

Territorial Health Investment Fund Annual Activity Report

Nunavut Mental Health Service Capacity Development

April 1, 2014 to March 30, 2015

Executive Summary:

There is an acute need for increased mental health and addictions service capacity within Nunavut. The outcomes of inadequate mental health services are increasing health care expenditures in the areas of: emergency room visits for acute emotional and substance abuse issues, hospitalization for self-injury, medevac expenses, out-of-territory assessment, stabilization and treatment, and treatment of secondary outcomes from assault, domestic violence, and sexual abuse.

The two goals of this project are to:

- 1) Establish a high quality continuum of mental health services, and
- 2) Develop human resource capacity within the mental health workforce.

The funding dollars from the Territorial Health Investment Fund (THIF) have made it possible for the Department of Health's Mental Health and Addictions Division to begin the development and implementation of evidence based strategies to achieve these goals.

Funding for the THIF arrived late in fiscal year 2014/15 (early January) due to the late signing of the agreement, so a full year of project work did not occur. However, the groundwork for many initiatives was undertaken.

The foundation for the development of an **Implementation Team** was laid with the creation and the hiring of a Cross Sector Planning Coordinator, who would provide a strong voice in the creation of stakeholder engagement for the sub-projects within the five activity groups. The Cross Sector Coordinator ensures that Inuit Societal Values and Inuit Traditional Knowledge are incorporated in projects undertaken by the Territorial Mental Health and Addictions Team.

Standardized Screening and Assessment Tools provide a systematic and reliable approach to the detection and diagnosis of mental health difficulties and addictions. They give clinicians a common language and objective metrics for diagnosis and treatment. Finally, they provide a consistent approach to testing for the presence or absence of a disorder and help patients receive effective care. At present, screening and assessment tools vary from region to region within Nunavut. There are no overarching standards in place that ensures consistency and best practices are used.

Meeting the objectives and performance indicators for this activity will ensure that Nunavummiut suffering from mental illness and addictions receive the care and treatment that best suits their needs. In preparation for establishing standardized screening and assessment tools, literature reviews and environmental scans were completed, and conferences were attended that informed the development of an initial list of screening and assessment tools that meet best practices in mental health and addictions. An inventory of screening and assessment tools used by staff in all three regions of Nunavut was also completed. Next steps will include: the selection of standard screening and assessment tools, obtaining the rights and purchasing the selected tools, and working with IT to update the MEDITECH system to include all standard mental health and addictions scores and raw data.

At present **Clinical Standards of Practice** vary from region to region within Nunavut. There are no overarching clinical standards of practice in place that ensure consistency and best practices. The establishment of Community Psychiatric Nurses (CPN) Practice Guidelines will ensure that Nunavummiut suffering from mental illness and addictions will receive the best care and treatments which will be based on evidence-informed practices.

Much has been accomplished in 2014/15 to develop Nunavut's CPN Practice Guidelines. The "Community Psychiatric Nursing Practice Guidelines: Creating Cultures of Safety and Quality Care" have been finalized and it will act as the framework for the development of the CPN Practice Guideline

Manual. Completion of this manual by March 30, 2016 is the main focus for this activity.

The groundwork was laid in 2014/15 for the development and implementation of a universal school-based mental health and addictions curriculum for children and youth, which is a pivotal project in the area of the **Continuum of Mental Health and Addiction Services and Supports**. A leadership team came together from the Departments of Health and Education to develop a framework for a school-based mental health curriculum. Nunavut Tunngavik Incorporated (NTI) also participated, guiding the project management team in incorporating Inuit Societal Values. The “School-Based Mental Health and Wellness Framework for Nunavut – 2015” was completed and will serve as a starting point for planning and implementation. Other school-based projects that were developed are: the Mentorship Program, Life Skills Curriculum, and Social Emotional Learning. All three will roll out in 2015/16.

