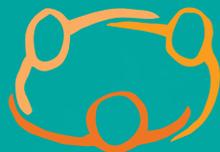


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united for life



Inuusivut Anninaqtuq
unis pour la vie

Inuusivut Anninaqtuq Action Plan 2017-2022

A partnership between

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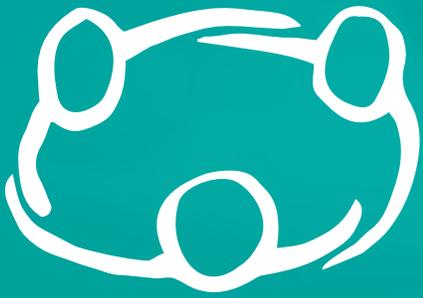
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Introduction

About the Nunavut Suicide Prevention Strategy and Action Plans

The Nunavut Suicide Prevention Strategy¹ (the Strategy) was published in 2010, based on extensive research and collaboration with diverse stakeholders across Nunavut.

The Strategy provides an overall approach to suicide prevention in Nunavut. It supports us to develop evidence-based action plans that respond to changing needs and opportunities. Each action plan sets out specific goals and activities that we believe are the best next steps we can take to fulfill the Strategy.

Inuusivut Anninaqtuq (United for Life) is Nunavut's third suicide prevention action plan. It presents the actions we have agreed to take over the next five years, from 2017 to 2022.

The Partners

The Strategy and action plans are developed by the Government of Nunavut, Nunavut Tunngavik Incorporated, the RCMP V-Division and the Embrace Life Council, referred collectively as "the Partners." The Partners are accountable for implementation, monitoring of progress and engaging Regional Inuit Associations, municipal governments and community groups in all aspects of this work.



Photo: Representatives of the Nunavut Suicide Prevention Strategy Partners at the June 2017 Inuusivut Anninaqtuq (United for Life) Action Plan Release. Left to right: C/ Supt. Michael Jeffrey, Head of "V" Division RCMP; Honourable George Hickes, Minister of Health; Aluki Kotierk, President NTI; and David Lawson, President of the Embrace Life Council.

¹The Nunavut Suicide Prevention Strategy is available online from Nunavut Tunngavik Incorporated.



Figure 1: The Nunavut Suicide Prevention Strategy Partners

The Process

NSPS Partners agreed in October 2016 to a process for preparing this five-year action plan. First, outcomes were developed based on the Strategy, the jury's verdict from the Discretionary Inquest into suicide and the United for Life Summit.

Partners, including the Government of Nunavut's departments and the Regional Inuit Associations, were then asked how the outcomes would be achieved. We recognize that experts in their fields know from experience how to get the work done. Partners were asked to include only actions that can reasonably be achieved with the right resources. Actions were defined in December and January 2017 following productive working group meetings. There were hundreds of entries submitted by Partners which were sorted by similarity and, in some cases, consolidated.

We have done our best to give this document a consistent tone and style. We sincerely thank all those who contributed to Inuusivut Anninaqtuq.

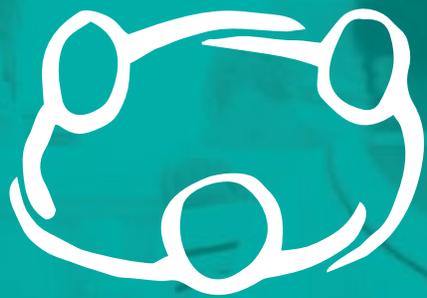
Resourcing the Plan

The work of Inuusivut Anninaqtuq has already begun. In June 2016, Prime Minister Justin Trudeau announced immediate and targeted mental wellness support for Indigenous communities. From 2016 to 2019, \$3.8 million was made available to the NSPS Partners for immediate measures that provided urgently needed help and support while the Government of Canada and Indigenous Leaders developed a long-term plan to address these important health issues.

In March 2017, the Government of Nunavut's main estimates included funding for the implementation of this plan. Over five years, the Government of Nunavut will invest \$35 million, including:

- \$16 million for community led action (Commitment 8);
- \$4.4 million into mobile Inuktitut counselling services;
- \$12 million into the Quality of Life Secretariat, including research, training and gatherings; and
- An addition of \$2 million for the Embrace Life Council.

The NSPS Partners will continue to work with the Government of Canada and other third-party funders to secure additional resources needed to implement the actions contained in this plan.



Our Shared Understanding

Our Vision

We affirm and continue to work toward the vision of the Nunavut Suicide Prevention Strategy, which states that:

Inuit are not predisposed by virtue of ethnicity to be at a higher risk of suicide than non-Inuit. Grounded in and encouraged by this truth, the Partners envision a Nunavut in which suicide is de-normalized, where the rate of suicide is the same as the rate for Canada as a whole—or lower. 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. This will also be a **Nunavut in which families, communities, and governments work together** to provide a wide-reaching and culturally appropriate range of services for those in need.

A diverse group of stakeholders must be mobilized to achieve this vision. **Every person and organization in Nunavut can have a role in preventing suicide, and in building a healthy community.** Once mobilized, these individuals and groups can all contribute meaningfully to the achievement of this common vision.

Eight Commitments

This action plan sets out the steps we will take over the next five years to implement the eight commitments of the Strategy. We have shortened the wording of the commitments, but have kept their original meaning. The eight commitments are:

1. We will take a **focused and active approach**.
2. We will strengthen **mental health services**.
3. We will support **youth resilience**.
4. We will deliver **intervention training**.
5. We will support **research, monitoring and evaluation**.
6. We will **communicate openly with Nunavummiut** about prevention and our progress.
7. We will support **early childhood development**.
8. We will **support community-led action**.

The actions in this plan have also been informed by research and public discourse about suicide prevention that has occurred since the Strategy was written, including the Nunavut Coroner's Discretionary Inquest into suicide in 2015, the results of the United for Life Summit on suicide prevention in 2016 and the National Inuit Suicide Prevention Strategy (NISPS), which was released by Inuit Tapiriit Kanatami (ITK) in July 2016. Here we review these key events and the ways in which they have influenced this action plan.

Coroner's Discretionary Inquest

In September 2015, the Nunavut Chief Coroner held a Discretionary Inquest into suicide in Nunavut. Many Nunavummiut, including bereaved family members, community leaders and government officials provided testimony, along with specialists from outside of Nunavut. The Nunavut Suicide Prevention Partners would like to acknowledge the important work of the jury members, the Nunavut Coroner's Office, witnesses and all others involved.

The inquest and the jury's recommendations caused a major remobilization of action and collaboration among the Partners. The recommendations affirmed the existing Strategy and identified specific actions that have been included in this plan, such as actions to greatly strengthen community engagement in suicide prevention. The jury also emphasized the importance of reconciliation, collective healing and the transmission of Inuktitut and Inuit culture to youth, citing recommendations in the final report of the Qikiqtani Truth Commission.

²P. 30, *National Inuit Suicide Prevention Strategy*. Inuit Tapiriit Kanatami, 2016.

³P. 5, *Blueprint for Action on Housing*, Nunavut Housing Corporation, 2016.

United for Life Summit

In May 2016, the Partners held Atausiuqatigiingniq Inuusirmi (United for Life) Stakeholder Summit for Suicide Prevention in Iqaluit. The purpose of the Summit was to communicate openly about the Partners' renewed efforts in suicide prevention, to support individual and collective healing and to work toward consensus on priorities for this action plan. As described in the United for Life Summary Report, participants reached consensus on six priority areas of action, all consistent with the strategy:

1. Community-led action and decision-making;
2. Transmission of Inuktitut and Inuit culture;
3. Early childhood development, grounded in Inuit culture;
4. Supports for children and youth, grounded in Inuit culture;
5. Healing gatherings and support groups in all communities and;
6. More mental health services for all ages, with a focus on involving communities and Inuit practitioners.

We have been able to include most of the specific actions proposed under each of these priorities. We will continue to engage diverse Nunavummiut on these issues in the coming years.



Karen Kabloona, Associate Deputy Minister of Quality of Life, shares her table group's ideas with other participants at the United for Life Summit, held in Iqaluit in May 2016.

National Inuit Suicide Prevention Strategy

In July 2016, Inuit Tapiriit Kanatami (ITK) released the National Inuit Suicide Prevention Strategy (NISPS). The concepts in the NISPS are consistent with the jury's recommendations from the Coroner's Discretionary Inquest, the results of the United for Life Summit and the Nunavut Suicide Prevention Strategy.

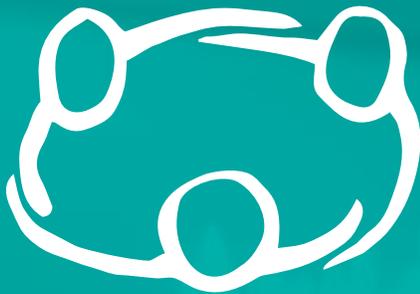
The NISPS provides a clear expression of our shared understanding of suicide prevention in Inuit Nunangat. The Partners take much inspiration from the NISPS and have used it to enhance this action plan. The approach in the NISPS involves reducing the major risk factors and strengthening the major protective factors (as shown in *Figure 2*, an infographic from the NISPS). To achieve this, the NISPS prioritizes six objectives:

1. Create social equity;
2. Create cultural continuity;
3. Nurture healthy Inuit children;
4. Ensure access to a continuum of mental wellness services for Inuit;
5. Heal unresolved trauma and grief; and,
6. Mobilize Inuit knowledge for resilience and suicide prevention.

The Nunavut Suicide Prevention Strategy Partners **fully endorse the NISPS**. We are committed to supporting the implementation of the NISPS and sharing knowledge with other Inuit regions and learning from their efforts.



Figure 2: Suicide Risk and Protective Factors for Inuit in Canada (from the National Inuit Suicide Prevention Strategy). Infographic provided by Inuit Tapiriit Kanatami.



Social Equity is Key for Primary Prevention

As the National Inuit Suicide Prevention Strategy (NISPS) states:

*There is clear evidence from around the world that social disadvantage, such as living in poverty and not getting enough to eat, is linked to higher rates of suicide. **Achieving social equity is necessary to prevent suicide**; it is also a broad and overarching goal that will improve many other areas of life².*

The National Inuit Committee on Health (NICoH), which is coordinated by ITK, has identified the eleven social determinants of Inuit health that must be addressed to achieve social equity: quality of early childhood development; culture and language; livelihoods; income distribution; housing; safety and security; education; food security; availability of health services; mental wellness; and, the environment. To ultimately reduce the risk of suicide in Nunavut, we must do more to address these social determinants of health, ensuring that we can all meet our basic needs and achieve individual and collective wellbeing. To this end, the Partners want to acknowledge and express support for *Nunavut’s Blueprint for Action on Housing, Makimaniq 2: A Shared Approach to Poverty Reduction and the Nunavut Crime Prevention Strategy*.

