluit (1 Psychiatric Nurse and 1 Community Wellness Worker) to address critical service needs. It also proposes to build on experience with the operation of the Akausiarvik Treatment Program in Iqaluit in establishing and operating a facility in Rankin Inlet.

However, the GN reported that as part of a broader effort to increase professional capacity across the territory, proposed capacity increases were under the leadership of regional managers, and that:

- all regions are arranging visiting psychiatric services;
- The Baffin mental health team developed a working relationship with the Centre for Addiction and Mental Health that introduced regular psychiatric consultation services; and
- Tele-psychiatry services with the Hospital for Sick Children in Toronto were established on a pilot project basis.

Most Partners felt that progress is being made towards achieving this objective.

The findings from the evaluation are that progress is being made on this objective. In continuing to pursue a strengthened mental health and wellness service capacity in Nunavut, all regions should be treated equitably and an equivalent standard of a continuum of care pursued not only for all regions but also for all communities. Efforts by the GN in the area of service expansion appear to be directed towards achieving this goal.
Evaluation of the Nunavut Suicide Prevention Strategy and Action Plan

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<tr>
<th>Objective</th>
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<th>Anticipated Results</th>
<th>Partner/ Stakeholder</th>
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<tbody>
<tr>
<td>2.6 Provide culturally appropriate and age appropriate grief counselling.</td>
<td>Develop a plan to provide culturally and age appropriate grief counselling in the communities.</td>
<td>Culturally appropriate grief counselling resources for communities, recognizing the community grieving process and background.</td>
<td>Lead: GN HSS in partnership with NTI, ELC, Inuit and Community organizations</td>
<td>April 2012 Revised to: April 2013</td>
</tr>
</tbody>
</table>

Findings from the Evaluation

Although most (but not all) Partners are of the view that progress is being made towards achieving this objective, the evaluation did not find strong evidence that there is any system-wide approach to culturally or age appropriate grief counselling in Nunavut.

There are shortcomings in GN staffing at the community level in the area of child/youth mental health and outreach workers, even though there has been an overall increase in psychiatric nursing services and mental health workers\(^\text{25}\). The Staffing Summary (October 2014) identifies no dedicated resources at the territorial level in core staff, in Iqaluit or at Iqaluit Akausiarvik for child/youth mental health staff resources. Only eight communities in Baffin were identified as having Child and Youth Outreach Workers – but it should be noted that these are not child/mental health workers.

As noted in relation to Objective 2.4 above, the draft Critical Incident Response Guidelines being prepared by DOH are not sensitized to differences in circumstance, need, risk and protective factors for children and youth (versus adults), and further, are not focused on counselling approaches related to suicide prevention. Nor do they appear to have a strong cultural orientation.

In 2012/13 some efforts were made by the ELC working with experts at the University of Toronto’s Department of Psychiatry to mobilize capacity for culturally appropriate grief counselling. In March 2013 a 3 day session of the Nunavut Healing Working Group was held in Iqaluit specifically to respond to the NSPS mandate to provide culturally appropriate grief counselling to Nunavummiut. The meeting objective was to determine next steps in creating psychotherapy resources to meet needs of Nunavummiut with unresolved grief and/or psychological trauma.

Information Sources

- Interviews with Partner representatives.
- GN Department of Health. 2015. Activities Undertaken by Fiscal Year and Current Status.
- University of Toronto Psychiatry. 2013. Strengthening the Continuum of Mental

\(^{25}\) Although not fully investigated, it was suggested to the evaluation that there are significant differences in approach to providing support and counselling to children and youth versus adults in relation to suicide and also with respect to suicide prevention approaches.
Findings from the Evaluation

Building on the work of the Nunavut Healing Working Group, in July 2013 a project entitled “Strengthening the Continuum of Mental Health Services in Nunavut by Providing Culturally Appropriate Grief Counselling for All Ages via an Internet-based Portal” was proposed by the Department of Psychiatry at the University of Toronto and the Embrace Life Council. The proposal was to launch a web-based resource for Nunavummiut seeking counselling, and for front line mental health workers and community based counsellors (i.e. Elders). The objectives of the project included “making resources and interventions more culturally appropriate” and “delivering care needed to increase understanding of, and assist in addressing mental, psychological trauma, grief and suicide risk factors”.

A session on Facilitator and Grief Support Training was held in Iqaluit in June 2013. The session was held over 5 evenings (3.5 hour sessions) and delivered by the Bereaved Families of Ontario (Ottawa Region) in collaboration with the ELC.

The evaluation team is led to conclude, based on the limited evidence that was provided to the evaluation, and on the assumption that it was the Partners’ intention that grief counselling would have some focus on suicide prevention, that this objective is not being met. It is recognized however that some efforts were made to launch action relation to the objective.

Recommendation #13:

It is recommended that in the 2nd Action Plan the Partners place priority on continuing to work towards this objective i.e. to provide culturally and age-appropriate grief counselling in Nunavut. The Partners can build on the work that was begun through the Nunavut Healing Working Group, and with external partners and Nunavut-based resources, develop appropriate counselling models that are based on Inuit values, concepts and appropriate terminology.

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<tbody>
<tr>
<td>2.7 Provide greater support to community based counselling groups in the communities</td>
<td>Identify and contact community counselling groups in all communities (church based, elders, peers, etc.) and specifically consult with these groups about their training needs. Offer departmental support.</td>
<td>Improved support to existing community based counselling resources.</td>
<td>Co-Leads: HSS/NTI/ELC with community counselling groups</td>
<td>2012-2013</td>
</tr>
</tbody>
</table>
### Findings from the Evaluation

In March 2013 the ELC organized a meeting in Iqaluit of community based counselors and mental health professionals. The intent was to gain a deeper understanding of the counselling currently being undertaken in communities as well as the resource needs of those undertaking the counselling. Although this meeting was intended as a ‘first step’ to address the objective to provide greater support to community based counselling groups, there were no further steps taken by the ELC working with the Partners following this meeting.

The GN reported that in 2011/12 HSS provided peer counselling training on suicide prevention, intervention and postvention to key community members and organizations, as well as frontline workers. The peer counselling curriculum included information on child sexual abuse, family violence, addiction, indirect self-destructive behaviour, grief and bereavement, suicide, basic active listening, as well as prevention/ intervention/ postvention techniques. While Mental Health First Aid (MHFA) training workshops were provided, these were reported to be delivered in Iqaluit to Justice and other GN employees (rather than to community groups).

The GN reports that it offered supports to community groups through regional offices and also that an orientation course and resource manual were developed for new mental health staff (Inuit Mental Health and Resilience: The Nunavut Context. Additionally, staff have access to orientation modules on Inuit cultural context, mental health, historical trauma and related issues at www.inuitstorybones.ca).

As implementation of the AP proceeded, this objective became more strongly linked with delivery of both MHFA and ASIST training in communities, and its availability to a range of community based front line workers as well as, to a lesser extent, community based groups. However, it is important to note that MHFA is not intended to train participants as counsellors. Rather, like ASIST, it is intended to train participants to recognize mental illness and direct those in distress to appropriate counselling and support resources. The discussion of this objective should be considered in light of consideration of how Commitment #4 (suicide training) and its objectives were met.

In addition to the above, in 2012/13 the ELC began to make “Mental Health and Addictions Funding” available to communities, with community activities supported through funds formerly provided to communities under NAYSPS, NNADAP and the Solvent Abuse Program (and now provided under the MHA “cluster” of funds transferred from Health Canada). The purpose of funding was to “increase awareness and understanding of mental health and addictions with a focus on access to culturally appropriate wellness information and services”.

Partners representatives overall felt that this objective is not being met.

The evaluation did not receive sufficient information to allow for an assessment of the extent to which community groups (as opposed to GN employees and front line workers) were provided with either MHFA or peer counselling.

### Information Sources

- Interviews with Partner representatives.
- GN Department of Health. 2015. *Activities Undertaken by Fiscal Year and Current Status.*
# Evaluation of the Nunavut Suicide Prevention Strategy and Action Plan

## Findings from the Evaluation

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<tr>
<td>2.8 Provide greater support to communities and front-line workers in the event of a ‘cluster’ of suicides (several suicides in a short period of time) in a community or region.</td>
<td>Develop a plan to provide greater support to communities and front-line workers in the event of a ‘cluster’ of suicides in a community.</td>
<td>Increased and ongoing support to communities and front-line workers to respond adequately and appropriately.</td>
<td>Lead: GN HSS in partnership with NTI, ELC and other stakeholders as appropriate</td>
<td>April 2012</td>
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<tr>
<td>GN Department of Health. 2015. Activities Undertaken by Fiscal Year and Current Status.</td>
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## Findings from the Evaluation

A Departmental Suicide Response Protocol was put in place in 2010 by the DOH for events involving staff members expressing suicidal ideation, attempting suicide or suicide completion.

For the purposes of this evaluation, the GN identified this Protocol as evidence of measures taken or in place to address this objective. However, the Protocol clearly does not address supporting communities and front line workers in the event of cluster suicides.

Partners generally felt that progress is being made towards achieving this objective.

The evaluation found no evidence of any work either on the part of the GN individually, or the Partners in collaboration to establish specific measures that can address the needs of communities or front line workers in the event of cluster suicides. However, during informal discussions with Partner representatives it was reported that actions are taken on a case by case in the event of suicides or cluster suicides in communities. The evaluation has concluded that there is no formal, strategic or organized response or protocol in place for cluster suicides and as a result concludes this objective has not been met.

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<tbody>
<tr>
<td>Interviews with Partner representatives.</td>
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<tr>
<td>GN Department of Health. 2015. Activities Undertaken by Fiscal Year and Current Status.</td>
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</table>
### Findings from the Evaluation

A review of the Help Line was conducted in 2011/12 and additional funding of $24,000 was provided in 2012/13 through DOH. The Help Line contribution agreement was transferred from the Department of Health to the Department of Family Services in 2013/14 and core funding of $50,000 continues to be provided to this organization.

Although there is strong evidence that there has been increased support for the Nunavut Kamatsiaqtut Help Line, allowing it to operate 24/7, the Partners do not universally agree that this objective has been met.

Sustained funding for the Help Line will ensure that this objective continues to be met in future years.

The evaluation findings are that **this objective is being met.**

### Findings from the Evaluation

Additional core funding for the ELC was provided by the DOH in 2011/12 to ensure stable operations. This core funding increased in 2012/13 and stabilized in 2013/14. More information is provided in Section 5.3 “Efficiency and Resources” on the resourcing of the ELC both in terms of core funding as well as funding to carry out and deliver suicide prevention related programming directly tied to the Action Plan.

The evaluation findings are that **this objective is being met.**

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<tr>
<td>2.9 Increase support of the Nunavut Kamatsiaqtut Help Line.</td>
<td>Provide additional core funding to ensure stable operation of the helpline and, over time, to increase the services it provides.</td>
<td>Help Line provided with sustainable funding. Expansion plan to accommodate regional needs.</td>
<td>Lead: GN HSS Committee Lead: Irene Fraser</td>
<td>April 2012 initiated</td>
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<tr>
<td>2.10 Increase support for Embrace Life Council</td>
<td>Provide additional core funding to ensure stable operations.</td>
<td>Enable ELC to provide a wider range of services</td>
<td>Co-Leads: GN HSS and NTI</td>
<td>April 2012</td>
</tr>
</tbody>
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**Information Sources**

- Interviews with Partner representatives.
- GN Department of Health. 2015. *Activities Undertaken by Fiscal Year and Current Status.*
5.2.3. Youth Skills

Commitment #3 is focused on better equipping youth with skills to cope with adverse life events and negative emotions. It recognizes that many youth in Nunavut grow up in difficult circumstances and that more can be done to ensure that exposure to adverse life events and negative emotions do not lead to negative behaviour. The Partners commit to providing a stronger protective foundation for youth and to providing training opportunities for youth (including anger management courses, mental health related school supports, and greater access to healthy activities such as sports or on the land camps). Commitment #3 includes nine objectives and areas for action to be led variously by the Implementation Committee, GN Departments of Health and Education, and by the GN, DOH and NTI working together.

In assessing information provided to the evaluation, it was found that evidence for how the objectives of this commitment have been met were closely linked with evidence in respect of other AP commitments including Commitment #4 - to provide suicide training to Nunavummiut, Commitment #5 - regarding a research agenda, and Commitment #8 - to support communities engage in community development activities. There are, therefore, overlaps with respect to findings and some cross references are provided to other AP commitment areas and objectives.

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<tr>
<td>3.1 Increase knowledge base, solutions, and strategies on the impact that adverse life events have on youth resilience and coping in relation to increased risk for suicide.</td>
<td>Ensure youth focus in developing an ongoing research agenda on issues of relevance to suicide prevention, intervention, and postvention in Nunavut.</td>
<td>Increased knowledge of impact of adverse life events on suicide risk for youth which will inform the development and implementation of effective suicide prevention initiatives for youth. Increased resilience and engagement amongst youth. Identification of best practices to enhance existing resources.</td>
<td>Lead: Implementation Committee</td>
<td>2011-2012 ongoing</td>
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</tbody>
</table>
Findings from the Evaluation

This objective is more directly related to Commitment #5 and suggests the need for research to be specifically undertaken to focus on youth resilience and coping skills, and for Partners to ensure that suicide prevention related research efforts are designed to ensure inclusion of the youth dimension. If this objective and associated actions/tasks are taken forward in the 2nd Action Plan it is suggested that the item be included in commitments related to research and a Nunavut suicide prevention research agenda.

The majority of Partners’ representatives believe that progress is being made towards achieving this objective, although some suggested that the objective has not been met.

The evaluation findings are that progress is being made towards achieving this objective.

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<tr>
<td>3.2 Implement specific programming targeting the general youth population, including youth at risk of suicide, such as Mental Health First Aid (MHFA) for youth, provide strengths based programs for youth regularly in each community</td>
<td>Develop and tailor culturally relevant youth-focused programming which increases knowledge and skills of front-line workers such as education professionals, health providers, and other relevant stakeholders such as parents and community members on mental health issues specific to youth, identifying signs and symptoms, effective interventions in crisis situations and how to access professional help. Provide information on the role that child sexual abuse plays as a risk factor for suicidal behaviour later in life, and what can be done to break the cycle of abuse.</td>
<td>Youth-specific programming available to front-line workers and communities to assist education professionals, health providers, parents and other adults in the identification of mental health problems and appropriate first aid intervention strategies.</td>
<td>Lead: Implementation Committee</td>
<td>2011-2012 ongoing</td>
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</table>
### Findings from the Evaluation

<table>
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<th>Information Sources</th>
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<tbody>
<tr>
<td>Interviews with Partner representatives.</td>
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<tr>
<td>Interviews with Stakeholders.</td>
</tr>
<tr>
<td>Community stakeholder survey responses.</td>
</tr>
<tr>
<td>Email report on MHFA participation from I Fraser (DOH) Dec 3, 2013.</td>
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</table>

The stated AP objective appears to encompass two objectives. One of these is to equip adults who are engaged with youth with skills in identifying mental health issues and developing skills to then support them. The second implied objective is to provide strength-based programming for youth in communities. These are two related but separate goals.

The identified action/task to provide adults with skills development opportunities (including through delivery of Mental Health First Aid for Youth) is more directly associated with Commitment #4 (Suicide Training) and so actual undertakings as part of the Strategy and Action Plan are discussed more fully in relation to that objective.

However, it is noted here that MHFA (Youth) was delivered in Nunavut with delivery coordinated by DOH’s Suicide Prevention Specialist.

- In 2011 there were 4 deliveries of MHFA Youth with a total of 68 participants.
- In 2012 there were 4 deliveries of MHFA Youth with a total of 27 participants.
- In 2013 there was 1 combined MHFA Youth/Adult delivery with 7 participants.

The vast majority of participants in these deliveries were from organizations “other than” HSS, EDU, Justice, and the RCMP, suggesting effective outreach to community groups and non-governmental organizations in advance of these workshops. However, over three years, the MFHA Youth was delivered only in three Nunavut communities (Cambridge Bay, Sanikiluaq and Baker Lake). As a result, the MHFA Youth component was not successfully rolled out across the territory or made accessible to many Nunavut communities, and also within the Qikiqtaliq region.

As it concerns strength-based youth programming, the evaluation team heard from stakeholders, through interviews and community stakeholder survey responses.

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The disconnect between the objective and action/tasks may be as a result of a misconception of the Mental Health First Aid for Youth. MHFA for Youth is not designed to be delivered directly to youth but rather to those who work directly with youth (e.g. as youth workers, counsellors, educators). Mental Health First Aid (Youth) is therefore not a resource specifically designed for delivery to youth.

The Mental Health Commission of Canada and Inuit Tapiriit Kanatami (ITK) are currently working to develop an adapted MHFA for Inuit contexts. It is not evident to what extent this adapted MHFA could be delivered to Youth. However, once completed this resource could be assessed for its appropriateness for delivery to youth as well as its relevance to suicide prevention and the objectives of the NSPS and AP.
Findings from the Evaluation

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<th>Information Sources</th>
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<tr>
<td>the survey, about a range of youth programming activities occurring in communities that are suicide prevention-related e.g. activities that build protective factors (e.g. self-esteem) as well as increasing awareness of risk factors such as bullying, sexual abuse, violence, and mental health issues.</td>
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<tr>
<td>The Environmental Scan of Youth Centres completed by NTI for the Implementation Committee documents a wide variety of youth programming in Nunavut communities. Although there is a high degree of variability between communities in the scope and content of youth programming, the types of activities most commonly available include drop-in facilities/times, and recreational and sports activities. Youth programming may also include on-the-land and seasonal programs, cooking classes, peer counselling, youth picnics, arts and crafts, tutoring/homework support. Youth wellness, self-esteem, healthy relationships, coping skills and programs and activities that are more directly related to developing protective factors or identifying risk factors are provided, but are less common than other types of programming (i.e. recreation).</td>
</tr>
<tr>
<td>Some work is being undertaken by NTI to provide information on the role that child sexual abuse plays as a risk factor for suicidal behaviour later in life, and what can be done to break the cycle. Additionally, the Department of Family Services is advancing a proposal originally developed through HSS to create a Child Advocacy Centre that would have a role with respect to knowledge gathering and dissemination of information on child sexual abuse as a risk factor.</td>
</tr>
<tr>
<td>Partners’ representatives believe that progress is being made towards achieving the objective of strengthened youth programming.</td>
</tr>
<tr>
<td>The evaluation findings are that progress is being made on this objective. However, there is no systematic approach to youth programming for suicide prevention in Nunavut, nor is there an established set of tools and resources to support a common approach to delivery of youth programming as envisioned under this Objective and its associated actions and tasks.</td>
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28 A comprehensive assessment of youth programming, the extent to which it is ‘strength-based’, and the overall quality and effectiveness of such programs with respect to contributing to suicide prevention in Nunavut was beyond the scope of this evaluation.

29 This is also related to objectives 5.3, 5.2 under Commitment #5 (Research).
**Recommendation #14:**

*It is recommended that in the 2nd Action Plan, objectives, tasks and actions related to youth suicide prevention programming be stated more precisely and with more specific and measurable goals identified. Further efforts should be made to document the full scope of youth programming in Nunavut and assess the extent to which this supports the NSPS and suicide prevention in Nunavut more generally.*

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<tr>
<td>3.3 Ongoing collaboration to address suicide prevention within school curriculum.</td>
<td>Ad hoc working group to coordinate the implementation of the NSPS across all organizations and through new curriculum development, especially grades 7-12.</td>
<td>Evidence of partnership collaboration in curriculum development.</td>
<td>Co-Leads: GN HSS/Education with other stakeholders as appropriate</td>
<td>April 2012 Initiated</td>
</tr>
</tbody>
</table>

**Findings from the Evaluation**

Most but not all Partners’ representatives believe that some progress is being made towards achieving this objective, primarily as a result of delivery of the RespectEd program in conjunction with the Canadian Red Cross (CRC). However, it must be recognized that RespectEd is *not* curriculum but rather provides educators with a set of learning resources that they can choose to apply *at their discretion* within the classroom but outside the regular school curriculum. RespectEd is discussed more fully in relation to Objectives 3.5, 3.9 and 4.3 below.

With respect to curriculum in Nunavut, the foundations for this are set out in the 2009 document *Inuit Qaujimajatuqangit: Education Framework for Nunavut Curriculum*. The framework establishes the foundations for a Nunavut education framework based upon the bedrock principles of IQ. The education framework includes four ‘integrated curriculum content learning strands’, of which Aulajaaqtut is one. Aulajaaqtut is an integrated core curriculum that focuses on wellness, safety and one’s place in society. It encompasses social, emotional, and cultural wellness. Delivery is to involve not only educators but also Elders and community experts.

The Aulajaaqtut curriculum strand has been completed for Grades 10-12 and is being implemented. It focusses on the development of life skills and knowledge, healthy relationships, and understanding for others regardless of gender, race or ability. EDU reported that in 2013/14 a group of Inuit educators from across Nunavut reviewed and refined three

**Information Sources**

- Interviews with Partner representatives.
- Nunavut Department of Education. 2009. *Inuit Qaujimajatuqangit: Education Framework for Nunavut Curriculum*
- Email correspondence A Ker (Aarluk) with C Borg (EDU) and L Willard (EDU).
### Findings from the Evaluation

<table>
<thead>
<tr>
<th>Instructional modules on stress and anger management and suicide prevention. The modules focus on helping students understand and recognize life’s challenges, and seek solutions to strengthen caring and connecting skills.</th>
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<tbody>
<tr>
<td>The Grade 7-9 Aulajaqtut curriculum was drafted between 2009 and 2012 and included consultations with Elders and mental health professionals. It will be available in all four languages but has not yet been implemented in Nunavut schools. This part of the curriculum incorporates elements related to overall health and wellness. It was also reported that social and emotional learning is taught through the curriculum primarily through the health-related components, which require 25% of the teaching week’s content (including physical education).</td>
</tr>
<tr>
<td>The evaluation was unable to examine details of the Aulajaqtut curriculum for Grades 10-12 and 7-9 and to assess the extent to which it supports the overall objectives of the NSPS and the AP. However, it is worth noting that, while curriculum content development has since 2011 occurred without direct connection to the NSPS and AP (in part because Grade 7-9 curriculum development was near completion at the time of the AP launch) there are stronger linkages that can be forged in future curriculum development exercises, including through consultation and engagement with NSPS Partners and the Implementation Committee.</td>
</tr>
<tr>
<td>With respect to collaboration between EDU and DOH on curriculum development, it was reported that the DOH strongly supports the inclusion of health and wellness related learning, including with respect to risk and protective factors, on the basis this will ultimately contribute to decreased burdens on the health system in the future. Also, development of the Grade 7-9 Aulajaqtut curriculum, and other school resources, were developed with input from DOH (i.e. mental health specialists and others).</td>
</tr>
<tr>
<td>More recently, the two departments collaborated on the graphic novel “Choices” and accompanying teacher resource guide. The resource, to be used at the grade 8 level in the Aulajaqtut curriculum, focuses on a number of issues that youth face. It provides strategies they can use to respond to difficult situations by making healthy choices. The intent is to address emotional, social and physical wellbeing in a positive way. This particular resource has not yet been formally released but is currently in translation (2015).</td>
</tr>
<tr>
<td>The evaluation did not receive any evidence of an ongoing partnership or collaboration to address suicide prevention in the curriculum with other Partners and Stakeholders, and therefore concludes that the objective is not being met as it relates to such anticipated collaboration and engagement.</td>
</tr>
<tr>
<td>It is recognized however, that some progress is being made to address suicide prevention as an element of overall health and wellness in parts of the curriculum. This is an area that can be addressed in the 2nd Action Plan, with the</td>
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</tbody>
</table>
Findings from the Evaluation

Identification of specific measures and commitments to actively engage the Partners in ongoing curriculum development activities undertaken by EDU.

