

# **Services in Inuvik, NT**

## **Overview of Fragmentation and Duplication**

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Prepared for Hon. Floyd Roland

**By the Inuvik Interagency Committee**  
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# The Inuvik Interagency Committee

For more than twenty years, the Interagency has worked to identify, address, and resolve gaps in social services programming. It is the Interagency's goal to implement changes in the town of Inuvik which are responsive, proactive, progressive and, ultimately, community-driven. Efforts to enact positive social change in the past have led to the establishment of entities such

As the Inuvik Food Bank, Suicide Hotline, Victim's Services, and the New Beginnings Alternative School.

The Interagency performs a unique function in our community, serving as a forum and a model for collaboration. Members are able to identify local needs and gaps in current service provision and to work together to address and fill those gaps. Members have also reported that the Interagency has filled an important role in orienting and networking new employees with the anticipated result of improving employee retention.

The Inuvik Interagency Committee has an open membership currently ranging between 60 and 85 individuals representing over thirty local agencies and programs and including members of the general community. Member involvement ranges between active participation in projects and subcommittees, attendance of monthly meetings, attendance of special events, and receiving informational communications.

Currently, all Interagency activities take place within Inuvik but in many cases benefit the surrounding Beaufort-Delta communities through Inuvik's function as a regional centre. Benefits of our activities are directly realized by participating members and positively impact participating agencies, their clientele, and the general Inuvik community.

## **Our Mission**

*The Inuvik Interagency Committee is a non-profit network of community representatives collaborating to implement community-driven social change.*

*Community-driven issues are those based on the expressed needs of the community.*

*To accomplish this mission, we:*

- *Facilitate communication between existing programs and services,*
- *Engage our community in consultations, needs assessments and issue-identification processes,*
- *Identify and resolve gaps in social programming,*
- *Act as a resource for service access, and*
- *Foster the development of new social programs and services.*

## **Executive Summary**

Inuvik is a community dealing with a high rate of social issues with addictions identified by many as the leading issue. Counselling and mental health services are integral to the delivery of addictions services at all points from prevention, to intervention to treatment to after care. Delivering effective services to youth lessens the number of clients who will suffer from addictions and mental health issues in the future. The three areas of study are inter-connected in their cause and effects, but not on a service delivery level.

Seventeen agencies participated in this study to examine the duplication and fragmentation of services in Inuvik. No duplication of services was identified. What was noted by virtually all of the respondents was a pattern of gaps and fragmentation in the three areas of study. A lack of integration between services offered and in the actual delivery of service to clients was evident.

The areas of addictions, counselling and mental health and youth fall under the mandate of the Beaufort Delta Health and Social Services Authority (BDHSSA). Within the BDHSSA the various departments deal with particular aspects of service. Specific services are provided within the health network, such as psychiatric treatment. Some service delivery is contracted to not for profit agencies such as Family Counselling who provide counselling/mental health and addictions services. Other services are provided outside of the government network by not for profit groups including the Youth Centre, Homeless Shelter, Justice Committee and Victim Services.

The government and not-for profit service providers are dealing with a large client base. Their services are utilized on a continual basis and in some instances are reported to be over loaded. The lack of integration between the services further complicates the issues and leads to inefficient service delivery in instances where clients are most vulnerable.

Despite the Integrated Service Delivery Model (2004) being developed by the GNWT it does not appear to have been effectively implemented within government departments providing service. There is a gap between government departments and not for profit agencies. The communication between the two groups appears to be limited and sporadic. The services not for profit agencies provide have arisen from community identified gaps in service, rather than from a planned approach in partnership with the government departments.

The not for profit agencies have some practical examples of integrating services. The Youth Centre had demonstrated a commitment to this approach in the past year by working in partnership with other agencies to provide programming.

This report found that while communication occurs between service providers in the community it does not always lead to action. The professionals in the field report that they are too busy to take on yet more responsibility and thus they

continue to provide services in the same fashion. Inuvik does not have an identified position or agency that ensures grassroots coordination between services. This leads to identified needs not being met and thus gaps and fragmentation occur.

