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A MODEL FOR MENTAL HEALTH SERVICES

IN THE NORTHWEST TERRITORIES

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SUMMARY:

While formal responsibility for mental health remains with the Federal Government, the time is rapidly approaching for the Government of the Northwest Territories to assume full responsibility for all health care, including mental health. It is therefore prudent, indeed necessary, to put in place the infrastructure required to ensure the orderly transfer and development of mental health services.

The proposed model recognizes the following principles:

the primary goal of mental health services should be to encourage, foster and support individual, family and community resources rather than to simply respond to problems by increasing services;

mental health programs should be undertaken as an integral component of community resources, not as an independent service;

programs and services must be based on demonstrated or probable beneficial effects, and must be evaluated in a manner which includes assessment by the intended beneficiaries;

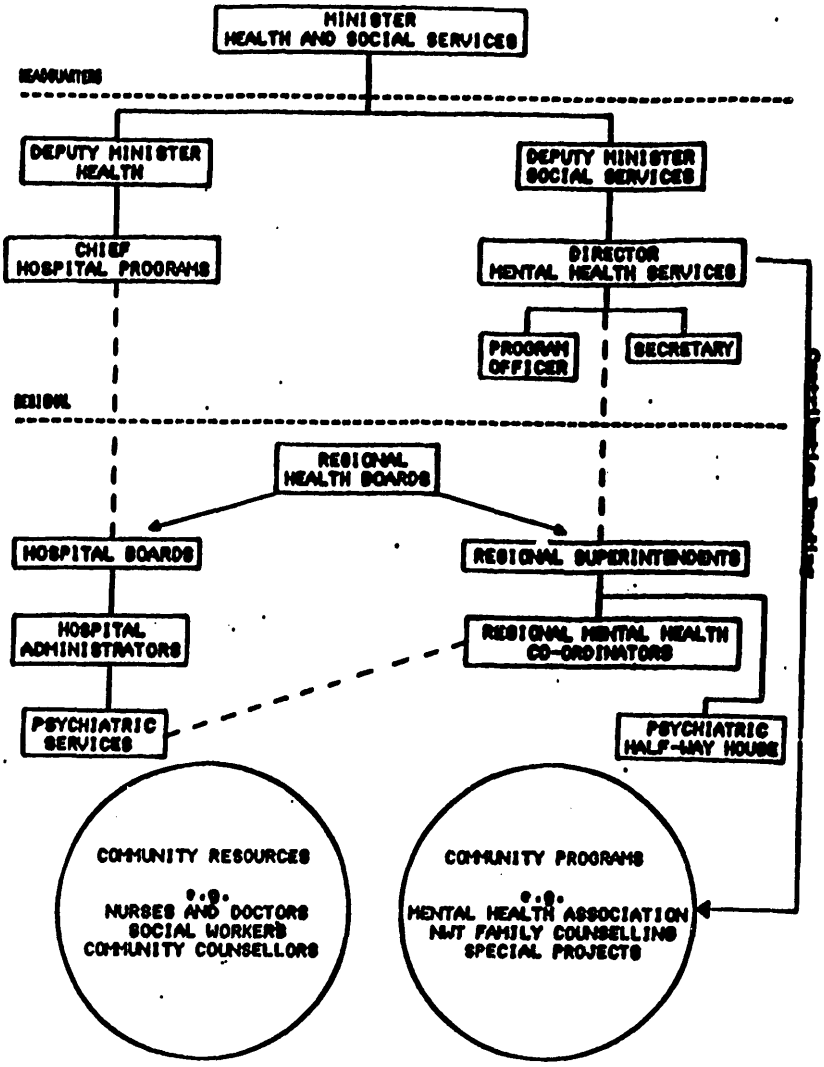
program development must recognize the need for universality of access to services which are culturally appropriate;

program development should draw upon existing community and regional resources as a first priority.

The model also recognizes that mental health services effectively become the responsibility of both the Department of Health and the Department of Social Services, with Health carrying the responsibility for hospital-based and psychiatric services and Social Services carrying responsibility for community based mental health programs. In view of the fact that the emphasis in the development of mental health services will be at the community level, the administrative structure for mental health is placed within the Department of Social Services, with liaison across departments occurring at the Deputy Minister level.