Information Sources

Recommendation #15:

*It is recommended that as curriculum is developed by the Department of Education in the future, that consultation and engagement occur with all Partners in the NSPS and that attention be given to the inclusion of elements in the curriculum that support the long term vision and goals of the NSPS.*

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<tr>
<td>3.4 Ensure National Aboriginal Youth Suicide Prevention Program funds are spent to implement commitments of the NSPS Action Plan</td>
<td>Administer in partnership NAYSPS funding for community level Inuit youth suicide prevention programs</td>
<td>NAYSPS funds are spent on community-based youth suicide prevention activities that correspond with NSPS commitments.</td>
<td>Lead: GN HSS/NTI/ELC</td>
<td>April 2012</td>
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Findings from the Evaluation

In 2011/12 the ELC was successful in accessing funds ($150,000) from the GN under the National Aboriginal Youth Suicide Prevention Strategy (NAYSPS). Funds were profiled towards a public education campaign called *Break the Silence*. The public awareness campaign is described in more detail in relation to objective 3.9 (public awareness campaigns).

In 2012/13 ELC was again able to access NAYSPS funds ($264,000). The specific use of these funds is not identified in the 2013 ELC Annual Report.

The way in which NAYSPS funding is managed within Nunavut changed during the course of the AP and this had implications for the way in which this objective has been achieved and also how progress should be monitored and assessed in the future, if this item is included in the 2nd Action Plan.

Information Sources

Interviews with Partner representatives.
Email correspondence A Ker (Aarluk) with J Budgell (DOH).
In 2014, the GN entered into a 5 year agreement with Health Canada for health and wellness programming in Nunavut. Part of the mandate of this new agreement was to amalgamate a larger number of programs into a smaller number of “program clusters”. Under the new agreement NAYSPS funding was amalgamated within the Mental Wellness and Addictions cluster, along with other funds (i.e. including NNADAP and the Solvent Abuse Program). Through GN DOH allocations, NAYSPS funds were provided to the Embrace Life Council to move forward action items in the AP, and also directly to communities through community contribution agreements that provided funds under the MHA and other health program clusters. At the community level, because NAYSPS funds are now amalgamated with other MHA related funds, it is reported to be difficult if not impossible to identify exactly which community projects are supported with NAYSPS funds because these funds are pooled with others.

However, at the community level, the MHA “cluster” funds (which include NAPSYS funds) clearly do support a variety of programs and projects, including those directly related to suicide prevention - such as community healing, suicide prevention picnics/events and activities organized by groups such as the Baker Lake Against Suicide Team (BLAST). Other community based programming supported through contribution agreements with communities and funded under other “clusters” (including Healthy and Children and Families) also supports suicide prevention by positively impacting youth resilience and providing youth related training in areas such as coping skills, anger management, healthy living, and suicide prevention.

After the new agreement was put in place between the GN and Health Canada, the ELC received NAYSPS funds to administer in 2013/14 under the Mental Health and Addictions cluster. These MHA cluster funds were used to support three promotional campaigns targeting youth on issues related to mental wellness, bullying and harassment. These are also described in more detail in relation to Objective 3.9 (public awareness campaigns targeting youth).

Most Partner representatives felt that they did not have enough information to assess whether this objective is being met.

Although a comprehensive and detailed picture of how specifically NAYSPS and related community based health program funds are being utilized to support suicide prevention activities at the community level is not available, based on information provided, the evaluation has concluded that NAYSPS funds have been and are being used to support implementation of the AP, including by supporting the public education and awareness efforts being undertaken through the ELC, and therefore this objective is being met.
Findings from the Evaluation

In 2012 the ELC completed an *Environmental Scan of Best Practices in Training for Youth*. The Environmental Scan identifies eight training programs. These include the Canadian Red Cross (CRC) RespectEd program and its various sub-components including:

- Preventing Violence Against Children and Youth
- Promoting Healthy Youth Relationships
- Preventing Bullying and Harassment

The results of the Environmental Scan paved the way for the ELC (and EDU) to begin a partnership with the CRC in 2013 for the delivery of selected RespectEd programming in Nunavut, and eventually, adaptation of RespectEd resources to the Nunavut context.

In the context of the NSPS and AP, RespectEd training relates to both this objective as well as objectives for suicide training set out in Commitment #4, Objective 4.3 (increasing high school support for youth at risk of suicide).

RespectEd was initially piloted in 2013 in three Nunavut communities (Baker Lake, Cape Dorset and Clyde River). These communities received delivery of both the core RespectEd program, encompassing training on violence prevention, healthy relationships and bullying prevention, as well as training in another CRC program called “Ten Steps” (described and discussed in relation to Commitment #8 – Objective 8.2 – Partnering with Communities to Implement Aspects of the NSPS).

Information Sources

- Interviews with Partner representatives.
- Interviews with Stakeholders.
Findings from the Evaluation

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<tr>
<th>Information Sources</th>
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| The community groups participating in the initial pilot of RespectEd training, delivered by CRC staff in conjunction with the ELC, included community counsellors, youth mentors and RCMP officers. They received training in the delivery of child sexual abuse prevention awareness to school age children, and delivery of awareness on healthy relationships to adolescents. The expectation was that training in RespectEd delivery would lead to the provision of training opportunities for youth in the areas of violence prevention, healthy relationships and bullying and harassment – all of which are related to suicide prevention and this Objective (i.e. to provide training opportunities for youth). The translation of the RespectEd program into action under this objective continues to depend, however, on the creation of subsequent opportunities for those who have been trained in RespectEd to deliver RespectEd core modules to groups of youth in communities, and to be sufficiently motivated to do so.

The RespectEd program was piloted in the final year of the NSPS and AP implementation (i.e. 2013/14). The evaluation did not receive information on whether the initial piloting of this program has led to further delivery of RespectEd in the pilot Nunavut communities by those who had been initially trained. While the piloted delivery of RespectEd programming to community groups was well received it is not clear that it has led to further training opportunities for youth in the areas of coping skills, anger management, healthy living, suicide prevention and general health and wellness.

Although it is not clear what uptake there has been in further delivery of RespectEd by community-based trainers, one outcome of the piloting of the RespectEd program at the community level was that it caught the attention of senior managers in EDU who recognized the potential for delivery of this program in Nunavut schools. The “thread of the story” of the RespectEd program’s implementation in Nunavut is picked up under the discussion of another AP objective i.e. Objective 4.3 (Increasing High School Support for Youth at Risk of Suicide).

In addition to the piloting of RespectEd in some communities, and the broader roll out of RespectEd in the Nunavut education system, ELC staff have been able to provide selected, youth-focussed training and workshops at schools and facilities in Iqaluit. In 2013/14 ELC staff delivered 12 sessions of “It’s Not Your Fault” to the Grades 6 to 9 students at the Des Trois-Soleils School in Iqaluit. Its Not Your Fault is a module within the broader Nunavut-adapted RespectEd program that helps young people identify different forms of abuse, neglect and where to get help. ELC staff also delivered the “Positive Choices” module at the Iqaluit Youth Centre through 5 one hour workshops in 2013, in conjunction with Youth Centre staff. As noted above, it is not clear to the evaluation to what extent a similar process has been followed in the three Nunavut communities that participated in the pilot of the RespectEd program. However, the fact there has been successful delivery of RespectEd training modules outside of the school environment in Nunavut suggests that there is

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30 In 2014/15 the ELC was continuing to deliver the Positive Choices at the Iqaluit Youth Centre in cooperation with the City of Iqaluit Youth Centre staff.
Findings from the Evaluation

significant potential for delivery of this program in a non-school community context (e.g. youth centres and programs, special workshops), provided that those who have received training are motivated and have the support and resources to effectively organize and deliver their own training and workshop opportunities to Nunavummiut youth.

Partner representatives expressed very divergent views on the extent to which they feel this objective is being met. Some suggested the objective is being met, others felt that progress is being made, while still others suggested either that the objective is not being met or that they did not have enough information to assess whether this objective is being met. This divergence of opinion may reflect the way in which RespectEd training has unfolded in Nunavut to date, with some stakeholders recognizing the broader foothold this has gained within the Nunavut education system and others not seeing accomplishments at the community level (i.e. outside schools) with respect to youth training that promotes development of risk protection factors.

Overall, the evaluation concludes that, mostly as a result of the RespectEd program in its various manifestations in different institutional contexts in Nunavut, progress is being made to achieve this objective. The extension and continued implementation of this program and delivery of RespectEd training to youth by educators and others in Nunavut communities can contribute to ongoing promotion of this objective if the proper resources are provided to support implementation, particularly at the community level, in the 2nd Action Plan.

The Implementation Committee should give consideration to how the Nunavut-adapted RespectED training resource manual and materials can be made more broadly available to community groups in addition to educators who are generally working with the Nunavut education system.

Recommendation #16:

It is recommended that financial resources continue to be directed by the Partners towards implementation of RespectEd training programs in Nunavut, and that efforts be made to encourage further delivery of RespectEd training modules to youth both within a school context, as well as through non-school based youth activities organized at the community level by others (e.g. RCMP, health and justice workers).
### Evaluation of the Nunavut Suicide Prevention Strategy and Action Plan

<table>
<thead>
<tr>
<th>Objective</th>
<th>Action or Task</th>
<th>Anticipated Results</th>
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<th>Timeline</th>
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<tr>
<td>3.6 Increase and support access to healthy activities for youth at community level.</td>
<td>Conduct environmental scan of existing youth centres in all Nunavut communities using existing Qikiqtani Inuit Association-developed Youth Centre Survey as a model. Share best practices with communities. Develop a plan for incremental establishment of youth centres in each community.</td>
<td>Increased awareness of existing healthy youth activities. Increased knowledge of what is needed at community level on youth initiatives; sharing of best practices. Viable options identified for establishing a youth center in each community.</td>
<td>Lead: Implementation Committee with Regional Inuit Associations and other relevant stakeholders</td>
<td>March 2012 completion</td>
</tr>
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</table>

### Findings from the Evaluation

NTI completed the *Nunavut Youth Centre Environmental Scan* on behalf of the Implementation Committee. The scan was carried out between October and December 2013 and so reflects conditions at that time. The QIA Youth Centre survey model was not utilized. However, the Scan provides what is described as a “glimpse”, but what in fact is a relatively comprehensive overview on programming that is available to Nunavummiut youth across the territory.

The Scan identifies communities that have youth centres, programming made available in communities that do and do not have youth centres, organizing and operational challenges faced by youth, and how healthy activities for youth at the community level can be supported. Highlights of findings from the Scan are:

- 10 Nunavut communities have some form of dedicated youth space or centre;
- Youth Centres tend to be run by Hamlet recreation departments and provide ‘drop in’ space with recreation facilities;
- Funding is often supplied by hamlets, supplemented with grants from Brighter Futures, the GN Department of Culture and Heritage and independent organizations, as well as fund raising activities;
- Where there are no dedicated youth facilities, communities still offer youth programming (e.g. in gymnasiums);
- Youth programming may be organized by the Youth Outreach Worker or Youth Coordinator where these positions exist;
- Youth lead their own activities though youth committees, but these are generally under-supported;

### Information Sources

- Interviews with Partner representatives.
- Nunavut Tunngavik Inc. 2014. *Nunavut Youth Centre Environmental Scan*.
- Department of Justice. 2015. *NSPS Inventory*.

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62
### Findings from the Evaluation

- A key challenge for youth centres is the availability of funding to cover costs including building, workers’ wages, and services/facilities (such as internet). Other challenges are turnover and the level of effort required to run programs in dedicated facilities;
- For communities without youth centres, key challenges are funding and prohibitive costs to renovate/build new facilities, as well as the fact youth are often left on their own to organize activities and programs; and
- Other supports are being made available through hamlets (e.g. youth coordinators, facility access) and DEAs (access to gymnasiums).

Since the Scan was completed, there have been some developments in the area of youth programming that is either directly or indirectly linked with suicide prevention. For example, anecdotal evidence was provided of efforts underway in several Nunavut communities to establish youth centres where these previously did not exist. In some communities this has come about as a result of the “Ten Steps” program and establishment of Prevention Teams pursuant to this initiative (discussed in more detail under Commitment 8, Objective 8.3). These teams have been motivated to work with youth and others in the community, including hamlets and community organizations, to establish or revitalize youth centres providing supervised youth programming after school and in the evenings.

Other activities related to this objective are being undertaken by the GN Departments of Culture and Heritage and Justice. It is noted however that these activities are not directly connected to the NSPS or AP implementation, and are not generally discussed with other non-GN Partners through the Implementation Committee. Culture and Heritage supports training workshops for youth in communities as well as providing grants and contributions for community based youth program activities. The Department of Justice’s Community Justice Outreach Workers are in the schools to discuss crime prevention with youth and support additional programming to address issues affecting youth.

Most Partners’ representatives agree that progress is being made towards achieving this objective.

The evaluation has concluded that **progress is being made**. However, the delivery of healthy activities for youth, while Strategy related, is not dependent upon Strategy or AP implementation and therefore connections between success in youth programming and the NSPS are tenuous. There are many sources of advocacy, support and funding for youth programming and related activities including GN community based health programs, DOH and DCH programming, and RIA funded activities.

In the future, there should be improved coordination between all potential sources of funding for youth related health and wellness activities, and stronger linkages forged between these and the NSPS and AP.
### Findings from the Evaluation

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<tr>
<th>Information Sources</th>
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<tr>
<td>If they are successfully sustained and expanded across the territory, and if they can be expanded to include youth involvement, community Prevention Teams (established pursuant to Ten Steps) provide a good resource for promoting coordination and collaboration as well as planning for efficient use of limited available resources for youth activities.</td>
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<td>In order to ensure that best practices are being shared with Nunavut communities, the Environmental Scan should be shared with and communicated to all communities in a 2nd Action Plan, and other measures to share best practices on youth-focused health and wellness activities and programs identified and implemented.</td>
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<td>The evaluation found no evidence that there is a plan for incremental establishment of youth centres in each Nunavut community. This is an item that potentially could be taken forward and given more profile and attention in the 2nd Action Plan including through joint efforts of the Partners.</td>
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**Recommendation #17:**

*It is recommended that the Youth Centre Environmental Scan be shared with and communicated to all communities and measures be taken to share best practices on youth-focused health and wellness activities and programs in Nunavut.*

*It is further recommended that in the 2nd Action Plan the Partners, working with the GN Community and Government Services as well as the Department of Culture and Heritage focus on establishing the basis for a comprehensive youth centre/facility plan for Nunavut – one that seeks to ensure that all Nunavut communities have similar access to resources and facilities for youth programming.*

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<tr>
<td>3.7 Develop and support peer counselling initiatives in communities</td>
<td>Conduct environmental scan on best practices in Canada and other jurisdictions and existing initiatives in Nunavut; develop training manuals partnering with Hamlets and youth centres to deliver certified training.</td>
<td>Peer counselling available in all communities based on Nunavut training manuals.</td>
<td>Co-leads: RIAs/NTI/GN HSS</td>
<td>2012-2013 initiated</td>
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<th>Findings from the Evaluation</th>
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<tr>
<td>The Environmental Scan of Youth Centres completed by NTI shows that counselling and peer support measures that are indirectly or directly related to suicide prevention are not embedded in community youth programming.</td>
<td>Interviews with Partner representatives.</td>
</tr>
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</table>
### Findings from the Evaluation

The evaluation found that there is no evidence of a system-based model for youth-based peer counselling related to suicide or suicide prevention in Nunavut communities. However, RespectEd programming discussed under objective 3.5 above may contribute to, or may already be contributing to capacity development in the area of peer counselling, and the development of other community-specific approaches or adaptations which can positively influence youth awareness and behaviours. An example of this is the peer mentor program developed in Cape Dorset and being implemented elsewhere in the north Qikiqtaali region.

Partners’ representatives for the most part suggested that this objective is not being met.

Based on findings from the evaluation, the evaluation concludes that this objective is not being met. However, prior to placing further priority on peer-based counselling initiatives, the Partners should explore the evidence base regarding the efficacy of peer-based counselling, and also complete an environmental scan as contemplated in the actions/tasks associated with this objective.

### Recommendation #18:

*It is recommended that the Partners explore the evidence base regarding the efficacy of youth peer-based counselling and complete an environmental scan of best practices in Canada and other jurisdictions, and existing initiatives in Nunavut prior to pursuing further initiatives in the area of youth-based peer counselling.*

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<td>3.8 Support development of youth networks on community and territorial level.</td>
<td>Support establishment of a comprehensive network of youth groups from the community level to the territorial level. Provide skills training and ongoing support to all youth groups.</td>
<td>Youth committees in each community including a territorial committee to collaborate, share information, and be key contacts at community level for youth initiatives.</td>
<td>Co-Leads: GN CLEY/RIAs/NTI</td>
<td>May 2012 initiated</td>
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Findings from the Evaluation

The evaluation did not receive evidence of youth networks being established at the territorial level or of region-wide integration of community level youth groups, committees and activities as part of NSPS or AP implementation, or as a result of collaborative efforts among the Partners.

Outside the context of the NSPS, the Department of Culture and Heritage (Elders and Youth Division) does provide support in the development of youth committees. Activities are designed to promote better communication between youth, recognize role models and leadership and provide creative and collaborative opportunities for youth supported through the Elders and Youth programs. The department reported it has a Youth Strategy and that there have been regional youth committee meetings. The extent to which the Strategy identifies or contemplates action in relation to suicide prevention (e.g. education on risk factors, protective factors etc.) or youth suicide was not assessed as part of the evaluation.

The NTI Environmental Scan of Youth Centres identified that at least 9 Nunavut communities have youth committees or youth groups as part of their assets and resources or areas of programming. This number may grow as community level plans developed by Prevention Teams as a result of the Ten Steps program are implemented and as Ten Steps planning is extended to other Nunavut communities.

Almost all Partners’ representatives agree that this objective is not being met.

The evaluation has concluded that this objective is not being met.
### Findings from the Evaluation

Most Partners feel that **significant progress is being made** on this objective, and that this is occurring as a result of the public awareness campaigns that have been led by the ELC, and supported through the Implementation Committee and with GN funding (including through NAYSPS as discussed above in relation to objective 3.4).

Public awareness campaigns carried out during the period 2011 to March 31, 2014 include the following:

- In 2011/12 the ELC used NAYSPS funds to support a public education campaign called “*Break the Silence*”. It consisted of posters, pamphlets and two television commercials aimed at showing Nunavummiut why there is a need to start talking about suicide, and providing information on access to resources and services. The campaign was intended to initiate dialogue in communities and among Nunavummiut regarding suicide in Nunavut.

- Public awareness campaigns undertaken in 2012/13 by the ELC included the “*Through My Eyes*” contest. The ELC partnered with the RCMP to launch a contest that sought to understand how issues of suicide, mental health and substance abuse affect children and youth in Nunavut. The campaign was aimed at developing public awareness of how children and youth see and are affected by these issues, and also to eliminate stigma. The contest was open to all Nunavummiut between the ages of 6 and 18. Participants were invited to depict, through one drawing or photo, the impact suicide, mental health or substance abuse has had on them, their family, their community or Nunavut. Awards were given to contest participants in three age categories.

- In 2013/14 NAYSPS funds were used to support three promotional campaigns targeting youth on issues related to mental wellness, bullying and harassment. The ELC produced eight videos, community resource cards (identifying all available health and wellness resources in each Nunavut community including contact numbers), resource pamphlets, training on bullying as well as purchasing advertising time. The ELC Annual Report for 2013/14 reports in more detail on the specific undertakings in each of these areas.

- Promotion of the Kids Help Line by the ELC through various media in Nunavut and in pan-territorial publications targeting northern youth. The Kids Help Line provides professional counselling services to children across Canada through a free, anonymous and confidential service on a 24/7 basis. In addition to public awareness campaigns, in May 2012 the ELC launched an updated website – [www.inuusiq.com](http://www.inuusiq.com) which includes information on risk factors for suicidal behaviour and resources for individuals and front line workers.

Based on findings from the evaluation research, it appears that this **objective is being met**.

### Information Sources

| Interviews with Partner representatives. |
|---|---|
| *Kids Help Line Information Sheet*, June 2013. |
Findings from the Evaluation

There is strong support among Partners for continued efforts to raise awareness of suicide, mental health, risk and protective factors among Nunavummiut through ongoing public awareness campaigns. In developing the 2nd Action Plan, the Partners, through the Implementation Committee, should consider what the focus for future campaigns should be based on priorities that are identified in the next Action Plan (e.g. raising public awareness of particular risk factors, historical trauma etc.).

Information Sources

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<th>Recommendation #19:</th>
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\textit{It is recommended that in the 2nd Action Plan the Partners continue to support efforts to raise awareness of suicide, mental health, risk and protective factors among Nunavummiut through ongoing public awareness campaigns. Future public awareness campaigns should complement the focus of the Partners on specific risk and protective factors (e.g. child sexual abuse, historical trauma).}
5.2.4. Suicide Prevention Training

In commitment #4, the GN through the leadership of the DOH and EDU, working with other stakeholders, commits to delivering suicide intervention training on a consistent and comprehensive basis. The commitment recognizes that Nunavummiut want to be able to provide support to others who may be at risk of suicide. Training to recognize signs of suicide ideation and equipping people with tools to talk to people and link them with proper care will make communities more responsive to suicidal behaviour. The GN commits to providing training across the territory and for people who work with high risk segments of the population and others who wish to be leaders in suicide prevention in their communities.

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<th>Objective</th>
<th>Action or Task</th>
<th>Anticipated Results</th>
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<tr>
<td>4.1 Deliver Uqaqatigiiluk “Talk About it” a ‘Nunavut specific’ version of Applied Suicide Intervention Skills Training, to all interested Nunavummiut.</td>
<td>Coach and support volunteer Uqaqatigiiluk “Talk About it” trainers to become registered. Encourage registered trainers to become Coaches. HSS to identify positions to coordinate the delivery of Uqaqatigiiluk “Talk About it”, including the creation and upkeep of a database tracking numbers of trainers and participants. Priority placed on providing training for HSS and other frontline workers, correction workers, probation officers, school staff (as per request from the Coalition of Nunavut DEAs), community groups which provide counselling services, and Nunavut Arctic College students.</td>
<td>Suicide Intervention Skills training accessible to all Nunavummiut. HSS positions created to coordinate delivery of Uqaqatigiiluk!</td>
<td>Co-Leads: GN HSS/Nunavut Arctic College/GN HR</td>
<td>Initiated April 2010 and ongoing</td>
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Findings from the Evaluation

A majority of Partners’ representatives share the view that this objective has been met, while others feel that progress is being made to meet the objective.

Based on findings, the evaluation concludes that progress is being made to meet this objective. ASIST training must

Information Sources

Interviews with Partner representatives. Interviews with Stakeholders. Dingemans, Isabelle (for Nunavut Arctic
## Findings from the Evaluation

Evaluation of the Nunavut Suicide Prevention Strategy and Action Plan

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<th>Information Sources</th>
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continue to be pursued within Nunavut but with greater outreach at the community level - not only to front line workers but Nunavummiut more generally. A brief description and discussion of ASIST is provided below. Issues pertaining to the availability of ASIST trainers are discussed in more detail under Objective 4.2 below (i.e. develop professional and volunteer trainers).

