

Mental Health in Inuit Youth from Nunavik: Clinical Considerations on a Transcultural, Interdisciplinary, Community-oriented Approach

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Abstract

Objective: This paper discusses the organization of mental health care for youth in Nunavik and considers how best to adapt care to the sociocultural and geographical specificities of this region. **Method:** Services are described and discussed by a general practitioner and a community worker in Nunavik. **Results:** Current social and medical care delivery in Nunavik is provided by professionals who are largely non-Inuit and who are supported by Inuit community workers and interpreters. Community workers are key players in the provision of social and mental health care for youth. Efforts are made to adapt care to the sociocultural specificities of Inuit youth, and to locally-based multidisciplinary care addressing the multiple determinants of mental health. **Conclusion:** While efforts to adapt care are ongoing, the ideal model of care integrating transcultural, multidisciplinary and community-oriented approaches are yet to become a reality. Increased communication among care providers is suggested as a way to strengthen the current collaborative model of care. Future goals include having a majority of care being provided locally and building community ownership and governance of care institutions.

Key words: *Inuit youth, Nunavik, mental health care*

Résumé

Objectifs: présenter l'organisation des soins de santé mentale destinés aux enfants et adolescents du Nunavik; étudier la meilleure manière d'adapter ces soins aux spécificités socio-culturelles et géographiques de cette région. **Méthodologie:** description et analyse des services par un omnipraticien et un travailleur communautaire au Nunavik. **Résultats:** à l'heure actuelle, les services sociaux et les soins médicaux sont fournis par des professionnels qui ne sont généralement pas Inuit, et qui sont appuyés par des travailleurs communautaires et des interprètes inuit. Les travailleurs communautaires sont des intervenants clés en matière de services sociaux et de soins de santé mentale pour les jeunes. Des efforts sont faits pour adapter les soins aux spécificités socio-culturelles des enfants et adolescents inuit, et pour mettre sur pied des équipes multidisciplinaires locales intégrant de nombreuses facettes de la santé mentale. **Conclusion:** bien que les efforts visant à adapter les soins se poursuivent, le modèle idéal de soins intégrant l'approche transculturelle, multidisciplinaire et communautaire n'est pas encore une réalité. Une meilleure communication entre les divers fournisseurs de soins est l'une des approches évoquées pour renforcer le modèle actuel de soins collaboratifs. Parmi les objectifs futurs, citons la prestation locale de la majorité des soins, ainsi que l'appropriation et la gouvernance des soins par la communauté.

Mots-clés: *enfants et adolescents inuit, Nunavik, soins de santé mentale*

Background

In Nunavik, Quebec, some 11,000 people—mostly Inuit—live in 14 remote communities accessible by plane. The population is very young, with 40% being under the age of 15 (Anctil, 2004). Currently, the communities are facing many challenges. The 2004 Nunavik Inuit Health Survey underlined a number of poor health determinants:

low scholarship; low family income; low employment rates; overcrowded housing; food insecurity; high violence rates (both physical and sexual) and alcohol and drug addictions (Anctil, 2004). These issues need to be contextualized: for example alcohol abuse prevalence is in fact lower than in the rest of Canada, but consists more of a binge-drinking pattern (Anctil, 2004). Recent data shows a very high

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prevalence of suicide in Inuit communities (Government of Canada, 2006).

Youth of these communities are also living through stressful mental health and social issues. Aboriginal youth are recognized as a group especially at risk for suicide (Health Canada, 2003). Clinicians currently working in Nunavik describe suicidality as a continuing concern for youth. Many Nunavik youth are also receiving services from the Department of Youth Protection (DYP), Quebec's child welfare agency. A 2010 report stated that more than 20% of children from Nunavik were under Youth Protection (Sirois & Montminy, 2010). Furthermore, the youth are influenced by the various burdens that have affected the older generations including residential schools, marginalization and cultural fragmentation (Miller et al., 2011; Suicide prevention advisory group, 2003).

The situation for Nunavik Inuit youth is thus precarious and calls for collaborative efforts where social, medical, psychological, community and family issues are addressed as a whole. This article will first describe the organization of health and social services for youth in Nunavik, then set out the transcultural, interdisciplinary and community-oriented approaches taken by current services available for youth, and finally it will address the current challenges in providing an approach integrating these aspects and offer suggestions about improving care.

Mental health and social care organization in Nunavik

For Inuit youth, entry points to access mental health or social services are either through medical primary care team, social services or the DYP. Families rarely request mental health support for youth themselves. The primary medical team includes nurses and family physicians, who are mostly non-Inuit, and who are supported by interpreters. The social services team has Inuit community workers, supported by mostly non-Inuit social workers. The DYP has its own team of community workers, also supported by mostly non-Inuit social workers.

Community workers and interpreters are the main links between youth and their families and their non-Inuit coworkers.