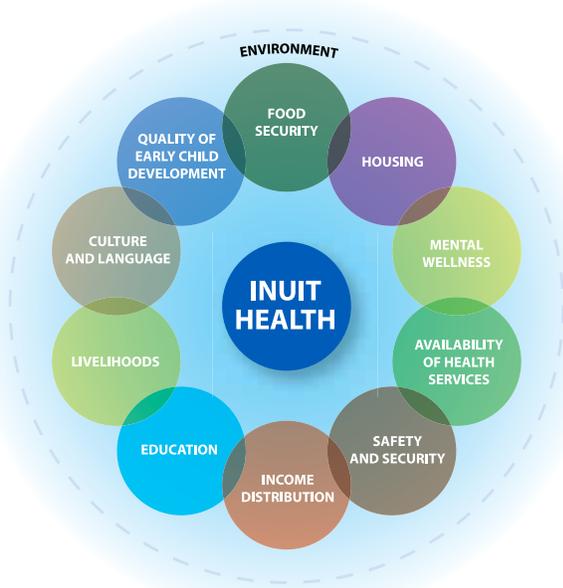


Figure 3: Social determinants of Inuit health with each circle being an important aspect of Inuit Health, identified by the National Inuit Committee on Health (from the National Inuit Suicide Prevention Strategy). Infographic provided by Inuit Tapiriit Kanatami.

Access to Adequate Housing

Nunavut is facing a housing crisis, including a severe shortage of housing and staggering overcrowding. Over **38% of Nunavummiut live in overcrowded conditions** and many homes are in need of major repair.³ The housing crisis fundamentally impacts the health and wellbeing of families who do not have safe, adequate housing. Overcrowding is associated with many serious health conditions, including respiratory infections and is associated with increased risk of stress, violence, food insecurity, abuse, addiction and suicide.

The gap between our current stock and our need is very large. The Nunavut Housing Corporation (NHC) estimates a **shortage of approximately 3000 units** and has calculated that another 90 units are needed each year to keep up with population growth. At our current rate of building, we will not close this gap for 35 years.

The Nunavut Suicide Prevention Strategy Partners **fully endorse the NHC’s recently published *Blueprint for Action on Housing***, as well as **Angiraqangittuliriniq, A Framework for Action for Nunavut’s Absolute Homeless**. This approach expresses an urgent need for increased and stabilized funding for housing from the Government of Canada.

Safe and healthy homes are the foundation for achieving all other aspects of social equity. Implementing the Blueprint for Action on Housing, so that Nunavummiut no longer have to face the chronic health risks of severe overcrowding, is necessary for suicide prevention in Nunavut.

Poverty Reduction

Alongside the Blueprint for Action on Housing, the Nunavut Suicide Prevention Strategy Partners fully endorse ***Makimaniq 2: A Shared Approach to Poverty Reduction***, recognizing the significant connection between poverty reduction and suicide prevention.

Based on consensus developed at gatherings of the Nunavut Roundtable for Poverty Reduction, Makimaniq 2 presents a comprehensive set of actions to address all of the social determinants of health of Inuit. The plan presents consensus- and strengths-based approaches to:

- Strengthened Foundation through Piliriqatigiingniq;
- Increased Community Decision-Making;
- Strengthened Local Economies;
- Strengthened Support for Healing and Wellbeing;
- Strengthened Life-long Learning;
- Increased Food Security;
- More Supportive Income Assistance Program
- Increased Access to Housing.

Makimaniq 2 and the Nunavut Suicide Prevention Strategy include many overlapping areas for action. We have developed the actions in this plan to complement those in *Makimaniq 2*. There is great synergy between the two plans, in detail and in spirit; both plans are founded on our belief in the collective capacity of individuals and communities to provide hope, help and healing. Both plans also call on the Partners and other key organizations, such as the federal government, to do their part to foster conditions that will support Nunavummiut to thrive. This includes addressing overcrowding, food insecurity, addictions and other mental health challenges, intergenerational trauma, family violence and improving resources to support health and wellbeing across the lifespan.

Crime Prevention

Crime levels in Nunavut are much higher than the rest of Canada, both in the severity of crime and the number of police reported crimes (both were over four times the national average in 2013).⁴ Violent crime reduces our sense of safety and security and causes trauma. As the National Inuit Suicide Prevention Strategy explains, *unresolved traumatic experiences can create lasting distress and contribute to cumulative risk for suicide, especially when traumatic experiences lead to depression and substance abuse*⁵. Preventing crime and addressing the root issues of violence in our communities will also reduce the risk of suicide. This includes addressing trauma within families and intergenerational trauma affecting our society. We need to support families and communities to be well and reduce adverse childhood experiences that affect the next generation.

To this end, the **NSPS Partners fully support the implementation of the Nunavut Crime Prevention Strategy**, which was released by the Government of Nunavut in March 2017 and is based on extensive community consultations. The vision of the Nunavut Crime Prevention Strategy *is to strengthen safe communities where individuals and families are and feel secure and protected*⁶.

The Nunavut Crime Prevention Strategy takes social development approach to crime prevention, an approach that is in harmony with the Nunavut Suicide Prevention Strategy and this action plan. One of the core components of the Nunavut Crime Prevention Strategy is *enhancing community engagement in crime prevention initiatives*, with a commitment by the Government of Nunavut to establish a new fund and provide practical, on-the-ground support for community-led crime prevention and wellness efforts. The NSPS Partners will work closely with staff from the Department of Justice and hamlets as they strengthen their community-based work in the coming years.

⁴P. 4, *Nunavut Crime Prevention Strategy*, Government of Nunavut, 2017. P. 19

⁵P.19

⁶P.4



Our Shared Commitments

Our approach to suicide prevention must involve addressing the socio-economic conditions that affect the daily health and wellbeing of Nunavummiut. The Partners underline the importance of social equity. All members of our society must have the supports needed to live well and reach their potential.

We must also take specific actions to respond to the existing risk of suicide in our society. The eight commitments in the Nunavut Suicide Prevention Strategy address the most urgent gaps in suicide prevention. The commitments are still relevant today. This action plan presents what we intend to do in the next five years to continue to fulfil them.

We know from experience and research, both within Nunavut and other indigenous populations, that this approach works.

The 2010 Nunavut Suicide Prevention Strategy was the beginning of a healing journey. By expressing the impact of suicide and a desire to change, many Nunavut communities began healing and rebuilding their individual and collective wellness. In the past few years, capacity has been strengthening. Hope is restoring.

When many people work together with the knowledge and belief that they make a difference, communities change. Suicide is preventable.

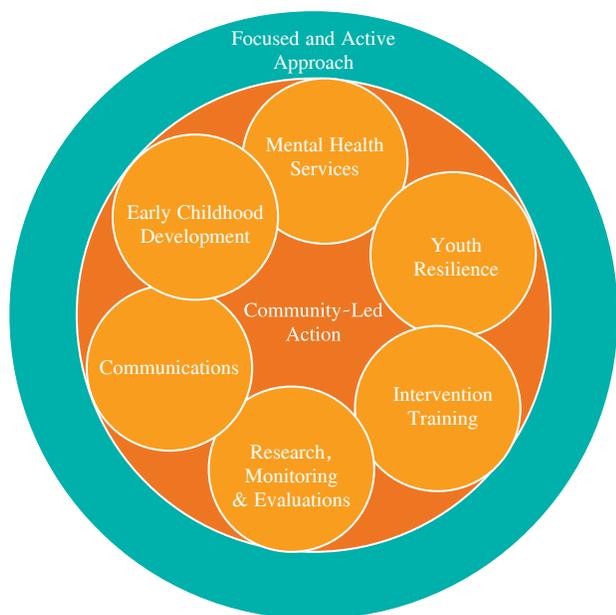


Figure 4: The eight commitments of the Nunavut Suicide Prevention Strategy.

1. We Will Take a Focused and Active Approach

From the Strategy: "...the GN commits to improving its overarching approach to suicide prevention by mobilizing its departments to do more in the area of suicide prevention, and ensuring that each department's activities fall within the action plan of this Strategy."

BACKGROUND

Before the Strategy was created in 2010, the GN's suicide prevention efforts were hampered by a lack of coordination between departments and no departmental mandate to focus on suicide prevention. We have made significant progress since 2010. The Coroner's Inquest provided important recommendations, after which the GN declared suicide a public health crisis and established the Quality of Life Secretariat (QoL Secretariat). The QoL Secretariat leads the GN's suicide prevention efforts, collaborates with the other key organizations and supports community groups to take action. Since 2015, the NSPS Partners have greatly strengthened their collaboration with each other and with other organizations. In May 2016, the NSPS Partners hosted the United for Life Summit, a territorial summit on suicide prevention that brought together organizations and individuals from across Nunavut.

Some major activities in this action plan are based on priorities identified at United for Life Summit.

THE PATH AHEAD

Much work lies ahead to maintain the momentum that has developed since the Coroner's Inquest and the United for Life Summit. Over the next five years, the GN will increase the capacity of the QoL Secretariat. NTI will strengthen its focus on suicide prevention by dedicating a staff position to suicide prevention. The GN will increase the core funding of Isaksimagit Inuusirmi Katujjikaatigiit – Embrace Life Council (ELC). This will enable ELC to increase financial and practical support for community groups to take action. Throughout the next five years, the NSPS Partners will hold annual symposia on suicide prevention, engaging diverse organizations and individuals. Together, we will review our progress, share knowledge and continue to strengthen our coordination and momentum.