“Uqaqatigiiluk! or “Talk About It!” is the Nunavut-adapted Applied Suicide Intervention Skills Training program (ASIST). This training, developed by LivingWorks, has been provided on an ongoing basis in Nunavut since May 2013. Its purpose is to train individuals to detect anyone having thoughts of suicide and to do suicide First Aid, meaning their role is to keep the person “safe for now”. While the course can be delivered in Inuktitut there are few certified Inuktitut speakers that are either “Master trainers” or certified trainers and, as a result, most training is provided in English or with simultaneous translation.

With respect to format, ASIST is held over a two day period and delivered to groups ranging in size from 6 to 30 participants. Participant/trainer ratios are established and strictly followed, with a minimum of two trainers at any session. Over the two days of training, participants work both together and in small groups and are shown two videos. The videos were made in Nunavut and are based on scenarios that are meaningful to Nunavummiut. Participant materials include a 20 page workbook and wallet card. Participants also receive a certificate upon completion of the training.

Initially, the Partners led the development of ASIST for Nunavut, with NTI providing funding (secured under the Aboriginal Health Transition Fund) to support the creation of Nunavut-specific ASIST materials and translation. However, the responsibility for ASIST management and delivery was transferred by the DOH to Nunavut Arctic College on April 1, 2013, and NAC continues to administer the training program under a contribution agreement with DOH. There is currently one full time staff attached to ASIST within NAC, with the training program delivered through the Community and Distance Learning Division.

In 2013-14 there were 31 deliveries of ASIST training in 22 Nunavut communities\(^{31}\). This involved 565 participants of whom 340 were from the Department of Education. NAC has added ASIST training to the Nunavut Teacher Education Program and Nursing curriculum, and in 2013/14 there were 24 NAC students who participated in ASIST. Other participant groups included Youth (31 high school students), Justice (21, including Community Corrections Workers), Health (10), Family Services (9), Youth Workers (6), hamlet staff, RCMP and others (i.e. community members). These deliveries involved 13 different trainers in total.

\(^{31}\) Communities where ASIST was not delivered in 2013/14 were Resolute, Gjoa Haven, Kugaaruk and Sanikiluaq.
### Findings from the Evaluation

While it was not within the scope of this evaluation to also evaluate ASIST, some brief observations about this important training program are made here:

- There are many challenges in organizing ASIST deliveries including registering participants. Many registrants do not ‘show up’ which compromises efficient use of resources allocated to ASIST delivery.
- Some organizations have made it mandatory for their staff to participate in ASIST. This has been problematic in that some individuals are not ‘ready’ to participate in what is recognized as a fairly intense or “intimate” process from a personal perspective.
- There has been variable support for ASIST particularly among school principals, with some making ASIST training mandatory for school staff (and utilizing PD days for this purpose) while others have refused to have their staff participate. This is despite the fact the Nunavut Teachers’ Federation and District Education Authorities have endorsed ASIST as a positive suicide prevention related training intervention.
- Some GN departments have decided to not make ASIST available to their staff and have instead provided for delivery of Mental Health First Aid, which has a broader scope (i.e. looking at the full spectrum of mental health issues) and takes less time to complete (i.e. 3 hours). MHFA is generally recognized as not having a strong suicide prevention focus, which is the intent of ASIST.
- ASIST has not fully penetrated the broader Nunavut society – it has been primarily delivered to GN staff and other groups (e.g. NAC students). ASIST organizers recognize the challenge of extending ASIST to communities.
- Information on ASIST is not readily available to Nunavummiut. There is nothing on the GN website about this training program and there is minimal promotion through other media (print, NAC website etc.).
- There has been limited formal assessment of the ASIST program to date.
- A significant challenge for ASIST is the capacity for delivery in Inuktitut. Full delivery in Inuktitut requires two Inuktitut-speaking, certified trainers per session. At the present time this capacity does not exist in Nunavut.

### Recommendation #20:

*It is recommended that delivery of ASIST continue to be a priority within the NSPS and 2nd Action Plan, and that adequate resources continue to be directed to delivery of ASIST in Nunavut communities. Also, it is recommended that in the 2nd Action Plan Partners increase the visibility and profile of ASIST in Nunavut and undertake to make ASIST more broadly available to Nunavummiut.*

*It is further recommended that a program evaluation of “Uqaqatigiiluk! or “Talk About It!” (ASIST) be undertaken in 2016-17. As the “flagship” suicide prevention training program in Nunavut, it is appropriate that this program be subject to an evaluation after two to*
The evaluation should assess the extent to which ASIST is meeting objectives of the Partners for suicide training in Nunavut, and how it supports the NSPS and Action Plans. The evaluation will identify any modifications that may need to be made to the training program to ensure that it supports the NSPS, is consistent with IQ principles and Inuit values, and is attuned to the Nunavut context. The evaluation should also provide recommendations on how to increase and retain Inuit and community-based trainers, and ensure the program can be consistently delivered in Inuktitut and to Nunavummiut more broadly.

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<th>Timeline</th>
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<tr>
<td>4.2 Develop and support professional and community-based volunteer Uqaqatigiiluk! Talk about it! Trainers</td>
<td>Deliver at least one Uqaqatigiiluk “Talk About it” training for trainers course each year in Nunavut. The implementation committee will encourage suitable and motivated members of their staff to become trainers, and subject to the operational requirements of their positions-allow them to deliver one or more workshops each year. Deliver regular in service for all Uqaqatigiiluk! Trainers at least once every two years.</td>
<td>More Nunavummiut volunteers trained to deliver Uqaqatigiiluk “Talk About it” workshops, thereby lessening dependence on flying Uqaqatigiiluk “Talk About it” trainers up from the south. Uqaqatigiiluk “Talk About it” Trainers kept current, networked, and motivated.</td>
<td>Co-Leads: GN HSS/GN Education/other stakeholders as required</td>
<td>January 2012</td>
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<td></td>
<td></td>
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<td></td>
<td>October 2012 ongoing</td>
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</table>

Findings from the Evaluation

The development of a pool of ASIST trainers has been underway in Nunavut for many years, and precedes the NSPS. ASIST training for trainers (“T4T”) is provided periodically in Nunavut and involves participation in a 5 day “train the trainer” program. Completion of the T4T program however does not immediately qualify an individual to deliver ASIST. After completing the 5 day session, an ASIST trainer must participate in the delivery of 3 workshops with a “Master Trainer” (and with another trainer present). To become a Master Trainer, trainers must have participated in the delivery of ten ASIST workshops. At the present time there are 9 Master Trainers and 4 Registered ASIST trainers in Nunavut. Trainers are required to retain their qualifications and are given the opportunity to participate in mentoring sessions which are held throughout the territory on a fairly regular basis.

ASIST organizers have suggested there is a need to significantly increase the number of ASIST trainers in Nunavut, especially those who are Inuktitut speakers. A summary report prepared by the ASIST Coordinator suggests that “there is an urgent

Information Sources

Interviews with Partner representatives.

Interviews with Stakeholders.

### Findings from the Evaluation

| need to train more people in ASIST. For this we need to build a better network of ASIST trainers in the three regions. |

It is reported that there is a need for an additional 15 community-based trainers in Nunavut. T4T is estimated to cost approximately $10,000 per trainer to take them through the 5 day T4T session and have them participate in 3 workshops so that they can then be part of an ASIST training team. The objective proposed is to have Inuktitut speaking trainers form teams that can serve regions (rather than communities) and deliver at least one session (but up to four) ASIST training sessions in each Nunavut community per year.

The evidence provided to the evaluation suggests that, while progress has been made to train ASIST trainers and that a small pool of ASIST trainers are available in Nunavut, these trainers are not regionally or community-based, and more work needs to be done to bring ASIST delivery capacity directly into the communities. Investment in community-based trainers will ultimately lower the ongoing costs of continued delivery of ASIST in communities.

Overall, Partners feel that progress is being made towards achieving this objective, while some feel that it has been met.

The evaluation’s conclusions, based on the evidence available, are that progress is being made to achieve this objective. However, as noted by those who are most closely involved in ASIST, there is an urgent need to address the fact there is a limited pool of qualified trainers generally in Nunavut and virtually no pool of Inuktitut speaking trainers, and that a stronger regional base for ASIST trainers is required.

### Recommendation #21:

*It is recommended that in the 2nd Action Plan the Partners commit approximately $200,000 towards the training of additional ASIST trainers in all three regions of Nunavut, and that priority be placed on identifying Inuktitut speakers as candidates for training and ASIST trainer certification.*

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Findings from the Evaluation

EDU reported to the evaluation that school staff have participated in a number of training courses aimed at supporting youth in suicide prevention as well as those who are at risk.

- In 2013/14 close to 350 school staff, including teachers, student support assistants, school community counsellors/Ilinniarvimmi Inusilirjiit, custodial staff, principals and vice-principals received ASIST training. More school staff have received ASIST training in 2014/15.
- In September 2013, thirty-one (31) facilitators received training in the Aboriginal Shield Program through the RCMP and twenty-one (21) communities have trained facilitators.
- In 2013/14 educators and school staff in several Nunavut communities received training in RespectEd in collaboration with the CRC.
- In 2014/15 it was anticipated that RespectEd training would be provided in all other Nunavut communities.

The RespectEd training program is provided to school staff (and other community based front line workers) by CRC and ELC staff. As is the case for ASIST, it is challenging to create space within the school year to allow for delivery of the training for this violence prevention/anti-bullying program to school staff. However, EDU and many Nunavut schools have made it a priority to ensure that RespectEd training is widely delivered.

In Nunavut, the key resource for RespectEd, and the resource which school staff and other community front line workers ultimately work with is the “Integrated Training Resource Toolkit”. The Toolkit has been translated for use in Nunavut. The

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33 The Department of Education reported to the evaluation that as of 2015 over 700 school staff had participated in ASIST training.
34 The Aboriginal Shield Program is a program of the RCMP focused on substance abuse prevention and healthy lifestyles coaching for Aboriginal communities. It provides culturally relevant teachings through a 12 lesson manual, with delivery to Grades 5/6 and 7/8. The program is delivered by trained facilitators.
**Findings from the Evaluation**

<table>
<thead>
<tr>
<th>Toolkit encompasses components including:</th>
<th>Information Sources</th>
</tr>
</thead>
<tbody>
<tr>
<td>- “It’s Not Your Fault” – a set of resources on abuse and neglect prevention covering topics such as rights, youth development, emotional and physical abuse, physical neglect, sexual abuse, internet sexual exploitation and interventions.</td>
<td></td>
</tr>
<tr>
<td>- “Healthy Youth Relationships” – a set of resources covering topics such as healthy relationships, emotional abuse, physical assault, breaking up, sexual assault, peer pressure, consent and the impacts of violence on relationships.</td>
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<tr>
<td>- “Beyond the Hurt” – a set of resources on healthy relationships, power, bullying, harassment, the impacts of bullying and harassment and intervention and response.</td>
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</table>

The ELC provides assistance in managing delivery of RespectEd generally, but EDU has established annual contribution agreements with the CRC for delivery of the program (see Section 5.3 “Efficiency and Resources”).

In addition, all schools have developed Inuuqatigiisniq (Positive School Environments) policies and programs that focus on proactive strategies aimed at ensuring students learn positive behaviours and take responsibility for their actions.

The majority of Partners suggest that progress is being made towards meeting this objective, though others feel that the objective is not being met. Progress is seen to be primarily as a result of delivery of RespectEd.

The evaluation findings are that **progress is being made** towards achieving this objective as it concerns providing training opportunities for school staff. However the action/task to ensure high school youth have regular and ongoing access to training in mental health, addictions, and suicide intervention as well as support from trained school staff and community trainers is dependent upon the subsequent delivery of RespectEd program modules to students by those who have received RespectEd training.
Recommendation #22:

*It is recommended that the RespectEd program content and Integrated Training Resource and Toolkit be “branded” for the Nunavut context with development of an appropriate title/name that encapsulates the overall intent of the program to provide training to youth and adults on violence prevention, healthy relationships and anti-bullying and harassment.*

*It is further recommended that training in RespectEd continue to be delivered to Nunavut teachers, and also that the Department of Education actively encourage teachers to deploy RespectEd through delivery of selected modules in the classroom, and that the department begin to monitor the frequency of delivery and delivery approaches that are chosen by teachers, reporting back to the IC on levels of use.*
### 5.2.5. Research on Suicide and Suicide Prevention

In Commitment #5 the Partners undertake to support research in order to better understand suicide in Nunavut and the effectiveness of suicide prevention initiatives. The Partners recognize that there are gaps in knowledge about suicidal behaviour in Nunavut, a lack of evidence-based research on the effectiveness of suicide prevention initiatives and that there is a need for more Nunavut based research in order to better understand issues, inform policy and program decisions, and allow for accountability based on results rather than on public or political perceptions. The Partners working together through the IC commit to undertake, support, and share research and also to monitor and evaluate activities related to the implementation of the Nunavut Suicide Prevention Strategy. This commitment is organized around 5 objectives with the IC taking the lead on action in this area.

<table>
<thead>
<tr>
<th>Objective</th>
<th>Action or Task</th>
<th>Anticipated Results</th>
<th>Partner/Stakeholder</th>
<th>Timeline</th>
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<tbody>
<tr>
<td>5.1 Build a research partnership and develop ongoing research agenda on issues of relevance to suicide prevention, intervention and postvention in Nunavut</td>
<td>Develop a research agenda which will provide a disciplined approach to address the gaps in and identify the needs and priorities with respect to suicide prevention, intervention, and postvention in Nunavut.</td>
<td>A stronger knowledge base on issues related to suicide. A clearer understanding of risk factors for suicidal behaviour earlier and later in life. Best practice in documenting and healing (for victims and their families). Ongoing opportunities for sharing and dissemination through forums such as a research symposium in Nunavut and outside the Territory.</td>
<td>Implementation Committee with additional stakeholders as appropriate</td>
<td>January 2012</td>
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</table>
Evaluation of the Nunavut Suicide Prevention Strategy and Action Plan

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<thead>
<tr>
<th>Objective</th>
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<th>Timeline</th>
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<tbody>
<tr>
<td>Create a clearinghouse with external partners to have a central resource for collecting, monitoring, and distributing evidence-based information related to suicide including current approaches, best practices, programs, and intervention measure, as appropriate to Nunavut.</td>
<td>Prepare or commission research papers which summarize evidence-based research results, best and analysis of initiatives, either with a focus on new research or a systematic literature review of existing research.</td>
<td>Hold a research symposium on suicide in Nunavut to share and inform stakeholders on current issues, challenges, and best practises, and provide advice on Nunavut’s suicide-related research agenda.</td>
<td>April 2012 initiated</td>
<td>November 2013</td>
</tr>
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</table>

Findings from the Evaluation

A major suicide-related research project was carried out during the period of the AP. This study is commonly referred to as the “Follow-Back Study”, but its full title is “Learning from the Lives that Have Been Lived - Quajivallianiq Inuusirjauvalauqtunik”. The study was completed under the direction of a Steering Committee that included representation from all Partner organizations. Funding for the project was received from the Canadian Institutes of Health Research, with the GN providing funds for the final phase of the project.

The Follow-Back Study contributes to the knowledge base regarding the risk factors associated with suicide among Inuit in Nunavut. It intended to capture social meanings, activities and detailed life information of 120 Nunavut Inuit who died by suicide in the four year period from 2003 to 2006. Through the study project nearly 500 individual interviews were carried out with family and friends of 120 individuals who died by suicide in Nunavut in the time period, as well as with 120 living individuals who had close dates of birth, came from the same community of origin or were the same gender as the suicide group. The group of living individuals provided a comparison group with which risk and protective factors for death by suicide were assessed.

Information Sources

Interviews with Partner representatives.


Summary of Results: Learning from the Lives that Have Been Lived - Quajivallianiq inuusirjauvalauqtunik

Government of Nunavut, News
Findings from the Evaluation

There has not been a comprehensive suicide and suicide prevention-related research agenda established for Nunavut since the commencement of the AP in 2011. Although there have been discussions at the Implementation Committee regarding research activities, the objective to build a research partnership and develop an ongoing research agenda has not been met. Neither has there been a systematic approach to identifying research gaps, needs and priorities with respect to suicide prevention, intervention, and postvention in Nunavut.

There has not been a research symposium on suicide held in Nunavut during the period of the first Action Plan. The Partners, with leadership provided by NTI and the GN, did undertake planning for a Symposium which was expected to be held in November 2012. The planning committee had developed an outline, scope and focus for the Symposium. However, the Symposium was rescheduled due to conflicts with territorial elections and after that fell by the wayside, in part as a result of turnover in GN staff. The Partners did discuss alternative approaches to a Symposium including a virtual conference and monthly webinars.

The Partners have not established, with external partners, a research clearinghouse that collects, monitors and distributes evidence-based information related to suicide (including current approaches, best practices, programs, and intervention measures). However, the ELC website does include a section on Resources, which provides users with access to Nunavut based materials and those produced by ELC and other organizations in Nunavut that are relevant to the NSPS.

The majority of Partners’ representatives feel that progress is being made towards achieving this objective.

The evaluation concludes that progress is being made on the objective to undertake research related to suicide and suicide prevention in Nunavut, but such progress is fairly limited. It is recognized, however, that undertaking many of the activities set out in this objective requires the allocation of significant financial and other resources (including, for example, human resources to explore and form partnerships with external research partners and institutions).

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<th>Information Sources</th>
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<tr>
<td>Release: Research Identifies Inuit Specific Suicide Risk Factors, June 5, 2013.</td>
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Recommendation #23:

It is recommended that in the 2nd Action Plan research continue to be a major commitment area for the Partners, and that an NSPS Research Agenda be established. The Partners should explore how the NSPS Research Agenda can be carried out including through research partnerships (with academic institutions and research organizations), and with support from the GN, national research institutions/organizations, philanthropic organizations, and others.
It is also recommended that in the 2nd Action Plan the Partners give priority to completing identified actions/tasks in Objective 5.1 by organizing and hosting a research symposium on suicide in Nunavut within the fiscal year 2015/16 if possible.

It is further recommended that a major objective of the research symposium be to discuss and identify gaps in knowledge and research on suicide and suicide prevention in Nunavut as well as priority areas for support for research in the next 3 to 5 years that can be undertaken through a NSPS Research Agenda.

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<th>Objective</th>
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<th>Partner/ Stakeholder</th>
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<tr>
<td>5.2</td>
<td>Conduct environmental scan of existing bodies of research that may inform the development of Nunavut specific intervention.</td>
<td>More resources available to prevent and address child sexual and physical abuse and its effects.</td>
<td>Lead: Implementation Committee with additional stakeholders as appropriate</td>
<td>April 2012 complete</td>
</tr>
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<td></td>
<td>Prepare or commission a research paper which summarizes (a) the evidence base on the role child sexual abuse plays as a risk factor for suicidal behaviour; and (b) best practices in documenting and healing (for both victims and their families) from child sexual abuse. (5.2, 5.3)</td>
<td>Develop interventions that aim to break the cycle of physical and sexual abuse (child/adult).</td>
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<td></td>
<td>Based on the results and evidence gained from other initiatives such as the Family Violence Prevention Strategy implementation introduce new measures to address high rates and effects of sexual and physical abuse on children and youth including culturally appropriate interventions.</td>
<td>Culturally appropriate intervention programs initiated.</td>
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Findings from the Evaluation

In 2012/13 a study was commissioned by the ELC working with the Implementation Committee to undertake a literature review in relation to five areas of inquiry arising from the NSPS and AP. The five areas of inquiry were:

- Child sexual abuse as a risk factor for suicidal behaviour;
- Documenting and healing from child sexual abuse;
- Breaking the transmission of abuse;

Information Sources

Interviews with Partner representatives.

Findings from the Evaluation

- Peer counselling; and
- Impact of high rates of early teen cannabis use.

The majority of Partners’ representatives agree that progress is being made towards achieving this objective.

The evaluation findings suggest that progress is being made.

Recommendation #24:

*It is recommended that the foundational research work that has been completed through the Evidence Review in Support of the Nunavut Suicide Prevention Strategy should be built upon in the 2nd Action Plan for the NSPS through further, more focussed research on particular risk factors such as child sexual abuse.*

*It is further recommended that findings from the Evidence Review be used to support decisions by the Partners as to how they may wish to approach peer counselling as a specific suicide prevention measure that can be promoted through the NSPS and the AP.*

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<tr>
<td>5.3 Researching risk factors specific to suicidal behaviour in Nunavut for which information is currently lacking such as the implications of high rates of early teen cannabis use or child sexual abuse.</td>
<td>Prepare or commission research papers which summarize the evidence based research results, best practices, and analysis of initiatives, either with focus on new research or systemic review of existing literature. Identify research partnerships and undertake research on teen cannabis and child sexual abuse.</td>
<td>A stronger knowledge base on issues related to suicide; specific understanding of these risk factors; best practices in documenting and healing for both the victims and their families; Nunavut-specific research that informs all responses to these issues.</td>
<td>Lead: Implementation Committee with additional stakeholders as appropriate</td>
<td>Lead: Implementation Committee with additional stakeholders as appropriate</td>
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Findings from the Evaluation

There has been no research commissioned or completed on specific risk factors such as child sexual abuse or substance abuse. However, other research completed during the period of the AP lays the foundation for further research to be

Information Sources

- Interviews with Partner representatives.
Findings from the Evaluation
completed in identified areas related to risk factors.

The Follow-Back Study (discussed in relation to Objective 5.1 above) does identify and explore a range of risk (and protective) factors through a comprehensive study approach. Factors explored in this Study include childhood experiences (physical and sexual abuse, exposure to multiple types of abuse in childhood), employment status, mental health illnesses (including depression, substance abuse), and personality disorders.

Also the Evidence Review (discussed in relation to Objective 5.2 above) establishes a foundation for further research on selected risk factors including child sexual abuse, substance abuse and approaches to breaking the history of trauma and abuse etc.. Such research could be pursued by the Partners through the 2nd Action Plan if identified as a priority by the Partners through the formation of a NSPS Research Agenda (as recommended), and with the commitment of funds or the formation of research partnerships that can support such research efforts.

The majority of Partners’ representatives feel that the objective has not been met.

The evaluation findings support the conclusion that the objective has not been met.

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<tr>
<td>5.4 Collecting and releasing data on suicide attempts.</td>
<td>Develop and implement Protocols and mechanisms to record information on suicide attempts in Nunavut – not just deaths by suicide; RCMP to implement scoring systems in responses RCMP members make to attempted suicide.</td>
<td>A clearer picture of the full range of suicidal behaviour in Nunavut today, and the ability to detect changes over time.</td>
<td>Co-Leads: GN HSS/RCMP</td>
<td>September 2011 Initiated</td>
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Information Sources

The Nunavut Coroner’s Office provides official data and reporting on the number of completed suicides in Nunavut. The GN and the ELC have a protocol in place to share certain information from the Chief Coroner with ELC, which can then be disclosed by the ELC to the public. On a monthly basis the Chief Coroner provides the ELC with selected data (i.e. number of suicide-related deaths, manner of death, deceased persons’ age and gender, and the community where the suicide occurred).

Interviews with Partner representatives.

Stakeholder interviews (Chief Coroner).

Government of Nunavut and
Findings from the Evaluation

Since 2013 the Office of the Coroner has been gathering more detailed data on the deceased, and conditions prior to death. The Coroner’s Research Form allows for the collection of general demographic information (ethnicity), circumstances of death (location, lives alone/lives with somebody else, suspicion of alcohol or drug use, reported behaviour prior to suicide, mental health history). The Coroner has only collected 2 years of data using the Research Form and suggests that at least 10 years of data would be needed before a report analyzing the data could be properly generated.

