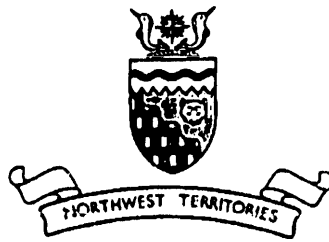


LEGISLATIVE ASSEMBLY OF THE  
NORTHWEST TERRITORIES  
7<sup>TH</sup> COUNCIL, 46<sup>TH</sup> SESSION

SESSIONAL PAPER NO. 1-46

TABLED ON JANUARY 10, 1972

Tabled on Jan. 10, 1972  
Sessional Paper 1-46



January, 1972

CONFIDENTIAL -  
Not for release before  
1st reading during the  
46th Session of Council.

SESSIONAL PAPER NO. 1-46  
(First Session, 1972)

A LOCAL CARE MENTAL HEALTH SYSTEM FOR THE N.W.T.

Tabled	To Committee	Accepted as Read	Accepted as Amended	Deferred (to Session)	Rejected	Noted Not Considered

## A LOCAL CARE MENTAL HEALTH SYSTEM FOR THE N.H.T.

The challenge with which we are faced in the North, insofar as mental health and mental illness are concerned, is one which involves, primarily, prevention. It involves people, not only professional people such as nurses and doctors, but it should involve the community at large. It does not involve, primarily, institutions, guards and detention rooms. These, although necessary at times, are to a large extent an admission of failure on the part of the health service and society as a whole. When it becomes necessary to incarcerate the mentally ill individual I submit to you that we have, in most of the northern hospitals, the capability of controlling, temporarily at least, those mentally ill patients who require protection from themselves and restraint from harming those with whom they associate. The drugs which are now available for the treatment of the mentally ill patient are sufficient, if properly used, to render mentally ill persons incapable of causing injury to themselves or others.

Because of the foregoing the Northern Health Service does not place great emphasis upon the necessity for hospital wards to be so designed that they afford a "prison environment" for psychiatric patients. Admittedly, such patients sometimes require special nursing care but so do other patients who suffer from illnesses other than those within the "mental" category. Thus when we speak of special facilities for the psychiatric patient it is the contention of this Service that we are really speaking of, the necessity upon occasion for special nursing care, not special escape-proof cells within a General Hospital.

The present Mental Health Ordinance gives adequate breadth for the attending physician to hospitalize a mentally ill patient in a northern hospital and it offers further license to evacuate, when necessary, such a patient to a mental institution in the south. It is a fact that such evacuation is dependent upon the approval of the Commissioner or his delegate but this stipulation has in the past not seriously impeded the referral of patients to these institutions.

The officials of the Northern Health Service deem it advisable and indeed, imperative to plan and implement a mental health service "delivery system" to the people of the north, a system which is calculated to prevent mental illness or, failing that, to detect it in its initial stage and thereby to render superfluous, to the extent that it is possible, the terms, conditions and stipulations of the Mental Health Ordinance.

The proposed plan is one which was conceived by officials of the Northern Health Service in concert with Psychiatric Consultants who have had considerable previous experience in mental health problems of the north. It is emphasized that it is only a plan but one which is based upon the collective experience of those who are knowledgeable in the field of mental health and illness in the north. It is a "people oriented" plan not a "facility oriented" plan.

The essence of the system is the formation of a local "Health Council" which concerns itself with the problems of mental health and illness within the community and the satellite settlements. The Council or Committee (the name is not important) will be composed of representatives of various departments (Territorial and Federal and Municipal) who would have a conceivable input into the subject of mental health. Just as important is the necessity to

involve citizens' groups, the local Mental Health Association and the local Native Brotherhood.

The Committee so formed shall be the anchoring force of the mental health delivery system for the community, a body which serves as referral centre for mental health problems in the broadest context. This Committee will be a referral source for those problems and patients which have a potential or obvious mental health connotation.

The Committee will be given guidance and advice by a number of "professionals", some of whom might be permanent members of the committee. The "backup" resource will be the visiting Psychiatric Consultants and it is imperative that such Consultants effect a continuing communication with the local committee not only during psychiatric visits but in preparation for such visits and in necessary followup of cases.

#### Duties of the Local Committee:

1. To act as a tangible manifestation of community involvement and concern in matters of mental health.
2. To act as a "case-finder" source of those individuals who may be showing early symptoms of illness and thus be more responsive to treatment.
3. To act as a case referral source of individuals within the community.
4. To act as a vehicle for consideration of community mental health problems, to determine the extent of the mental health problems and ways and means by which mental illness may be prevented.
5. To ensure that there be adequate "public participation" in matters relating to the prevention and treatment of mental illness; this will include the scheduling of public and private meetings on the occasion of psychiatric consultants' visits to the community.
6. To ensure that there be adequate "case preparation" (i.e. social histories and necessary physical examination, etc.) prior to the visits of the Consultants and, by the same token, to ensure adequate "follow-up" of the Consultants' recommendations.

It is most important that the local Mental Health Committee should not look upon itself as being subservient to the visiting Psychiatric Consultants or indeed the "professionals" who may constitute a component of its membership. One would expect, on the contrary, a free flow of advice, guidance and discussion between the committee and the visiting Consultants and between the Committee and the individual members of the community.

#### Implementation:

It is recommended that the local care system, as described above should be instituted initially in one settlement of the north as a pilot project.