COMMITMENT 1 OUTCOMES AND ACTIONS FOR 2017-2022

| Outcomes | Actions | Lead |
|--|--|---------|
| 1-1. Strengthened GN leadership, coordination and commitment to suicide prevention | A. Maintain the QoL Secretariat and the Associate Deputy Minister, Quality of Life; | GN |
| | B. Conduct regular meetings of the Inuusiq Committee , which brings together key GN departments to monitor progress, coordinate programs and monitor the implementation of strategies and action plans; | QoL, GN |
| | C. Create five new staff positions in the QoL Secretariat, including: <ul style="list-style-type: none"> • Director, Quality of Life; • Senior Advisor, Angutiit; • Men's Wellness Specialist; • Evaluation and Monitoring Analyst; and • Senior Policy and Legislative Analyst. | QoL |
| 1-2. Strengthened NTI staff capacity and collaboration on suicide prevention | A. Assign a dedicated NTI staff position to the NSPS Implementation Committee and other suicide prevention efforts; | NTI |
| | B. Dedicate staff time to collaborate with other Inuit organizations across Inuit Nunangat in suicide prevention programs and research, such as by: <ul style="list-style-type: none"> • Collaborating with ITK in the implementation of the National Inuit Suicide Prevention Strategy; • Participating on the National Inuit Committee on Health (NICoH); and, • Participating on the Alianait Mental Wellness Committee. | NTI |

| Outcomes | Actions | Lead |
|---|--|---------------------------------------|
| 1-3. Continued and strengthened collaboration between the NSPS Partners | A. Enhance the Terms of Reference for the NSPS Implementation Committee to include operational guidelines, such as an annual schedule of meetings and regular progress reviews. | QoL, NSPS Partners |
| 1-4. Ensure involvement of RIAs in territorial suicide prevention planning and efforts | A. Invite RIAs to advise the NSPS Implementation Committee on the development of key initiatives, such as the annual regional and territorial gatherings on suicide prevention; | NSPS Partners |
| | B. Increased active involvement of the Regional Inuit Associations in Embrace Life Council initiatives (RIAs are already members of the ELC board and will increase their involvement in program delivery as ELC expands programs during the next five years). | RIAs and ELC |
| 1-5. Strengthened collaboration between the Partners and Nunavummiut working at the community level | A. Coordinate annual gatherings with stakeholders on specific aspects of suicide prevention (alternating annually between regional and territorial); | NSPS Partners |
| | B. Host youth pre-events at each annual gathering and increase other support for youth engagement and leadership skills development (See Outcome 3-2 in Commitment 3: We Will Support Youth Resilience); | NSPS Partners |
| | C. Provide practical and financial support for local suicide prevention engagement and planning by hamlets and other groups (See all of Commitment 8: We Will Support Community-led Action). | QoL, Health and ELC |
| 1.6 Enhanced application of Inuit Qaujimagatuqangit in planning and delivering suicide prevention and wellness initiatives | A. Ensure that new suicide prevention initiatives are designed and implemented in alignment with Inuit Societal Values (ISV), such as by: <ul style="list-style-type: none"> • Applying ISV to our workplaces: <ul style="list-style-type: none"> • Striving to develop daily working relationships based on ISV; • Striving to use more Inuktut in our workplaces and in all meetings; • Recruiting, training and engaging Inuit in suicide prevention work; • Applying ISV to policy and program development by: <ul style="list-style-type: none"> • Using Inuktut to name and describe objectives, policies and initiatives; • Building relationships between policy makers and Inuit knowledge holders of IQ; • Engaging Inuit in the design and development of policies and programs; • Collaborating with all stakeholders to develop holistic solutions; • Applying ISV to program delivery by: <ul style="list-style-type: none"> • Supporting service providers to engage with people in their language and in culturally appropriate ways; • Engaging Inuit in the design and modification of programs; and, • Designing programs and services in Inuktut first and then translating them into French and English. | QoL, Culture & Heritage, All Partners |

2. We Will Strengthen Mental Health Services

From the Strategy: "the Partners commit to working together to address the current gaps in service, to build a larger cadre of mental health professionals, and to improve the cultural appropriateness of mental health services..."

BACKGROUND

The second commitment in the Strategy recognizes that many Nunavummiut do not have adequate access to mental health services. It states that providing a "comprehensive continuum of care—from diagnosis to clinical counselling to community-based Inuit healing—will improve well-being and reduce the level of risk that Nunavummiut face."

The Strategy identifies several major issues to be addressed under Commitment 2, all of which are still urgent issues today:

- The need for a full continuum of care (from diagnosis to clinical counselling and community-based Inuit healing) and better coordination and referrals between care options;
- The need for more mental health professionals, especially Inuit mental health professionals;
- Improved cultural appropriateness of care; and,
- Improved mental health facilities across Nunavut.

For this action plan, we have expanded Commitment 2 to include two more areas of activity: acute crisis intervention *efforts and restriction of common means of suicide*.

THE PATH FORWARD

Much work has been done since 2010 to improve mental health services and related programs and infrastructure, but we are not yet able to meet our needs. There is also a need to incorporate more Inuktitut and Inuit culture into mental health services.

In the next five years, the NSPS Partners and many other stakeholders will focus strongly on Inuit employment in mental health and social services and on increasing practical and financial support for community-based Inuit healing (see also: *Commitment 8: We Will Support Community-led Action*).

Additionally, all service delivery organizations in Nunavut will review and strengthen their protocol for identifying and sharing information about individuals at risk. The NSPS Partners will dedicate new funding and staff resources to strengthen our capacity to respond to crises.



Joshua Akavak of the Ilisaqsivik Society and Cecile Guerin of the Embrace Life Council, during a small group discussion at the May 2016 United for Life Summit.

COMMITMENT 2 OUTCOMES AND ACTIONS 2017-2022

| Outcomes | Actions | Lead |
|--|--|-------------|
| 2-1. Strengthened information sharing and referrals to better support individuals at risk | A. Conduct a review of information sharing practices for suicide prevention between frontline service providers to identify gaps and solutions, support referrals and appropriate care; | QoL |
| | B. Develop expanded interdepartmental and interagency information sharing protocols (IISPs) to identify and support individuals at risk of harming self or others and who may need early intervention support. | QoL, Health |
| | C. Maintain up-to-date IISPs and support consistent implementation by all departments. | QoL |
| 2-2. Increased and enhanced mental health services | A. Develop capability to provide counseling to families of individuals at risk (not just the individual); | Health |
| | B. Develop and publish standards for Community Psychiatric Nurses practicing in Nunavut, including Inuit-specific adaptations; | Health |

| Outcomes | Actions | Lead |
|----------|--|---|
| | <p>C. Increase access to Inuktitut-speaking counsellors who provide services rooted in Inuit culture, through:</p> <ul style="list-style-type: none"> • Partnering with the wellness centres to provide expanded mobile trauma-response services in times of crisis; • Partnering with the wellness centres to provide expanded telephone counselling services in each region; • Identifying qualifications and core competencies for counsellors delivering services rooted in Inuit culture; and, • Exploring options to create or re-profile job positions for such counsellors. | <p>QoL</p> <p>QoL, Health</p> <p>QoL, Culture & Heritage</p> <p>Finance, Health</p> |
| | <p>D. Enhance access to Inuktitut-English interpretation in counselling contexts, including:</p> <ul style="list-style-type: none"> • Developing a terminology guidebook for terms related to mental health (including terms related to grief and suicidal behavior); • Developing and delivering advanced terminology and skills development workshop for clerk medical interpreters on interpretation in counselling contexts; • Including counselling-specific interpretation skills and terminology in NAC's interpreter-translator program; | <p>Health</p> <p>QoL, IUT</p> <p>Health</p> <p>NAC</p> |
| | <p>E. Increase student support and counselling services on NAC campuses, including increasing the presence of elders;</p> | <p>NAC</p> |
| | <p>F. Finalize revisions to the Nunavut Mental Health Act, with an addition that addresses mental health and wellness programming in Nunavut;</p> | <p>Health</p> |
| | <p>G. Explore partnerships and co-funding options to pilot a transitional care homes for Inuit men and boys that integrates shared housing and wellness programming;</p> | <p>QoL</p> |
| | <p>H. Enhance and increase addictions treatment in Nunavut with a focus on Inuit wellness and treatment, including:</p> <ul style="list-style-type: none"> • Strengthening skills of local mental health and addictions staff to offer pre- and post-care in Nunavut communities; • Supporting knowledge of trauma informed practices and increasing capacity of local community workers related to trauma and addictions; • Commissioning research on Inuit traditional knowledge about substance abuse prevention and protective practices, to support the cultural appropriateness of addictions treatment and health promotion programs; and, • Conducting a feasibility study for a residential treatment centre with an on-the-land component. | <p>Health, QoL</p> <p>Health</p> <p>QoL</p> <p>NSPS Partners</p> |

| Outcomes | Actions | Lead |
|---|---|--|
| 2-3. Strengthened mental health professional capacity , with a focus on Inuit employment in mental health work | <p>A. Create a comprehensive, interdepartmental plan to increase Inuit employment in mental health and other wellness positions, including (but not limited to) the following:</p> <ul style="list-style-type: none"> Continuing, expanding and exploring options for partnerships on the Educational Upgrade Program for Inuit health workers in the GN; <p><i>The Educational Upgrade Program provides opportunities for Nunavut Inuit who currently work or will be working in the field of public health promotion and disease prevention. This fully-funded, workplace-based learning program supports employees to upgrade their credentials and prepare for more advanced training in the health sector and higher-level positions.</i></p> <ul style="list-style-type: none"> Continuing to strengthen the relationship between NAC and the Mental Health and Addictions Division of GN Health in order to explore opportunities for partnerships; Continuing to strengthen the relationship between NAC and the Child and Family Services Division of Family Services in order to explore opportunities for partnerships; Exploring options to deliver the Mental Health Worker Program and/or other learning programs related to mental health care; | <p>Health, EIA</p> <p>Health</p> <p>NAC, Health</p> <p>NAC, Family Services</p> <p>NAC, Health</p> |
| | <p>B. Work together to provide increased, stable funding and practical support for Inuit counsellor training programs, such as Ilisaqsivik's Our Life's Journey Program, including support for ongoing training, program review, updating and expanding programs; and,</p> | NSPS Partners |
| | <p>C. Review and strengthen recruitment and retention efforts to fill vacant mental health worker positions, including improving reporting structures and providing more care-for-the-care givers support.</p> | Finance, Health |
| 2-4. Increased access to community-based, Inuit healing and wellness programs | <p>A. Stabilize, streamline and increase funding for community-led wellness programs that can include healing and supports (See <i>Commitment 8: We Will Strengthen Support for Community-Led Wellness Work</i>);</p> | QoL, Health, NTI |
| | <p>B. Increase and enhance physical infrastructure available for community-led wellness programs, such as by:</p> <ul style="list-style-type: none"> Working interdepartmentally to better utilize existing spaces in communities and establish joint-use agreements; Exploring options to construct Community Wellness Hubs (integrated health services centres that include gathering and programming space), in consultation with departments; Investing in capital planning by wellness organizations (See <i>Commitment 8: We Will Strengthen Support for Community-Led Wellness</i>); | <p>QoL</p> <p>Health</p> <p>QoL</p> |
| | <p>C. Hold regional gatherings on community-based, Inuit healing programs (in 2017-18), bringing together community wellness champions from across Nunavut to share knowledge, participate in training and strengthen networks;</p> | NSPS Partners |

