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Asked by: Adam Arreak Lightstone, MLA (Iqaluit-Manirajak)

Asked of: Hon. George Hickes, Minister of Health

Number: 21-5(2)

Date: February 20, 2019

Subject: *Recommendations of Domestic Violence Death Review Committee*

1. Public Education on Safe Separation

Recommendation 1.E: We also recommend that cross-cultural and cultural competency training should be a mandatory component of all training programs for frontline workers, such as police, healthcare workers, family violence specialists/assistant and social workers.

Question: Please specify in detail what initiatives the Department of Health has implemented since 2016 to provide cross-cultural and cultural competency training opportunities to all health care professionals. Please include a timeline of events.

Response: Cultural competency is a requirement in the orientation of all Mental Health Nurses, Mental Health Consultants, and Community Health Nurses. Orientation for Mental Health staff is normally run during the cultural competency training. 13 Mental Health Nurses have received this orientation. In total, 41 clinicians have received this training.

The cultural competency workshop has been embedded into the Community Health Nurse's orientation program. The Department of Health is currently preparing a new Request for Proposal for Nursing Agencies, which includes a mandatory cultural competency requirement as part of the orientation program for all new agency nurses.

All long-term locum and staff physicians are required to attend Indigenous Cultural Competency training. We are on track to attain our goal of having all physicians complete this workshop by September 2019.

The Nunavut physicians' orientation package is now distributed in conjunction with the Health NU app, a digital cultural resource created by the Qaujigiartiit Health Research Centre.

The physician orientation package is being updated to include a link to a (soon-to-be mandatory) online presentation that covers a number of cultural competency modules. It was originally developed and used by Children's Hospital of Eastern Ontario for their pediatricians visiting Nunavut communities, however, it is in the process of being modified for general use for all physicians working in Nunavut.

Indigenous Cultural Competency is available to all staff.

Recommendation 1.F: It is recommended to provide training opportunities to all health care professionals to ensure that domestic violence risk assessment, safety planning and risk management are mandated part of their training programs and certification process. Safety is a top priority; therefore, it must be ensured that training at all levels obtained competency in risk assessment and risk management techniques.

Question: Please specify in detail what initiatives the Department of Health has implemented since 2016 to provide training opportunities to all health care professionals to ensure that domestic violence risk assessment, safety planning and risk management are mandated part of their training programs and certification process. Please include a timeline of events.

Response: Community Health Nurses receive domestic violence risk assessment training as part of the prenatal program module. The Department of Health does not provide specific training on safety planning and risk management, as the nurses are advised to consult / refer to the Department of Family Services for planning and support. The Department of Health refers clients to the Department of Family Services should there be domestic violence in the home. The Department of Health will provide support services and can help with safety planning in conjunction with the Department of Family Services staff.

Recommendation 1.G: It is recommended that continuing education of all medical professional, include an emphasis on the importance of understanding the dynamics of domestic violence and the risk factors of lethality, so that they can adequately assess and support clients with relationship problems.

Question: Please specify in detail what initiatives the Department of Health has implemented since 2016 to provide continuing education to all medical

professionals on the dynamics of domestic violence and the risk factors of lethality, so that they can adequately assess and support clients with relationship problems. Please include a timeline of events.

Response: The Department of Health's mental health staff receives training on trauma-related symptoms. All physicians receive training in regards to domestic violence, depression, and other mental health conditions.

Recommendation 1.H: Training for all mental health professionals should include assessment and intervention strategies dealing with male depression and the link between depression, suicidal ideation, drugs and alcohol abuse and domestic violence.

Question: Please specify in detail what initiatives the Department of Health has implemented since 2016 to provide training to all mental health professionals on the assessment and intervention strategies dealing with male depression and the link between depression, suicidal ideation, drugs and alcohol abuse and domestic violence. Please include a timeline of events.

Response: The Department of Health supports community initiatives that increase men's wellness. Current communities with a men's program include Pond Inlet, Baker Lake, and Kugluktuk. The Mental Health & Addictions Division within the Department of Health developed and ran an addictions program to occur alongside the TB clinic in Cape Dorset. The program looks at addressing the underlying causes of substance abuse.