The Coroner’s Office does not collect any data on suicide attempts.

The RCMP uses the Police Reporting Occurrence System (PROS) to report all incidents, and assigns a specific code for each incident. Starting in 2013 the RCMP added a code specifically for suicides, including attempts and completions. Codes had already been assigned within the PROS for “Mental Health Act” incidents. In reporting incidents, officers assign only one code and, except in the case of completed suicides, may have to choose between coding for “attempted suicide” or “MHA” incident. The RCMP has noted that individual officers may not be sufficiently trained at this time to identify attempted suicide versus an MHA incident. Nonetheless, the RCMP data provides a potentially valuable source of information on suicide attempts in Nunavut, in addition to providing confirmation of the number of completed suicides that are also recorded by the Coroner’s Office. At the present time this ‘raw’ data is the only that exists in Nunavut with respect to suicide attempts.

Partners have different views on the effectiveness in achieving this objective. Some feel that the objective has been met while others suggest it either has not been or progress is being made towards achieving the objective.

The evaluation concludes that overall progress is being made on achieving this objective. However, while the RCMP is collecting data on suicide attempts this data has not been analyzed and released to the public.

Information Sources


Recommendation #25:

It is recommended that, in the 2nd Action Plan the Partners consider:

a) Supports and training that may be required to develop the skills of RCMP officers to accurately and consistently apply codes pertaining to suicide, attempted suicide and MHA incidents within the Police Reporting Occurrence System;

b) How the data sets that exist within the RCMP’s Police Reporting Occurrence System can be accessed, analyzed and utilized for the purposes of the NSPS and AP, as well for research purposes;
c) Working with the Coroner’s Office to develop a longer term plan for analysis of the more detailed data on completed suicides that is currently being collected through the Coroner’s Research Service Form, and determine if any adjustments could be made to the Form to assist in the collection of data that may be relevant to future research on suicide and suicide prevention in Nunavut.

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<tr>
<td>5.5 Developing a formal monitoring and evaluation framework for implementation of all aspects of the Nunavut Suicide Prevention Strategy</td>
<td>Develop an appropriate, effective and accountable monitoring and evaluation framework to evaluate implementation of the Nunavut Suicide Prevention Strategy.</td>
<td>Ongoing monitoring and evaluation of implementation of action items and additional aspects of the Nunavut Suicide Prevention Strategy.</td>
<td>Lead: Implementation Committee</td>
<td>January 2012 initiated</td>
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</table>

Findings from the Evaluation

As it concerns evaluation of the NSPS, the Partners developed an Evaluation Framework in 2014 and launched the evaluation in the fall of 2014. With approval of this report, the first evaluation of the NSPS and AP is complete.

Partners have different views on the extent to which this objective has been met. Some feel that the objective has been met while others suggest it is in progress or the objective has not been met. With the conclusion of this evaluation the requirement for an evaluation will be complete.

While an evaluation framework and evaluation will be complete with the final approval of this report, there is no formal monitoring system in place to assess progress on implementation of the AP in particular. Suggestions have been made throughout this report on how the monitoring of specific activities and progress towards meeting objectives can be improved. However, in improving overall Strategy and AP monitoring the Partners may wish to consider a more regular (i.e. biannual or quarterly) process to jointly assess and ‘rate’ progress towards meeting objectives. While there will be disagreement among the Partners about the extent of progress on specific measures, simply engaging in a discussion will lead to Partners more openly sharing information with one another on what each is doing individually, and what can be done through the partnership to assist in moving particular actions/tasks forward where there is agreement that more progress needs to be made.

Information Sources

Interviews with Partner representatives.

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<thead>
<tr>
<th>Findings from the Evaluation</th>
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<tbody>
<tr>
<td>The evaluation concludes that <strong>progress is being made</strong> towards achieving this objective but that the objective has not been fully met as it concerns monitoring activities.</td>
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</table>

**Recommendation #26:**

*It is recommended that the Partners undertake a quarterly assessment of progress towards each of the objectives in the Action Plan, and overall progress towards the vision and goals of the NSPS. The Partners should establish a monitoring tool that simply identifies each objective and action/task in the Action Plan and provides for reporting by responsible Partners regarding the implementation of each action/task and an assessment by the other Partners on progress towards meeting the objective. Some of the tools used by the evaluation team as part of this evaluation can be adapted for the purposes of the Implementation Committee in tracking progress in the future.*
5.2.6. Communication and Information Sharing

Commitment #6 provides that the Partners will communicate and share information with Nunavummiut on an ongoing basis. It recognizes two main components of communication in relation to the Strategy: 1) general information about mental health, suicide, and best practices in suicide prevention and 2) information about the ongoing implementation of the Strategy and Action Plan communicated in an inclusive and open manner. The Partners commit to continuing a public engagement process.

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<tbody>
<tr>
<td>6.1 Develop and implement an overall communications plan for the Nunavut Suicide Prevention Strategy</td>
<td>Develop coordinated communications strategy with Implementation Committee, which will include a website and annual Committee-approved progress report. Develop and disseminate through other social media initiatives as appropriate</td>
<td>Clear information being presented to Nunavummiut on an ongoing basis on the progress of the implementation of the Strategy.</td>
<td>Lead: Implementation Committee</td>
<td>2011-2012</td>
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Findings from the Evaluation

In 2013/14, the Partners, under the leadership of NTI, developed a draft Communications Plan for the NSPS and AP. This Plan was not finalized and executed and has been delayed due to the requirement for Cabinet approval.

A dedicated website for the NSPS and AP has not been established by the Partners. There is limited use of social media at the present time to promote awareness or knowledge of the NSPS and AP.

Although the Partners prepared a draft Progress Report for 2013/14 this has not been approved. Delays were introduced as a result of the requirement that the Progress Report be approved by Cabinet.

A pamphlet was prepared and made available in all four languages on the NSPS Action Plan. The pamphlet identifies the 8 commitments and anticipated outcomes of the Strategy and Action Plan. The pamphlet directs those seeking further information to the ELC offices or website.

The ELC maintains a website – www.inuusiq.com – which includes a section on the NSPS, providing updates (e.g. news releases), information on ASIST, a section on current research and best practices as well as information on risk and

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### Evaluation of the Nunavut Suicide Prevention Strategy and Action Plan

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<tr>
<th>Findings from the Evaluation</th>
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<tbody>
<tr>
<td>protective factors. The website also provides access to suicide prevention related resources</td>
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<td>on subjects such as bullying and addictions as well as resources for front line workers and</td>
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<tr>
<td>educators.</td>
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<tr>
<td>Other Partners’ websites do not provide easy access to information on suicide prevention,</td>
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<tr>
<td>the NSPS or AP and related suicide prevention resources, events or activities. NTI’s</td>
<td></td>
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<tr>
<td>website has a high level link to suicide prevention as a major initiative, but there is no</td>
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<tr>
<td>information behind the link regarding the NSPS.</td>
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<tr>
<td>Partners generally are of the view that progress is being made on the communications plan</td>
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<tr>
<td>for the NSPS.</td>
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<tr>
<td>Based on findings from the evaluation, the evaluation has concluded that the <strong>objective</strong></td>
<td></td>
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<tr>
<td>is <strong>not being met</strong>.</td>
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**Recommendation #27:**

*It is recommended that the Partners complete the Communications Strategy/Plan for the NSPS as part of preparations to launch a 2nd Action Plan, and that an Annual Progress Report be prepared and made publicly available to Nunavummiut.*

**Recommendation #28:**

*It is recommended that rather than establishing and managing a separate website for the NSPS, that the ELC website be used as the main site of the Partners to promote awareness of the NSPS and the Action Plan(s), updates and progress reports, information on suicide prevention related activities, suicide prevention resources, research and training opportunities.*

*It is further recommended that additional resources be directed by all Partners to the ELC to allow it to carry out an expanded set of responsibilities for managing NSPS related communications through their website.*
## Findings from the Evaluation

<table>
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<tr>
<td>6.2 Prepare and disseminate resources which: - explain the risk factors for suicidal behaviour; - seek to destigmatize mental health and help-seeking for mental distress; and - provide information on how to obtain help for persons in mental distress</td>
<td>Develop and disseminate information on existing community and front-line services and resources including updated list to be distributed to all Inuit organizations, Hamlets, health centres, community groups and organizations in Nunavut and list of relevant training opportunities. Ensure elders are able to receive information in oral form, through face to face interaction with Regional and community staff, use of local radio and community forums.</td>
<td>Clear information being for Nunavummiut in all official languages tailored to specific target groups. Resources on public website for general information on suicide risk behaviour, prevention and healthy lifestyle choices; provide communities with suicide intervention and healthy living promotion “tool kits”; promote collaboration to share information resources and success stories. Elders will be more informed as evidenced by feedback from the community, social networks and elders.</td>
<td>Lead: Implementation Committee</td>
<td>2011-2012 ongoing</td>
</tr>
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</table>

## Information Sources

| ELC created Community Resource Cards for all Nunavut communities. These provide communities and Nunavummiut with information on available resources in the community which can be contacted in the event of a crisis. The cards include community-specific, Nunavut-specific and national resources that are available (e.g. Kids Help Line). These were distributed in communities during Mental Health Week May 6-10, 2013. | Interviews with Partner representatives. Community Resource Cards. |

| In May 2012 the ELC launched an updated website – [www.inuusiq.com](http://www.inuusiq.com) – which includes information on risk factors for suicidal behaviour and resources for individuals and front line workers. | ELC. Public Awareness Campaign Materials. |

| The ELC prepared a PowerPoint presentation for use initially during Mental Health Awareness Week and for further community use in the future. The presentation discusses mental health and wellness, major mental health conditions and profiles the experiences of public figures and celebrities with mental health issues. Other resources were prepared and made available to communities for Mental Health Week including suggested activities, PSAs and posters. | Embrace Life Council. 2012. *Annual Report 2012*. Embrace Life Council. 2013. *Annual* |
Findings from the Evaluation

As discussed in more detail in relation to Objective 3.9, the ELC has implemented several public awareness campaigns in consultation with the Implementation Committee and with funding from the GN. Public awareness campaigns carried out during the period 2011 to March 31, 2014 include the following:

- “Through My Eyes” contest (2012/13 – in partnership with the RCMP to understand through drawings and photos how issues of suicide, mental health and substance abuse affect children and youth in Nunavut.
- Three promotional campaigns in 2013/14 targeting youth on issues related to mental wellness, bullying and harassment.
- Promotion of the Kids Help Line by the ELC through various media in Nunavut and in pan-territorial publications targeting northern youth.

In addition to the website and public awareness campaigns, the ELC also has sent resource packages to all communities to assist with community presentations and events. The package includes videos, PowerPoint presentations, pamphlets and other communications products.

Partners’ representatives almost universally agree that this objective is being met.

The evaluation findings support the conclusion that this objective is being met.

Information Sources

Embrace Life Council. 2014. Video: Listen Up
Embrace Life Council. 2014. Radio PSAs
Embrace Life Council. 2014. Poster -
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<th>Findings from the Evaluation</th>
<th>Information Sources</th>
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<td></td>
<td>Addictions Poster</td>
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<td></td>
<td>Embrace Life Council. 2014. Poster - Bullying and Abuse</td>
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</table>
5.2.7. Healthy Development in Early Childhood

In Commitment #7 the GN commits to invest in the next generation by fostering opportunities for healthy development in early childhood. The Commitment is premised on recognition of the primary role that maternal, newborn, and child health programs and parental involvement play in providing protective factors for Nunavummiut. This includes early childhood development (ECD) opportunities, access to quality daycare and proper nutrition, and measures to ensure that children are protected from abuse and neglect. These are understood to provide protective factors for children that will stay with them throughout their lives, and break the cycle of historical trauma. The GN commits to implementing the Public Health Strategy, the Maternal and Newborn Health Strategy, and enhancing existing ECD programs provided by HSS. Additionally, the GN will ensure early childhood development programs are universally available to Nunavummiut, and that quality Inuit-specific curriculum is delivered within all childcare settings. There are five objectives set out in relation to this commitment, with the Departments of Health and Education taking the lead, but working with other partners and stakeholders.

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<tr>
<td>7.1 Ongoing collaboration with other HSS initiatives including but not limited to the Public Health Strategy and Maternal and Newborn Health Strategy as well as initiatives in development such as the Family Violence Prevention Strategy</td>
<td>Ongoing collaboration to ensure strategic plans align with the goals of: PHS - decrease in mental, physical, and emotional issues and sexual abuse - Decrease in youth risk behaviours - Minimize substance misuse Increase community capacity MNHS - increase pregnancy planning and parenting - support early access to child and family programs and supports for children and adults displaying at risk needs</td>
<td>Stronger collaborations on strategies with partners in Nunavut.</td>
<td>Lead: GN HSS</td>
<td>2011-2012 ongoing</td>
</tr>
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</table>

Findings from the Evaluation

The evaluation received information from DOH that there has been ongoing support provided by the DOH to Public Health Strategy projects, Maternal and Newborn Health Strategy projects, and Early Childhood Development programs in collaboration with both the Departments of Family Services and Education. The Mental Health and Addictions Division of DOH is providing subject matter expertise to Public Health, Maternal and Newborn Health and Family Violence Prevention.

Information Sources

 Interviews with Partner representatives.

Government of Nunavut, Department
Findings from the Evaluation

Policy and program development staff.

Also DOH and EDU are currently collaborating on the “Healthy for Life” Framework and a School Based Positive Mental Health Framework. DOH has funded contract positions to work on the Framework while EDU provides in-kind contributions of office space, O&M and support staff. Although this work is taking place outside the NSPS it does demonstrate an ongoing collaboration between DOH and EDU on school-based activities that may have positive impacts in the area of suicide prevention. More information on these initiatives should be shared with other Partners through the work of the NSPS Implementation Committee.

Some Partners’ representatives reported that they felt the objective is not being met, while several expressed that they did not have sufficient information in order to be able to assess progress towards the objective. One Partner felt progress is being made in this area.

While it is clear that there is ongoing collaboration between Health and EDU in relation to identified GN Strategies, it is not evident to what extent such collaborations are attuned specifically to the NSPS. The evaluation was unable to assess progress in relation to this objective.
Evaluation of the Nunavut Suicide Prevention Strategy and Action Plan

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<tr>
<td>7.2 Foster healthy development of children in Nunavut</td>
<td>Enhance and support Early Childhood Development programs in Nunavut communities by designing/adapting and encouraging the implementation of culturally relevant ECD programs, using evidence based research. Develop business cases for additional funding to support those communities currently lacking ECD programs. Develop and promote Inuit-specific programming in daycare curriculums.</td>
<td>Increased support for healthy early development for preschool children in Nunavut.</td>
<td>Lead: GN Education</td>
<td>2011-2012 2012-2013 2012-2013</td>
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</table>

**Findings from the Evaluation**

The stated objective is very broad and therefore achievement of the overall objective to ‘foster healthy development’ in Nunavut children is difficult to measure in the context of this evaluation (which is focused on suicide prevention).

Nonetheless, the evaluation did not find strong evidence that a systematic effort has been made to enhance and support ECD programs in communities by designing/adapting and encouraging the implementation of culturally relevant ECD programs, using evidence based research. However, the DOH has developed an Early Childhood Enrichment Program Manual which is currently being translated and will be distributed to communities in 2014/15. The Manual provides “how to” information and describes preferred practices about the activities related to setting up an early childhood enrichment program, including how to apply for funding. The Manual notes that it is rooted in Inuit societal values, and provides directions/suggestions on planning, management, skills/knowledge of staff, training as well as a range of resources that can be used by early childhood enrichment programs.

**Information Sources**

- Interviews with Partner representatives.
- Government of Nunavut, Department of Health. No date. *How to Set Up and*
**Findings from the Evaluation**

Consistent with the Safe Schools Strategy, EDU is working with the CRC and the ELC to provide leadership and training aimed at providing children and youth with the skills they need to stay safe and protect themselves from harm.

There is no evidence that a business case(s) for additional funding to support communities currently lacking ECD programs has been prepared.

The development and promotion of Inuit-specific programming in daycare curriculums is discussed below in relation to Objective 7.5.

Partners’ have mixed views on progress towards meeting this objective. Some felt that progress is being made, others that the objective is not being met, and still others reported they didn’t know.

The evaluation was unable to assess progress in relation to this objective given its very wide scope and a lack of baseline data that would allow for proper evaluation.

**Information Sources**

- *Operate an Early Childhood Enrichment Program in Your Community.*
- Department of Health. 2014. *How to set up and deliver an Early Childhood Enrichment Program in your community.*

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Findings from the Evaluation

While not part of the curriculum, the evaluation noted that, through the ELC and in consultation with the Implementation Committee, all Nunavut elementary schools have been provided with Be Safe! kits. Be Safe! is a Canadian Red Cross personal safety program designed for children aged 5 to 9. It is a resource available through the CRC’s Violence, Bullying and Abuse Prevention Program (as is RespectEd). The program has a focus on child sexual abuse prevention, introducing young children to the concept of their rights, healthy and unhealthy relationships, and adults’ responsibility to protect children from harm, unsafe touching and simple personal safety rules for children. It is designed for educators to use in the classroom. All Be Safe! kit resources have been translated into four languages including parent booklets which are considered a key component because of sensitivities in Nunavut to issues of violence.

Introduction of the Be Safe! kits to Nunavut schools has not been accompanied by direct training for teachers and others in how to use or apply the resource, and it is not known to what extent teachers and others are making use of the resource in classrooms. However, there are on-line resources available for staff to support them in delivery of Be Safe! modules and the use of resources\textsuperscript{36}. It is reported that EDU has not made it mandatory to use Be Safe! in schools but they highly recommend use of the kit and resources to school staff\textsuperscript{37}.

Other approaches and models for social and emotional learning that are not part of the curriculum but which help build

\textsuperscript{36}The project report for an RCMP funded Family Violence Initiative Fund Project noted that CRC met with all English elementary school teachers in Iqaluit in 2013 to introduce Be Safe!

\textsuperscript{37}On September 11, 2013 the Minister of Education made an announcement in the Legislative Assembly that all children in the territory would receive Canadian Red Cross child abuse prevention education (Be Safe!) and vowed that all communities would have violence and abuse prevention education programs and services.
### Findings from the Evaluation

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<th>Information Sources</th>
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<tr>
<td>protective foundations in young children are being implemented in Nunavut. For example, the Child Witness to Violence (CWV) program is successfully being delivered in the Nakasuk School in Iqaluit. CWV is delivered for one hour per week to elementary students age 6 to 11 in grades 1 to 5. The program is ‘child driven’ to the extent it encourages children to express themselves at the same time introducing them to concepts of self-esteem as well as the power of emotions like anger, and coping strategies. Although the program is not Inuit-specific and has not been adapted to the Nunavut context, those who are working with the program feel that it could be successfully adapted and implemented more broadly in Nunavut.</td>
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<tr>
<td>The DOH reported that, in relation to this objective, it is working with EDU to identify suitable social/emotional skills development programming that can be delivered across the territory through an ongoing partnership.</td>
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<tr>
<td>The majority of Partners’ representatives reported that they either felt the objective was not being met or they did not have sufficient information in order to be able to assess progress towards the objective.</td>
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<tr>
<td>The evaluation concludes that while the objective has not been met as it concerns the development of curriculum, the introduction of Be Safe! is a positive step towards providing opportunities for social and emotional learning in the elementary grades, and therefore some progress is being made.</td>
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### Recommendation #29:

*It is recommended that measures be taken by the Department of Education to continue to create awareness of the availability of the Be Safe! resource and kits and that if needed, more support and training be provided to school staff so that they can utilize and implement Be Safe!.*

*It is further recommended that other non-curriculum based social and emotional learning programs and resources be identified and assessed as to the potential for broader implementation in Nunavut elementary schools, and also that efforts be made to adapt preferred programs and program materials to the Nunavut context where appropriate.*

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38 Child Witness to Violence is a YWCA program, the origins of which are in violence against women and parenting.
Findings from the Evaluation

EDU reports that it supports the view that early childhood programs and services are relevant to suicide prevention as they help children develop in all areas including social skills and self-esteem.

EDU provides O&M program contributions and start-up funding to eligible licensed early childhood programs, as well as funding for programs through the Healthy Children Initiative. The Healthy Children Initiative provides funding for licensed childcare facilities or other eligible organizations which supports children’s healthy development, especially in the case of those with special needs. Funding is available in two categories: Community Initiatives (i.e. healthy-development programs for children involving families and communities) and Supportive Child Services (i.e. supportive services offered to children on an individual basis). Healthy Children Initiatives projects that have received support in the past include parent and tot groups, support for teachers with children who have special/additional needs, licensed pre-schools, ECE specialists to assist with early childhood programs in the community, story time at libraries, home visiting and parenting workshops.

EDU reported that it has commissioned and compiled research on early childhood development programs and that resources on early childhood education are available at [www.gov.nu.ca/information/resources-and-links](http://www.gov.nu.ca/information/resources-and-links). As noted by EDU, part of their mandate in relation to early childhood education is to provide resources to Nunavut communities and early childhood education facilities, and it does so in part by making other research and resources available to Nunavummiut and educators.

The department also reported that it is currently hiring an ECE Resource Manager and it anticipates that, once this position is staffed and a budget attached to the position, that more Nunavut-specific early childhood resources will be developed and made available to early childhood development facilities in Nunavut.

Information Sources

Interviews with Partner representatives.


Email correspondence A Ker (Aarluk) with L Leafleur and C Borg (Education)
The majority of Partners’ representatives reported that they either felt the objective was not being met or they did not have sufficient information in order to be able to assess progress towards the objective.

The evaluation has concluded that progress is being made towards the objective.

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<tr>
<td>7.5 Develop curriculum for positive and protective foundations in daycares in Nunavut</td>
<td>Develop and distribute curriculum focusing on protective foundations for Nunavut children, such as developing coping skills, conflict resolution, and positive social interaction.</td>
<td>A curriculum developed and distributed to all recognized ECD centers and daycares.</td>
<td>Co-Leads: GN Education/ELC/Inuit Organizations</td>
<td>June 2012 initiated</td>
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EDU develops resources rather than curriculum for Nunavut daycares and child care facilities. It has recently developed three resource units called “Stars, Fish and Boats” which are currently being finalized and printed. These units are based on Inuit culture and learning.

EDU reports that while it does not develop curriculum it supports an integrated approach to programming to help children develop positive coping, conflict resolution and personal interaction skills. This means that, throughout the daily program of any early childhood service, safety, promoting self-esteem and social skills are at the forefront of all activities that children participate in. The Department of Education supports this by providing workshops, role modelling and ongoing guidance and suggestions on early childhood programs and services.

The majority of Partners’ representatives reported that they either felt the objective was not being met or they did not have sufficient information in order to be able to assess progress towards the objective.

As for Objective 7.3, the evaluation concludes that the objective has not been met as it concerns the development of curriculum. However the objective itself is not realistically achievable as EDU does not develop curriculum for daycares. Specific non-curriculum resources (such as Stars, Fishes and Boats) that have been developed by EDU and are made available to early childhood facilities and programs were not assessed by the evaluation, but no doubt are a valuable contribution to social and emotional learning in early childhood.