The Out-Of-Territory (OOT) Service Utilization and Management project made big strides in 2014/15. First, the OOT Office was created and a Residential Treatment Coordinator was hired. Procedures for clinical consultations and residential placement for all clients leaving the territory for treatment were developed and implemented. A database was developed of all clients placed OOT for ongoing client monitoring and discharge planning back to Nunavut. An inventory and mapping of OOT resources was completed so clients can be placed with the best service provider for their treatment needs. 2015/16 will see further refinement and expansion of the work procedures and policies already in place.

Professional Development is another cornerstone for the enhancement of overall sustainability of the territorial mental health and addictions system. Professional development is based on the Department of Health’s plans to build a strong local interdisciplinary team led by a psychiatric nurse/team coordinator, who will serve as a mentor, clinical consultant and supervisor. The creation of a laddering professional development system will bring beneficiaries without formal mental health and addictions education into entry level positions within the workforce. Ongoing education and training will build a strong Inuit mental health and addictions workforce, who will ensure Inuit Societal Values are included in evidence-based treatment models.

One of the major accomplishments in Professional Development was the training and mentoring of 20 psychiatric nurses, who took the online cultural orientation “Inuit Story Bones”. This orientation provides professional staff with an introduction to better understand Inuit Societal Values and Inuit Traditional Knowledge so they can provide culturally sensitive care.

Nunavut is well on the way to achieving the goals of the THIF project. In doing so, the project will advance the division’s mandate as articulated in the Department’s business plan. As well, building service capacity is a key commitment in the Nunavut Suicide Prevention Strategy, the Makimaniq Plan (Nunavut’s Poverty Reductions Strategy), and the Government of Nunavut’s mandate document, Sivumut Abluqta – Stepping Forward Together.

Funding Received:

The Government of Nunavut received \$1,019,000.00 in 2014/15 from the THIF for mental health service capacity development projects. The agreement commenced November 3, 2014 and the funds were received January, 2015. Since the funding for year one arrived late in fiscal 2014/15, many projects had a late start. Ground work has been laid and the sub-projects within each activity projects will begin to roll out April 1, 2015. As a result not all the funds were spent in year one. \$749,880 from 2014/15 has been carried forward into the 2015/16 fiscal year. The total budget for year two is \$1,700,650.

THIF Progress Report
Assessment of Territorial Projects and Activities 2014/15

Activity Title	Project & Objectives	Actions / Progress	Relevance & Performance	Performance Measurement
<p>Implementation Team</p>	<p>Stakeholder Engagement and Input</p> <p>Objectives:</p> <p>A) Create a Cross- Sector Planning Coordinator (CSPC) position within Mental Health and Addictions to develop and maintain stakeholder engagement by building relationships with Government departments and non-governmental organizations.</p> <p>B) Stakeholder input is used to inform project.</p>	<p>-Hired a CSPC to support community engagement and build key relationships across the Government and non-governmental stakeholders for projects undertaken by the Territorial Mental Health and Addictions office in Nunavut.</p> <p>-The CSPC sits on the Mental Health Act Steering Committee and is part of the team running the Mental Health Act consultative process. The CSPC is a member of the following working groups:</p> <ul style="list-style-type: none"> -The Nunavut Ikajuqtigiingiq Justice Project -Intra-agency Sharing Protocol and -Nunavut Suicide Prevention Strategy Implementation Committee. 	<p>The CSPC plays a key role in strengthening the Department’s approach to mental wellness by ensuring that Nunavummiut have a voice in mental health and addictions projects and programs. In addition, the CSPC ensures that Inuit Societal Values are incorporated in Territorial MH & A projects.</p> <p>Stakeholders have been drawn from the following groups depending on the needs of the project and who would like to participate. This includes:</p> <ul style="list-style-type: none"> -GN Departments, such as: Family Services, Justice, Education, Housing -NTI and other Inuit organizations -Local communities -Non-profits and other civic organizations -Universities and other research organizations -The federal government -Foundations and other charitable organizations 	<p>A draft evaluation plan was developed which will guide data collection regarding the following measures:</p> <ul style="list-style-type: none"> A) Qualitative stakeholder feedback reflects positive engagement. B) 80% of implementation team minutes reflect the use of stakeholder input.