⁷P. 25, National Inuit Suicide Prevention Strategy

| Outcomes | Actions | Lead |
|--|--|---|
| | D. Provide financial and practical support to run “ elders-in-training ” events, supporting the “middle generation” to increase their capabilities in healing and knowledge transmission; | ELC |
| | E. Increase the availability of community-based support for men’s wellness , by: <ul style="list-style-type: none"> • Providing practical and financial support to establish community-led men’s wellness groups (like Angutiit Makigiangninga) through the new Men’s Wellness Specialist position at QoL and the new Community Development Officer position at ELC; • Funding the development and delivery of Reclaiming the Whole Man, a program to support Inuit men to be leaders in men’s wellness; • Conducting research on promising practices in Inuit men’s wellness (with partners such as the Movember Foundation); • Providing stable funding and expanding the practical support available through the new Men and Boys Initiative Grant program. • Providing training for men’s group facilitation, as well as a Grants and Contribution Agreement to support the on-going operations of the men’s groups. | QoL, ELC NTI QoL, NTI Family Services QoL |
| 2-5. Increased access to culturally and age-appropriate grief support for all Nunavummiut who would benefit from healing and support groups | A. Develop and deliver training for facilitators of grief support groups (including a workshop along with necessary resources for delivery in all regions); | ELC, QoL |
| | B. Develop and pilot a model for grief support groups in Nunavut communities; | ELC, QoL |
| | C. Develop a toolkit for survivors on grieving and how to support others who are grieving, including children and adults (in print and video); | ELC |
| | D. Provide practical and financial support for the establishment of community response teams that are prepared to support families who are grieving; | ELC, QoL |
| 2-6. Enhanced access to crisis line support | A. Provide stable funding for a crisis support call line ; | QoL |
| | B. Conduct a review of helpline services including options for Inuktitut service; | NSPS Partners |
| | C. Identify ways to enhance crisis support line services for youth (such as by offering online and text-based options); | QoL |
| | D. Develop a new communications campaign to promote helpline supports. | QoL |
| 2-7. Enhanced preparedness to respond to crises , such as a cluster of suicides or high risk in a community | A. Develop an interagency crisis response protocol in case of a cluster of suicides; | Health, QoL |
| | B. Reduce trauma for survivors and reduce health risks by contracting bioremediation services after traumatic incidents; | QoL |

| Outcomes | Actions | Lead |
|---|--|---|
| 2-8. Reduced access to common means of suicide (Enhanced protocol and supports for means restriction) | A. Establish a means restriction funding stream that supports initiatives communities want; | QoL |
| | B. Work together on territory-wide means restriction efforts , including: <ul style="list-style-type: none"> • A firearms safety campaign, including trigger lock distribution and expanded delivery of the Canadian Firearms Safety Course; • Building lock boxes, including solvent abuse and poison prevention; and, • Distributing and supporting installation of safe household and public places hardware. | Health, RCMP, Family Services, NHC |
| | C. Update the capital design standards to include enhanced means restriction and other safety measures in public spaces, including schools, health centres and public housing; | CGS, Education, NHC, QoL, Health |
| | D. Explore options to increase access to safe rooms for clients who require care under the <i>Mental Health Act</i> by adding annexes to existing health centres and including safe rooms in the design of future health centres. | QoL, Health and CGS |
| 2-9. Enhanced follow-up protocol and practices after an attempt or other signs of acute risk | A. Develop and pilot a suicide attempt follow-up support program , modeled on the restorative justice processes; | Health, QoL, Justice, Family Services and ELC |
| | B. Complete an assessment of strengths and gaps in follow-up practices , including among families, communities and service providers and identify options for enhancement. | QoL with NSPS Partners |

3. We Will Support Youth Resilience

From the Strategy: "Considering that many youth in Nunavut grow up in difficult circumstances, much more can be done to ensure that exposure to adverse life events (such as relationship break-ups) or negative emotions do not lead to negative behaviours. Therefore, the Partners commit to providing a stronger protective foundation for youth to realize their full potential..."

BACKGROUND

The National Inuit Suicide Prevention Strategy describes resilience as *the ability to adapt or even grow in the face of stress or adversity*.⁷ As we work to reduce the foundational risk factors and strengthen the foundational protective factors in our society, we must also strengthen our support for youth resilience today.

We can support youth to develop healthy coping skills in the face of continued adversity, as well as strengthen protective factors, such as strong relationships with friends, family members and Elders; positive cultural identity; and, a sense of purpose, self-determination and belonging in our communities. The key programming areas identified in the Strategy are:

- Campaigns against physical and sexual violence;
- Emotional coping skills programs;
- Mental health related school supports;
- Access to healthy recreational activities; and,
- Parenting classes (addressed under Commitment 7 in this action plan)

THE PATH AHEAD

Since 2010, there have been important developments in programs to support youth coping capacity and leadership, including efforts by government, Inuit organizations and community groups. Much more effort is needed to reach youth in all communities, especially youth who are most at risk and less likely to participate in programs or access services currently available.

In the next five years, we want to engage youth as emerging leaders in our families and communities and provide many more opportunities for developing strong coping skills. This will include integrating more social emotional learning content in school and sports programs, such as substance abuse and healthy behaviours; it will also include increasing access to community-based programs that inherently foster emotional coping skills, such as on-the-land programs and arts-based programs, rooted in Inuit culture and linked with local social networks.

COMMITMENT 3 OUTCOMES AND ACTIONS 2017-2022

| Outcomes | Actions | Lead |
|---|---|---------------------------------|
| 3-1. Increased violence prevention skills and knowledge among youth (and adults who support youth) | <p>A. Develop and implement a multi-faceted, Nunavut-specific bullying and violence prevention campaign (targeting each age group and promoting self-acceptance and diversity in culture, language, gender identity, sexual orientation, racism and lateral violence), including:</p> <ul style="list-style-type: none"> • Conducting an environmental scan of bullying and violence prevention initiatives across Nunavut and Inuit Nunangat to identify strengths, gaps and ideas for enhanced programming; • Working with stakeholders to explore and document bullying and violence prevention skills and knowledge rooted in Inuit culture; and, • Developing, piloting and expanding bullying prevention programming in partnership with community groups, including youth. | ELC, Health and Family Services |

| Outcomes | Actions | Lead |
|--|--|-------------------------|
| | <p>B. Expand delivery of RespectEd in schools, youth centres and other youth contexts across Nunavut, including developing a Nunavut-specific RespectEd facilitator resource and toolkit for use by school staff and others who work with youth;</p> <p><i>RespectEd is a Canadian Red Cross program that teaches adults and youth how to work together to create safe environments and prevent bullying among youth, teen dating violence, child abuse and workplace bullying.</i></p> | Education and Red Cross |
| | <p>C. Develop sexual health resources and lesson plans that can be used by health promotion staff, teachers, parents and anyone who works with youth to promote sexual health, including:</p> <ul style="list-style-type: none"> Resources and lesson plans on safer sex, consent, personal safety skills to negotiate safer sex options, sexual identity and diversity education; and, Strengthen the sexual health education curriculum from K to 12. | Health Education |
| 3-2. Strengthen leadership skills and involvement in planning wellness-related initiatives for youth | <p>A. Establish a Nunavut Youth Council to strengthen youth leadership, represent the interests of Inuit youth, provide advice on all issues related to Inuit youth in Nunavut and provide input into the development of new initiatives for youth (See Outcome 1-5. B in Commitment 1: <i>We will take a Focused and Active Approach</i>);</p> | NTI and RIAs |
| | <p>B. Host youth pre-events before every regional and territorial gathering on suicide prevention during the next five years (with programming that includes leadership skills, coping skills development and youth action planning);</p> | NSPS Partners, QoL |
| | <p>C. Develop and implement the Youth Ambassador Training Program;</p> <p><i>The Youth Ambassador Training Program develops life skills and self-confidence through sport and recreation programs; young people are trained as “youth ambassadors” to deliver community-level programs.</i></p> | CGS |
| | <p>D. Expand the Peer Leader Mental Health Training Program, including developing and delivering facilitator training.</p> <p><i>This week-long program teaches youth how to respond safely and effectively to peer disclosures of trauma, including self-care, understanding the historical roots of trauma and connects them with a network of formal and informal supports in their community</i></p> | ELC |
| 3-3. Increased access to strength based programs for youth that support the development and delivery of Inuit skills, knowledge and practices | <p>A. Develop and pilot the Inuit Youth Cultural Exchange, a program to connect Inuit youth from across Nunavut and promote cultural skills development and positive cultural identity;</p> | NTI, Culture & Heritage |

| Outcomes | Actions | Lead |
|----------|---|---|
| | <p>B. Develop and pilot an intensive land-based “hope, help and healing” surveillance program targeted at youth identified as very high risk, including:</p> <ul style="list-style-type: none"> Establishing a system for identifying at risk individuals from all frontline sources and training staff in the system; Developing and piloting a system to connect with these people on a regular basis, including an on-the-land component; Conducting a feasibility study of delivering as an intervention program; and, Developing and delivering a Parenting Program for parents of children and youth who attempted suicide. | QoL, Arctic Children and Youth Foundation |
| | <p>C. Enable community-level capacity to deliver land-based programs for Inuit youth, including:</p> <ul style="list-style-type: none"> Continued delivery of the Makimauktiksat Youth Camp Facilitator Training, annually and in every region; <p><i>Makimauktiksat is a wellness and empowerment program for 10-15 year olds, developed by the Qaujigiartiit Health Research Centre in partnership with community wellness organizations, that strengthens protective factors, including relationship skills, emotional coping skills, body and mind awareness and connections with the community and the land.</i></p> <ul style="list-style-type: none"> Funding the development of a program resource and facilitator training workshop for the Arviat Wellness Centre’s Young Hunters Program, so that delivery can be expanded to the other communities; <p><i>The Arviat Young Hunters Program is a land-based skills development program with components targeted at different age groups, including youth who have left school early. It combines personal development with land skills, while supporting healthy relationships with peers and elders.</i></p> <ul style="list-style-type: none"> Continue to develop Angunasuttiarniq, a harvester education program rooted in Inuit culture and enhance it with an online component that complements the on-the-land sessions with experienced local harvesters; | QoL, Health Makigiaqta Inuit Training Corporation Environment |
| | <p><i>Angunasuttiarniq is a program for hunters about traditional values and modern practices related to hunting, wildlife, firearms and field skills, all in an empowering context of celebrating Inuit qaujimajatuqangit and land-based work.</i></p> <ul style="list-style-type: none"> Continue to coordinate harvester funding programs to ensure there is ongoing sufficient funding to support hunter mentorship programs in each community; Provide practical support to District Education Authorities (DEAs) and the Nunavut Coalition of DEAs to explore options to expand delivery of after-school, land-based programs for children and youth | Family Services ELC |
| | <p>D. Expand delivery of land-based learning programs, including “satellite” deliveries of Piqqusilirivvik programs in other communities;</p> | NAC, Piqqusilirivvik, |