March 5, 1987

MENTAL HEALTH SERVICES
ORGANIZATIONAL CHART



A MODEL FOR MENTAL HEALTH SERVICES

IN THE NORTHWEST TERRITORIES

PROBLEM STATEMENT

While formal responsibility for mental health remains with the Federal Government, the time is rapidly approaching for the Government of the Northwest Territories to assume full responsibility for all health care, including mental health. It is therefore prudent, indeed necessary, to put in place the infrastructure required to ensure the orderly transfer and development of mental health services.

BACKGROUND

1. Definitions

Mental health services are programs directly related to the promotion of mental health and/or the alleviation of mental disorders.

Mental health is defined as a condition of mental well-being and personal satisfaction; an absence of mental disorder. Mental disorder is defined as any condition of the mind (thoughts, feelings, perceptions) brought on by disease, dysfunction or the distress caused by unbearable problems of living, and are evidenced by personal and/or social maladjustment.

2. Incidence

Mental disorders in the Northwest Territories range from the classical psychiatric illnesses like schizophrenia and the other psychosis, through the more common anxiety neurosis and reactive depressions, to the complex psychological problems like substance abuse, family violence, child neglect, sexual assault and suicide. Recent statistics indicate that about 18% of the population suffers some form of psychiatric illness, and that serious emotional problems (like anxiety and depression) are present in about 50% of all the patients seen by family physicians. The statistics on alcohol abuse, spousal assault, and adolescent suicide (all of which are a reflection of mental health problems) are well known, and are even more alarming. Mental health services, to be effective, must address all of these problems.

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3. Scope

There is no single cause of mental disorders, nor is there any simple way for people to achieve good mental health. Mental disorders can be caused by a range of medical, psychological and social problems; mental health depends on a range of personal, family, social, cultural, economic and political factors. No single agency, Government Department or profession can provide a complete mental health service. What is essential is co-ordination and integration of a wide range of skills and services, principally within the fields of health care, social welfare, education and justice.

While it used to be that most of the mentally ill were treated in hospitals by psychiatrists, this is no longer the case. Increasingly, the emphasis is on providing community-based programs, utilizing a broad range of support services. This makes much sense, especially when one considers the practical realities that we face in the north. The vast majority of people who present with mental health problems are initially identified not by doctors and nurses, but rather by social workers, teachers and police officers. They, along with community-based nurses and doctors are the "front-line" workers who must deal with mental health problems on a day-to-day basis. They also are the ones who, along with community resources, will have to continue to provide the major component of mental health treatment and prevention programs.

4. Current Services/Resources

The Federal Government, through Health and Welfare Canada, has allocated five person-years to mental health services, in the form of regional mental health coordinators. Two of these positions have remained vacant for a number of years; services provided by the three incumbents range from direct service delivery (counselling) and community development, to consultation and liaison with visiting teams of specialists. In addition, Health and Welfare Canada provides funding for contracted psychiatric services in the Inuvik and Keewatin regions, estimated to be in the range of $250K per year, and through grants and contributions provides another $200K yearly to private agencies like to Canadian Mental Health Association and NWT Family Counselling Service.

The Department of Health, through the Territorial Health Insurance Plan, is responsible for hospital-based treatment of the mentally ill, and provides the funding for the Department of Psychiatry at Stanton Yellowknife Hospital. There are six person-years allocated to this program,

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with psychiatric services provided on a contractual basis with psychiatrists from Alberta. In addition, the Department of Health offers some mental health promotion activities through its family life education program, and provides for contracted psychiatric services to the Baffin region.

Directly related services are also provided by the Department of Social Services. It offers a Clinical Assessment Program for children and youth, with an allocation of four person-years, and a travel budget of approximately $50K per year. In addition, social services provides both community-based and residential treatment services to disturbed children and their families. Treatment services purchased outside the Territories alone costs approximately $1M per year.

There are significant manpower and fiscal resources already committed to mental health programs. However, existing services have developed in an unco-ordinated fashion, often in response to crises and without the benefit of rational long-term planning. The single most pressing issue now is to make the most of what we have.