Activity Title	Project & Objectives	Actions / Progress	Relevance & Performance	Performance Measurement
<p>Standard Screening and Assessment Tools</p>	<p>Develop Screening and Assessment Tools to be used by Paraprofessionals and Health Care Professionals working in Mental Health and Addictions.</p> <p>Objectives:</p> <p>-Lay the ground work to accomplish the following objectives</p> <p>A) Data is being used to inform case planning.</p> <p>B) Data is being used to inform clinical supervision.</p> <p>C) Data is being used to inform service planning.</p>	<p>-A list has been made of screening and assessment tools that Mental Health and Addictions staff presently use to test for the presence or absence of a disorder.</p> <p>-Identified screening and assessment tools that meet best practices in Mental Health and Addictions.</p>	<p>At present screening and assessment tools vary from region to region within Nunavut. There are no overarching standards in place that ensure consistency and best practices.</p> <p>Standardized screening and assessment tools provide a systematic and reliable approach to the detection and diagnosis of mental health difficulties. They give clinicians a common language and objective metrics. Finally they provide a consistent approach to testing for the presence or absence of a disorder and help patients receive effective care.</p> <p>Meeting the objectives and performance indicators for this activity will ensure that Nunavummiut suffering from Mental Health and Addictions disorders receive the care and treatment that best suits their needs.</p>	<p>A draft evaluation plan was developed which will guide data collection regarding the following measures:</p> <p>A) 80% of case plans reflect the use of screening and assessment data by year three.</p> <p>B) 80% of clinical supervision notes reflect the use of client and clinician related data by year three.</p> <p>C) 80% of service planning documents reflects the use of aggregated client and service system data by year three.</p>

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<p>Clinical Standards of Practice</p>	<p>Community Psychiatric Nursing (CPN) Practice Guidelines</p> <p>Objectives:</p> <p>Guided by a steering committee, developed territory-wide CPN Standards of Practice that reflect best practices:</p> <ul style="list-style-type: none"> A) Standardized case planning practices, B) Standardized case management practices, and C) Standardized charting in preparation for the move to e-health records. 	<p>-A steering committee was established along with the Terms of Reference and Code of Ethics.</p> <p>-Completed an environmental scan of community mental health nurse / psychiatric nurse roles regarding policies and procedures in relevant jurisdictions.</p> <p>-Held consultations with the Registered Psychiatric Nurse/Mental Health Nurse Working Group and other expert consultants to obtain input on program standards, policies and procedures required by the jurisdiction and to identify Nunavut specific content that needed to be included in the final document.</p> <p>-Completed the “Community Psychiatric Nursing Practice Guidelines: Creating Cultures of Safety and Quality Care” which provides the framework for the development of the CPN Practice Guidelines manual.</p>	<p>Year one has seen significant strides towards the development of the CPN Practice Guidelines manual and the accomplishment of the performance indicators. Every step has been focused on what needs to be in place to accomplish this goal.</p> <p>The CPN Practice Guidelines manual will be complete by the end March 31, 2016.</p> <p>At present standards of practice vary from region to region within Nunavut. There are no overarching standards of practice in place that ensures consistency and best practices.</p> <p>The establishment of CPN Practice Guidelines will ensure that Nunavummiut suffering from mental illness and addictions will receive the best treatments based on evidence-informed practices.</p>	<p>Completed the “Community Psychiatric Nursing Practice Guidelines: Creating Cultures of Safety and Quality Care” and it will be the framework for the development of the CPN Practice Guidelines.</p> <p>A draft evaluation plan was developed which will guide data collection regarding the following measures:</p> <ul style="list-style-type: none"> A) File audits reflect that case planning standards are being followed in 70% of cases by year three. B) File audits reflect that case management standards are being followed in 70% of cases by year three. C) File audits reflect that charting standards are being followed in 70% of cases by year three.