| Outcomes | Actions | Lead |
|---|---|-----------------------------|
| | E. Strengthen delivery of Inuktitut and Inuit culture programming in college programs through the establishment of the Inuit Language and Culture Centre of Excellence at Nunavut Arctic College; | NAC |
| | F. Continue to deliver (and explore options to expand delivery of) the following holistic programs rooted in Inuit culture, fully or partially targeted at youth, in the Kivalliq: <ul style="list-style-type: none"> • <i>Kivalliq Inuit Language Revitalization Program</i>, which engages youth to learn Inuktitut and Inuit knowledge with Elders and adults; • <i>Kivalliq Art Camp</i>, which supports self-expression, healing and wellness and the development of a health social network; • <i>Pijunnaqsiniq Cultural Camp</i>, which feature intergenerational learning opportunities for youth in a positive, healing environment on the land; • <i>Somebody's Daughter</i>, which creates transformative learning opportunities for women of all ages by combining healing, core skills development and being on the land; | Kivalliq Inuit Association |
| | G. Continue to implement the Kitikmeot Regional Language Revitalization Strategy, which engages all generations in a variety of collaborative planning sessions, reflective sessions and learning events; | Kitikmeot Inuit Association |
| | H. Explore options to enhance delivery of programs for youth in the Qikiqtaaluk region, such as the Baffin Regional Youth Workshops, Youth Land Camps and traditional clothing making projects. | Qikiqtani Inuit Association |
| 3-4. Increased access by children and youth of social emotional learning content and substance abuse prevention programs | A. Build social emotional learning programming that reflects our reality of the arctic and who we are as Nunavummiut into K-12 curriculum and deliver in primary and secondary years in all schools; | Education |
| | B. Develop and deliver a social emotional learning component in sport and recreation programs for youth; | CGS, QoL |
| | C. Develop informational resources and lesson plans about alcohol, cannabis and tobacco targeted at children and youth; | Health, Education |
| | D. Expand delivery of the D.A.R.E Program (supported by annual delivery of facilitator training for community RCMP members); <i>The Drug Abuse Resistance Education (D.A.R.E.) is a substance abuse prevention education program for elementary and middle school aged children that seeks to prevent the use of controlled drugs and violent behaviour.</i> | RCMP |

| Outcomes | Actions | Lead |
|--|--|---|
| | <p>E. Expand delivery of the Sapummigit (supported by annual delivery of facilitator training for community RCMP members);</p> <p><i>Sapummigit, the Nunavut adaptation of the Aboriginal Shield program provides substance abuse prevention and healthy lifestyles coaching to Inuit youth in grades 7 and 8. It enables youth to gain a sense of cultural connection and pride, while learning to make informed, healthy choices about drug use and related activities.</i></p> | RCMP |
| | F. Develop and deliver tobacco intervention training for community health and wellness workers and other health care workers on motivational interviewing skills; | Health |
| 3-5. Enhanced infrastructure and access to healthy recreational opportunities , including sports and the arts | A. Explore options to establish youth centres , make other spaces more available for youth recreational activities in the evenings (such as schools and community learning centres) and establish positions for youth programming coordinators in every community (Also see Commitment 2.4.B: Increase and enhance physical infrastructure available for community-led wellness programs); | QoL, Health, CGS, Culture & Heritage, Hamlets |
| 3-6. Increased participation and success in school among children and youth | A. Develop a plan to reduce the rate of youth leaving school early and re-engage youth who are out of school. | Education, DEAs |
| 3-7. Strengthened knowledge of promising practices in youth wellness programming | A. Conduct and publish program evaluations of emerging Inuit-specific youth programs (See <i>Commitment 5: We Will Support Research, Monitoring and Evaluation</i>); | QoL and Health |
| | B. Focus on youth wellness programming at one of the annual gatherings on suicide prevention and publicize a report from the gathering that promotes the knowledge gathered; | NSPS Partners |
| | C. Commission short video documentaries about community-led youth wellness initiatives (to be aired at suicide prevention gatherings and community wellness planning events). | QoL |

4. We Will Deliver Intervention Training

From the Strategy: "...the GN commits to providing training to better equip people to help those at risk of suicide. Nunavut-specific suicide-intervention training will be delivered across the Territory to people who work with high-risk segments of the population, and to others who wish to be leaders in suicide intervention within their community."

BACKGROUND

Suicide intervention training teaches people how to recognize signs of acute risk, how to talk safely about suicidal behavior and where to get help when there is a need for immediate crisis intervention. The Applied Suicide Intervention Skills Training (ASIST) program was translated and adapted for Nunavut in 2012, under the name *Uqaqatigiiluk!* The corresponding facilitator training program was also adapted and translated. The program and facilitator training have been delivered across Nunavut; but, we have faced barriers to delivering the training comprehensively and consistently. This action plan identifies how we will address those barriers so that everyone who works with high risk groups and all interested community members have access to intervention training.

In this action plan, we have also expanded Commitment 4 to include two additional and complementary areas of training for people who work with high-risk groups:

- Trauma-informed practices training; and,
- Cultural competency training.

We believe these two trainings will enhance our collective capacity to recognize risk and respond effectively.

THE PATH AHEAD

In regard to *Uqaqatigiiluk!* (ASIST), we need to address the following barriers to delivery: a shortage of facilitators with up-to-date training, no consistent delivery organization and a need to update and retranslate the training materials. To address these barriers, we will develop and implement a multi-year work plan to train facilitators and deliver *Uqaqatigiiluk!* (ASIST) annually, in as many communities and organizations that work with high risk groups.

In regard to trauma-informed practices and cultural competency training, the NSPS Partners will work with other organizations to develop Nunavut-specific, sector-specific programs. We will make these programs available to all organizations that work with high risk groups. Several initiatives are already underway and we are committed to supporting them and building on them.

COMMITMENT 4 OUTCOMES AND ACTIONS 2017-2022

| Outcomes | Actions | Lead |
|--|--|---------------------|
| 4-1. Increased access to applied suicide intervention training by frontline workers and all interested community members | A. Establish core funding for the delivery of applied suicide intervention training and make the ELC the lead training organization, with funding for an program coordinator; | QoL |
| | B. Review <i>Uqaqatigiiluk!</i> (ASIST) delivery in Nunavut since 2010 to identify strengths, challenges and ways to improve delivery, including increased delivery in Inuklut; | ELC, QoL and Health |
| | C. Update training materials and resources of <i>Uqaqatigiiluk!</i> (ASIST), including Inuklut translations; | ELC |

| Outcomes | Actions | Lead |
|---|---|--|
| | D. Develop and pilot a Nunavut-specific version of safeTALK and deliver safeTALK facilitator training; <i>SafeTALK is a half-day alertness training that prepares anyone over the age of 15, regardless of prior experience or training, to become a suicide-alert helper</i> | ELC |
| | E. Develop and implement a multi-year plan for consistent and comprehensive delivery of suicide intervention training, including facilitator training and skills maintenance, annual training opportunities and comprehensive, ongoing monitoring and evaluation of delivery; | ELC, Health |
| | F. Provide opportunities for students in all NAC service delivery programs (NTEP, Nursing, Human Services, etc.) to take suicide intervention training; | NAC |
| | G. Establish a policy to allow GN staff who are trained facilitators to use Special Leave to deliver the training; | Finance |
| 4-2. Increased access to trauma-informed practices training | A. Continue to develop Nunavut-specific trauma informed practices training modules , including a general module and sector-specific modules in partnership with teachers, health workers, social workers and other groups; | ELC, Family Services |
| | B. Develop and deliver trauma-informed practices facilitator training for lead staff members from government departments, schools and other organizations; | ELC |
| | C. Develop a trauma-informed practices training module with a focus on creating a safe space in examination rooms for trauma survivors (especially those who have experienced sexual abuse). | Health |
| 4-3. Increased access to cultural competency training by staff teams of service delivery organizations | A. Implement mandatory cultural competency training for all RCMP officers and other RCMP staff in Nunavut, including the history of policing in Nunavut; | RCMP |
| | B. Deliver Indigenous Cultural Competence training for all GN staff, including social workers, teachers and health workers. | Culture & Heritage, EIA, Health, Family Services |
| 4-4. Increased access by community groups to various intervention skills development programs | A. Establish an annual fund to provide various intervention skills training programs for community groups by request or develop Nunavut specific programs, including: <ul style="list-style-type: none"> ASIST, Mental Health First Aid, SafeTalk!, cultural competency and trauma-informed practices training. | QoL, Health and ELC |

5. We Will Support Ongoing Research, Monitoring and Evaluation

From the Strategy: "... the Partners commit to undertake, support, and share research that allows for suicidal behavior to be understood. The Partners also agree to monitor and evaluate activities related to the implementation of the Nunavut Suicide Prevention Strategy."

BACKGROUND

There are many gaps in our knowledge about suicidal behavior in Nunavut and which suicide prevention programs are most effective. To make good decisions and design effective programs, we need to strengthen our understanding.

In order to better understand the contributing factors and the current situation in Nunavut, we can enhance our knowledge through ongoing research and consolidation of data from all sources. We can also strengthen our understanding through monitoring and evaluation of our activities, so we can observe which initiatives are most helpful and make improvements along the way.

A key goal under this commitment is to mobilize Inuit knowledge about resilience and suicide prevention. As described in the National Inuit Suicide Prevention Strategy:

Inuit knowledge is a source of strength that can foster resilience and contribute to suicide prevention. We know that efforts intended to help our communities often fail when they are not guided by local knowledge and expertise.

THE PATH AHEAD

We will invest in research of Inuit-specific wellness knowledge and promising practices. We will establish an annual fund for evaluations of innovative programs and for community-based research projects that are in line with research priorities identified by Inuit. We will produce communications materials to promote Inuit-specific wellness practices. We will also create opportunities for knowledge sharing among Inuit wellness champions across Nunavut.

There is also a need for better collection and consolidation of data about the risk of suicide in Nunavut. The Quality of Life Secretariat will work in collaboration with Nunavut Tunngavik Incorporated and Inuit Tapiriit Kanatami to identify and gather data needed to guide our work.

During the next five years, we will also invest in ongoing learning through monitoring and evaluation of our efforts and reflecting on our progress toward the eight commitments each year. This will provide essential information about principles and promising practices. It will also enable us to make corrections along the way.