Information Sources

- Interviews with Partner representatives.
- Email correspondence A Ker (Aarluk) with L Leafleur and C Borg (Education)
5.2.8. Community Development Activities

In Commitment #8 the Partners agree to provide support for communities to engage in community-development activities. They recognize that improving well-being is instrumental in preventing suicide and that communities should play a central role in all aspects of the Strategy, including a primary role in providing programs and services that encourage and build healthier individuals and families. The Partners commit to enabling communities to identify and act on their own community-development priorities, and ensuring that communities can access funding for their social and cultural priorities, with an emphasis on increasing community development capacity.

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<tr>
<td>8.1 Support communities to better access flexible funding opportunities</td>
<td>NTI and GN will work with federal government and appropriate staff and community stakeholders to ensure facilitation of flexible five-year funding agreements.</td>
<td>Increased flexibility and support for community-based programming and projects focused on suicide prevention initiatives. Article 32 of the NLCA respected.</td>
<td>Co-Leads: GN HSS/NTI</td>
<td>April 2012 initiated</td>
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Findings from the Evaluation

As discussed in relation to Objective 3.4 the GN entered into a new 5 year agreement with Health Canada in 2012/13 for health and wellness programming in Nunavut. Under the agreement a large number of programs were amalgamated into a smaller number of “program clusters”. Nunavut communities access funding under these program clusters through flexible funding agreements (FFAs), which are in place for the majority of Nunavut communities. However, it is suggested that where these exist they do provide greater flexibility to communities to allocate resources to better address community priorities and needs. These agreements also reduce administrative burden on communities as a result of modified reporting requirements. Also, communities no longer are required to re-apply for funding for community-based health programs and projects each year, and can sustain staff, operations and programs and services throughout the year.

There is no evidence that the GN DOH (or HSS as it was at the time) worked with NTI to negotiate the new agreement with

39 The evaluation did not receive information on the specific number of communities that have entered into FFAs with the GN DOH.
### Findings from the Evaluation

**Health Canada, and to establish flexible funding agreements at the community level.**

Partner representatives either suggested that the objective is not being met or that progress is being made toward this objective.

The evaluation has concluded that because FFAs are in place in most Nunavut communities **progress is being made** towards achieving the objective, and for many Nunavut communities the objective has been met. However, more efforts need to be made by the GN in the area of health and social policy to respect Article 32 of the NLCA and in consulting and engaging NTI on major initiatives such as the re-negotiation of multi-year health funding agreements with the Government of Canada.

### Information Sources

<table>
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<td>Health Canada, and to establish flexible funding agreements at the community level.</td>
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<td>Partner representatives either suggested that the objective is not being met or that progress is being made toward this objective.</td>
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### Findings from the Evaluation

As it concerns communication of the NSPS and AP to community groups and organizations, the ELC has actively promoted awareness and understanding of the Strategy and the Partners’ commitments during visits to Nunavut communities to undertake NSPS and AP related activities. Also the ELC, as noted in relation to Objective 6.1 maintains a website and has engaged in public awareness campaigns that may indirectly increase the awareness of community groups and organizations of the NSPS.

The evaluation team felt that some specific initiatives that are not addressed elsewhere in this evaluation are most closely associated with this objective and specifically the objective to partner with communities, where relevant, to implement specific aspects of the Strategy. There are two specific initiatives that are highlighted here:

### Information Sources

| Interviews with Partner representatives. |
| Interviews with Stakeholders. |
| Various press releases re: World Suicide Prevention Day |

### Objective: 8.2 Present Nunavut Suicide Prevention Strategy implementation to community groups and organizations. Partnering where relevant to implement specific aspects of the strategy.

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<tr>
<td>8.2 Present Nunavut Suicide Prevention Strategy implementation to community groups and organizations. Partnering where relevant to implement specific aspects of the strategy.</td>
<td>Visit communities and disseminate information on NSPS; identifying relevant community groups and organizations willing to partner to implement specific aspects of the NSPS.</td>
<td>Increased community awareness of the Nunavut Suicide Prevention Strategy and increased collaboration between implementation Committee and communities on implementing Strategy.</td>
<td>Lead: Implementation Committee</td>
<td>May 2011 Initiated and ongoing</td>
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### Information Sources

| Interviews with Partner representatives. |
| Interviews with Stakeholders. |
| Various press releases re: World Suicide Prevention Day |

### Findings from the Evaluation

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| Interviews with Partner representatives. |
| Interviews with Stakeholders. |
| Various press releases re: World Suicide Prevention Day |
Evaluation of the Nunavut Suicide Prevention Strategy and Action Plan

**Findings from the Evaluation**

- World Suicide Prevention Day
- Ten Steps to Creating Safe Environments (referred to as “Ten Steps”)

**Embrace Life / World Suicide Prevention Day**

Through the NSPS, the ELC has led promotion of an Embrace Life / World Suicide Prevention Day in Nunavut generally and in Nunavut communities. ELC organizes the event in Iqaluit on an annual basis. Hamlets and community groups in other Nunavut communities receive $1,000 to support a variety of community based activities carried out on this day. The ELC provides ELC banners to all communities for use during Embrace Life/World Suicide Prevention Day. Examples of activities undertaken by Nunavut communities for Embrace Life/ World Suicide Prevention Day include:

- Candlelight vigils or remembrance or prayer walks to remember those who have died by suicide
- Distribution of pamphlets, posters and community resource cards
- Community refreshments, bbq’s and picnics
- Contests organized around an embrace life theme such as t-shirt design, posters, cake decorating
- Information booths with community based resource people
- Talks or presentations in schools or community centres
- Radio shows
- Family oriented activities such as move night, Inuit games etc.

**Ten Steps to Creating Safe Environments**

Ten Steps to Creating Safe Environments is a resource for organizations and communities developed by the Canadian Red Cross to help communities develop, implement and monitor concrete actions to prevent, reduce, mitigate and respond to interpersonal violence – whether this be physical, sexual, emotional or neglect. The resource provides a process to reduce risk of violence and increase protection.

Following an initial pilot and testing of “Ten Steps” in Iqaluit, funding was provided by the DOH through ELC to pilot Ten Steps in six communities in 2013/14 and three more in 2014/15. A training team that included CRC trainers and an ELC representative has visited each participating community and met with a group of community stakeholders including

**Information Sources**

*organizations and communities can prevent, mitigate and respond to interpersonal violence, 2nd edition.*

Ten Steps “Community Action Plans” for Taloyoak, Pangnirtung, Cape Dorset and Baker Lake (as examples).
Findings from the Evaluation

front-line workers in health, mental health, education, RCMP and representatives of the hamlet and community groups to begin the process. In most but not all communities this has led to the establishment of committees, which are referred to as “Prevention Teams” that will carry on further planning through the Ten Steps process and prepare Action Plans. While there is complete flexibility to respond to community circumstances and the preferences of participants and directions set by the Prevention Team or committee, in general Ten Steps involves:

1. Understanding the Problem
2. Recognizing People’s Vulnerability and Resilience
3. Defining Protection Instruments
4. Creating a Prevention Team
5. Completing a Risk Assessment
6. Developing Policies and Procedures
7. Educating Adults, Youth and Children
8. Responding to Disclosures of Violence
9. Meeting the Challenge
10. Maintaining Safe Environments

The way Ten Steps has been rolled out in most pilot Nunavut communities is that in an initial intense two day workshop, participants were led to the point of creating a Prevention Team and in most cases starting to prepare an Action Plan (which is essentially Step 5 – completing a Risk Assessment and Step 6 – Policies and Procedures). Following this the intent is that the Prevention Teams will implement the Action Plans and start to begin to educate community members of all ages on interpersonal violence and measures to increase protection. Follow up support is provided by ELC and CRC as required to communities who are involved in the process. At the time of writing a total of nine Nunavut communities had developed Action Plans and it was expected that three more would be completed in 2014/15.

Action Plans generally identify a number of action items in identified ‘areas of concern’, leads for each action, intended outcomes and anticipated timeframes.

There are many other initiatives underway in communities that pertain to suicide prevention, awareness of risk and protective factors, youth training and other undertakings. These are led by community groups as well as front-line
Findings from the Evaluation

service delivery staff, hamlet staff and others in the community. The above two initiatives that have been profiled are examples of suicide prevention initiatives that have a direct connection to the NSPS and AP.

Almost all Partners’ agree that progress is being made towards achieving the objective.

Findings from the evaluation support the conclusion that progress is being made to partner with communities on suicide prevention and implementation of specific aspects of the Strategy.

Recommendation #30:

It is recommended that in the 2nd Action Plan the Partners place a high priority on continuing the Canadian Red Cross’s “Ten Steps to Creating Safe Environments” program in Nunavut communities and identify resources to continue support of both existing community Prevention Teams and those that may be established in the future.

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<tr>
<td>8.3 Identify specific community stakeholder contacts to assist with implementation of the Nunavut Suicide Prevention Strategy</td>
<td>Visit communities and disseminate information.</td>
<td>Increased community stakeholder support in implementation of the Nunavut Suicide Prevention Strategy.</td>
<td>Lead: Implementation Committee</td>
<td>May 2011 Initiated and ongoing</td>
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Findings from the Evaluation

As noted under Objective 2.1 above, the ELC has had some presence in Nunavut communities and other Partners have community contacts that can assist with overall implementation of the NSPS at a community level.

While efforts have been made to connect the NSPS to the community level, some Partners and stakeholders are of the view

Information Sources

Interviews with Partner representatives.

Interviews with Stakeholders
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<td>that more can be done to better engage the community leadership. Some stakeholders reported during interviews that they felt the NSPS was a territorially-driven initiative and was “top-down” rather than “bottom-up”.</td>
<td>Community Stakeholder Survey</td>
</tr>
<tr>
<td>In assessing progress towards this objective, almost all Partners’ representatives agreed that progress is being made.</td>
<td></td>
</tr>
<tr>
<td>Findings from the evaluation are that progress is being made in relation to this objective. However, more can be done to connect regional and community organizations and Nunavummiut more generally with the NSPS and AP.</td>
<td></td>
</tr>
</tbody>
</table>

**Recommendation #31:**

*It is recommended that in the 2nd Action Plan the Partners place a high priority on identifying ways to increase the involvement of communities, including community groups and organizations in implementation of the NSPS and AP through community level initiatives and activities that are either directly or indirectly supporting suicide prevention in Nunavut.*
5.2.9. Vision and Anticipated Outcomes

The community stakeholder survey asked respondents about what progress they feel is being made towards achieving components of Strategy's vision\(^40\). Results show that, in general, community stakeholders do not believe that the vision of the Strategy is being achieved. However, between 40 and 50% feel that progress is being made on de-normalizing suicide and on providing people with protective life skills. Between 50 and 60% reported that they do not believe the vision is achieved at all with respect to reduced rates of suicide and providing safe and nurturing environments for children to grow up in.

Table 5:
What progress is being made in achieving objectives of the Strategy?

Table 6 below sets out an assessment of the overall extent to which the vision, goals and anticipated outcomes of the NSPS and AP are being met, based on findings from the evaluation.

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\(^{40}\) See Section 3.2.3 for a discussion of the methodology for the community stakeholder survey, and also Section 3.3 for a discussion of limitations associated with the survey. The survey was distributed to 125 front line workers in Nunavut communities with 30 surveys completed (i.e. a response rate of 24%).
<table>
<thead>
<tr>
<th>Vision, Goals and Anticipated Outcomes</th>
<th>Evaluation Findings</th>
</tr>
</thead>
</table>
| Suicide rates in Nunavut are lower than or approximate the national average. (Vision) | • Suicide rates in Nunavut continue to fluctuate on an annual basis and by community, but are not significantly lower than in 2010 when the Strategy was introduced or 2011 when the AP was begun.  
• Partners and stakeholders agree that this outcome is not being achieved, but also recognize that this part of the vision can only be achieved in the longer term and through sustained efforts of the Partners and others in Nunavut. |
| Suicide is de-normalized in Nunavut. (Vision) | • Some progress is being made towards de-normalizing suicide in Nunavut.  
• This may be as a result of actions being taken to raise awareness of suicide and risk and protective factors, and to have more public and open discussion of the issue among Nunavummiut and at the community level. |
| Nunavut is a place in which children and youth grow up in a safe and nurturing environment. (Vision) | • There is not a broad consensus on whether progress is being made to create safe and nurturing environments for Nunavut children.  
• Some feel that a base foundation is being built for this but there is some way to go to realize the outcome.  
• Measures should be established to assess progress towards this goal in the context of Nunavut society and for the Suicide Strategy more specifically. |
| Nunavummiut live healthy and productive lives. (Vision) | • As above. |
| Nunavummiut have the skills needed to overcome challenges, make positive choices, and enter into constructive relationships. (Vision) | • Some progress is being made towards this part of the Vision for the Strategy. This may be as a result of increased capacity within the continuum of mental health services, particularly for adults, and for increased youth-focused programming. |
| Nunavummiut particularly youth have access to a wide range of mental health and addiction resources in communities. (Action Plan) | • There is no consensus on whether progress is or is not being achieved for this anticipated outcome.  
• Evidence from the evaluation confirms that there are mental health and addiction resources available to youth at the community level, but these are either targeted and available at the group level (for example through community |
### Vision, Goals and Anticipated Outcomes | Evaluation Findings
--- | ---
| | based activities such as training or youth self-esteem programs) or through ‘regular’ mental health services.  
| | However, increased child and youth-focused mental health services, including dedicated child/youth mental health workers are needed.  
| Nunavummiut have access to culturally appropriate grief counselling. (Action Plan) | | While some progress is being made in this area, many feel that the outcome is not being achieved.  
| | Mental health workers are often not trained or prepared to provide culturally appropriate grief counselling.  
| | There are no programs in place to train or prepare non-professional Nunavummiut in communities to provide culturally appropriate grief counselling.  
| There are mental health specialists in each region able to respond to requests and referrals from community health centres. (Action Plan) | | Progress is being made towards achieving this outcome. Some feel that the objective has been achieved.  
| | There is some variability by region and community with respect to availability of resources.  
| | Turnover in mental health staff at regional and community levels and vacancies impact the ability to meet this outcome on a sustained basis.  
| Community based counsellors have access to training, and their role is respected within the Nunavut health delivery system. (Action Plan) | | ASIST has provided community-based front line service delivery staff of the GN and other organizations with access to training.  
| | There is not a shared understanding of the training provided or available to counsellors and other professionals beyond ASIST e.g. in-service training provided by the GN.  
| | The evaluation did not establish any specific measures to determine attitudes of Nunavummiut towards community based counsellors.  
| There is increased cooperation between government, schools and the RCMP to better support youth experiencing distress. (Action Plan) | | Partners agree that progress is being made towards achieving this outcome. This is primarily as a result of the Inter-agency Information Sharing Protocol.  
| | The evaluation found that there is a need to ensure that the IISP continues to be communicated and well understood by educators, health staff and RCMP at the community level in the context of high turnover rates in some positions.  
| Nunavummiut can access information (in all official languages) on risk and protective factors | | There is some consensus that this objective is being achieved.
## Vision, Goals and Anticipated Outcomes | Evaluation Findings
---|---
and information on how to access help. (Action Plan) | • However, there are cultural competency gaps and some capacity is lacking because many front line workers do not speak Inuktitut.  
• Also, western and health-based language and terminology around suicide has not been “bridged” with Inuit cultural concepts.

There is increased access to early childhood development and family programs. (Action Plan) | • Baseline conditions were not established to allow the evaluation to fully assess whether there is increased access to early childhood and family programs since 2010/11.  
• Partners either were not able to provide an assessment of this or felt that the objective is not being achieved.

There is support for children and adults displaying at-risk behaviours. (Action Plan) | • There is no consensus on whether this outcome is being achieved. Many are not aware of baseline conditions and therefore cannot assess.

Social and emotional learning is offered at school. (Action Plan) | • There is no consensus on whether this outcome is being achieved. Many are not aware of baseline conditions and therefore cannot assess.  
• Non-GN Partners feel that no progress has been made towards achieving this outcome.  
• The GN suggests that Alliaqutut curriculum establishes a basis for this. However, many educators are not comfortable or well prepared to deliver this curriculum.

Adults and youth have access to suicide alertness and intervention training, and to peer counselling. (Action Plan) | • There is some consensus that significant progress is being made towards achieving this outcome as it relates to intervention training, primarily as a result of the delivery of ASIST.  
• The outcome is not being achieved with respect to peer counselling.

There is support for community-based wellness initiatives. (Action Plan) | • Although the evaluation did not encompass a full assessment of community-based wellness initiatives in Nunavut, there is evidence that good progress is being made towards achieving this objective particularly as it concerns suicide-prevention related activities (direct or indirect).  
• The evaluation received evidence that there are many initiatives underway in communities, supported by funding from RIAs, the GN and others.

There is daily access to Nunavut Kamatsiaqtut Help Line. (Action Plan) | • There is consensus that this objective is being achieved.
Partners are working together to address key risk factors for suicidal behavior. (Action Plan)

- Most Partners feel that progress is being made towards this outcome or that the objective is being achieved.
- The evaluation has concluded that there has been significant progress towards identifying and raising public and youth awareness of risk factors (such as violence, sexual abuse, addictions), particularly through public awareness campaigns and communications products, but that efforts to address these at-risk factors, particularly in the context of suicide are at early stages and that more can be done through the 2nd Action Plan.

Recommendation #32:

It is recommended that the Partners establish more clearly defined and measurable goals and anticipated outcomes for the 2nd Action Plan that are tied to the vision for suicide prevention which continues to be expressed in the NSPS.

It is further recommended that the baseline conditions associated with anticipated outcomes and objectives of the Strategy be established so that proper measurement and assessment of outcomes can be made in the future.

It is further recommended the indicators of progress towards achieving anticipated outcomes in the medium and longer term be more clearly established. This includes with respect to indicators of:

- Access by youth to mental health and addiction resources;
- Access to culturally appropriate grief counselling;
- Access to early childhood development and family programs;
- Appropriate levels of support for children displaying at-risk behaviours;
- Social and emotional learning opportunities at school;
- Access to youth peer counselling;
- Healthy environments in which youth and children grow up in; and
- Healthy and productive lives for Nunavummiut.
5.3. Efficiency and Resources

The evaluation was interested in assessing the extent to which resources are being allocated to the NSPS and AP implementation and whether they are being used efficiently.

Overall there is a sense among the Partners that the resourcing of the Strategy and AP has not been effective – there are no pooled funds available to the IC and the Partners collectively. Some resources that were planned to be committed to the Strategy and Action Plan were not used effectively to further the overall goals and implementation of the Strategy, although these resources were able to contribute to specific suicide prevention initiatives.

Most of the Partner representatives who were interviewed for the evaluation agreed that, individually, their organizations did not have sufficient human and financial resources available to implement commitments and carry out specific tasks and activities set out in the AP. Many comments were received to the effect that the Partners were “too ambitious” and “not realistic” regarding what could be achieved with available resources and within established timeframes. Some examples are provided below.

- The RCMP reported that they lack sufficient resources to analyze the detailed data that they began to collect on suicide attempts and completions as a result of modifications to their incident report coding system (PROS). This data potentially provides a valuable source of information that could support further research on the factors and conditions surrounding suicides in Nunavut and methods of prevention. A related concern for the RCMP is that while suicide prevention is a very high priority for the organization, their current capacities are aligned with their core mandate to provide community policing and crime prevention services.

- The GN, notably the Department of Education, reported that it has lacked the resources required to fulfill major commitments that were made in the area of early childhood development, particularly with respect to the piloting of a social and emotional learning curriculum at the elementary level. During the period of AP implementation the Department was focussed on developing curriculum for Grades 7 to 9 and continues to be engaged in a departmental reorganization (which is intended to address resource issues and make the department more effective and efficient). It was noted that curriculum development in Nunavut requires a considerable mobilization of resources and can be a long process (i.e. more than three years), in part because Nunavut curriculum is significantly based on Inuit culture, values and IQ and requires high levels of consultation and engagement with Elders and other experts. The Department has noted that it simply did not have the resources and relationships available to carry out its AP objective to develop a social/emotional learning curriculum while concurrently fulfilling other non-NSPS commitments.

- Several Partners noted that the expectation regarding the establishment of two full time suicide prevention specialists to “help drive” and facilitate implementation of the Strategy was not met and that the resources that were allocated within the GN for these purposes were not utilized to further the broad goals and objectives of the Strategy and AP, although these positions were directed to supporting some specific initiatives (such as Mental Health First Aid). As a result, other Partners including ELC and NTI had to step in to fill the gaps in
capacity, putting further strain on the already limited personnel and other resources of these organizations. It is recognized that the GN was at the time facing some challenges with respect to staffing in the area of mental health and addictions.

These examples all highlight a key theme that emerged through the evaluation process – that in the AP the Partners committed to actions and anticipated outcomes that were not realistically achievable in light of available resources (including human, financial and organizational) and within the limited two and a half year timeframe of the AP.

Recommendation #33:

**It is recommended that in developing the 2nd Action Plan for the NSPS the Partners undertake an identification of the human, financial and other resources that will be required on the part of each to fulfill commitments and carry out specific tasks and activities, and if resources cannot be realistically mobilized that the proposed action(s) not be included in the Plan.**

**It is further recommended that Partners incorporate suicide prevention activities and AP commitments within their annual business plans, budgets and work plans, and into program-related business cases.**

Partners support funding being provided by the GN to the ELC to undertake specific initiatives (such as public awareness campaigns) and generally are of the view that these resources were properly allocated and efficiently used. It is possible that progress on some of the Action Plan objectives would not have occurred if the mechanism of the ELC had not been utilized. Also, the ELC received funding from other governments and organizations. An overview of funding provided to the ELC both for core activities (staff, administration and offices) and for specific initiatives between September 2011 and March 2014 is set out in Table 7 below.

**Table 7**

ELC Funding

<table>
<thead>
<tr>
<th>Funder</th>
<th>Funding Commitment</th>
<th>Year</th>
<th>Purpose of Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>NTI</td>
<td>$20,000 $20,000</td>
<td>2012/13</td>
<td>ELC and ELC suicide prevention activities including for Commitments 5.1 (research partnership) 5.3 (research on risk factors) and 5.5 (evaluation and monitoring)</td>
</tr>
<tr>
<td></td>
<td>$20,000</td>
<td>2013/14</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$20,000</td>
<td>2014/15</td>
<td></td>
</tr>
<tr>
<td>DOH</td>
<td>$150,000</td>
<td>2011/12</td>
<td>NAYSPS Funding for Media Campaign</td>
</tr>
<tr>
<td>DOH</td>
<td>$25,000 $25,000</td>
<td>2013/14</td>
<td>RespectEd Program</td>
</tr>
<tr>
<td></td>
<td>$17,000</td>
<td></td>
<td>Suicide Prevention Campaign</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Addictions Campaign</td>
</tr>
</tbody>
</table>

\[Funding identified in this table is based on information made available to the evaluation and various contributions agreements made by the ELC with funders. It may not reflect all funding provided to the ELC. This includes funding for 2014/15 (the extension year).\]
Individually, each of the Partners has allocated internal resources in order to facilitate implementation of the Strategy and carry out activities under the Action Plan. Known funding commitments that were made by various organizations for specific actions are set out in Table 8 below.