When an in-patient treatment is warranted, the patient can be admitted on the ward in one of the two regional hospitals. If needed, a transfer to the tertiary care hospital in Montreal can be considered. There are also a few rehabilitation resources available for Inuit youth with mental health and social issues—two in Nunavik, both under the DYP responsibility, and a few resources in Montreal as well.

There are no regular psychiatrists or psychologists living on the territory. A child and adolescent psychiatrist visits a few times a year to do consultations in the communities and

remains available over the phone to support local service providers.

Transcultural aspects of care

The communities in Nunavik are transforming rapidly, yet cultural traditions are much alive (Kirmayer, Fletcher, & Watt, 2009). Cultural adaptation of services to specific contexts is recognized as an essential part of delivering quality services (Kirmayer, Rousseau, Jarvis, & Guzder, 2008). Many non-Inuit professionals first come to Nunavik with good intentions and some knowledge of the Inuit culture. Yet the necessary cultural adaptation needs a more in-depth knowledge, and gaps in this knowledge are still considered frequent. For example, non-Inuit repeatedly lack the knowledge of paying the correct respect to elders, of knowing how one should act in their presence. Community workers are in an especially favorable position to help provide this knowledge. Unfortunately, high staff turnover of non-Inuit professionals interferes with the transmission of this essential knowledge by the Inuit workers. Interpreters also play an important role as cultural brokers (Singh, McKay, & Singh, 1999) between the primary medical team and the patients.

The traditional healing approach remains present in Nunavik, but was progressively replaced by non-Inuit methods (Lessard, Bergeron, Fournier, & Bruneau, 2008). Most traditional healers work in a parallel system to the health centres. People also seek help through popular church bible-study groups, healing groups and community youth centers.

Interdisciplinary work

The nature and the complex intermingling of the difficulties encountered by youth calls for a close collaboration between professionals from different fields. Given their proximity with the families and their strong therapeutic alliance, community workers are key players in mental health and social care delivery in Nunavik. It is essential that they take part in the dialogue regarding mental health interventions for families. Other certified professionals support their work, especially when they need access to knowledge linked to these certified professionals' specific training. At other times the intervention may benefit from the presence of a person external to the community. For example, a local worker questioning a family about a sensitive topic such as alcohol consumption might be seen as too intrusive, whereas the family may feel more at ease to disclose this information to a stranger. Another example of interdisciplinary work is the daily rounds happening at the Inuulitsivik Health Center, where all the admitted patients are discussed between all doctors, a nurse, a pharmacist, a social worker and sometimes a community worker to formulate global intervention plans.

Community-oriented approach

Community-oriented approaches are recognized as best practices to address mental health and social issues (Thornicroft et al., 2010). These approaches build on strengths and resilience of communities, on proximity of services, and on prevention and promotion of well-being. Low resource settings rely heavily on these approaches (Thornicroft et al., 2010). The Inuit communities have a long history of cooperative efforts supporting the well-being of their members. The psycho-social challenges they currently face clearly call for a focus on community-oriented integrated care. Such efforts are illustrated by recent messages sent over the local radio by elders, who are highly regarded by the whole community, in favor of elders getting more involved to support their youth.

For the local workers, being a member of the community as well as a mental health care provider brings a rich knowledge and a strong experience of local realities to the care of Inuit youth. Yet this position is also very challenging, as workers can be related to patients or can recognize themselves in a patient's history (Lessard et al., 2008). They also bear the responsibility of providing accessible services for the community, so their obligation toward others often extends after hours.

The community workers allow an easier outreach, facilitating home visits and helping to locate patients. They often serve as mediators between families and other professionals.

Discussion and conclusion

The local and regional health systems have made some efforts to address the challenges facing youth in Nunavik, but the results remain insufficient as the gaps between the needs of the population and the resources available are significant. A recent report outlined the precarious situation of the DYP in Nunavik: a difficult context, a high staff turnover, a lack of training and support for the workers, and a discrepancy between the needs and the available resources (Sirois & Montminy, 2010). Recent clinical experience supports these observations for the other care providers as well. An ideal model of care integrating transcultural, multidisciplinary, and community-oriented approaches are yet to become a reality.

A suggestion to improve care includes increasing communication between the different mental and social care groups: primary medical team, social services, DYP, community workers and interpreters. Another helpful avenue would be an even greater collaboration between community initiatives and care providers, thus ensuring a more culturally-adapted approach to care initiatives.

Community workers clearly play a central role in today's efforts to improve mental health and social issues in such communities (Santhanam, Hunter, Wilkinson, Whiteford, & McEwan, 2006). Efforts from all other professionals

working with them will need to envisage how to enact the needed knowledge exchange and support that will improve their capacity-building.

In an ideal world, the vast majority of professional health and social workers would be local so that the care would be even more community and culturally-adapted. The governance of care would strongly involve the community, contrasting with a frequent reality within Aboriginal communities where hierarchy produce an imbalance of power between Aboriginal and non-Aboriginal actors. In the meantime, one can work on a stronger collaborative approach, where all care providers can consult each other, establish a plan together and share the continuity of care.

Acknowledgements / Conflicts of Interest

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