Activity Title	Project & Objectives	Actions / Progress	Relevance & Performance	Performance Measurement
<p>Continuum of Mental Health Services and Supports</p>	<p>School-Based Mental Health Service Model</p> <p>Objectives:</p> <p>A) School-based mental health services model and implementation is planned and approved by stakeholders; services are being delivered per the plan</p> <p>B) Senior/Elder dementia care services model and implementation plan is developed and approved by stakeholders, services are being delivered per the plans</p>	<p>-The Department of Health, Mental Health and Addictions created a collaborative relationship with the Department of Education in Nunavut to work together to support the mental health and wellness of children and youth in Nunavut.</p> <p>-Established a Leadership Team consisting of key people from the Departments of Health and Education to develop a framework for a school-based mental health curriculum. Nunavut Tunngavik Incorporated (NTI) also participated, guiding the project management team and ensuring that the joint project continued to move forward.</p> <p>-Completed the “School Based Mental Health and Wellness Framework for Nunavut – 2015” to serve as a starting point for the implementation phase.</p> <p>-Scope of work developed for: Mentorship Program, life skills curriculum, and social emotional learning projects.</p>	<p>Half the population of Nunavut is under 25. This group experiences a high rate of sexual abuse, exploitation and suicide. Schools are an ideal partner in the delivery of population-wide social/emotional skill development and prevention education in the areas of mental health and addictions. Schools are potentially excellent partners in the early identification of at risk children and youth and for the delivery of programming.</p> <p>Both Health and Education hold the same vision of positive mental health and wellness for adults of tomorrow, inspired by the Inuit value place on – working together for the common good.</p> <p>School-based mental health and addictions programming is key to accomplishing the goals of the Mental Health and Addictions division by ensuring a strong continuum of care.</p>	<p>Completed the “School Based Mental Health and Wellness Framework for Nunavut – 2015” to serve as a starting point for planning and implementation. This report lays the groundwork for the performance measure: “Services model and implementation plan developed and approved”. This measure will be carried over to year two.</p>

Activity Title	Project & Objectives	Actions / Progress	Relevance & Performance	Performance Measurement
<p>Out-of-Territory (OOT) Service Utilization Management</p>	<p>Opened a centralized OOT Service Utilization Management Office to assess, coordinate and monitor clients OOT travel and treatment.</p> <p>Objectives:</p> <p>A) Access to and utilization of OOT specialized clinical service is being centrally managed.</p> <p>B) Use of mental health related medivac and other medical travel is reduced by 50%.</p>	<p>-Hired a Residential Treatment Coordinator to set up the OOT office to develop policies and procedures.</p> <p>-Established a procedure for clinical consultations and residential placement for all clients leaving the territory for treatment.</p> <p>-Developed a database of all clients placed out of territory for ongoing client monitoring and discharge planning back to Nunavut.</p> <p>-Mapped OTT resources so clients can be placed with the best service provider for their treatment needs.</p>	<p>The Department of Health lacks a standardized system for coordinating OOT residential treatment services for Nunavummiut with complex mental health and addictions issues. Decisions are often made by individuals at the community or regional level, without collaborative processes and procedures to ensure quality client care and effective case management. There is currently little or no baseline data that can be used to demonstrate the effectiveness of the current system.</p> <p>The cost of OOT service provision is immensely expensive, but is necessary until Nunavut can build in-territory service capacity. If more efficient processes and procedures can maximize client care in accountable, efficient, evidence-based and cost-effective ways, more time and money may be available to build capacity at the local level.</p>	<p>A draft evaluation plan was developed which will guide data collection regarding the following measures:</p> <p>A) 100% of clients go through a standard process before they leave the territory for mental health and addictions treatment and care.</p> <p>B) Audits of OOT service records reflect that utilization of OOT specialized clinical services procedures are being followed in 90% of cases by year three.</p> <p>C) 50% reduction in the percentage of active mental health cases which have involved medivac trips by year three.</p> <p>D) 50% reductions in the percentage of active mental health cases which involve medical travel by year three.</p>