### Table 8
Funding Commitments of the Partners for Action Plan Items

<table>
<thead>
<tr>
<th>Partner Organization</th>
<th>Funding Commitment</th>
<th>Year</th>
<th>Purpose of Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>NTI</td>
<td>$1,000,000</td>
<td>2012/13</td>
<td>ASIST trainer training</td>
</tr>
<tr>
<td>NTI</td>
<td>$1,600,000</td>
<td>2012/13</td>
<td>Adaptation of ASIST training curriculum and materials (including videos and translation)</td>
</tr>
<tr>
<td>NTI</td>
<td>$75,000</td>
<td>2013/14</td>
<td>Evaluation Framework and Evaluation of NSPS</td>
</tr>
<tr>
<td>EDU</td>
<td>$150,000</td>
<td>2013/14</td>
<td>Contribution Agreement with Canadian Red Cross for delivery of RespectEd in Nunavut schools</td>
</tr>
<tr>
<td>DOH</td>
<td>$250,000</td>
<td>2011/12</td>
<td>Suicide Prevention Specialist positions <em>(estimate)</em></td>
</tr>
<tr>
<td>DOH</td>
<td>$250,000</td>
<td>2012/13</td>
<td></td>
</tr>
<tr>
<td>DOH</td>
<td>$250,000</td>
<td>2013/14</td>
<td></td>
</tr>
<tr>
<td>DOH</td>
<td>$24,000</td>
<td>2011/12</td>
<td>Kamatsiaqtut Help Line</td>
</tr>
<tr>
<td>DOH</td>
<td>$50,000</td>
<td>2012/13</td>
<td></td>
</tr>
<tr>
<td>DOH</td>
<td>$300,000</td>
<td>2013/14</td>
<td>Nunavut Arctic College – ASIST Training</td>
</tr>
<tr>
<td>DOFS</td>
<td>$50,000</td>
<td>2013/14</td>
<td>Kamatsiaqtut Help Line</td>
</tr>
</tbody>
</table>

The GN DOH has reported to the Legislative Assembly on how it sees funding provided by the DOH as supporting implementation of the NSPS and AP. In each year of the AP the DOH reported that it supports implementation of the AP by providing a continuum of care in the area of mental health and addictions (MHA) with a total MHA budget as follows:
These funds have been used for a wide variety of supports and services, including those directly and indirectly related to suicide prevention: assessment, counselling, treatment and referrals, community support assistance for primary, acute and emergency mental health, suicide ideations and attempts, self-harming behaviours, self-esteem and wellness issues and addictions\textsuperscript{42}.

Additionally, the GN reported grants and contributions to hamlets and community organizations for alcohol and drug counselling as supporting Objectives 2.6 and 2.7 of the AP, which respectively provide for culturally and age appropriate grief counselling, and supporting community based counselling groups to identify their training needs and supporting community based counselling groups to identify their training needs. The GN DOH provided between $1 million and $1.5 million in grants per year in the time frame of the AP. While undoubtedly funds for drug and alcohol counselling are indirectly supporting suicide prevention activities, and initiatives that have been identified by community based organizations and hamlets as a priority for them, the evaluation was unable to assess and determine the extent of direct linkage between contributions and grants to communities and specific objectives of the AP. Even more specifically, the evaluation was not able to determine whether funds were used to support consultation with communities and groups about their training needs in the area of suicide prevention\textsuperscript{43}.

Similarly, the GN’s reports on other linkages to the AP are not clear with respect to how specifically the funds allocated to a variety of purposes identified as supporting various AP commitments and specific objectives actually do so\textsuperscript{44}.

The GN has identified funds used for the following purposes as supporting specific objectives in relation to Commitment #2 (strengthening the continuum of mental health services):

2.3 \textit{Strengthening MH professional capacity}:
- Mental Health Program Development
- Information Resources for MH and wellness workers


\textsuperscript{43} This was primarily a result of the scope of the evaluation, and a limited capacity to undertake detailed assessment of community level impacts of the NSPS and AP implementation. This is discussed in Section 3.3 (Limitations).

\textsuperscript{44} Government of Nunavut, Legislative Assembly of Nunavut. 2014. \textit{Return to Written Question Re: Government Implementation of the Nunavut Suicide Prevention Strategy and Action Plan, June 3, 2014}, Table 2b.
2.4 *Improving response to suicidal behavior in children:*  
- NSPS Action Plan

2.7 *Support for community counselling groups*  
- Addictions training  
- Pan-territorial Mental Health First Aid  
- Drug Treatment Funding Program

2.10 *Increase Support for ELC*  
- ELC Funding

The GN is directing significant resources in the above listed areas – approximately $6.3 million over the three years of the AP. Within this total amount however, it is possible only to attribute $1 million of expenditures *directly* to the NSPS and AP i.e. where the GN itself has identified resources as being allocated either to the NSPS AP (in particular, support for the delivery of ASIST) or to the ELC. It is recognized however that many of the funded activities will indirectly, or in a way that cannot be directly attributed, contribute to suicide prevention and therefore the success of the NSPS and AP.

Some Partners have noted however, that actions taken by the GN in many of the areas identified above have not provided an opportunity for Partners, particularly NTI under Article 32 of the NLCA, to be consulted on how the GN is fulfilling its commitments, including through the allocation of funds, or to endorse actions being taken or proposed. The GN has reported to the evaluation that it has reached out to NTI in order to engage the organization in various mental health initiatives. NTI currently has representation on both the Mental Health Act Steering Committee and participates in the mental health school project.

The GN also reported expenditures in the area of Commitment #3, which is to better equip youth with skills to cope with adverse life events and negative emotions (approximately $1.8 million, of which approximately $150,000 is attributed directly to Youth Mental Health: Teen Suicide Prevention).

For Commitment #4 and specifically Objective 4.1, which is to deliver *Uqaqatigiiluk! Talk about it!* (or ASIST training) the GN reported contributions of $316,000 for National Aboriginal Youth Suicide Prevention Strategy activities in 2011/12 and $170,000 in 2013/14 for delivery of ASIST training through NAC.

In relation to Commitment #6 (Communication), Objective 6.2 (disseminating resources) the GN reports that in 2013/14 it made $180,500 in expenditures for suicide prevention public
awareness (education, cultural messaging, marketing). These resources were directed through the ELC.

It should be noted that while the RCMP has not made direct financial contributions, for example to the ELC, it has allocated its internal resources to two key initiatives under the Action Plan. These are the development of the Interagency Information Sharing Protocol and the establishment of coding systems within the incident reporting database that capture information on suicide attempts and completions. Also, the RCMP allocates internal resources to support delivery of community level programs that build protective factors among youth (i.e. Aboriginal Shield and DARE) as well as providing support in the delivery of ASIST.

The Government of Canada indirectly contributes funding to the Nunavut Suicide Prevention Strategy or Action Plan through contributions under general funding agreements with the GN. Funding that is directed by the DOH to mental health and addictions (and suicide prevention) as well as funds provided to the ELC for project activities are sourced in contribution agreements between the GN and Canada (Health Canada - FNIHB).

In the time of the first Action Plan (2011 to 2014), DOH received funds through the Territorial Health System Sustainability Initiative: Territorial Health Access Fund (THSSI/THAF), the Operations Secretariat and the Health Promotion Contribution Agreement. THSSI/THAF funding expired March 31, 2014 and was replaced with funds under the new federal $70 million Territorial Health Investment Fund (THIF). In March 2015 the federal government announced Nunavut’s portion of this to be $32 million, with $3 million to be allocated to support Mental Health Services Capacity Development, including building mental health service capacity “as a key commitment of the Nunavut Suicide Prevention Strategy”.

For 2014/15 (the extension year), funding provided by the GN DOH to the ELC for core as well as program activities (public education and Ten Steps) was sourced in the Health Portfolio Contribution Agreement between the GN and the Government of Canada, and under that Mental Health and Addictions programs. The purpose of the funds provided by the federal government was to support delivery of Inuit-specific, community-based health related programs and activities in Nunavut.


46 Government of Canada. Health Canada. 2015. Minister Aglukkaq Announces Actions to Strengthen Health Services in Nunavut, March 18, 2015. Other intended use of funds in Nunavut includes oral health, reducing chronic disease, improving nutrition standards and implementing standards for food service in territorial facilities, increasing health services in-territory to reduce travel expenditures etc.

Based on input received during the evaluation, a comprehensive recommendation is made regarding how available resources might be directed more efficiently and economically in the future to implement the Strategy and Action Plan in order to meet commitments and achieve anticipated outcomes.

Recommendation #34:

_It is recommended that in preparing the 2nd Action Plan the Partners consider the following options and approaches to allocating financial resources to the Strategy and Action Plan implementation:_

   a) Establish a common funding envelope with contributions from all Partners to be managed by the IC.
   
   b) Establish a pilot project to transfer funds from the territorial government to regional and community organizations for specific community based suicide prevention projects.
   
   c) Assign additional resources to expand the Ten Steps program in Nunavut communities and empower community prevention teams.

Recommendation #35:

_It is recommended that the Partners establish a clear, transparent and shared mechanism through which financial resources that are being directed to suicide prevention can be better tracked, monitored and reported on in the future._

Recommendation #36:

_It is recommended that the 2nd Action Plan include an action to provide information and better communicate to Nunavut communities and organizations what funding is available to support suicide prevention initiatives including through the GN, the ELC, RIAs and other departments, agencies and organizations._

Recommendation #37:

_It is recommended that the GN establish a dedicated suicide prevention position within the Department of Health to facilitate Strategy and AP implementation on behalf of the GN and to coordinate interdepartmental and inter-Partner actions._
5.4. Integration

The Nunavut Suicide Prevention Strategy and Action Plan is one of many broad strategic social development initiatives being pursued within the territory either by the GN or through partnerships between the GN, Inuit and other organizations and stakeholders. In this section, the results of the evaluation’s exploration of linkages between the NSPS and AP and other initiatives are briefly presented.

As a starting point, it is important to identify those major initiatives or strategies for social wellbeing and development that have similar objectives to those of the Strategy and are being concurrently pursued by the GN, Partners or stakeholders. Participants in the evaluation felt that the following initiatives were most relevant or linked with the NSPS and AP:

- Family Violence Strategy (GN)
- Maternal and Newborn Health Strategy (GN)
- Mental Health Strategy (GN)
- Public Health Strategy (GN)
- The Makimaniq Plan and Poverty Reduction Roundtable
- Housing and Homelessness Strategy (GN)
- Long Term Comprehensive Housing Strategy and Blueprint for Action (GN)
- Food Security Strategy (Nunavut Food Security Coalition)
- GN Quality of Life Committees at DM and ADM levels
- Aboriginal Shield Program (an RCMP program delivered under an MOU with the Department of Health)
- RCMP Trigger Lock Program (an RCMP firearms safety program)
- School based mental health framework (being developed by EDU)
- Qikqiktani Truth Commission

Also, stakeholders see linkages between the NSPS and AP and the work of community based organizations and societies such as the Pulaarvik Kablu Friendship Centre (Rankin Inlet) and the Ilisaksivik Society (Clyde River) and community groups (e.g. Taloyoak and Baker Lake).

Despite the large number of Nunavut based strategies and initiatives with potentially overlapping goals and initiatives, the Partners do not see these as creating competing priorities with the NSPS, although there may be some competition for access to resources needed to effectively carry out these strategies (financial, human, political and other resources).

There is little evidence of strategic or formally organized integration or coordination of these various initiatives with the NSPS and its implementation. Some partner representatives report that the IC receives little information on other initiatives and is unaware of work that is being done by other partnerships and groups on related initiatives. There is no coordinating mechanism to bring together key organizations such as the GN and NTI, as well as other Partners to consider how all these strategies and initiatives inter-relate and could be more integrated and made mutually supportive.

However, on an informal level there is some integration that occurs with suicide prevention because many of those involved directly in NSPS and AP implementation are also directly
5.5. Sustainability

In this final part of the evaluation the question of the future of the NSPS and its sustainability is explored. This section of the report also identifies what the Partners and stakeholders in the Strategy think can or should be done differently in the future.

A common theme that emerged from the evaluation, particularly through interviews with Partners and stakeholders is that the Strategy itself is very strongly supported in its current form. In general, participants do not see a need to make modifications to the Strategy. They recognize that realizing the Strategy’s vision, particularly with respect to reduced rates of suicides in Nunavut is a long term goal requiring sustained efforts that need to continue to be based on evidence based approaches and partnership.

Recommendation #38:

_It is recommended that the Nunavut Suicide Prevention Strategy continue without amendment at this time, but that the vision, goals and approaches to suicide prevention set out in the Strategy, including partnership- and evidence-based approaches continue to inform the development of a 2nd Action Plan._

While continuation of the Strategy is very broadly supported and is recommended in this evaluation, there are some necessary conditions which need to be addressed to ensure the Strategy can be sustained in the near term, and in the medium to longer term.

A new, 2nd Action Plan must be developed and approved by the Partners. The 2nd Action Plan can build on the successes and accomplishments of the first Action Plan, and should provide for the continuation of many initiatives that were successfully implemented or piloted between 2011 and 2014.

It is an obvious conclusion that in establishing a new AP the Partners should establish realistic and achievable objectives and actions to achieve these. Commitments made in the AP and the AP itself should be structured so that the Partners have flexibility to make adjustments as required, and to review and update the AP on an annual basis. The AP could be organized in a sequenced manner with activities that will be carried out annually, activities to be completed...
within a two to three year time frame and those that have a longer time horizon (e.g. five years) or will be ongoing.

Recommendation #39:

*It is recommended that the 2nd Action Plan carry over commitments, objectives and actions from the first Action Plan as appropriate. It is further recommended that the Action Plan identify with greater specificity how existing and any new commitments and activities can realistically be carried out within the next 5 years with available resources. Action Plan items, how these will be achieved, and anticipated outcomes should be set out with as much precision as possible.*

*It is further recommended that the development of the Action Plan be significantly informed by the research that has been completed in the first phase of the Strategy, including results of the Follow Back Study and the Evidence Review in Support of the Nunavut Suicide Prevention Strategy.*

Recommendation #40:

*It is recommended that through the Implementation Committee the Partners:*

a) *Undertake an annual review of the AP, assessing and agreeing on progress made on specific commitments and objectives, and identifying adjustments that may be required to the Plan both with respect to actions, responsibilities and timeframes. and*

b) *Prepare for public release, possibly on World Suicide Prevention Day, an annual report that describes progress towards Action Plan implementation as well as realization of the anticipated outcomes of the Strategy and the overall vision. The annual report could also report on the results of research and community level activities that are being undertaken by non-Partner stakeholders in the Strategy.*

At the level of the partnership between key Partners in the Strategy, there is a need for improved communication and an understanding of how the Partners will work together in carrying out activities and how, through the IC, all Partners will remain accountable to each other for individual and collective responsibilities and actions. Other recommendations made in this evaluation report address ways in which the partnership can be improved, including through improved communication and how planning can be done to ensure the resources that are needed are properly identified and committed.

Another condition that is necessary for a sustained NSPS is the need to find better ways of communicating with communities and Nunavummiut around not just the Strategy but about suicide prevention and suicide in general. There is a need to find appropriate language and terminology that is accessible, informed by Inuit societal values and “safe” for Nunavummiut and that is not overly based in institution- or professional-speak. Related to this is the need to increase community ownership of the Strategy and participation, as is envisioned in the Strategy and the first Action Plan.
Recommendation #41:

*It is recommended that through the Implementation Committee the Partners undertake an initiative to identify appropriate language and terminology around suicide prevention and suicide that is informed by Inuit societal values and is meaningful at the community level and for all Nunavummiut.*

Also, there is a need to better connect the NSPS and AP to the work of other stakeholder organizations in Nunavut and elsewhere so that the activities of each are mutually supportive. While the core Partnership of the Strategy should remain as currently structured, ways need to be found to better involve other stakeholders including institutions with direct experience and knowledge about wellness, historical trauma, root causes underlying suicide and healing. These institutions include established facilities such as the Quajigiahtit Research Centre, the Ilisaksivik Society and Nunavut based friendship and wellness centres in Cambridge Bay, Rankin Inlet and Iqaluit.

Similarly, there needs to be better outreach and participation by community based groups and organizations that have mobilized around suicide prevention or are indirectly undertaking suicide prevention activities through their programming. This includes, for example, the Baker Lake Against Suicide Team, the Cape Dorset youth mentorship program, and the Isuamaqsunngittut Youth Centre in Iqaluit.

With respect to communication, the Strategy and Action Plan needs to be made relevant to stakeholders and communities in order that they see it as providing tools that they can work with on the ground.

An earlier recommendation made in this report calls upon the Partners through the IC to host annual forums, roundtables and other venues for discussion and information exchange on suicide and suicide prevention that provide opportunities for stakeholders to come together. Successful approaches to collaboration and partnership through broader coalitions and partnerships can be found in the work being done under the Makimaniq Plan and through the Nunavut Food Security Coalition.

In general, more resources within Nunavut and Partner organizations need to be directed towards implementation of the Strategy and Action Plan. Recommendations have been made above that call upon individual partners to establish dedicated positions for suicide prevention within their organizational structures, and for consideration to be given to establishing a common funding envelope to be managed through the IC.

The ELC is a key organization which the Partners can work through (including through their representation on the Board) to undertake specific initiatives identified in the Action Plan. A well-functioning and properly resourced ELC is critical to success in the future and sustaining the NSPS. Additional resources in the form of core funding should be committed to this organization in order to allow it to take on new and additional functions and responsibilities, for example in the area of research and data management, and in communications management, in addition to fulfilling those responsibilities it already has assumed.
Recommendation #42:

*It is recommended that the 2nd Action Plan include a commitment for additional core funding to be provided to the ELC by the Partners to allow this organization to take on new roles and responsibilities including in research and data management and management of Action Plan initiatives in the area of communications.*

In the event there is agreement among the Partners on the establishment of a common funding envelope for suicide prevention, such funding could be administered through the ELC with additional personnel resources in place to ensure that necessary financial administration and program/project management capacity is in place.

Partners and stakeholders who participated in interviews for the evaluation identified many other ways, in addition to those discussed above, in which they thought the Strategy’s effectiveness could be enhanced. Following are some areas for suggested improvement to support the Strategy. These relate to structures and processes for Strategy management as well as the specific actions that should be taken to promote suicide prevention through the next Action Plan.

With respect to Strategy process and management Partners and stakeholders suggested:

- Increased collaboration and communication with regional and community staff of Partner organizations and with stakeholder groups, and increased engagement with community leaders.

- Involvement of Partner organization staff, stakeholders and stakeholder organizations at all levels in development of further action plans and activities. Examples provided include involvement of regional and community based mental health staff and the Qaujigiartiit Research Centre.

- More consultation with community based groups and organizations in the development of specific actions for the Action Plan or to implement items identified in the Action Plan.

- Look to the experience in other in other jurisdictions, especially Quebec, which has had success in reducing population suicide rates.

- Select priority initiatives within the current Action Plan (or the 2nd Action Plan) for completion and focus resources and attention on these.

- Ensure that representatives of the Partners who participate in the Implementation Committee are able to commit to and carry out the work and have necessary operations-level capacity (including decision making where necessary).

- Establish a designated envelope of funding to implement the Strategy and annual budgets for Action Plan implementation.
Evaluation of the Nunavut Suicide Prevention Strategy and Action Plan

With respect to Action Plan items and specific suicide prevention initiatives:

- Continue efforts to increase mental health capacity particularly with respect to youth/child mental health (e.g. increase the number of permanent rather than contracted child mental health workers and outreach workers).

- Introduce Action Plan items that are focused on addressing risk factors including violence, sexual abuse and addiction, as well as the social determinants of health (healthy childhood development, housing, food security, nutrition and healthy living).

- Provide more suicide awareness training and opportunities for healing for adults and opportunities for helping families as a whole, rather than segmented components of the family.

- Encourage pooling of resources at the community level to facilitate more efficient and effective use of resources and eliminate potential areas of overlap and duplication.

- Provide more suicide related training, cultural orientation and training to increase understanding of historical trauma and IQ principles for front line service workers in all service areas (i.e. RCMP, health, mental health, teachers and other professionals working in communities).

- Continue to expand working relationships with the Canadian Red Cross in order to bring more resources into Nunavut communities that address at-risk factors (violence, bullying), and where possible allocate resources to contextualize CRC materials for Nunavut.

- Broader availability of suicide prevention training to communities and amongst community members who may not be employees of GN departments.

6. Conclusions

Despite initial challenges faced in the implementation of the NSPS, the evaluation has concluded that, overall, there is progress being made towards the fulfilment of commitments made by the Partners through the Action Plan, and achieving specific objectives and some anticipated outcomes of the NSPS. There have been a number of positive achievements as well as opportunities for learning about what can be improved for the future both with respect to the NSPS as a partnership-based initiative, as well as specific suicide prevention initiatives in Nunavut.

With respect to Action Plan commitments and objectives, findings from the evaluation lead to the conclusion that progress is being made towards achieving most identified objectives. This is especially so in relation to Commitment #1 (focused approach to suicide prevention), Commitment #2 (strengthened continuum of mental health services), Commitment #3 (better equipping youth with skills to cope with adverse life events and negative emotions), and Commitment #4 (delivering suicide intervention training on a consistent and comprehensive
Notable achievements and positive outcomes in relation to these four areas of commitment include:

- Development of the Interagency Information Sharing Protocol and implementation at the community level;
- More cooperation and collaboration among GN front line service delivery workers;
- Increased mental health professional capacity in Nunavut communities;
- Expansion of mental health facilities and capacity to provide support/treatment services in-territory through facilities in Cambridge Bay and Iqaluit;
- Increased capacity of those who work with youth to deliver mental health first aid;
- Better knowledge of youth centres and committees in Nunavut communities and the scope of youth programming;
- Widespread delivery of ASIST training (Uqaqatigiiluk “Talk About it”) to education staff, front line service workers, community organizations and others;
- Delivery of RespectEd training (anti-violence, anti-bullying) to education staff, front line service workers, community organizations and others;
- Allocation of National Aboriginal Youth Suicide Prevention Program funds to implement Action Plan commitments including through activities undertaken by the Partners (e.g. Break the Silence campaign) and by communities using “cluster funds” under flexible and other funding arrangements;

While the Partners were able to advance some research on suicide in Nunavut, including on risk factors such as sexual abuse, other research related objectives established under Commitment #5 (supporting research on suicide in Nunavut), including establishment of a Nunavut suicide research agenda and holding a research symposium are not being met. This is an area for further focus in the next Action Plan, and recommendations are made in this regard in the evaluation report.

In relation to Commitment #6 (communication and information sharing), good progress is being made towards the objective to make resources that explain the risk factors for suicidal behaviour, destigmatize mental health and that provide information on public resources more available to Nunavummiut. This is primarily as a result of the public awareness campaigns carried out between 2012 and 2014, led by the ELC, and dissemination of information on community based resources. However, objectives are not being met in other areas related to communication, including establishing an overall Communications Plan/Strategy for the NSPS and AP.

The findings from the evaluation are that objectives set out in relation to Commitment #7 (healthy early childhood development) are either not being met or the evaluation was unable to assess progress due to the fact the objectives in this area are broadly stated (e.g. foster healthy development of children) and baseline data is lacking. The commitment to develop school curriculum (as opposed to resources that can be used in schools) including a social/emotional learning curriculum was overly ambitious in retrospect, and likely could not be met due to the time it takes to develop Nunavut curriculum, and in light of other curriculum development commitments of the GN during the period of the AP. Nonetheless, there have been some positive developments during the course of the AP with respect to supporting early childhood
development including with the availability of the Be Safe! resource kits in all Nunavut schools as well as school-specific initiatives such as the Child Witness to Violence program.