COMMITMENT 5 OUTCOMES AND ACTIONS 2017-2022

| Outcomes | Actions | Lead |
|--|---|------|
| 5-1. Strengthened understanding of Inuit-specific promising practices in suicide prevention | A. Conduct program evaluations of emerging promising practices in Inuit-specific suicide prevention programs (up to two comprehensive evaluations per year) with guidance from the NSPS Implementation committee members and recognized Inuit wellness champions; | QoL |
| | B. Fund a community-based, community-driven research grant related to suicide prevention and wellness promotion generally in Nunavut; | QoL |
| | C. Promote promising practices and research results through videos, posters and presentations at the territorial and regional gatherings on suicide prevention; | QoL |
| | D. Continue to participate in RISING-SUN (Reducing the Incidence of Suicide in Indigenous Groups – Strengths United Through Networks); | NTI |

| Outcomes | Actions | Lead |
|--|---|--------------------------------------|
| | E. Establish research partnerships to pilot programs and develop new resources rooted in Inuit culture, especially for key target groups (Such as Commitment 2-4.E: Increased access to community based, Inuit healing and wellness programs); | NTI, QoL |
| | F. Create and contribute to a Community of Practice related to suicide prevention in Inuit regions of Canada, including Nunavut, Nunavik, Nunatsiavut and Inuvialuit. Share strengths and challenges regarding common interventions, needs, surveillance systems and postvention processes. | QoL, NTI, ITK |
| 5-2. Improved data collection and data sharing by RCMP, GN, NTI and Nunavut Coroner | A. Collaborate with Inuit Tapiriit Kanatami to collect and consolidate data related to suicide in Inuit Nunangat; | NTI |
| | B. Develop a plan for a suicide surveillance system for Nunavut to ensure consistency and reliability in data collection and analysis, including the collection of data from the following: <ul style="list-style-type: none"> • Coroner's Research Service Form (<i>See Recommendation 1.a.24 of the Jury's Verdict from the Nunavut Coroner's Discretionary Inquest into Suicide</i>); • RCMP records; and • Health charts. | Health, NSPS Partners |
| | C. Explore options to establish a GN interdepartmental monitoring and evaluation working group to share knowledge, data collection tools and processes and consolidate data; | QoL |
| | D. Maintain an evaluation and monitoring analyst position within the Quality of Life Secretariat (as noted under Commitment 1); | QoL |
| 5-3. Ongoing monitoring and evaluation of the implementation of the NSPS | A. Develop and implement a comprehensive monitoring and evaluation plan for the implementation of this action plan that includes: <ul style="list-style-type: none"> • A performance monitoring framework to guide ongoing monitoring of progress toward outcomes by all stakeholders throughout the five years of this action plan, including a tool to track overall financial resources directed toward suicide prevention; • Collecting baseline data within the first year; • Coordination with Population Health and their ongoing monitoring outcomes of community wellness programs; • Bi-annual assessments of progress towards the outcomes; • Annual reflective sessions among the NSPS Partners to review progress and identify any course corrections needed; • Production of an annual progress report; and, • A comprehensive evaluation in 2020-21 of the implementation of this action plan. | QoL, NSPS Partners |
| | B. Develop and deliver monitoring and evaluation training and ongoing related support for community groups. | Qaujigiartiit Health Research Centre |

| Outcomes | Actions | Lead |
|----------|---|----------------|
| | C. Design and explore options to fund a 30-year longitudinal study of children born in Nunavut to better understand the social determinants of health. | Health and QoL |

6. We Will Communicate with Nunavummiut about Prevention and Our Progress

From the Strategy: "Communication takes many forms, but in relation to this Strategy, there are two main components. General information about mental health, suicide, and best practices in suicide prevention must be easily accessible to Nunavummiut. In addition, information about the ongoing implementation of this Strategy must be communicated to Nunavummiut in an inclusive and open manner. ...the Partners commit to continuing the public engagement process."

BACKGROUND

To be able to take informed action and to hold the Partners accountable to the commitments in this action plan, Nunavummiut need access to more information about suicide prevention generally and towards our collective progress. The Strategy calls for strengthening communications in two areas:

- General information about mental health, suicide and best practices in suicide prevention; and,
- Information about the implementation of the Strategy.

There are two other key communications issues we will address in the next five years:

- Safe communications about suicide in the media and public discourse (an issue that was raised at the United for Life Summit); and,
- The continued development and promotion of accurate Inuktitut terminology about mental health and suicide.

THE PATH AHEAD

Over the next five years, we will work together to deliver information about mental health, suicide and best practices in suicide prevention through websites, participatory workshops and social media targeted to specific age groups. We will seek input from community wellness champions to develop communications materials.

To ensure accountability and support ongoing coordination between organizations, there is also a need to publish information about the implementation of the Strategy. We are committed to publishing annual progress reports. These reports will be reviewed at regional and territorial gatherings.

There is a great need to collaborate with all groups and individuals in Nunavut that want to be involved in suicide prevention efforts. As such, this action plan includes a commitment to annual public engagement activities for the duration of this action plan. See Commitment 1 for action items related to annual gatherings.

COMMITMENT 6 – OUTCOMES AND ACTIONS 2017-2022

| Outcomes | Actions | Lead |
|---|---|---------------|
| 6-1. Increased access to information on implementation activities and progress | A. Publish an annual report on the implementation of this action plan, including information about the NSPS Partners' activities, progress toward the outcomes, research results and highlights from community-led initiatives; | NSPS Partners |
| | B. Publish summary reports on the annual territorial and regional gatherings on suicide prevention, with a focus on any key ideas, highlights and conclusions; | NSPS Partners |

| Outcomes | Actions | Lead |
|---|---|---------------------------------------|
| | <p>C. Inform Nunavummiut about collaboration with Inuit Tapiriit Kanatami towards the implementation of the National Inuit Suicide Prevention Strategy;</p> | NTI |
| | <p>D. Develop and maintain a community wellness initiatives newsletter that highlights community-led wellness initiatives (to support knowledge sharing, strengthen networks and build confidence in local capability).</p> | Health and ELC |
| 6-2. Increased awareness about suicide prevention , including how to support mental wellness and what services are available | <p>A. Complete the comprehensive revisions of the GN Healthy Living website, which includes content related to mental health and violence prevention;</p> | Health |
| | <p>B. Renew and expand the Embrace Life Council's website to make it an information hub on suicide prevention that can be used by individuals, family members, community groups and service providers;</p> | ELC |
| | <p>C. Develop suicide prevention resources and lesson plans that can be used by health promotion staff, teachers, parents and anyone who works with youth to promote mental health, including:</p> <ul style="list-style-type: none"> Developing culturally appropriate, age appropriate information resources and lesson plans for school-aged children and youth on mental health, grieving and actions we can take to help ourselves and others; | NSPS Partners Health and Education |
| | <p>D. Update and distribute the 2016 United for Life Survey of community wellness initiatives prepared the United for Life Summit to increase awareness of community wellness programs, resources and services.</p> | QoL |
| 6-3. Safer communications about suicide prevention in the media and in public discourse | <p>A. Research and develop Nunavut-specific guidelines for communications about suicide prevention (that would apply to government, Inuit organizations, faith organizations, media and community organizations), for the purpose of supporting de-normalization and communicating openly.</p> | NSPS Partners |
| 6-4. Increased use of consistent, accurate Inuktitut terms related to suicide prevention | <p>A. Promote use of the standardized Inuktitut terms related to mental health and suicide developed by Inuit Uqauisinginnik Taiguusiliuqtiit (IUT), especially among mental health service providers, interpreters, translators and the media;</p> | NSPS Partners |
| | <p>B. Continue to develop the universal health terminology list to support consistent use of Inuktitut health terms in all resources and programs;</p> | Health |
| | <p>C. Promote awareness of standardized mental health terminology at regional and territorial gatherings on suicide prevention and in all communications.</p> | NSPS Partners |

7. We Will Support Healthy Early Childhood Development

From the Strategy: "...Early childhood development opportunities, access to quality daycare, access to proper nutrition, and measures to ensure that children are protected from abuse and neglect will provide protective factors to Nunavut children that will stay with them throughout their lives, and break the historical cycle of trauma. ...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."

BACKGROUND

The Strategy recognizes that supporting healthy early childhood development (ECD) is key to breaking the cycle of historical trauma and ultimately reducing the risk of suicide in the next generation. This is strongly affirmed in the National Inuit Suicide Prevention Strategy, which states that:

Investing in the safety and wellbeing of children is the most important and cost-effective investment a society can make, with child wellness linked to long-term health, education and economic mobility. Investing in the safety and wellness of children is also the most impactful way to prevent suicide.

Specific needs identified in the Strategy are:

- More early childhood development opportunities generally, ensuring that Nunavummiut have access to ECD programs and supports;
- Increased access to quality daycare;
- Improved nutrition and overall food security; and,
- Improved protection from abuse and neglect.

The Strategy also calls for parenting classes and other supports for young parents under Commitment 3. This area of action is now included here under Commitment 7.

THE PATH AHEAD

We need to increase the availability of programs that support families, including programs that provide early intervention. We also need to increase the availability of early childhood education programs and ensure that they are rooted in Inuktitut and Inuit culture. We must strive to reduce early adverse experiences, including abuse and strengthen the services available to support child victims in order to minimize harm, including psychological impacts later in life.

The specific actions we have been able to commit to in this plan are important, but the Partners recognize that much greater commitments are needed to nurture healthy Inuit children. We need to strengthen coordination between the many organizations involved in early childhood development, engage families and communities and make a plan together to do more.

COMMITMENT 7 – OUTCOMES AND ACTIONS 2017-2022

| Outcomes | Actions | Lead |
|---|---|-----------------|
| 7-1. Increased access to early intervention supports for parents , including skills development programs rooted in Inuit culture | <p>A. Implement the Inunnguiniq Action Plan (a multi-faceted plan to support parenting skills development among young Inuit, developed by the interdepartmental, interagency working group on <i>Inunnguiniq</i>), which includes:</p> <ul style="list-style-type: none"> • Providing stable funding for delivery of the facilitator training component of the Inunnguiniq Parenting Program; • Pilot a program for ‘high-risk’ parents who are involved with corrections, child welfare system, community justice, in healing and/or treatment programs. <p><i>“Inunnguiniq” refers to child-rearing practices rooted in Inuit culture. The Inunnguiniq Parenting Program is an evidence-based parenting skills development program that has been comprehensively evaluated and refined since it was first developed by the Qaujigiartiit Health Research Centre.</i></p> | Family Services |