Activity Title	Project & Objectives	Actions / Progress	Relevance & Performance	Performance Measurement
<p>Professional Development</p> <p>Mental Health</p>	<p>Professional Development Plan for Paraprofessionals and Professional Staff.</p> <p>Objectives:</p> <p>A) All mental health and addictions staff have an individualized professional development plan</p> <p>B) All mental health and addictions staff are participating in ongoing professional development</p> <p>C) Clinical staffing levels of Nunavut Land Claim Beneficiaries on local mental health and addictions service teams to increase by 100%</p>	<p>-Mentored 20 psychiatric nurses taking the online cultural orientation, Inuit Story Bones which provides an introduction to Inuit Societal Values and Inuit Traditional Knowledge. www.inuitstorybones.ca</p> <p>-Began researching a laddering training program for mental health and addictions paraprofessionals.</p>	<p>-The Department is committed to the development of a responsive and sustainable mental health and addictions service system for Nunavummiut.</p> <p>-One of the key components of this is developing a workforce of paraprofessionals and professional staff who have the tools and skills to provide care to Nunavummiut with mental illness and addictions – joining evidence-informed approaches with Inuit traditional knowledge.</p> <p>-A laddering program for paraprofessionals, who do not have a background in mental health and addictions and are interested in working in the field, is an important starting point in their professional development plan. It ensures that the paraprofessionals receive the support and mentoring that they require to be successful.</p> <p>-Professional clinical staff come to Nunavut with a varied work experience in mental health and addictions. In order to provide services that meet the needs of Nunavummiut, their professional development plan needs to incorporate courses in Inuit Social Values and ongoing training in best practices in the field.</p>	<p>A draft evaluation plan was developed to guide data collection regarding the following measures:</p> <p>A) HR file audits reflect that 90% of staff have individualized professional development plans by March 31, 2017.</p> <p>B) HR file audits reflect that 90% of staff are participating in professional development at least twice per year by March 31, 2017.</p> <p>C) Staffing reports reflect a 100% increase in the number of Nunavut Land Claim Beneficiaries working in clinical roles within the mental health system by March 31, 2017.</p>

**THIF Annual Budget and Expenditures 2014/15
Nunavut Mental Health Service Capacity Development Project**

Activity Title	Annual Overall Budget	Expenditures	Variance	Administration (cap of 15%/year)		Project Travel (cap of 10%/year)		Project Delivery (minimum of 70%/year)		Project Evaluation (cap of 5% of total)	
				Budget	Expenditures	Budget	Expenditures	Budget	Expenditures	Budget	Expenditures
Implementation Team	\$ 4,000	\$ -	\$ 4,000	\$ 600	\$ -	\$ 400	\$ -	\$ 2,800	\$ -	\$ 200	\$ -
Standard screening and assessment tools	\$ 173,500	\$ 1,839	\$ 171,661	\$ 26,025	\$ -	\$ 17,350	\$ -	\$ 121,450	\$ -	\$ 8,675	\$ 1,839
Clinical Standards of Practice	\$ 118,500	\$ 12,798	\$ 105,702	\$ 17,775	\$ -	\$ 11,850	\$ -	\$ 82,950	\$ 11,500	\$ 5,925	\$ 1,298
Continuum of mental health services and supports	\$ 383,000	\$ 173,219	\$ 209,781	\$ 57,450	\$ 561	\$ 38,300	\$ 809	\$ 268,100	\$ 167,848	\$ 19,150	\$ 4,002
Out-of-territory (OOT) service utilization management	\$ 90,000	\$ 74,784	\$ 15,216	\$ 13,500	\$ 13,500	\$ 9,000	\$ -	\$ 63,000	\$ 60,310	\$ 4,500	\$ 973
Professional development	\$ 250,000	\$ 6,481	\$ 243,519	\$ 37,500	0	\$ 25,000	\$ 877	\$ 175,000	\$ 2,900	\$ 12,500	\$ 2,704
Totals	\$ 1,019,000	\$ 269,120	\$ 749,880	\$ 152,850	\$ 14,061	\$ 101,900	\$ 1,686	\$ 713,300	\$ 242,558	\$ 50,950	\$ 10,815