Finally, in relation to Commitment #8 (support for communities to engage in community development activities) the evaluation concluded that the objective to support communities to better access flexible funding opportunities has been met. Progress is being made on other objectives, including partnering with communities to implement specific aspects of the strategy. There are a wide range of initiatives being pursued at the community level that are directly or indirectly linked with suicide prevention and the NSPS and AP. Those that are directly associated with the NSPS include annual World Suicide Prevention Day activities and the introduction of the Ten Steps to Creating Safe Environments program in close to half of all Nunavut communities.

Despite the fact progress is being made in specific areas of the Strategy and Action Plan, unfortunately the overall vision for the NSPS is not being achieved at this time. There is no evidence that rates of suicide in Nunavut are decreasing, and for the most part, Partners and stakeholders do not believe that other components of the vision (i.e. de-normalizing suicide, providing safe and nurturing environments for children) are being met – though many feel that some progress is being made.

Looking to the future, there is strong support for continuation of the NSPS and the establishment of a further Action Plan. Expectations for the future are that community-based approaches that reflect Inuit societal values and IQ, and that are informed by Nunavut specific best practices, should be core components of the NSPS going forward. There is also an expectation that levels of cooperation between front line service delivery agencies, municipal governments and community organizations in suicide prevention initiatives will continue to improve.

With respect to sustainability, the evaluation findings support the continuation of the NSPS and the establishment of a subsequent Action Plan. Some commitments, objectives and actions can be carried over to a new Action Plan in addition to new activities which the Partners agree should be introduced, and are realistically achievable in the next 5 years. All actions should be clearly stated and measurable. The Partners should, in the Action Plan, avoid objectives that have broadly stated goals that are difficult to measure. Further, the continuation of the NSPS and formation of a new Action Plan should continue to be informed by evidence based research from Nunavut and other jurisdictions (e.g. Quebec) on suicide and suicide prevention.

In carrying forward commitments from the first Action Plan, the Partners should build on areas of success including with respect to suicide prevention training, through the continued delivery of ASIST and RespectEd in Nunavut communities, schools and other institutional environments. Also, extension and continuation of the Canadian Red Cross's adapted Ten Steps program in Nunavut communities holds much promise to facilitate common action by front line workers and community members, working on a cooperative basis to carry out community-defined and community-led suicide prevention initiatives. More generally, the Partners should continue to work towards promoting more open discussion among Nunavummiut about suicide including through public awareness campaigns, and also communicating around suicide and suicide prevention using terminology that is understandable and safe for community members.
One of the most significant issues which the NSPS has faced concerns the Partnership itself, and how this has functioned in practice. As has been noted, some initial challenges were faced by the Partners in establishing an effective partnership model, but how the parties work together has improved considerably, particularly in the last year of the AP implementation and in the extension year (i.e. 2013/14 to 2014/15). The Partners are encouraged to continue on the path that has been set, and also to respect each other’s different approaches to and understandings of the partnership. A recommendation has been made for the GN and NTI to work together to ensure that in fulfilling commitments made in the Strategy and Action Plan, there is more meaningful engagement and consultation consistent with Article 32 of the NLCA.

Other improvements can be made in the area of resourcing of the NSPS and specific AP commitments. To date the resourcing of the Strategy and AP has not been effective as there are no common funds or resources available to the Implementation Committee and the Partners collectively. Recommendations have been made in the evaluation report that address issues regarding the future resourcing of the NSPS and Action Plan commitments including the identification of human, financial and other resources required to fulfill commitments.

The evaluation report puts forward 42 recommendations pertaining to a wide range of issues. These recommendations are listed together in Appendix E. By working in a true collaboration, the Partners should review these recommendations together and determine what priorities they will pursue in the next phase of the NSPS implementation, and through a subsequent Action Plan.
Appendices
Appendix A – Nunavut Suicide Rates

Nunavut Suicides 1999-2014

Total Number of Suicides, 1999-2014

Source: Chief Coroner’s Report, Department of Justice
Rate of death by suicide, Canada (all) and Inuit in Nunavut (5-year rolling average), 1972-2013

Source: Jack Hicks, Presentation to the 'Nunavut at 15' Conference, Ottawa, February 4/5, 2015.
Evaluation of the Nunavut Suicide Prevention Strategy and Action Plan

Rate of death by suicide, Inuit in Nunavut, by sex and age group, 1999 to 2013

Source: Jack Hicks, Presentation to the 'Nunavut at 15' Conference, Ottawa, February 4/5, 2015.
Significant variation* by community

* Rate of death by suicide by Inuit residents, April 1, 1999 to March 31, 2014

Source: Jack Hicks, Presentation to the 'Nunavut 15' Conference, Ottawa, February 4/5, 2015.
Evaluation of the Nunavut Suicide Prevention Strategy and Action Plan
Appendix B – Evaluation Logic Model
A logic model is an important foundational component within an overall evaluation framework. It provides a schematic representation of the relationship between resources available to a particular initiative (i.e. a strategy, project, or program), the activities that are planned as part of the identified initiative, and the intended or expected short, medium, and long term results.

The main components of a logic model and of the logic model for the evaluation of the Nunavut Suicide Prevention Strategy and Action Plan are as set out in Tables 1 and 2 below.

### Table 1
**Nunavut Suicide Prevention Strategy**
**Logic Model Components**

<table>
<thead>
<tr>
<th>Logic Model Component</th>
<th>Evaluation Definition</th>
<th>Link to <em>Nunavut Suicide Prevention Strategy and Action Plan Component</em></th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal</td>
<td>The ultimate desired change that the strategy, initiative, project or program intends to achieve.</td>
<td>The ultimate goal of the <em>Strategy</em> and <em>Action Plan</em> is the “vision” stated in the <em>Strategy</em>.</td>
</tr>
<tr>
<td>Inputs</td>
<td>The primary resources that are directly or indirectly available to be directed to achieving the goals and anticipated impacts of a strategy, initiative, program or project.</td>
<td>The inputs are the various resources and capacities that the Partners and other stakeholders individually and collectively bring to the shared effort of implementing the <em>Strategy</em> and <em>Action Plan</em>, and achieving the vision of the Strategy and specific objectives. They include organizational capacity, financial and program resources, human resources and other assets.</td>
</tr>
<tr>
<td>Activities</td>
<td>The processes, tools, and actions planned to be implemented as part of a strategy, initiative, program, or project.</td>
<td>There are many activities associated with the <em>Strategy</em> and <em>Action Plan</em>. At the broadest level, the eight commitments made by the Partners form the core activities. Also, the multiple “objectives” that are set out in the <em>Action Plan</em> in relation to each commitment and the specific actions or tasks that are identified in the Plan constitute the activities that will be considered in the evaluation.</td>
</tr>
<tr>
<td>Outputs</td>
<td>The direct products of the implemented activities.</td>
<td>These are the “anticipated results” identified in the <em>Action Plan</em>. They can be understood also as short term outcomes.</td>
</tr>
<tr>
<td>Outcomes</td>
<td>The desired changes that the strategy, initiative, program or project intends to achieve, generally stated as short-term, medium-term and/or long-term.</td>
<td>The anticipated medium and long term outcomes are stated both in the vision of the <em>Strategy</em>, and in the <em>Action Plan’s</em> identification of how suicide prevention measures will improve in Nunavut. As noted above, short term outcomes are included in the logic model and evaluation framework as “outputs”.</td>
</tr>
</tbody>
</table>
### Evaluation of the Nunavut Suicide Prevention Strategy and Action Plan

#### Table 2
Logic Model for the
Nunavut Suicide Prevention Strategy
(revised Nov 13, 2014)

<table>
<thead>
<tr>
<th>Goal</th>
<th>Commitment 1</th>
<th>Commitment 2</th>
<th>Commitment 3</th>
<th>Commitment 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>The rate of suicide in Nunavut is the same as the rate for Canada as a whole – or lower.</td>
<td>Focused and Active Approach to Suicide Prevention Across GN</td>
<td>Strengthened Continuum of Mental Health Services</td>
<td>Youth Skills</td>
<td>Suicide Prevention Training</td>
</tr>
<tr>
<td>DHSS resources including staff, programs and services</td>
<td>DHSS resources including mental health staff, programs and services</td>
<td>Implementation Committee collaborative processes</td>
<td>Uqaqatigiilik! Talk About It! training program and workshops</td>
<td></td>
</tr>
<tr>
<td>GN interagency and inter-departmental committees, working groups and collaborative processes</td>
<td>Inuit organizations resources</td>
<td>Partner resources that can be brought to specific youth focused initiatives</td>
<td>Uqaqatigiilik! Talk About It! Trainers</td>
<td></td>
</tr>
<tr>
<td><em>Addictions and Mental Health Framework</em></td>
<td><em>Mental Health Act</em></td>
<td><em>Partner and other stakeholder collaborative structures and processes (e.g. networks, working groups)</em></td>
<td>DHSS and DOE resources</td>
<td></td>
</tr>
<tr>
<td>Mental health facilities</td>
<td>Mental health professionals</td>
<td>Schools, teachers and curriculum</td>
<td>Nunavut Arctic College resources</td>
<td></td>
</tr>
<tr>
<td>Community based counsellors and counselling groups</td>
<td></td>
<td>Youth-focused programs and program funding (e.g. NAYSPS)</td>
<td>Other Partner and stakeholder resources and partnerships that can develop and deliver suicide intervention training</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Youth councils/committees and networks (community, Inuit organizations, regional or territorial)</td>
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<tr>
<td></td>
<td></td>
<td>QIA Youth Centre Survey</td>
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<tr>
<td>Activities</td>
<td>Commitment 1</td>
<td>Commitment 2</td>
<td>Commitment 3</td>
<td>Commitment 4</td>
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<tr>
<td></td>
<td>Focused and Active Approach to Suicide Prevention</td>
<td>Strengthened Continuum of Mental Health Services</td>
<td>Youth Skills</td>
<td>Suicide Prevention Training</td>
</tr>
<tr>
<td></td>
<td>Establish ADM Steering Committee</td>
<td>Complete territorial mental health services gap analysis and review of Mental Health Act and Addictions and Mental Health Framework</td>
<td>Conduct youth-focused research on risk factors, suicide prevention etc.</td>
<td>Support Uqaqatigiluk! Talk About It! Trainers to become registered and coaches</td>
</tr>
<tr>
<td></td>
<td>Staff Suicide Prevention Specialist and one other position in DHSS Mental Health and Wellness Division</td>
<td>Develop mental health services capital plan and associated business plans</td>
<td>Implement youth-specific programming for front line workers and communities</td>
<td>Coordinate delivery of Uqaqatigiluk! Talk About It! and establish database of trainers and participants</td>
</tr>
<tr>
<td></td>
<td>Develop interdepartmental and community level interagency MOUs protocols</td>
<td>Complete mental health professionals gap</td>
<td>Incorporate suicide prevention education in curriculum</td>
<td>Deliver Uqaqatigiluk! Talk About It! at least once a year and in-service trainer for Trainers</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Evaluation of the Nunavut Suicide Prevention Strategy and Action Plan</th>
<th>Commitment 5</th>
<th>Commitment 6</th>
<th>Commitment 7</th>
<th>Commitment 8</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Research on Suicide and Suicide Prevention</td>
<td>Communication and Information Sharing</td>
<td>Healthy Development in Early Childhood</td>
<td>Community Development Activities</td>
</tr>
<tr>
<td></td>
<td>Implementation Committee resources and collaborative processes</td>
<td>Implementation Committee resources and collaborative processes</td>
<td>Public Health Strategy initiatives</td>
<td>Implementation Committee resources and collaborative processes</td>
</tr>
<tr>
<td></td>
<td>Partnerships with Nunavut and non-Nunavut based researchers, research groups and post-secondary education institutions conducting research on suicide, suicide prevention, suicide risk factors such as physical and sexual abuse</td>
<td>Partner websites and social media sites</td>
<td>Maternal and Newborn Health Strategy initiatives</td>
<td>Community groups and organizations</td>
</tr>
<tr>
<td></td>
<td>Data collected by RCMP and other Partners and stakeholders</td>
<td>Inuit organizations communications and networks</td>
<td>Family Violence Prevention Strategy initiatives</td>
<td>Hamlet governments</td>
</tr>
<tr>
<td></td>
<td>NTI State of Inuit Culture and Society Annual Reports</td>
<td>Community radio stations</td>
<td>Department of Education early childhood education programs, services and funds</td>
<td>Community based health and wellness programs, funding agreements and funding (DHSS, DFS, DOJ, DCH)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Community health centres</td>
<td>Nunavut schools and teachers</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Nunavut schools and teachers</td>
<td>Early Childhood Educators</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Community forums and meetings with Elders</td>
<td>Daycare centres, programs and curriculum</td>
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<td></td>
<td></td>
<td></td>
<td>Schools and curriculum</td>
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<td></td>
<td>Evidence-based research on ECD programs and best practices</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Inuit organizations resources and knowledge</td>
<td></td>
</tr>
</tbody>
</table>
### Commitment 5
**Research on Suicide and Suicide Prevention**
- Develop research partnership and agenda to address gaps
- Create Clearinghouse for evidence-based research, information and resources on suicide
  - Commission research:
    - summarizing evidence based research results
    - on child sexual abuse as a risk factor
    - on best practices in healing from sexual abuse
    - on other risk factors (teen cannabis use)

### Commitment 6
**Communication and Information Sharing**
- Develop communications strategy/plan including website and annual progress reports
- Disseminate information through social media
- Prepare and disseminate resources on risk factors, de-stigmatizing mental health, and help for persons in mental distress

### Commitment 7
**Healthy Development in Early Childhood**
- Ongoing collaboration to ensure alignment with other Strategies including PHS, MNHS and FVPS as well as Addictions and Mental Health Framework
- Enhance culturally relevant ECD programs
- Identify funding for communities lacking ECD programs
- Commission research on ECD programs, best practices and funding options
- Pilot social and emotional learning curriculum in elementary schools

### Commitment 8
**Community Development Activities**
- Facilitate five year flexible funding agreements (for community based programs)
- Present NSPS to community groups and organizations
- Identify community stakeholder contacts to assist with NSPS implementation

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**Direct NAYSPS funds to Inuit youth suicide prevention programs and activities**
Conduct environmental scans of youth centres, community best practices and best practices in Nunavut, Canada and other jurisdictions and share information
- Develop suicide prevention related training manuals and curriculum for local delivery to youth and others
- Establish network of youth groups and provide training
- Create/conduct awareness campaigns including on risk factors and youth-specific risk factors
- Provide access to training on risk factors and suicide prevention for school staff and youth in high school

### Develop MOUs and protocols between DHSS and DOE regarding at-risk children
Establish DHSS referral process for at risk children
- Increased number of mental health specialists in territory to meet standard ratios
- Enhance Mental Health Diploma program at NAC
- Develop a plan for culturally- and age-appropriate grief counselling in communities
- Consult community counselling groups on training needs
- Develop a plan for supports to communities experiencing cluster suicides
- Stabilize core funding for Help Line and Embrace Life Council
- Direct NAYSPS funds to Inuit youth suicide prevention programs and activities
- Conduct environmental scans of youth centres, community best practices and best practices in Nunavut, Canada and other jurisdictions and share information
- Develop suicide prevention related training manuals and curriculum for local delivery to youth and others
- Establish network of youth groups and provide training
- Create/conduct awareness campaigns including on risk factors and youth-specific risk factors
- Provide access to training on risk factors and suicide prevention for school staff and youth in high school

### Analysis and identify mental health and wellness resource requirements and plan

### Every two years
### Evaluation of the Nunavut Suicide Prevention Strategy and Action Plan

<table>
<thead>
<tr>
<th>Commitment 1 Focused and Active Approach to Suicide Prevention</th>
<th>Commitment 2 Strengthened Continuum of Mental Health Services</th>
<th>Commitment 3 Youth Skills</th>
<th>Commitment 4 Suicide Prevention Training</th>
</tr>
</thead>
<tbody>
<tr>
<td>Structured mobilization of resources across GN departments</td>
<td>Improved legislative and policy framework for mental health services</td>
<td>Increased knowledge of impact of adverse life events on youth suicide risk</td>
<td>Suicide interventions skills training accessible to all Nunavummiut</td>
</tr>
<tr>
<td>Increased GN capacity to provide advice and support on suicide prevention</td>
<td>Sufficient and effective mental health and addiction facilities</td>
<td>Youth-specific programming for front-line workers, professionals and communities</td>
<td>Sufficient resources/positions to coordinate delivery of Uqaqatigiiluk! Talk About It!</td>
</tr>
<tr>
<td>Increased community capacity for suicide prevention, intervention and postvention</td>
<td>Increased mental health resources and professional staff capacity to meet needs in Nunavut</td>
<td>Partnered approaches to curriculum development</td>
<td>Increased number of Nunavut-based Uqaqatigiiluk! Talk About It! training volunteers</td>
</tr>
<tr>
<td>Increased interventions for children at risk</td>
<td>Understanding of mental health resources required in Nunavut</td>
<td>NAYSPS funds used for youth prevention activities that support NSPS</td>
<td>Increased number of youth, school staff, professionals and others receiving suicide prevention training</td>
</tr>
<tr>
<td>Referral process for HSS workers and educators</td>
<td>Culturally appropriate grief counselling resources for communities</td>
<td>Increased protective factors for youth and awareness of healthy activities</td>
<td>Database on trainers and persons completing training</td>
</tr>
<tr>
<td></td>
<td>Increased support for community based counselling resources and front line workers</td>
<td>Options for youth centres identified</td>
<td>Increased community knowledge and skills in addressing suicide and suicide prevention</td>
</tr>
<tr>
<td></td>
<td>Sustainable funding for Help Line</td>
<td>Youth committees in each community and territorial level youth committee</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Wider range of services delivered by ELC</td>
<td>Increased public awareness of youth suicide, youth risk factors and issues impacting youth</td>
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### Evaluation of the Nunavut Suicide Prevention Strategy and Action Plan

<table>
<thead>
<tr>
<th>Commitment 5</th>
<th>Commitment 6</th>
<th>Commitment 7</th>
<th>Commitment 8</th>
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<tr>
<td><strong>Research on Suicide and Suicide Prevention</strong></td>
<td><strong>Communication and Information Sharing</strong></td>
<td><strong>Healthy Development in Early Childhood</strong></td>
<td><strong>Community Development Activities</strong></td>
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<td>- Better knowledge of:</td>
<td>- Clear and regular information to Nunavummiut on NSPS implementation, and to target groups (youth, elders, front-line workers)</td>
<td>- Strengthened collaboration and alignment among key Strategies in Nunavut influencing early childhood healthy development and with NSPS</td>
<td>- Increased community-based and community-led suicide prevention programming and initiatives</td>
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<td>- issues related to suicide</td>
<td>- Resources available on website on risk factors, suicide prevention, health lifestyle choices etc.</td>
<td>- Increased support for healthy early childhood development</td>
<td>- Increased community awareness of NSPS</td>
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<td>- risk factors</td>
<td>- Suicide prevention and healthy living promotion community tool kits</td>
<td>- Report on results of the pilot of social and emotional learning curriculum in elementary schools</td>
<td>- Increased collaboration between Implementation Committee and communities on implementation of the NSPS</td>
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<td>- social determinants</td>
<td>- Elders are informed and involved</td>
<td>- Research on ECD programs</td>
<td>- Increased community and community stakeholder support for implementation of NSPS</td>
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<td>- best practices for healing</td>
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<td>- Funding for curriculum development and implementation in ECD centres and daycares</td>
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<td>- range of suicidal behavior in Nunavut</td>
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<td>- Resources to ECD centres</td>
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<td>- Research symposium and information dissemination forums</td>
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<td>- Universal Head Start</td>
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<td>- More resources on child sexual and physical abuse, effects, and linkages with suicide</td>
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<td>- Curriculum developed and distributed to all ECD centres and daycares</td>
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<td>- Culturally appropriate interventions to break the intergenerational cycle of child sexual and physical abuse</td>
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<td>- Ongoing monitoring and evaluation of action items and their implementation including through annual progress reports</td>
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### Medium Term Outcomes

- Nunavummiut particularly youth have access to a wide range of mental health and addiction resources in communities.
- Nunavummiut have access to culturally appropriate grief counselling.
- There are mental health specialists in each region able to respond to requests and referrals from community health centres.
- Community-based counsellors have access to training, and their role is respected within the Nunavut health delivery system.
- Increased cooperation between government, schools and the RCMP to better support youth experiencing distress.
### Evaluation of the Nunavut Suicide Prevention Strategy and Action Plan

**Long Term Outcomes**

- Nunavummiut can access information (in all official languages) on risk and protective factors and information on how to access help.
- Increased access to early childhood development and family programs.
- Support for children and adults displaying at-risk behaviours.
- Social and emotional learning is offered at school.
- Adults and youth have access to suicide alertness and intervention training, and to peer counselling.
- Support for community-based wellness initiatives.
- Daily access to Nunavut Kamatsiaqtut Help Line.
- Partners are working together to address key risk factors for suicidal behavior.
- Reduced rates of violence, sexual and physical abuse, and drug and alcohol addiction/abuse.
- Higher rates of employment and household income, and reduced levels of poverty in Nunavut.

- Suicide rates in Nunavut are lower than or approximate the national average.
- Nunavut is a place in which children and youth grow up in a safe and nurturing environment.
- Nunavummiut live healthy and productive lives.
- Nunavummiut have the skills needed to overcome challenges, make positive choices, and enter into constructive relationships.
Appendix C – List of Documents

(Documents Received from Partners and Others)


Arctic Council. No date. *Arctic Council project on The Evidence-Base for Promoting Mental Wellness and Resilience to Address Suicide in Circumpolar Communities*.


Chachamovich, Eduardo, and Monica Tomlinson. No date. *Nunavut Suicide Follow-Back Study: Identifying the Risk factors for Inuit Suicide in Nunavut*. (Embrace Life Council, Nunavut Tunngavik Inc., Government of Nunavut, McGill University, Douglas Mental Health University Institute.)


Embrace Life Council and Government of Nunavut, Department of Justice. September 20, 2013. *Information Sharing Agreement Between the Government of Nunavut, as represented by the Minister of Justice, and Isaksimagit Inuusirmi Katujjiaaqatigiit Embrace Life Council.*


Embrace Life Council. 2013. Registration Form - Uqaqatigiiluk/Talk About it!


Embrace Life Council. 2014. Video: *Listen Up*

Embrace Life Council. 2014. Radio PSAs


Embrace Life Council. 2014. Poster - Addictions Poster

Embrace Life Council. 2014. Poster - Bullying and Abuse


Embrace Life Council. Pamphlet (Inuktitut)

Embrace Life Council. Sound file - Break the Silence

Embrace Life Council. Sound file- Talk to Your Community

Embrace Life Council. Suicide Prevention Video

EmBrace Life Council. Sound file- Broken Window


Evaluation of the Nunavut Suicide Prevention Strategy and Action Plan


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Department of Health. 2014. *How to Set Up and Deliver an Early Childhood Enrichment Program in Your Community.*


Government of Nunavut, Department of Health and Social Services. Briefing Notes on the Nunavut Suicide Prevention Strategy (2012-2014)


Government of Nunavut, Department of Health. 2014. *Briefing Note on ASIST Training to NAC, May 2014*

Government of Nunavut, Department of Health. 2014. *Briefing Note on Ranking Inlet Mental Health Facility, October 2014*


Government of Nunavut, Department of Health. 2015. Activities Undertaken by Fiscal Year and Current Status.


Government of Nunavut, Department of Health. No date. How to Set Up and Operate an Early Childhood Enrichment Program in Your Community.


Government of Nunavut, Department of Health. No Date. Key Messages: Mental Health and Substance Abuse Treatment Options (March 28, 2014?)