| Outcomes | Actions | Lead |
|---|---|--|
| | <p>B. Expand delivery and strengthen learning resources for the Canada Prenatal Nutrition Program (CPNP), including:</p> <ul style="list-style-type: none"> • Maintaining the territorial CPNP coordinator position in Health; • Developing a CPNP planning and facilitation manual; and, • Developing and delivering CPNP facilitator training sessions, through telehealth and teleconferences, engaging new and experienced facilitators in sharing effective practices and building partnerships; <p><i>The Canada Prenatal Nutrition Program, funded by the Public Health Agency of Canada and administered by the GN, supports community-based learning programs to improve the health and wellbeing of pregnant women, new mothers and babies facing challenging life circumstances. In Nunavut, CPNP is often organized by Community Health and Wellness Committees and is integrated with skills and knowledge based in Inuit culture.</i></p> | Health, in partnership with community-based delivery organizations |
| | <p>C. Promote and distribute the new Mother's Mental Health Resource on positive coping skills for new mothers;</p> | Health |
| | <p>D. Develop a parenting support workshop targeted at young fathers, focused on teaching new fathers about Inunnguiniq, healthy attachment, emotional coping skills and relationship skills;</p> | QoL and Family Services |
| | <p>E. Explore options to expand delivery of Somebody's Mom and Dad, a new intergenerational program that engages elders, parents and young children in learning together (modeled after the Somebody's Daughter program).</p> | Kivalliq Inuit Association |
| 7-2. Increased availability of a range of supports for early childhood education , rooted in Inuit culture | <p>A. Conduct a review of existing early childhood education programs, including all daycares and preschools, in Nunavut to identify challenges and opportunities for sustainable development with a focus on Inuit needs and interests;</p> | NTI, with Health Canada |
| | <p>B. Develop a multi-organizational plan to increase availability of early childhood education programs and other supports for early learning across Nunavut;</p> | NTI, RIAs, Health Canada, Education and Health |
| | <p>C. Work with Inuit Tapiriit Kanatami to develop an Inuit Early Childhood Development Learning Framework to guide the development and delivery of Inuit-specific early learning resources and programs;</p> | NTI and RIAs |
| | <p>D. Continue to develop and distribute Inuit-specific early childhood learning materials, including books and other printed and digital materials in Inuktut;</p> | Education, Health, Culture & Heritage, QIA, Others |
| | <p>E. Explore options to establish a multi-stakeholder Inuit Early Childhood Development organization dedicated to supporting and promoting a range of Inuit-specific programs and resources, including early Inuktut acquisition programs;</p> | NTI and RIAs |

| Outcomes | Actions | Lead |
|--|--|-----------------------------|
| | E. Continue to provide start-up funding and create spaces for early childhood education programs (daycares and preschools); | Education |
| | G. Conduct a review of the Child Day Care Act, in partnership with NTI and other stakeholders, to strengthen the administration and quality of early learning and childcare programs, including strengthening Inuktitut and Inuit cultural content | Education |
| 7-3. Strengthened school-based support for social emotional learning | A. Build social emotional learning programming into K-12 curriculum and deliver in primary and secondary years in all schools (Same as 3-4. A); | Education |
| | B. Develop and distribute early readers that include social emotional learning and health-related content, including books that are part of the K-3 Inuktitut literacy program and books for the public (through the Inuutisarniq Literacy Program) <i>The Inuutisarniq Literacy Program combines Inuit language and health promotion messaging across four strands: nutritional and life skills; tobacco and addictions; physical activity and injury prevention; and about me. About me includes mental and sexual health promotion topics such as healthy relationships, emotions and body parts. Inuutisarniq aims to increase knowledge of language and culture, improve student success and ensure age-appropriate health promotion messaging is included in schools from a young age.</i> | Education and Health |
| | C. Review and pilot Zippy’s Friends , an emotional coping skills program for young children, to determine whether to incorporate it into all elementary schools. <i>Zippy’s Friends is a school-based program that helps young children, in Kindergarten and grades one and two, develop coping and social emotional skills.</i> | Education |
| 7-4. Strengthened human resources capacity in early childhood learning and development fields | A. Increase support for the ongoing delivery of Nunavut Arctic College’s Early Childhood Education Program and conduct review of the program to identify ways to strengthen the program and expand delivery; | GN, NAC |
| | B. Deliver workplace-based learning programs for daycare workers in promising practices in fostering early childhood learning and development. | Education and NAC |
| 7-5. Enhanced healthy development of babies and children | A. Continue to implement the Maternal and Newborn Health Strategy, Public Health Strategy and Nunavut Food Security Coalition ; | GN, Health, Family Services |

| Outcomes | Actions | Lead |
|--|---|--|
| | <p>B. Strengthen prevention of Fetal Alcohol Spectrum Disorders (FASD), including:</p> <ul style="list-style-type: none"> • Making diagnosis training available in Nunavut with enhanced assessment and diagnostic guidelines; • Public awareness campaign; and, • Research on the prevalence and impact of FASD in Nunavut. | <p>Health</p> <p>QoL</p> |
| 7-6. Strengthened policies, programs and resources to protect young children from abuse | <p>A. Enhance our response to incidents of child abuse, by:</p> <ul style="list-style-type: none"> • Developing an interdepartmental, interagency child abuse response protocol to coordinate services and promote best practices; • Exploring options to establish a Child and Youth Advocacy Centre that provides integrated medical, legal and social services to child victims and their families in a culturally-safe environment (to encourage disclosure, reduce systemically-induced trauma and promote healing) and explore options to establish a network of CACs across Nunavut; <hr/> <p>B. Strengthen support for child sexual abuse (CSA) prevention, such as by:</p> <ul style="list-style-type: none"> • Establishing a new position dedicated to CSA prevention in Family Services; • Establishing an inter-agency working group that will coordinate work on child sexual abuse within Nunavut; • Developing a Nunavut-specific CSA prevention caregiver education workshop (and corresponding facilitator training program) and delivering widely to all interested caregivers, including parents and all adults who work with high-risk groups; • Promoting and distributing the new “How to Talk with Your Children About Sexuality” resource, which helps parents teach children about disclosure and personal safety; • Promoting websites such as irespectmyself.ca which includes information on consent, safe sex and healthy relationships; and • Deliver Be Safe! in all elementary schools and continue to deliver Be Safe! Facilitator training to teachers and school counsellors. <p><i>Be Safe! is a Red Cross program for 5- to 9-year olds that teaches personal safety skills, with a focus on preventing child sexual abuse. Children learn personal safety skills through positive, simple messages about children's rights, safe and supportive friendships, adults' responsibilities, privacy and safe/unsafe touching.</i></p> | <p>Family Services, Justice and RCMP</p> <hr/> <p>Family Services</p> <p>ELC, Health, Family Services, QoL</p> <p>ELC, Health and Family Services</p> <p>Health and Education</p> <p>Health</p> <p>Education</p> |

8. We Will Support Community-led Action

From the Strategy: "...Communities must play a central role in all aspects of this Strategy, but a primary role will be to provide programs and services that encourage and build healthier individuals and families. Therefore, to enable communities to identify and act on their own community development priorities, the Partners will ensure that communities can access funding for their social and cultural priorities, with an emphasis on increasing community development capacity."

BACKGROUND

At the United for Life Summit in May 2016, there was consensus that the top priority of this action plan should be to improve support for community-led action in suicide prevention. Community-led action is ideal because it is rooted in Inuit culture and society, builds on our strengths and enhances social networks and overall collective wellbeing along the way. At the United for Life Summit, it was agreed that "support" should include improved *financial* support and enhanced practical support, such as learning opportunities, community *planning* workshops and administrative support.

Community-led action is the foundation of our collective resilience. The support that many individuals and community groups provide to their communities, year after year, is essential and irreplaceable. In the coming years, the Partners will strive to greatly improve

the support we provide to the many Nunavummiut engaged in this work.

THE PATH AHEAD

The NSPS Partners are taking bold steps to fulfill this commitment and we will seek further input on our efforts at each annual gathering.

We will establish a new flexible fund for community-led suicide prevention initiatives. The GN will fully implement the renewed Nunavut Wellness Agreement, which provides wellness funding for hamlets and community stakeholders for up to ten years. The GN will also review existing grants and contribution programs to identify options to streamline and simplify them.

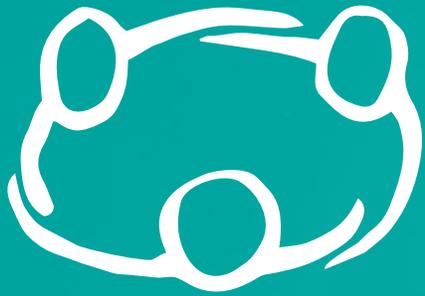
We will also increase practical support, including training, information, resources and community planning workshops on suicide prevention. The QoL Secretariat and ELC will both be dedicated to this work.

COMMITMENT 8 – OUTCOMES AND ACTIONS 2017-2022

| Outcomes | Actions | Lead |
|--|---|------|
| 8-1. Increased and improved financial support for community-led initiatives in suicide prevention | <p>A. Establish a new, ongoing fund for community-led suicide prevention efforts (including prevention, intervention and postvention) complemented by project planning support and information about promising practices;</p> <ul style="list-style-type: none"> • Priority areas will include coping skills and other social emotional learning programs, men's groups, youth leadership programs, means restriction initiatives and healing/bereavement programs; • Provide funding for a grants and contributions administration officer position at the Embrace Life Council, responsible for administering the new community suicide prevention initiatives fund and providing practical support and information about promising practices; • Explore options for consolidating some existing GN community funding programs, simplifying application and reporting processes and improving support for multi-year planning and organizational stability; | QoL |

| Outcomes | Actions | Lead |
|---|---|-----------------------------|
| | B. Implement the new Nunavut Wellness Agreement , which allows communities (hamlets and community stakeholders) to write their own plan with funding agreements for five years at a time, for a total of up to ten years; | Health, Hamlets |
| | C. Review, rebuild and expand Qikiqtani Inuit Association's community initiatives program and all QIA funding programs to better support community development and community-led suicide prevention efforts (using new revenue from Inuit Impact Benefit Agreements); | Qikiqtani Inuit Association |
| | D. Continue to deliver easily accessible, regionally-managed funding for community-led knowledge transmission initiatives through the regional Community Initiatives Programs. | QIA, KivIA, KitIA |
| 8-2 Enhanced practical support for community-led suicide prevention | A. Continue to support, such as by training, the staff positions dedicated to locally-based community wellness initiatives including the Community Health Development Coordinators, Regional Wellness Program Coordinators, Community Wellness Coordinators, Community Health Representatives and Government Liaison Officers; | GN |
| | B. Continue to establish and strengthen Community Health and Wellness Committees , such as by providing training and planning resources for committee members; | Health |
| | C. Provide funding for new regional staff positions (Kivalliq and Kitikmeot) at the Embrace Life Council to strengthen capacity to deliver training programs and support local capacity development in suicide prevention across Nunavut. | QoL |
| 8-3. Increased access to training and knowledge sharing opportunities by community members | A. Deliver optional pre- or post-conference training workshops at each of the annual regional and territorial gatherings on suicide prevention for the next five years, including youth pre-events; | NSPS Partners |
| | B. Establish an annual flexible community training fund for intervention skills development workshops in communities upon request including: <ul style="list-style-type: none"> ASIST, Mental Health First Aid, SafeTalk!, cultural competency and trauma-informed practices training; and, Project planning, proposal writing, monitoring and evaluation and other administrative skills; and, | QoL, ELC |
| | C. Host annual knowledge exchanges , including webinars, teleconferences and workshops on specific topics as they relate to wellness. | QoL |

| Outcomes | Actions | Lead |
|--|---|-----------------------------|
| 8-4. Increased local conversations and action planning about suicide prevention, violence prevention and wellness promotion | A. Continue and expand delivery of the Red Cross’s Ten Steps Program , to all interested communities; <i>Ten Steps is a Red Cross community engagement and mobilization workshop that supports community-led violence prevention efforts.</i> | ELC |
| | B. Develop a suicide prevention community engagement and empowerment program that supports communities to plan, take action locally and deliver this program in all interested communities along with customized, ongoing follow-up support; and, | QoL, ELC |
| | C. Continue to host annual intergenerational gatherings and other special events that support reflection and collaborative planning for healing and revitalization/maintenance of Inuktut and Inuit culture in the Kitikmeot region. | Kitikmeot Inuit Association |



Glossary

ANNINAQTUQ – is valuable and should protect.