MENTAL HEALTH DELIVERY SYSTEM - FROBISHER BAY

Preface:

The reasons for recommending a community oriented local mental health "system" has been described on the preceding pages. In keeping with the recommendations that there be a "pilot project" for the implementation of this system throughout the north, it is recommended that Frobisher Bay be the site of such a project. This recommendation is based upon the following considerations:

1. A "manageable" community population in terms of numbers.
2. A good expectation of regular mental health consultants visits from the University of Toronto.
3. An apparent high incidence of mental health problems.

Implementation:

1. Achievements to Date

(a) Communication and discussion with the mental health consultants who "service" the area in question. They believe their input will be sufficient in terms of manpower and frequency and duration of visits.

(b) Communication with the Department of Education (N.W.T.) and Social Development (N.W.T.). It is important to point out that although the proposed system has been brought to the attention of these officials they have not yet concurred with the specific recommendations. This is not based upon their reluctance to do so but rather upon the necessity of their contacting the appropriate local field officers. It is to be noted that this system will have "manyear" implications for the Department of Education and possibly that of Social Development.

(c) Discussion with the President of the N.W.T. Mental Health Association. This concept was discussed in September with the President and she appeared quite enthusiastic.

2. Future Planning

It is to be emphasized that this "model" has not yet been brought to the attention of the local people of Baffin Island, other private citizens or Government officials. It was first necessary to conceive of a system which the consultants would look upon as being academically viable. It is not the intention of the Northern Health Service to thrust this plan upon the community but rather to approach the community, with particular reference to the potential members of a mental health committee, and to obtain their views. The specific future planning is as follows:

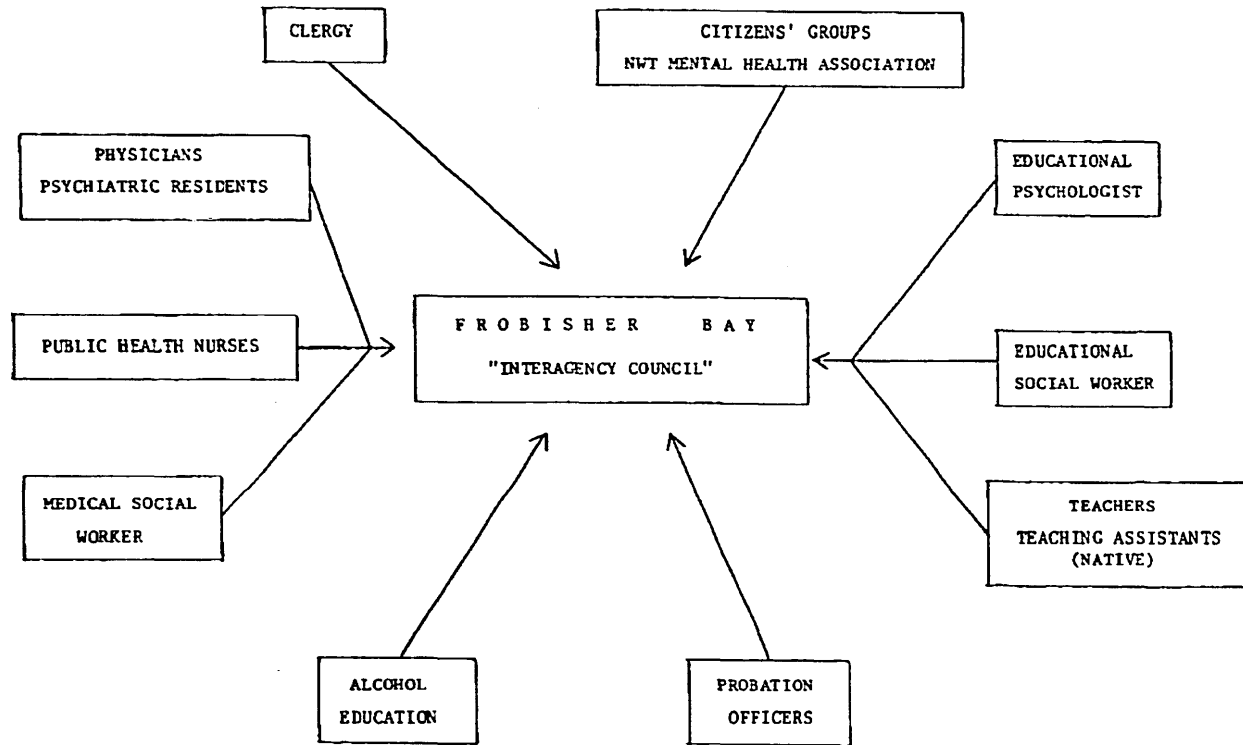
(1) Presentation of this plan to the January 1972 session of the N.W.T. Council. This is further to Council's request that a study be made of the possibility of the establishment of a system of local health care psychiatric units in main centres in the north.

(2) Presentation of the plan to the "community". This will probably take place on the occasion of the next mental health Consultant's visit to Frobisher Bay in

February of 1972. At that time contact will be made with the Community Council, other interested citizens' groups, local representatives of the Department of Education and Social Development as well as local members of the Medical Department.

(3) Depending upon the acceptability of this plan to the aforementioned individuals and groups, a Medical Social Worker position will be established, first at Frobisher Bay Hospital.

(4) It is expected that this plan, if implemented and if successful, should be duplicated in other main centres of the Northwest Territories including Inuvik, Yellowknife, Hay River and Fort Smith. It is expected that the model (i.e. the pilot project at Frobisher Bay) could be evaluated within one year.



BACK-UP: VISITING PSYCHIATRIC CONSULTANTS