The Interagency plays a role in building communication between agencies and in working to address the gaps in services. The limited and sporadic funding available for the Interagency to hire a full time staff person to take on this role has resulted in projects having to be put on hold. Projects such as the resource directory, web site and introduction package for new members to the community could help address some of the issues of communication and not understanding the mandate of each agency.

Issues of agencies not following an integrated format requires training and education in this model of service delivery not only to GNWT, but also to land claims and not for profit groups. The development of a truly integrated approach to service delivery would assist in closing the gaps and lessening the fragmentation in service delivery.

## **Introduction**

Inuvik is unique in that the community was established to provide modern services to the people of Canada's western arctic. Services to the residents of the community are delivered by municipal, aboriginal, territorial and federal government agencies. Not for profit groups are active in the community to provide services beyond, or in addition to those offered by the various levels of government.

The Inuvialuit and Gwich'in people are the first inhabitants of the area. The Inuvialuit people are represented in Inuvik by the Inuvialuit Regional Corporation and the Inuvialuit Community Corporation. The Gwich'in people receive representation from the Gwich'in Tribal Council and the Nihtat Gwich'in Council. The Inuvialuit and Gwich'in provide services to members of their land claim groups. Both land claim groups provide some funding to a limited number of not for profit agencies delivering services to their beneficiaries. Representatives of the Inuvialuit and Gwich'in sit on Town Council as non-voting members.

Metis residents have a representative on Town Council and have formed a Metis Council. The Metis Council does not have the financial or personnel resources to provide direct services to clients, or funding to not for profit groups to deliver services.

All residents of the community are represented by the Town Council. Federal and territorial agencies provide services to the community and western arctic region from offices located in Inuvik.

Inuvik has a strong history of not for profit groups rising to the challenge of meeting needs that do not fall under the mandate of government services. The groups receive funds from a variety of sources including the territorial and federal governments and land claim groups.

Despite, or perhaps because of, the involvement of various levels of government and land claims groups fragmentation and duplication of services exists within Inuvik.

### **Fragmentation and Duplication: Concepts**

When services are delivered efficiently community members should be able to access them quickly and efficiently. The public should be able to identify services that meet their needs with little difficulty. When delivered effectively and efficiently there should be no fragmentation or duplication of services.

Fragmentation and duplication tends to occur because of a lack of communication and coordination amongst providers. There is competition between parts of the system for control of resources and few incentives for interdisciplinary collaboration. Fragmented systems lead to a bureaucratic maze of programs and services. Duplication of services, whether in whole or in part, is inefficient both in service delivery and in the use of program dollars.

#### **Fragmentation:**

Most of the programs examined in this study are targeted towards specific populations. Clients must typically meet agency eligibility requirements to receive services and assistance. Contributing to the fragmentation of services are stringent funding requirements that are structured for programs to be delivered to a select target group. This is particularly applicable for not for profit groups.

This phenomenon far too often results in fragmented and disconnected programs and services at the community level. Clients are left to navigate the maze of programs and services.

#### **Duplication:**

The duplication of services creates more expense with less effectiveness.

For the purposes of this study duplication is defined as:

- 1.) The same service delivered to the same client group provided by more than one provider.
- 2.) Services with a significant degree of overlap provided by more than one provider.
- 3.) Services with the same or similar goals offered by more than one provider that target different clients.

### **Background**

A key goal of the Inuvik Interagency Committee for the last twenty years has been to facilitate effective service delivery to reduce the fragmentation and duplication of local services. The Interagency has contributed to the growing body of knowledge on wellness in Inuvik and the process of community wellness planning. A key goal of the Interagency is to obtain information on the way in which services are provided in Inuvik in order to facilitate changes that allow for more effective delivery of services where they are needed.

Inuvik continues to experience a number of significant social problems. The efforts of GNWT, Inuvialuit, Gwich'in and not for profit agencies have not resolved the social issues.

“The Government of the Northwest Territories (GNWT) administers 17 different income security programs and services through 7 departments. Different governments have introduced the subsidies over time to serve many purposes. This has produced many inconsistencies with regard to policies, eligibility criteria and tests, definitions, cut-off levels and reporting and accountability requirements... The result is a complex web of programs and services with multiple entry points for clients who are often required to visit several government departments, completing separate application forms, giving the same information time and again, in many instances for similar benefits.” (GNWT, pg 3)

The Interagency's Homelessness in Inuvik study reported that “agencies in Inuvik provide a wide range of services, but in a fragmented and piecemeal approach.” (Mackenzie, pg 3)

- **Community residents and some service providers have found that red tape, paperwork and stringent requirements present barriers to accessing support and services. (pg 3)**

Addressing the issue of homelessness and its contributing factors, Inuvik agencies already communicate regularly through interagency meetings and referrals. Yet a greater degree of partnership and collaboration is needed in order to identify gaps in programming, maximise available resources and avoid duplication of service. Although organisations do provide a wide range of services, it is in a fragmented and piecemeal approach...there are some sources for things such as; clothing, counselling or education (however) they are limited in scope and often do not meet the requirements of the homeless. Meanwhile, other needs are not being met at all... (pg 10)

A key recommendation of this report was to improve existing communication, cooperation and collaboration between agencies in the community by:

- Working together to coordinate programming and services for the purpose of avoiding duplication, maximising available resources and accessing new sources of funding and support.
- Accepting a common vision and community ownership of problems and solutions related to homelessness in Inuvik.

- Providing leadership and encouraging the community to become more proactive towards addressing the issues related to homelessness.
- Designate a permanent representative, (individual or group), to coordinate and champion ongoing action on homelessness.
- Build capacity within existing organizations to provide new programmes and services.
- Compiling and distributing resource packages to service providers and clients. (pg 21)
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## Rationale for topic selection

The Inuvik Interagency Committee conducted a survey of its members and posed the question “What are the major gaps in services/programs in Inuvik (i.e. what crucial services/programs are missing?)” The results indicate the percentage of respondents who identified each area. **Source**

<u>Topic area</u>	<u>% of Responses</u>
Addictions	57.7%
Housing and homelessness	30.7%
Counselling, therapy & mental health	27.9%
Community unity/collaboration	19.2%
Communications & information	11.5%
Youth	11.5%
Education & training	11.5%

Addictions were clearly seen as the area of greatest concern by the respondents with 57.7% identifying it as an area with major gaps in services/programs. Housing and homelessness ranked high with 30.7% identifying it as an area of concern. Counselling, therapy and mental health was identified by 27.9%. Community unity/collaboration was seen as an issue by 19.2%. Communication and information, youth and education and training all received a response of 11.5% by the respondents.

For the purposes of this paper housing and homelessness was not included as it was the subject of a previous paper “Homelessness: the State of Response in Inuvik, NT” (September 2006). Community unity/collaboration and communications & information were not included as separate topics as they are processes, rather than a service. The extent or lack of, unity/collaboration and communications and information is spoken to in the results of this piece of research.

Education and training falls under the jurisdiction of the territorial government. While Interagency members may have opinions on the provision of these services these concerns are most effectively addressed by dealing directly with the service providers in matters of curriculum. A youth’s ability to engage in

education is impacted if they, or family members, are dealing with addictions and/or mental health issues. This will be addressed in the research findings of the paper.

This report will speak to fragmentation and duplication in the areas of addictions as this was the concern by the largest number of respondents. Counselling, therapy and mental health is included as it was identified as a concern by almost one third of those surveyed. The issue of youth is included as the needs of youth are dealt with by many departments and agencies, either as individuals, or as members of the family group, but no one agency coordinates all services to youth. The respondents to this survey indicated concerns with regards to youth and to services for children under the age of twelve.

## **Research Conducted**

A community scan was completed to determine the services available in the areas of addictions, counselling and mental health and youth. Each service is identified with a brief summary of what they offer clients.

Interviews were conducted with Interagency members in order to better understand the gaps and overlap that exist in Inuvik. Participating agencies include:

- Justice Committee
- Victim Services
- RCMP
- Aurora College
- Catholic Church
- Anglican Church
- Youth Centre
- BDHSSA – Addictions
- BDHSSA – Social Services
- Ingamo Hall
- ICC Men's Program
- Public Health
- Probation
- SAMS School
- GTC
- Suicide Hot Line coordinator
- Town of Inuvik Protective Services

Each agency was asked the same three general questions within the context of addictions, counselling/mental health and services to youth:

- 1.) What is working?
- 2.) What overlap do you see between agencies?
- 3.) What is missing?

The interviews were analyzed to determine if fragmentation and duplication of services occurs in Inuvik.

## **Services Available in Inuvik**

### **Addictions Services:**

#### **Delta Alcoholics Anonymous**

This is a peer support group for people wanting to quit drinking and maintain sobriety. Meetings are held at the Homeless Shelter Monday, Wednesday and Friday at 8:00 pm. AA is open to adult members.

AA is a volunteer organization organized on a peer support model. They do not receive funding for their services.

#### **Family Counselling**

Family Counselling is a not for profit community agency. It serves as the Inuvik branch of the Canadian Mental Health Association. Mental health services have been provided by Family Counselling for more than twenty years to the people of Inuvik and the Beaufort Delta Area.

*In 2002 A State of Emergency: A Report on the Delivery of Addiction Services in the NWT* was released. The report made forty-eight recommendations on the delivery of addictions services in the NWT and impacted service delivery at Family Counselling. *Recommendation 1 The evaluation team recommends the Department of Health and Social Services, NWT communities and Regional Health and Social Services Authorities work together to incorporate the findings and recommendations of this evaluation report into the proposed model of integrated counselling services, which is inclusive of mental health, addictions and family violence counselling services* had a direct impact on the services provided by Family Counselling.

Family Counselling had long recognized the integrated nature of addictions, family violence and mental health issues addictions. They had provided support and services to clients dealing with these issues. The release of *A State of Emergency* resulted in all addictions services moving from the regional health board to Family Counselling. The not for profit agency was further impacted when funding from the GNWT that had previously been used to fund an administrative position was cut and directed to an intake worker position. This has resulted in Family Counselling no longer having a staff member to answer the phone and having to implement a voice mail system.

The staff at Family Counselling all have the education and training required of Mental Health and Addictions Workers in the NWT. The majority of the staff have Masters degrees in counselling.

### **Beaufort Delta Health and Social Services Authority**

The Beaufort Delta Health and Social Services Authority (BDHSSA) is located in Inuvik. The Addictions Specialist works out of the hospital and serves the Beaufort Delta communities. All referrals for residential treatment must be approved by the Addictions Specialist before a client is sent to a treatment centre. Nat' ejee K'eh Treatment Centre, located on the Hay River Reserve is the only treatment centre in the NWT. Clients may also be referred to treatment centres outside of the NWT.

### **Detox Services**

*A State of Emergency* recommended that detox services be placed in Inuvik, but to date this has not occurred. With no detox unit in the hospital or community anyone in the process of detox is admitted to the hospital for up to five days for medical care. While in the hospital they can receive services from the Medical Social Worker. This may include developing a plan of action for when they are released from the hospital. The effectiveness of any plan is limited by there being no outreach program within the hospital or community to support the client.

### **Men's Program, Inuvik Community Corporation**

Inuvik Community Corporation (ICC) funds a group for men. The group has one full time staff member to assist men in exploring the issues that have impacted them and often lead to addictions issues. The Men's Group is in the process of moving from the Homeless Shelter to the Inuvialuit Regional Corporation to make the services more accessible to clients.

### **RCMP**

The lack of a shelter that can accommodate clients who have been drinking has resulted in the RCMP filling this gap out of necessity. The RCMP place intoxicated clients into cells in winter to ensure the safety of the clients from the weather.

### **Gwich'in Camp**

The Gwich'in are completing construction on buildings at their Rachel Reindeer camp. Plans are being developed by the Gwich'in to use the camp for healing programs. This may include a re-entry program for those returning from treatment.

### **Medical services**

The hospital and Arctic Family Medical House clinics provide out patient medical services. Clients under the influence of alcohol and/or drugs may attend one of the clinics, or emergency, due to injury, illness or overdose. The medical

professionals may then refer the client to Family Counselling for addictions services. As Family Counselling does not have the staff or funding to provide outreach services this follow up is dependent on clients making contact and attending their office.

Patients may be brought to the hospital for treatment due to concerns that they have suffered a head injury while intoxicated or using drugs. These patients are most often brought in by the RCMP. The hospital does not have a separate or secure room to assess these individuals who may be displaying behaviour that is disruptive to other patients and staff. These clients are dealt with on the medical ward.

### **Addiction Services for Youth**

Addictions services to youth are provided by Family Counselling. They do not have a specialized program for youth on site. Youth requiring treatment can be referred to resources outside of the region and territory.

### **Community Organizations**

Various organizations offer educational workshops and intermittent programs. For example in 2005/2006 the Inuvik Youth Centre and Inuvik Native Band partnered to deliver an anti-tobacco program for youth and adults. The Community Health Representative (CHR) has delivered talks in the schools and at the Youth Centre on addictions to tobacco.

Others are shorter lived; in February 2006, the Inuvik Interagency Committee offered a three day session on Crack Cocaine.

### **Churches**

The ministers and pastors of Inuvik's churches offer pastoral counselling to community members who request their assistance. The churches see some clients who do not engage in more formal services. Family issues, addictions to alcohol, drugs and gambling, violence and assaults are common issues taken to the church leaders.

## **Counselling & Mental Health**

### **Family Counselling**

Family Counselling Centre is the main provider of mental health services in Inuvik. They provide individual and family counselling to all age levels. Services are provided to children and youth, but this is usually with a parent or caregiver also involved.

Family counselling does not deal with clients with acute mental illness such as schizophrenia, bi-polar disorder and borderline personality. Their client base tends to be clients dealing with issues such as depression, residential school syndrome, stress and family issues.

Family Counselling is not equipped to provide in home, or out reach services to clients.

### **BDHSSA – Psychiatric Services**

Community members requiring treatment for acute mental illnesses can receive services from the hospital. Psychiatric services are provided by a psychiatrist who visits the community on a six week rotation. Telehealth has been used on occasion by the psychiatrist to provide services to patients between appointments.

There are no designated psychiatric beds, or specific room for holding a patient with mental health issues in the Inuvik hospital. Patients admitted under the Mental Health Act are placed in an unlocked room on the acute care floor.

There is no supportive living or day programs available in Inuvik for adults with psychiatric needs. There are also no psychiatric services for developmentally delayed clients with psychiatric issues. Both groups of clients are referred to southern programs for services and are often not able to return to the community due to the lack of services.

Clients with a dual diagnosis (mental illness and addictions) have few options for services in Inuvik beyond limited out patient services. If this level of service is not adequate they are referred to southern programs.

### **Psychological Services**

The regional psychologist position based out of BDHSSA is currently vacant. The psychologist conducts assessments of children, youth and adults and refers them for services. This service is utilized by DHSS to secure assessments of children in care and plans for their well being.

**Corrections** no longer has a psychologist based in Inuvik. Corrections clients requiring services are referred to Family Counselling or the visiting psychiatrist.

### **Suicide Hot Line**

The Inuvik Suicide Hot Line was formed as an Interagency initiative in response to concerns about suicides in the community. Family Counselling provides training for volunteers who take turns carrying the Suicide Hot Line cell phone. The volunteers offer immediate peer counselling by phone and referrals to ongoing service. If need be, they will assist a caller in accessing immediate medical service to prevent suicide.

### **Victim Services**

Victim Services provides support services to victims of crime and tragedy. The program is administered by the Inuvik Justice Committee. The one full time staff

position is currently staffed by two half time workers. In addition to the staff a team of volunteers are on call twenty-four hours a day.

Victim Services receives requests services to victims from the RCMP, hospital, Family Counselling, Transition House and other agencies. Their service ranges from emergency response, to support during the court process to preparing victim impact statements to advising the National Parole Board of a client's wishes to be informed if an offender applies for parole.

Victim Services holds a Girls Night once a week to provide teen age girls an opportunity to interact and learn from healthy adult women. Plans are underway for a summer land program for female youth who have been, or are at risk of being, victimized. Victim Services is working in partnership with the Youth Centre on this initiative.

## **Youth Services**

Services to youth in Inuvik are provided by a variety of agencies. There is not a central agency or position that coordinates the delivery of services or advocates for youth. Youth receive services from the same agencies that provide services to the rest of the community. Services are often provided without recognition of the unique needs of youth and thus may not be effective in meeting their needs.

The majority of GNWT services are provided by BDHSSA in the form of medical treatment, Social Services (child protection and services to the youth and their families) and referrals to agencies such as Family Counselling. Educational services are provided by the Beaufort Delta Education Council through Sir Alexander Mackenzie Elementary School, Samuel Hern High School and New Beginning Alternative School.

The only agency in the community dealing specifically and only with youth is the Inuvik Youth Centre.

## **Youth Centre**

The Youth Centre has developed and delivers a wide range of services from their location on Mackenzie Road. Youth can participate in programming that ranges from recreational to academic support, to arts classes, sports activities and social events and land trips. Youth Centre staff have endeavoured to ensure that the youth are involved in the development of programs and that the programs address needs that are relevant to the youth. Programming for children aged 6 to 12 is offered earlier in the day or evening, while services for teens are provided in later in the evening.

The Youth Centre has implemented the New Horizons program to deliver intensive youth employment programming to youth aged 18 to 30. The program will run for four months, from March to July, 2007. Thirty youth applied for the twelve available positions.

### **Inuvik Justice Committee**

The Inuvik Justice Committee deals with adults and youth who are diverted from the justice system, required to complete community service hours assigned by the court and participants in the fine options program. The Justice Committee holds Extra Judicial Measures under the YCJA and diversions under the Criminal Code as a means of keeping youth and adults out of the justice system. Peer pressure and anti-bullying workshops are delivered to youth at risk, the clients of Arctic Tern Young Offenders Facility and students in the secondary school on a regular basis.

Youth at risk are able to access the services of the Justice Committee through referral from an agency, parent, or self referral. Both diverted and referred youth participate in the land program with Elders.

The Justice Committee has a movie night that has been coordinated with the Youth Centre to be offered on the one night of the week the Youth Centre is not open. Movie night is open to the youth of the community regardless of their risk level.

### **Hunters and Trappers Association**

The Hunters and Trappers Association provides funding for Elders to take youth on the land and teach them traditional skills.

### **Recreational Opportunities**

Inuvik has a wide range of recreational and sports opportunities for youth. These are available through the schools, Youth Centre, Town of Inuvik Department of Recreation, not for profit sports groups and on an individual level. While some are more expensive (hockey) others are inexpensive (school sports teams) or available at no cost (free skating sponsored by the Town and free swimming sponsored by a variety of agencies).

Non-sports opportunities are offered through Cadets, Boy Scouts, Girl Guides, church groups and special interest groups.

### **Ingamo Hall**

Ingamo Hall has a long tradition of providing programming for members of the community. They have not had a youth worker for the past year and are currently offering some programs in conjunction with the Youth Centre.

Ingamo Hall has a youth group that focuses on relationships, self esteem and peer pressure that meets once a month. They also offer a land program.

### **Gwich'in Tribal Council**

The GTC provides craft nights and opportunities for youth to learn traditional skills from Elders. GTC provides some support to families in times of crisis.

## Results

The participating agencies noted common areas of concern:

- 1.) Problems in the three areas of study are serious and extensive, particularly with regards to addictions.
- 2.) The current methods of dealing with the problems are not as effective as they could be.
- 3.) There is a significant knowledge base of how to work with social problems, but little is being done in the practical realm.
- 4.) Those who are full engaged in these issues report being overwhelmed and having a sense of frustration at the persistency and scale of the problems.
- 5.) Duplication of services is not a concern.
- 6.) The fragmentation and gaps in services is a concern.

## Addictions

Addiction services were described as piecemeal and fragmented, with little impact on the addictions crisis that exists in the community. There is little interaction between the agencies providing services. This is due, not to a lack of concern and will, but rather to the staffing levels not being adequate to allow them to move beyond crisis response.

Specific concerns include:

- The RCMP have voiced repeatedly that they would support a detox unit, or shelter that could accommodate intoxicated clients so they could concentrate on dealing with crime, rather than being used as a safe place to sober up.
- The hospital has no facilities for clients detoxifying.
- The hospital has limited facilities for clients being assessed for injuries while under the influence of drugs or alcohol.
- There are no services specifically addressing the addictions needs of youth.
- There are no outreach services for clients with addictions.
- There is no day programming for addictions. The Delta House model of being a safe place for people to drop in was suggested.
- An after care program is not in place for those returning from treatment. Family Counselling provides counselling to clients who access their services.
- No programming is available for dual diagnosis clients.
- Gambling was identified as an addiction that receives little attention.
- A contradiction exists when not for profit groups working for the health of the community have to use bingo and raffles as funding sources.
- Concern was expressed about the referral process for clients requiring treatment.
- The lack of traditional healing as a response to addictions is a concern. This includes both community and land based programs.

- More programming specifically directed at men struggling with addictions is required.
- Programming for families of addicts is not offered in the community.

### **Counselling and Mental Health**

Frustration was expressed with the counselling and mental health services being provided. The issue is not the duplication of services, but rather fragmentation and gaps in services. Of particular concerns was the current situation at Family Counselling where clients must navigate a voice mail system instead of reaching a receptionist. While it was understood that this situation is due to a lack of funding respondents expressed concern that a client in crisis would be frustrated at not being able to make immediate contact.

Concern was also expressed at the lack of mental health services for youth, and clients with dual diagnosis. Concerns expressed included:

- An integrated crisis response team is needed to respond to serious issues. Clients with mental illnesses often have addictions, and may have children. An integrated response better meets the needs of the client and their dependants.
- There are no out reach services to youth (this is important as youth tend to be reluctant to engage with formal counselling services).
- Mental health and counselling services for children and youth are limited.
- Difficulty in accessing staff at Family Counselling due to their being no funding for a receptionist.
- Flexible hours at Family Counselling would increase the opportunities for community members to access services outside of regular working hours.
- There are a decreasing number of volunteers for the Suicide Hot Line, but no funded agency is willing to take over this service.
- No day programming or supportive living available for mental health clients. If this was in place some clients could be repatriated from southern placements.
- There are no secure facilities at the hospital for clients detained under the Mental Health Act. Clients can leave and pose a risk to themselves and/or others.
- Mental health clients are placed on the medical ward which can be disruptive for medical patients.
- The regional psychologist position is vacant.
- The Corrections psychologist position was eliminated resulting in more demands on Family Counselling.
- The school counsellors were described as more of “a go between with the community” rather than being qualified to provide therapeutic counselling.
- More programs to meet the needs of victims are required.
- Programs for families experiencing violence in the home are needed.
- Programs directed at men who are abusive are needed.

- A program such as the YMCA Child Recovery program to help children who have witnessed violence is needed.
- Long term support is required for women who experience violence.
- Some clients experiencing mental health and addictions issues lack basic living skills and no program is in place to assist them. (Some work is done in this area by the GTC Wellness Worker as one of many responsibilities this person fills.)
- A full time professional to work directly with the homeless is needed.

## **Youth**

Services for youth were found to be lacking. While the majority of youth who become involved in the justice and social service systems are victims of abuse and/or neglect in the home little is being done in the community to prevent these issues. Youth who do not resolve the issues arising from abuse and neglect will form the next generation of adults seeking addictions and counselling/mental health services. Youth who are struggling with, or living in a home with, addictions and mental health issues are more likely to drop out of school, engage in crime and suffer from addictions (Schmallegger, 2004).

The respondents to this study acknowledged the work of the Youth Centre to meet the needs of youth in Inuvik. A significant increase in programming offered by the Youth Centre has occurred in the past year. At the same time respondents identified a lack of youth programming being offered by GNWT departments. The services offered by government tend to be in response to a crisis (child protection) or court mandated (probation).

Concerns regarding services to youth included:

- Many opportunities and funds exist for youth involved in sports, but limited programs are available for those who are not athletic.
- Services for the 0 – 12 age group are very limited.
- No parenting programs are offered in the community.
- A youth street worker is needed to work with youth at risk that may not access services.
- Youth receive little accurate information about relationships, sexuality, alcohol and drug use.
- Abuse prevention programming for children and youth is needed to prevent further victimization.
- Ingamo Hall has not had a youth worker for a year.
- The location of the youth centre raised some concerns.
- Gas sniffing has emerged as a recent concern in the community.
- There are no addiction services to prevent, or deal with alcohol and drug use by youth.
- Youth who are at risk and not able to live at home who are between 16 and 18 years of age receive very limited support from government services. The lack of services results in the youth having to rely on

extended family and friends for support. If this support is lacking youth are placed at greater risk.

- Female youth aged 13 – 15 were identified as being at high risk, particularly from sexual assault in situations where alcohol is present.
- More intervention was suggested for youth involved in criminal activity. An integrated response by service providers is likely to be more effective than the current piece meal approach.
- Programming in schools on issues of abuse and neglect was suggested.
- In not addressing the root of the issues for youth we are not being effective in dealing with the problem. Abuse and neglect in the home is impacting children and resulting in conflict with the law as they become youths and adults.

## **Conclusion**

The duplication of services does not appear to be an issue in Inuvik, none was identified by the participants in this study. While some programs have similar names they in fact have different client groups. The best example of this is “land programs”. The Justice Committee, Victim Services, Youth Centre, Hunters and Trappers Association, Ingamo Hall and schools all have land programs. The programs are aimed at specific targets groups that have very little, or no, overlap. The use of land programs is in recognition of the healing that occurs when people are on the land and the support services that can be offered in this environment.

Fragmentation and gaps in service were clearly identified as a concern by virtually all of the respondents. The overall tone was that while there are many meetings and a lot of talk little action takes place. This was attributed to the service providers being overwhelmed by the work load, the lack of communication between agencies and the lack of integration in service delivery. Concern was expressed that some of the people in professional positions could not meet the needs of the clients with their current level of education and understanding of the complexity of issues.

While some agencies are planning services together (Victim Services and Youth Centre land program for victims) and others are planning together to eliminate gaps (Youth Centre and Justice Committee coordinating so programming is available seven nights a week) this is not the norm. Most agencies appear to be working to meet a specific need, without engaging other service providers who are working with the same client group.

The turn over of staff was cited as a factor in services not being offered consistently, or over the long term. Staff may have an area of specialization and when they leave the position or community no one is available to continue this work. This comment is supported by GNWT Integrated Service Delivery Model

(2004) that found that the average length of service in a human service position in the GNWT was 1.8 years (ISDM, 2004).

The effectiveness of agencies was described as being determined by the individuals filling particular positions, rather than the agencies themselves.

The lack of communication between agencies and programs was identified as a concern. Respondents were not always aware of what was being offered in the community as other agencies did not effectively share the information. This applies to services for clients, and to training or workshops other professionals would like to participate in. While the Inuvik Interagency Committee has worked to address the lack of communication between service providers in the community it is evident that more work is needed in this area. Participation in the Interagency is voluntary and not all service providers have the time or inclination to participate. Inuvik does not have any other form of relating information between agencies that is available to and used by all agencies.

The Interagency is working on a resource directory for the community to provide an accurate and extensive listing of all of the services available in the community. This would be available to all members of the community through a website, linked to the Town of Inuvik's website. Hard copies may be printed for service providers but this is dependent on funding.

Service delivery is more effective if delivered in an integrated approach. While the GNWT Integrated Service Delivery Model (2004) advocates for this approach it does not appear to be being used effectively in Inuvik, either by government or not for profit groups. Addressing the fragmentation and gaps in service would serve the community and its residents well.

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