Government of Nunavut, Department of Health. No Date. Key Messages: 6 Week Residential Addictions Treatment and Healing Program Pilot (March 28, 2014?)

Government of Nunavut, Department of Health. No Date. Key Messages: Mental Health Act Review (March 28, 2014?).

Government of Nunavut, Department of Health. No Date. Mental Health Act Review Work Plan (July 31, 2014?).

Government of Nunavut, Department of Health. No Date. Mental Health Act Q&A – Presentation before Cabinet Committee on Legislation and Cabinet (November 27, 2014?).


Government of Nunavut, Department of Health. 2014. *Briefing Note:*


Government of Nunavut (Various Departments) and Royal Canadian Mounted Police. 2014. *Interagency Information Sharing Protocol (Draft - September 2014).*

Government of Nunavut, Department of Justice. 2015. *Nunavut Suicide Prevention Strategy Inventory.*

Government of Nunavut, Department of Justice and Department of Health. 2014. *Memorandum of Understanding Respecting Mental Health Assessment and Treatment Services.*


Government of Nunavut. 2015. *Performance Indicators for the Nunavut Suicide Prevention Strategy: Department of Justice*


Government of Nunavut. 2015. *Performance Indicators for the Nunavut Suicide Prevention Strategy: Nunavut Housing Corporation*

Government of Nunavut. 2015. *Performance Indicators for the Nunavut Suicide Prevention Strategy: Nunavut Arctic College*

Government of Nunavut. 2015. *Performance Indicators for the Nunavut Suicide Prevention Strategy: Department of Culture and Heritage*


Hicks, Jack. 2013. *Suicides by Nunavut Inuit Recorded in NWT & NU Coroner's Files.*


Hicks, Jack. 2009. *Toward More Effective Evidence-Based Suicide Prevention in Nunavut.*

Hicks, Jack. 2015. *Unresolved Historical Trauma as a Threat to Human Security in Nunavut: Gender Aspects and Other Aspects* (Presentation by Jack Hicks, Child Studies, Carleton University ‘Gender Equality in the Arctic’ conference – Akureyri, Iceland – October 30/31, 2014)
Inuit Tapiriit Kanatami. November 6, 2014. *Alianait Inuit Specific Mental Wellness Advisory Committee Teleconference November 6, 2014*


Kids Help Phone. 2012. *It’s now time to break the silence* (French and English)

Kids Help Phone. 2013. *Kids Help Phone-Information on usage from Nunavut*

Kivalliq News/Greer, Darrell. Feb. 5, 2014. *School seeks to stop bullies*


Lindsay, Teri and Gwen Healey. 2012. *Exploring the Perspectives of Frontline Mental Health Workers in Nunavut.* Qaujigiartiit Health Research Centre.

Lindsay, Teri and Gwen Healey. 2012. *Perspectives of Families Working With Nunavut’s Foster Care System.* Qaujigiartiit Health Research Centre.

Nelson Tagoona Audio file

No Author, 2014. *Community Resource Card Numbers*

No Author. 2012. *Community Resource Card Numbers*

No Author. No date. *Mentors Program Cape Dorset Nunavut ( Program Abstract)*

No Author. No date. *Final Report - Mentors Program Cape Dorset Nunavut (Project Report under Brighter Futures)*

Evaluation of the Nunavut Suicide Prevention Strategy and Action Plan


No Author. No Date. *Kangiqliniq-Rankin Inlet Community Resource Guide*.

No Author. No Date. *Mapping Inuit Mental Health and Wellness Inuit Circumpolar Council (ELOKA, Brown University, Inuit Tapiriit Kanatami, Sustaining Arctic Observing Networks)*.

No Author. No Date. *Summary of Results: Qaujivallianiq Inuusirijauvalauqtunik (‘Learning from lives that have been lived’) project*.

No Author. No Date. *Technical Brief on Psychological Autopsy Method*.

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No Author. No Date. Kivaliq Regional Update. *Meeting Minutes 20100915*.


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Nunavut Suicide Prevention Strategy Implementation Committee. 2012-2014. *Agenda: June 27, 2013*

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Nunavut Suicide Prevention Strategy Implementation Committee. 2012-2014. *Agenda: November 2, 2012*


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Evaluation of the Nunavut Suicide Prevention Strategy and Action Plan


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Nunavut Tunngavik Inc. (Jasmine Redfern) Nov. 28, 2012. *NTI Briefing Note Re: 2012 Embrace Life Council AGM.*


Nunavut Tunngavik Inc. 2014. *Nunavut Suicide Prevention Strategy Progress Report 2013-2014*


Nunavut Tunngavik Inc. Article 32 Working Group. *Meeting Minutes, 2010 (20100611)*

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Nunavut Tunngavik Inc. Article 32 Working Group. *Meeting Minutes, 20110929*

Nunavut Tunngavik Inc. *Board Meeting Minutes, 20100728*


Nunavut Tunngavik Inc. May 28, 2014. *Nunavut Youth Centre Environmental Scan*

Nunavut Tunngavik Inc. *Meeting Minutes, Suicide Prevention, 2011-09-15*


Nunavut Tunngavik Inc. Oct. 27, 2010. *NTI Fully Supports the Nunavut Suicide Prevention Strategy*


Quassa, Joanna to Government of Nunavut Department of Culture and Heritage. Aug. 1 2013. Re: Application for Funding- Fish and Awareness to a Healthier Lifestyle.

Royal Canadian Mounted Police. Nov. 13, 2014. 2010 to 2014 - Data files tracking recording of Attempts by Community, Communities with Zero Attempts etc.


Appendix D - List of Interviewees

Partners’ Representatives

Lynn MacKenzie, Executive Director, Mental Health Programs, Department of Health, Government of Nunavut

Charlotte Borg, Manager, Student Support Services, Department of Education, Government of Nunavut

Natan Obed, Director, Department of Social and Cultural Development, Nunavut Tunngavik Inc.

Jasmine Redfern, Assistant Director, Department of Social and Cultural Development, Nunavut Tunngavik Inc.

Yvonne Niego, Royal Canadian Mounted Police

Don Halina, Royal Canadian Mounted Police

Sandy Kownak, Board member, Embrace Life Council

Jenny Tierney, Executive Director, Embrace Life Council

Stakeholders

Sheila Levy, Executive Director, Nunavut Kamatsiaqtut Help Line
Isabelle Dingemans, Coordinator, ASIST
Sarah Burke, Program Coordinator, Canadian Red Cross
Katherine O’Connell, Board Member, Embrace Life Council
Cecile Guerin, Program Coordinator, Embrace Life Council
Jack Hicks, Researcher
Laura Eggertson, Researcher
Christa Kunuk, Counsellor, Nakasuk School
Kiah Hachey, Health Policy Analyst, Nunavut Tunngavik Inc.
Sharon Angnakak, Community Wellness Coordinator, Nunavut Tunngavik Inc.
Esther Warriner, Manager Mental Health, Qikiqtaluk Region, Government of Nunavut Department of Health
Mary Fredlund, Programs Coordinator, Pullarvik Kablu Friendship Centre
Jakob Gearheard, Executive Director, Ilisaksivik Society
Shirley Tagalik, Chair, Arviat Wellness Centre
Louisa Parr, Coordinator, Cape Dorset Youth Mentorship Program
Sarah Ahluwalia, Youth Coordinator, Iqaluit Youth Centre
## Appendix E – List of Recommendations

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<th>Rec #</th>
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| 1     | It is recommended that the Terms of Reference for the Implementation Committee be reviewed annually, and amended as necessary by the Partners. Amendments to the Terms of Reference should be developed by the Implementation Committee and recommended for approval by senior leadership of each of the Partner organizations.  
Areas for potential revision to the TOR include:  
General procedures for meetings, agenda, minutes, and decision making;  
More specific statement of the roles and responsibilities of each partner with respect to carrying out AP commitments that:  
- are the lead responsibility of one of the Partners,  
- are a shared responsibility of the Partners, or  
- are a responsibility of a GN department or another organization not directly represented on the Committee;  
Statement of the roles and responsibilities of the Committee collectively for Action Plan review, monitoring and reporting on progress towards AP implementation;  
Annual and other reports of the IC and how these will be prepared approved and made publically available. |
<p>| 2     | It is recommended that within the GN, approvals for decisions and documentation produced by the Partners under the umbrella of the NSPS and the Action Plan be subject to approval by Deputy Ministers through the Quality of Life Committee, where executive-level approval is a necessity. Where modifications are made to the Strategy and Action Plan in the future these should continue to be subject to approval at the highest levels of each organization, including, for the GN, by Cabinet. |
| 3     | It is recommended that, in the 2nd Action Plan, the Partners identify ways to better engage stakeholder organizations at all levels (i.e. territorial, regional and community) in the Strategy and AP implementation. This could involve an annual roundtable or forum on suicide prevention hosted by the Partners, teleconference meetings to provide updates on progress towards AP implementation and to exchange information, and half day teleconference discussion groups organized around specific topics, Strategy commitments or AP objectives (for example, improved mental health services, youth training). |
| 4     | It is recommended that the GN establish an active internal mechanism to coordinate its participation in the Implementation Committee and Action Plan implementation. The GN should ensure there is appropriate communication and exchange of information between GN representatives on the IC and departments that do not have direct representation on that Committee, including with respect to obligations arising from the AP and how those can be met by the GN and individual departments and agencies. |</p>
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<tr>
<td>5</td>
<td>It is recommended that NTI engage in discussions with RIAs to determine how the Strategy can be better aligned with these organizations’ mandates, priorities and activities, and how stronger ties can be forged between RIAs and the NSPS and AP. Consideration should also be given to how RIAs can be supported by NTI in implementing suicide prevention interventions that are consistent with the Strategy and AP.</td>
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<td>6</td>
<td>It is recommended that NTI and the GN discuss and agree on processes to ensure that in both developing the 2nd Action Plan and fulfilling commitments made in the Strategy and Action Plan, there is more meaningful engagement and consultation with Inuit organizations consistent with Article 32 of the NLCA and the guiding principles that are set out in the IC’s Terms of Reference.</td>
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<td>7</td>
<td>It is recommended that in the 2nd Action Plan, the Partners consider how other organizations, including RIAs, can be more fully engaged in AP implementation, especially when they are identified as individually or jointly responsible for specific actions or tasks. RIAs and other organizations should be fully consulted and engaged in the discussion of any actionable commitments and their approval sought with respect to any AP items for which they are assigned responsibility.</td>
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<td>8</td>
<td>It is recommended that suicide prevention related training programs and opportunities that have Nunavut and Inuit adaptations be more broadly extended to all front line service workers in Nunavut communities, particularly those who are new to their positions in communities, and greater efforts be made to extend these opportunities to the employees of Inuit organizations.</td>
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<td>9</td>
<td>It is recommended that the objective to improve interdepartmental cooperation to support children at risk, and associated actions/tasks be carried over to the 2nd Action Plan, and that there be improved recording and reporting on levels of use and implementation by DOH and EDU front-line workers of inter-departmental protocols, number of interventions for at-risk children by front-line workers and also use of the Interagency Information Sharing Protocol.</td>
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<td>10</td>
<td>It is recommended that the GN continue to pursue funding to ensure that mental health facilities can be established, operationalized and sustained in all regions of Nunavut.</td>
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<td>11</td>
<td>It is recommended that the GN continue to place high priority on ensuring that any vacant mental health positions in communities are filled.</td>
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<td>12</td>
<td>It is recommended that the Partners work together and collaboratively support the effort to ensure that curriculum for social workers and others working in front line social service delivery includes not only mental health and addictions content but also specific content that is relevant to understanding suicide in Nunavut (including root causes in historical trauma), risk and protective factors and suicide prevention measures.</td>
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<td>13</td>
<td>It is recommended that in the 2nd Action Plan the Partners place priority on continuing to work towards this objective i.e. to provide culturally and age-appropriate grief counselling in</td>
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<td>Nunavut. The Partners can build on the work that was begun through the Nunavut Healing Working Group, and with external partners and Nunavut-based resources, develop appropriate counselling models that are based on Inuit values, concepts and appropriate terminology.</td>
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<td>14</td>
<td>It is recommended that in the 2nd Action Plan, objectives, tasks and actions related to youth suicide prevention programming be stated more precisely and with more specific and measurable goals identified. Further efforts should be made to document the full scope of youth programming in Nunavut and assess the extent to which this supports the NSPS and suicide prevention in Nunavut more generally.</td>
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<td>15</td>
<td>It is recommended that as curriculum is developed by the Department of Education in the future, that consultation and engagement occur with all Partners in the NSPS and that attention be given to the inclusion of elements in the curriculum that support the long term vision and goals of the NSPS.</td>
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<td>16</td>
<td>It is recommended that financial resources continue to be directed by the Partners towards implementation of RespectEd training programs in Nunavut, and that efforts be made to encourage further delivery of RespectEd training modules to youth both within a school context, as well as through non-school based youth activities organized at the community level by others (e.g. RCMP, health and justice workers).</td>
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<td>17</td>
<td>It is recommended that the Youth Centre Environmental Scan be shared with and communicated to all communities and measures be taken to share best practices on youth-focussed health and wellness activities and programs in Nunavut. It is further recommended that in the 2nd Action Plan the Partners, working with the GN Community and Government Services as well as the Department of Culture and Heritage focus on establishing the basis for a comprehensive youth centre/facility plan for Nunavut – one that seeks to ensure that all Nunavut communities have similar access to resources and facilities for youth programming.</td>
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<td>18</td>
<td>It is recommended that the Partners explore the evidence base regarding the efficacy of youth peer-based counselling and complete an environmental scan of best practices in Canada and other jurisdictions, and existing initiatives in Nunavut prior to pursuing further initiatives in the area of youth-based peer counselling.</td>
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<td>19</td>
<td>It is recommended that in the 2nd Action Plan the Partners continue to support efforts to raise awareness of suicide, mental health, risk and protective factors among Nunavummiut through ongoing public awareness campaigns. Future public awareness campaigns should complement the focus of the Partners on specific risk and protective factors (e.g. child sexual abuse, historical trauma).</td>
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<td>20</td>
<td>It is recommended that delivery of ASIST continue to be a priority within the NSPS and 2nd Action Plan, and that adequate resources continue to be directed to delivery of ASIST in Nunavut communities. Also, it is recommended that in the 2nd Action Plan Partners increase the visibility and profile of ASIST in Nunavut and undertake to make ASIST more broadly</td>
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<td>available to Nunavummiut. It is further recommended that a program evaluation of “Uqaqatigiluk! or “Talk About It!” (ASIST) be undertaken in 2016-17. As the “flagship” suicide prevention training program in Nunavut, it is appropriate that this program be subject to an evaluation after two to three years of delivery.</td>
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<td>21</td>
<td>It is recommended that in the 2nd Action Plan the Partners commit approximately $200,000 towards the training of additional ASIST trainers in all three regions of Nunavut, and that priority be placed on identifying Inuktitut speakers as candidates for training and ASIST trainer certification.</td>
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<td>22</td>
<td>It is recommended that the RespectEd program content and Integrated Training Resource and Toolkit be “branded” for the Nunavut context with development of an appropriate title/name that encapsulates the overall intent of the program to provide training to youth and adults on violence prevention, healthy relationships and anti-bullying and harassment. It is further recommended that training in RespectEd continue to be delivered to Nunavut teachers, and also that the Department of Education actively encourage teachers to deploy RespectEd through delivery of selected modules in the classroom, and that the department begin to monitor the frequency of delivery and delivery approaches that are chosen by teachers, reporting back to the Implementation Committee on levels of use.</td>
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<td>23</td>
<td>It is recommended that in the 2nd Action Plan research continue to be a major commitment area for the Partners, and that an NSPS Research Agenda be established. The Partners should explore how the NSPS Research Agenda can be carried out including through research partnerships (with academic institutions and research organizations), and with support from the GN, national research institutions/organizations, philanthropic organizations, and others.</td>
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<td>24</td>
<td>It is recommended that the foundational research work that has been completed through the Evidence Review in Support of the Nunavut Suicide Prevention Strategy should be built upon in the 2nd Action Plan for the NSPS through further, more focussed research on particular risk factors such as child sexual abuse. It is further recommended that findings from the Evidence Review be used to support decisions by the Partners as to how they may wish to approach peer counselling as a specific suicide prevention measure that can be promoted through the NSPS and the AP.</td>
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<td>25</td>
<td>It is recommended that, in the 2nd Action Plan the Partners consider: a) Supports and training that may be required to develop the skills of RCMP officers to accurately and consistently apply codes pertaining to suicide, attempted suicide and MHA incidents within the Police Reporting Occurrence System (PROS);</td>
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<td>b) How the data sets that exist within the RCMP’s Police Reporting Occurrence System can be accessed, analyzed and utilized for the purposes of the NSPS and AP, as well for research purposes;</td>
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<td>c) Working with the Coroner’s Office to develop a longer term plan for analysis of the more detailed data on completed suicides that is currently being collected through the Coroner’s Research Service Form, and determine if any adjustments could be made to the Form to assist in the collection of data that may be relevant to future research on suicide and suicide prevention in Nunavut.</td>
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<td>26</td>
<td>It is recommended that the Partners undertake a quarterly assessment of progress towards each of the objectives in the Action Plan, and overall progress towards the vision and goals of the NSPS. The Partners should establish a monitoring tool that simply identifies each objective and action/task in the Action Plan and provides for reporting by responsible Partners regarding the implementation of each action/task and an assessment by the other Partners on progress towards meeting the objective. Some of the tools used by the evaluation team as part of this evaluation can be adapted for the purposes of the Implementation Committee in tracking progress in the future.</td>
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<td>27</td>
<td>It is recommended that the Partners complete the Communications Strategy/Plan for the NSPS as part of preparations to launch a 2nd Action Plan, and that an Annual Progress Report be prepared and made publicly available to Nunavummiut.</td>
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<td>28</td>
<td>It is recommended that rather than establishing and managing a separate website for the NSPS, that the ELC website be used as the main site of the Partners to promote awareness of the NSPS and the Action Plan(s), updates and progress reports, information on suicide prevention related activities, suicide prevention resources, research and training opportunities. It is further recommended that additional resources be directed by all Partners to the ELC to allow it to carry out an expanded set of responsibilities for managing NSPS related communications through their website.</td>
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<td>29</td>
<td>It is recommended that measures be taken by the Department of Education to continue to create awareness of the availability of the Be Safe! resource and kits and that if needed, more support and training be provided to school staff so that they can utilize and implement Be Safe!. It is further recommended that other non-curriculum based social and emotional learning programs and resources be identified and assessed as to the potential for broader implementation in Nunavut elementary schools, and also that efforts be made to adapt preferred programs and program materials to the Nunavut context where appropriate.</td>
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<td>30</td>
<td>It is recommended that in the 2nd Action Plan the Partners place a high priority on continuing the Canadian Red Cross’s “Ten Steps to Creating Safe Environments” program in Nunavut communities and identify resources to continue support of both existing community Prevention</td>
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<td><strong>31</strong></td>
<td>It is recommended that in the 2nd Action Plan the Partners place a high priority on identifying ways to increase the involvement of communities, including community groups and organizations in implementation of the NSPS and AP through community level initiatives and activities that are either directly or indirectly supporting suicide prevention in Nunavut.</td>
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| **32** | It is recommended that the Partners establish more clearly defined and measurable goals and anticipated outcomes for the 2nd Action Plan that are tied to the vision for suicide prevention which continues to be expressed in the NSPS.  
It is further recommended that the baseline conditions associated with anticipated outcomes and objectives of the Strategy be established so that proper measurement and assessment of outcomes can be made in the future.  
It is further recommended the indicators of progress towards achieving anticipated outcomes in the medium and longer term be more clearly established. This includes with respect to indicators of:  
a) Access by youth to mental health and addiction resources;  
b) Access to culturally appropriate grief counselling;  
c) Access to early childhood development and family programs;  
d) Appropriate levels of support for children displaying at-risk behaviours;  
e) Social and emotional learning opportunities at school;  
f) Access to youth peer counselling;  
g) Healthy environments in which youth and children grow up in; and  
h) Healthy and productive lives for Nunavummiut. |
| **33** | It is recommended that in developing the 2nd Action Plan for the NSPS the Partners undertake an identification of the human, financial and other resources that will be required on the part of each to fulfill commitments and carry out specific tasks and activities, and if resources cannot be realistically mobilized that the proposed action(s) not be included in the Plan.  
It is further recommended that Partners incorporate suicide prevention activities and AP commitments within their annual business plans, budgets and work plans, and into program-related business cases. |
| **34** | It is recommended that in preparing the 2nd Action Plan the Partners consider the following options and approaches to allocating financial resources to the Strategy and Action Plan implementation:  
a) Establish a common funding envelope with contributions from all Partners to be managed by the IC.  
b) Establish a pilot project to transfer funds from the territorial government to regional and community organizations for specific community based suicide prevention projects. |
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<td>c) Assign additional resources to expand the Ten Steps program in Nunavut communities and empower community prevention teams.</td>
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<td>35</td>
<td>It is recommended that the Partners establish a clear, transparent and shared mechanism through which financial resources that are being directed to suicide prevention can be better tracked, monitored and reported on in the future.</td>
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<td>36</td>
<td>It is recommended that the 2nd Action Plan include an action to provide information and better communicate to Nunavut communities and organizations what funding is available to support suicide prevention initiatives including through the GN, the ELC, RIA's and other departments, agencies and organizations.</td>
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<td>37</td>
<td>It is recommended that the GN establish a dedicated suicide prevention position within the Department of Health to facilitate Strategy and AP implementation on behalf of the GN and to coordinate interdepartmental and inter-Partner actions.</td>
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<td>38</td>
<td>It is recommended that the Nunavut Suicide Prevention Strategy continue without amendment at this time, but that the vision, goals and approaches to suicide prevention set out in the Strategy, including partnership- and evidence-based approaches continue to inform the development of a 2nd Action Plan.</td>
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<td>39</td>
<td>It is recommended that the 2nd Action Plan carry over commitments, objectives and actions from the first Action Plan as appropriate. It is further recommended that the Action Plan identify with greater specificity how existing and any new commitments and activities can realistically be carried out within the next 5 years with available resources. Action Plan items, how these will be achieved, and anticipated outcomes should be set out with as much precision as possible.</td>
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<td>It is further recommended that the development of the Action Plan be significantly informed by the research that has been completed in the first phase of the Strategy, including results of the Follow Back Study and the Evidence Review in Support of the Nunavut Suicide Prevention Strategy.</td>
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<td>It is recommended that through the Implementation Committee the Partners:</td>
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<td>a) Undertake an annual review of the AP, assessing and agreeing on progress made on specific commitments and objectives, and identifying adjustments that may be required to the Plan both with respect to actions, responsibilities and timeframes. and</td>
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<td>b) Prepare for public release, possibly on World Suicide Prevention Day, an annual report that describes progress towards Action Plan implementation as well as realization of the anticipated outcomes of the Strategy and the overall vision. The annual report could also report on the results of research and community level activities that are being undertaken by non-Partner stakeholders in the Strategy.</td>
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<td>41</td>
<td>It is recommended that through the Implementation Committee the Partners undertake an initiative to identify appropriate language and terminology around suicide prevention and suicide that is informed by Inuit societal values and is meaningful at the community level and for all Nunavummiut.</td>
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<td>42</td>
<td>It is recommended that the 2nd Action Plan include a commitment for additional core funding to be provided to the ELC by the Partners to allow this organization to take on new roles and responsibilities including in research and data management and management of Action Plan initiatives in the area of communications.</td>
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