CHILD – Children from the age zero to 12 years.

INTERAGENCY COLLABORATION – When people from different organizations join together for the purpose of achieving common goals; in this case, improved mental health and wellness.

INTERVENTION – a direct effort to prevent a person or persons from attempting to take their own life or lives intentionally.

INUUSIVUT ANNINAQTUQ – we value our lives

INUUSIVUT – Our lives.

MENTAL HEALTH – States of well-being in which the person can live fully, manage stress and is able to work well and contribute to the community.

MENTAL WELLNESS – the action of keeping our minds and emotions healthy. In order to achieve balance a person needs to strive for both physical and mental wellness.

MEANS RESTRICTION – Restrict access to lethal and most common methods used to complete suicide.

OUTCOMES – Refers to what an action/initiative is expected to achieve through its implementation.

POSTVENTION – A strategy or approach that is implemented after a death by suicide has occurred. It is aimed at supporting families, friends, classmates, colleagues and others grieving as a result of a suicide.

PREVENTION – Actions or initiatives to reduce the risk of suicide among a population or specific target groups.

PROTECTIVE FACTORS – Refers to anything that helps prevent or reduce vulnerability to suicidal behaviors. It includes capacities, qualities, environmental and personal resources that drive individuals towards growth, stability and health.

RESILIENCE – Capacities within a person that promote positive outcomes, such as mental health and wellbeing and provide protection from factors that might otherwise place that person at risk of suicide.

RISK FACTORS – Characteristics or conditions that increase the chance that a person may try to take their own life. The more risk factors, the greater the risk of suicide ideation or behaviour.

SOCIAL DETERMINANTS OF HEALTH – Refers to the range of factors that influence the health status of individuals or populations. Key social determinants of Inuit health include: quality of early childhood development; culture and language; livelihoods; income distribution; housing; personal safety and security; education; food security; availability of health services; mental wellness; and the environment.

SUICIDE – The act of intentionally causing one's own death.

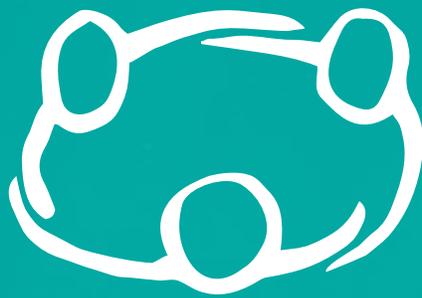
SUICIDE ATTEMPT – an intentional self-injury with intent to die.

SUICIDAL IDEATION – Thoughts about attempting or completing suicide.

SUICIDE RISK – The risk of suicide in the near future.

TRAUMA – Refers to an experience that overwhelms an individual's capacity to cope. Trauma can include events experienced early in life—for example, as a result of child abuse, neglect, disrupted attachment or witnessing violence—or later in life, such as violence, accidents, natural disasters, war, sudden unexpected loss and other life events that are out of one's control.

YOUTH – Young people from the age of 13 to 24 years old.

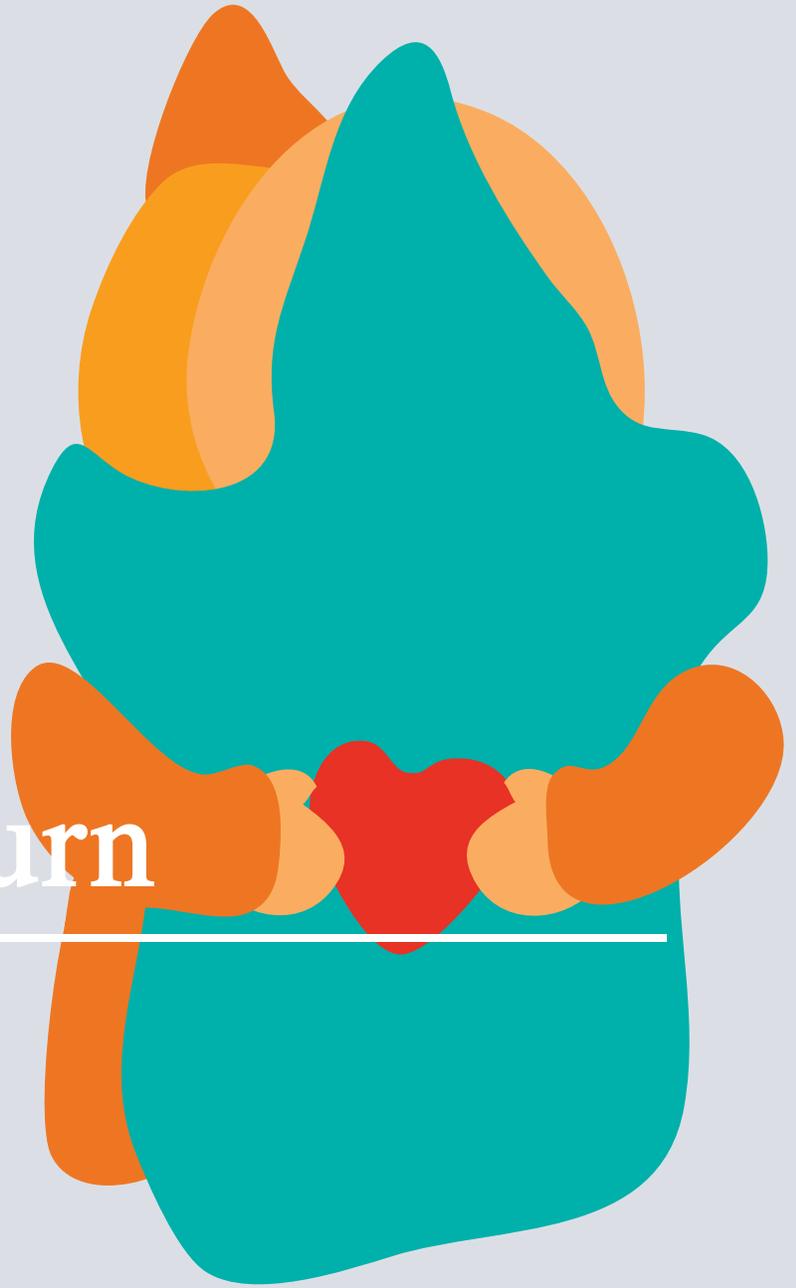


Acknowledgements

The partners respectfully acknowledge the individuals, families, communities and organizations who work to prevent suicide and improve well-being in Nunavut. Your continued dedication to helping those in need is highly valued as we move forward together to reduce the incidence of suicide in our Territory.



Where to Turn



Going through hard times is normal. We can get through hard times with the love and support of family, friends, Elders and counsellors. Connect with support and advice for yourself or someone you care about:

MENTAL HEALTH AND ADDICTIONS

Free, confidential mental health and addictions support at every Community Health Centre and Iqaluit Mental Health. Psychologists and other mental health professionals are available through TeleHealth

Referrals and Medical Travel are provided when services are not locally available. Interpretation is available for Inuktitut, Inuinnaqtun and French.

Community Health Centre, for appointments and on-call emergencies Iqaluit Mental Health, (867) 975-5999

Oikiqtani General Hospital, Emergencies, (867) 975-8600

GOVERNMENT OF NUNAVUT EMPLOYEE AND FAMILY ASSISTANCE PROGRAM

Free, confidential counselling is available for GN employees and their immediate family members.

Many resources are available like mental health and addiction support, psychology and online courses.

Toll-free line, 24 hour, 1-800-663-1142
(English, French and Inuktitut through interpreter)

www.homewoodhumansolutions.com

IRS RESOLUTION HEALTH SUPPORT PROGRAM

Free, confidential mental health and emotional support services are available for former residential school students and their families. In Nunavut, cultural wellness and healing is provided by Ilisaqsivik, Tukisigiarvik, Pulaarvik Kublu and the Cambridge Bay Wellness Centre.

Psychologists and other mental health professionals are also available. Transportation is provided when these services are not locally available.

CALL CENTRES

National Crisis Line, 24 hour, 1-866-925-4419
(Inuktitut, English, French)

Northern Program Coordinator, Health Canada, 1-800-464-8106 (English and French)

Ilisaqsivik Toll-free counselling lin, 1-888-331-4433
(Inuktitut and English)

Kamatsiaqtut Helpline, -1-200-265-3333 or locally at: (867) 979-3333.

First Nations and Inuit Help and Wellness Helpline, 1-800-242-3310

We have persevered – We did not give up.
–John Amagoalik

You are going to live through hard times, difficulty. We were told never to give up.
–Elder

We have to live our lives properly. We have to make sure that not only we, but our children and spouses are on the right track in life.
–Jaikku Pitseolak

When people help other people, they become good people and live a better life themselves.
–Elder

Talk to each other when you are in crisis, which is like bad weather. When you talk to one another about things, it starts to feel like good weather. Communication works!
–Elder

Tears and laughter cleanse the heart.
–Louie Kamookak

Sometimes you have to force yourself to look ahead to the light to see a better future.
–Elder

People were encouraged to continue life despite problems they have. It will never be the same problem; there will be different ones. You will encounter problems in life and have to deal with them from time to time and you will. This is how we learn.
–Elder, Naujaat

Take the time to show them HOW to live better, HOW to think differently, to live a better life.
–Elder

Life is short and we have to try to make up our minds to find things to do and be happy. To find meaning again.
–Elder

Discovering your life purpose is a journey and you won't always know where you're going till you get there.
–Youth

It's just a bad day, not a bad life.
–Kelly Amaujaq Fraser

We must have dreams.
–John Amagoalik