PRINCIPLES

In developing this proposal the following principles were held to be fundamental:

- The primary goal of mental health services should be to encourage, foster and support individual, family and community resources rather than to simply respond to problems by increasing services;

- Mental health programs should be undertaken as an integral component of community resources, not as an independent service;

- Programs and services must be based on demonstrated or probable beneficial effects, and must be evaluated in a manner which includes assessment by the intended beneficiaries;

- Program development must recognize the need for universality of access to services which are culturally appropriate;

- Program development should draw upon existing community and regional resources as a first priority.

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In addition to incorporating these principles, the model presented takes recognition of the fact that mental health services will become the responsibility of two lead ministries - Health and Social Services. As in many other jurisdictions in Canada, hospital-based, and in particular psychiatric services, are the responsibility of the Department of Health, while community-based programs, such as counselling services, are the responsibility of the Department of Social Services. In view of the fact that the emphasis in the development of mental health services will be at the community level, the administrative structure for mental health is placed within the Department of Social Services, with liaison across departments occuring at the deputy minister level.

THE MODEL

The basic organization of mental health services is presented graphically on page 5 and is described below.

The model emphasizes community-based delivery of mental health programs, organized, directed and administered regionally. It takes recognition of the fact that health professionals, social workers, and other community-based counsellors will continue to be the "front-line" workers in mental health, and recognizes also that community programs, such as those operated by the Canadian Mental Health Association, and other groups, will continue to form the major component of a territorial mental health service.

Increased support to community resources will be accomplished by enhancing the mental-health coordinator positions - filling the existing vacancies in the Keewatin and Mackenzie zones, and adding two additional positions, one in the Baffin region and one in the Fort Smith region. Contribution funding to community programs will be centralized in order to obtain a more coordinated and equitable distribution of support for community programs and special projects.

While the model does not display long-term development plans, the program calls for a major initiative in the training of community-based resource people in mental health, within the next three to five years. It also provides for the development of a psychiatric half-way house, long-needed in the Territories.

The individual components of the model are described on pages 6 and 7.

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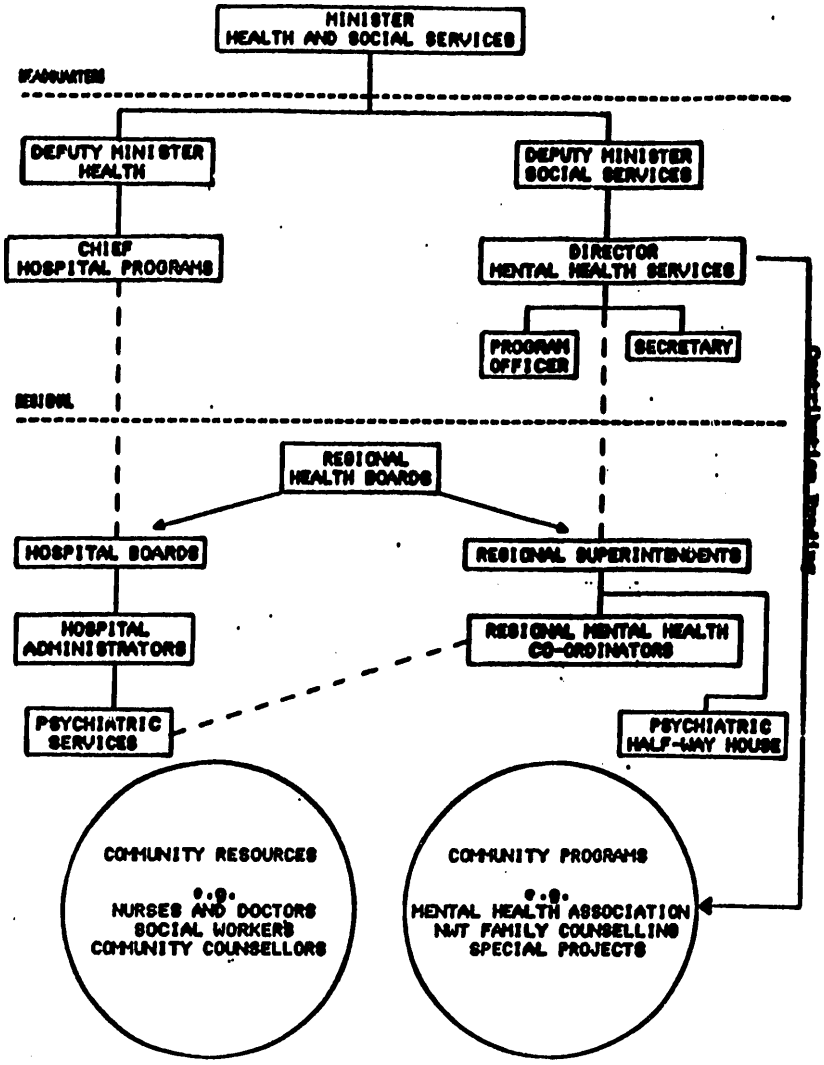
MENTAL HEALTH SERVICES
ORGANIZATIONAL CHART