Each Community Health Centre runs well woman and well man clinics each week. These clinics cover not only general screening but also counselling on health promotion.

The Quality of Life Secretariat provides funding to Isaksimagit Inuusirmi Katujjiqatigiit Embrace Life Council (Iikelc) to support suicide intervention gatekeeper training. Iikelc provides training in two LivingWorks internationally recognized programs, safeTALK (1/2 day suicide alertness training) and ASIST/Uqaqatigiiluk (2 day suicide first aid intervention training)

Timeline of events:

- Currently Iikelc continues to receive funding for coordination and delivery of safeTALK and ASIST, a commitment in Inuusivut Anninaqtuq until at least 2022.
- March 2019 - safeTALK Training for Trainers. 10 new trainers added to current four, for a total of 14 trainers territory-wide.
- December 2018 - Over 200 front line service providers trained in trauma Informed Practice by end of 2018.
- January 2018 - ASIST/Uqaqatigiiluk Training for Trainers. 13 trainers complete training.

- 2017/18 – IIKELC funded to have the updated ASIST 11.1 made Nunavut-specific and translated.
- 2017/18 – IIKELC piloted Trauma Informed Practice Training for frontline providers.
- 2017 – ASIST Territorial review combined with Coroner’s Discretionary Inquest into Suicide to inform next steps, which are to provide funding for a full time Territorial Intervention Coordinator for ASIST/Uqaqatigiiluk at Embrace Life Council. IIKELC also receives funding to support ASIST and safeTALK territory-wide program delivery.
- November 2016 – IIKELC contracted to provide safeTALK delivery in territory.

Recommendation 1.1: Healthcare providers should be taught to be aware of the dynamics of domestic violence and the potential lethality, especially when working with patients who have a history of drug and alcohol abuse, depression, anxiety and suicidal ideation, particularly when there is high conflict in their marriage and a history of separation.

Question: Please specify in detail what initiatives the Department of Health has implemented since 2016 to provide training to all healthcare providers to be aware of the dynamics of domestic violence and the potential lethality, especially when working with patients who have a history of drug and alcohol abuse, depression, anxiety and suicidal ideation, particularly when there is a high conflict in their marriage and a history of separation. Please include a timeline of events.

Response: The Community Health Nurses discuss domestic violence risk assessment screening during prenatal program orientation module. Domestic violence risk assessment is a routine and mandatory part of the prenatal program.

The Quality of Life Secretariat provides funding to Isaksimagit Inuusirmi Katujjiqatigiit Embrace Life Council (IIKELC) to support suicide intervention gatekeeper training. IIKELC provides training in two LivingWorks internationally recognized programs, safeTALK (1/2 day suicide alertness training) and ASIST/Uqaqatigiiluk (2 day suicide first aid intervention training)

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Recommendation 1.J: We recommend and support to continue to offer grief counselling services to individuals who are directly or indirectly witness suicides in their families, intergenerational trauma on families with the consequences of high rates of mental health issues, childhood trauma, drugs and alcohol addiction.

Question: Please specify in detail what initiatives the Department of Health has implemented since 2016 to offer grief counselling services to individuals who are directly or indirectly witness suicides in their families, intergenerational trauma on families with the consequence of high rates of mental health issues, childhood trauma, drugs and alcohol addiction. Please include a timeline of events.

Response: Mental health staff offers grief counselling in community to individuals who have witnessed or indirectly been impacted by suicide. Mental health staff is working in collaboration with the Quality of Life Secretariat and Inuit-based counselling organizations to deploy a team post-tragedy to provide both traditional/mental health counselling services to the community. Health via the Quality of Life Secretariat provides grief counselling in a few different ways.

- Crisis Response Trauma Teams, staffed by traditional counsellors trained in “Our Life’s Journey” by the Ilisaqsivik Society of Clyde River, travel to communities to serve individuals who have experienced trauma.
- The Mental Health and Addictions Territorial Team also send a clinician to communities to offer grief counselling and debriefing.
- Since April 2017, these teams have been contracted by the Health to provide grief counselling to community members across Nunavut.
- Health funds Isaksimagit Inuusirmi Katujjiqatigiit to provide grief support groups in Iqaluit. The groups began in August 2016.
- