IN FOCUS >

Mental health in NUNAVUT

Missing Data

Population: 44,920

Rural: 54.9%

Highly remote and sparsely populated, Nunavut is home to the largest Inuit communities in the country. Nunavut reports the country's highest rates of suicide and self-harm, and very high rates of hospitalizations due to alcohol. These harms are linked to the social and health inequalities experienced by the population due to colonialism. Child poverty is alarmingly high, food security is a serious concern and the general population's housing need is triple the national rate. The data on service access are scarce, but we know that Nunavut has about one third the mental health, addictions and substance use (MHASU) health care providers compared to the national average. This much smaller workforce tends to be transient and primarily non-Indigenous, which negatively impacts trust, continuity of care and compromises access to culturally and language-appropriate services. Change is coming, however, with innovations like training Inuit paraprofessionals to provide mental health supports; the testing of a land-based mobile addiction treatment program; and a new Inuit-designed addictions and trauma treatment centre in Iqaluit. Nunavut modernized its *Mental Health Act* in 2021 and it now better reflects Nunavummiut cultural values, including allowing for greater family involvement when someone is ill.

IN FOCUS: NUNAVUT

Indicator		Indicator Category	NU	CAN
1.1a	Mental health, addictions, and substance use (MHASU) Healthcare Investments	Policy	10%	6.3%
1.1b	Bilateral Health Spending for MHASU	Policy	17.8%	31%
1.2	MHASU Strategy	Policy	Out of date	Out of date
1.3	Decriminalization policy	Policy	–	Low support
1.4	Harm reduction policy	Policy	Ins.	High support
1.5	Mental Health Acts	Policy	No/low concern	–
2.1	Perceived mental health – poor/fair	Population Mental Health (MH)	23.3%	26.1%
2.2a	Prevalence of mood/anxiety disorders (12-month)	Population MH	–	10.6%
2.2b	Prevalence of substance use disorders (lifetime)	Population MH	–	20.7%
2.3	Rate of death by suicide	Population MH	72.2	10.9
2.4	Rate of hospitalization for self-harm	Population MH	360.3	64.9
2.5	Rate of apparent opioid toxicity deaths	Population MH	–	20.8
2.6	Rate of hospitalizations caused entirely by alcohol	Population MH	757	262
3.1	Percentage of population needing mental health care but needs are unmet or partially met	Service access	–	7.8%
3.2	Percentage of youth with early MHASU service needs who accessed Community Mental Health services	Service access	–	61%
3.3	Number of psychiatrists per 100,000 population	Service access	3.2	13.1
3.4	Supply of MHASU healthcare providers	Service access	676.8	1,721.4
3.5	30-day hospital readmission rates for MHASU concerns	Service access	12.3%	13.4%
4.1	Percentage of population reporting poor-to-fair mental health in core housing need	Social Determinants of Health (SDOH)	–	15.8%
4.2	Poverty rate	SDOH	–	8.1%
4.3	Employment rate for individuals with mental health disabilities (ages 25-64)	SDOH	43.1%	46.1%
5.1	Percentage of those with poor-to-fair mental health who experienced discrimination and victimization	Stigma and discrim	–	9.1%
5.2	Percentage of population with poor-to-fair mental health who report feeling a stronger sense of belonging to community	Stigma and discrim	–	54.4%
5.3	Reported rate of drug-related offences	Stigma and discrim	155	162

Note: Values in the table above that do not have a percentage indicate a rate per 100,000 population

POLICY

Funding

For 2024-2025, the Nunavut government announced it would be spending approximately $54 million on mental health, addictions and substance use (MHASU) health care, which is 10% of the overall health spending. It should be noted that, while this is a higher percentage than average, Nunavut dedicates a smaller share of its budget to health care: only about 25% of its budget, as compared to other Canadian provinces that direct between 30-44% of spending to health care. The new *Working Together Agreement* (2023 Bilateral agreement) struck between Nunavut and the Government of Canada includes $4.3 million for MHASU over the period of 2023-2026, or 17.8% of the funding, which is lower than the national average (31%). This funding will go to training, capital costs for mental health programming, integrated mental health (MH) teams and virtual MH services[206] and the remaining 2017 funding of $781,150 will be dedicated to training (culturally appropriate MH services), trauma symposia and an integrated youth services space.

Strategy

Nunavut's two mental health strategies, the *INUUSIVUT ANNINAQTUQ Action Plan 2017-2022* and the Nunavut Suicide Prevention Strategy (2017-2022) have ended,[207] so beyond what was outlined in the new *Working Together Agreement*, the territory's long-term plans for enhancing health and wellness are not known.

Mental Health Scoreboard

FALLING SHORT

Nunavut's mental health strategies are stale-dated making its long-term plans unclear.

Mental Health Act

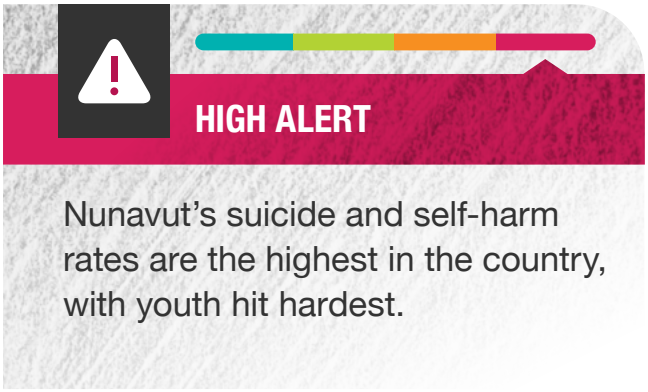
One of the recommendations of Nunavut's suicide prevention strategy was to revise the territory's *Mental Health Act* to address its high rates of suicide and to modernize the legislation so that it is more reflective of the cultural values of Nunavummiut. The Act was subsequently updated in 2021 and includes new rules about language rights, the creation of an independent Mental Health Review Board and provisions for greater family involvement when someone is ill, for instance to allow the appointment of a tikkuaqtaujug (selected representative) to make decisions about care. It also includes provisions for community treatment orders.[208]

NOTEWORTHY

The Mental Health Act now better reflects Nunavummiut cultural values, allowing for more family involvement when someone is ill.

POPULATION MENTAL HEALTH

Distressingly, Nunavut reports the highest rates of suicide and self-harm in all of Canada: in 2022, the rates were 72/100,000 (36/50,000)[209] for suicide and 360.3/100,000 (180/50,000) for self-harm. The suicide rates in Inuit Nunangat are estimated to be five to 25 times higher than in the rest of Canada, and youth are disproportionately impacted. Advocates have been urging the declaration of suicide as a public health emergency to ensure the allocation of more resources for suicide prevention in the territory.[210] Historical data show that suicides in Nunavut were rare before the 1970s and rose sharply when communities were forced by the federal government into housing settlements that were often inadequate and lacked proper sanitation and clean water. The Inuit National Suicide Prevention Strategy identifies the social determinants of health as priority areas for action to prevent suicide in Nunavut: addressing housing, income, food security, education and early childhood development, culture and language and access to health services, including mental health services, all of which are critically important for reducing the risk factors for suicide.[211]



Nunavut also experiences significantly higher harms due to alcohol. The rate of hospitalizations entirely due to alcohol sits at 757 per 100,000 population (378.5 per 50,000), far above the average in Canada of 262 per 100,000.

SERVICE ACCESS

Unfortunately, there are limited data for Nunavut when it comes to the service access indicators. However, the two indicators for which there are data suggest significant barriers to services. Nunavut has a very low number of mental health, addictions and substance use (MHASU) health care providers: 676.8 per 100,000 (338.4 per 50,000) compared to the national average of 1,721.4/100,000. As many communities in Nunavut are highly remote—either fly-in or with limited road access—maintaining and retaining a MHASU workforce is difficult. The specialized MHASU workforce tends to be transient: practitioners may only stay for short periods or are flown in for scheduled visits from southern urban centres. This instability can create problems in establishing trust relationships and ensuring continuity of care. Given the inadequate numbers of practitioners and services, many Inuit are flown to southern communities for treatment.[212]

WORK IN PROGRESS

The small mental health, addictions and substance use (MHASU) health workforce is transient and primarily non-Indigenous but innovations like Inuit paraprofessionals are promising.

Additionally, services are not necessarily culturally or language appropriate and accessible, as many of the providers are non-Indigenous and/or may be outsiders to the communities they are serving. These barriers are commonly cited as challenges to accessing service, including the short supply of Inuktitut and French language services in Nunavut.[213]

Although the workforce shortage and the scarcity of culturally appropriate care present significant barriers to services, a promising new practice trains paraprofessionals who are Inuit to provide mental health supports that are culturally appropriate and trauma-informed within communities, and prevents the need for travel.[214] Other innovative solutions like the land-based mobile addiction treatment program near Cambridge Bay are also being tested. In addition, last year, Nunavut announced a historic investment of $83.7 million to build Aqqusariaq, an Inuit-designed addictions and trauma treatment centre in Iqaluit, which will fill an important need for local substance use treatment services.[215]

SOCIAL DETERMINANTS OF HEALTH

Problematically, important data on the social determinants of health for Nunavut are missing even though the social inequities experienced by Inuit communities in Nunavut are substantial. The Market Basket Measure (MBM) currently does not exist for Nunavut,[216] but data on child poverty for the territory from 2021 indicates that 35.8% of children under 18 years lived in poverty and that percentage increases to 43.2% for children under six.[217] Data for Indicator 4.1, *Core Housing Need* for those rating their mental health as poor-to-fair was also not available for Nunavut, but the data for the general population were available and indicate that the need in Nunavut is triple Canada's rate, at 32.9%.[218] In addition, Nunavut reports that 35% of dwellings in the territory are considered overcrowded.[219]

Food security is also a major problem in the circumpolar north. In Nunavut, the rate of moderate-to-severe food insecurity is reported to be 49.4%, compared to 8.8% for all of Canada.[220]

STIGMA AND DISCRIMINATION

Data on stigma and discrimination indicators 5.1 and 5.2 were not available for Nunavut. Unlike the other territories, Nunavut's rate of drug-related offenses is slightly below the national average, at 155 compared to 162 per 100,000.