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Community Resources: The "front-line" workers in the delivery of mental health services are, and will continue to be, community-based nurses, social workers, and others who can provide counselling and other forms of support and community development. They require an enhanced level of support and training.

Community Programs: Supported by grants and contributions, community-based programs provided by the private sector form a significant portion of our existing mental health services. Those already in place (such as Family Counselling Service in Yellowknife and the Mental Health Association counselling program in Inuvik) deserve continuing support, and other groups should be encouraged to come forward with proposals in other regions. At the same time, individual communities will continue to need access to funding for special projects, as happens for instance when a rash of suicides occur.

Regional Health Boards: In keeping with the principle of community involvement, regional health boards in regions where they exist, provide advice to the regional superintendents in regard to programs and services required.

Regional Mental Health Coordinators: At the present time these positions are with the Federal Government, and it is anticipated that they will be transferred along with the transfer of other health services. The incumbents will be senior mental health professionals, whose duties will be to coordinate regional program delivery and to provide training and support to community workers. The Government of the Northwest Territories hopes to convince the Federal Government to increase the coordinator positions from five to seven.

Psychiatric services will continue to be available, either a part of existing hospital programs (as at Stanton Yellowknife Hospital) or on a contracted basis (as in the Baffin region). In patient psychiatric services will be directed by regional hospital administration; out-patient services to the communities will be coordinated by the regional mental health coordinator.

Psychiatric Half-way House: Long recognized as a need in the Territories, a psychiatric half-way house will become even more necessary when the psychiatric ward at the new hospital in Yellowknife is completed. The manager of this facility will report to the regional superintendent in the region within which it is located.

Regional Superintendents: Under the proposed model the regional superintendents are responsible for the administration of mental health programs within their respective regions. They would have line authority over the mental health coordinators, and would have a functional responsibility to the director of mental health services.

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Director Mental Health Services: This senior professional position is responsible for the overall administration of mental health programs, setting standards and recommending policy, and is responsible as well for program development and evaluation. The director's office would be staffed by a program officer and a secretary to assist with these functions. Grants and contributions to community programs are provided through this office, which reports to the deputy minister of social services.

COSTS

Actual current expenditures on mental health programs are difficult to determine. Psychiatric services alone are estimated at $400,000, and it is further estimated that the Federal Government contributes an additional $200,000 to community-based mental health programs. The Federal Government has allocated five person-years to regional mental health coordinator positions, and the Department of Health has allocated six person-years to the Department of Psychiatry at Stanton Yellowknife Hospital.

IMPLEMENTATION

It is recommended that the model be phased in over the next three years, beginning with approval of the model by the Legislative Assembly, and encouraging the Federal Government to proceed with the recruitment of two mental health coordinators to fill existing vacancies. That much can be accomplished without additional costs to the Government of the Northwest Territories.

Intensive negotiations with the Federal Government would follow, to ensure funding and manpower resources adequate to meet our needs were included in the transfer of health programs and services.

That accomplished, attention would be directed toward the development of community-based programs and the training of community-based counsellors.

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CONCLUSION

There are significant numbers of people in the Northwest Territories with mental disorders. Available programs (both treatment and prevention) are limited and poorly integrated, and there is no infrastructure in place that would allow for coordinated planning and efficient service delivery. With the transfer of health services imminent, the time has come for the territorial government to take an active role in the development of mental health services. Review of the current situation has identified two priorities - integrating existing programs, and addressing the need for trained, community-based mental health counsellors.

At this time the primary concerns are the integration of existing services, and negotiation with the Federal Government on the transfer of mental health programs. Toward these ends, approval of the model is recommended.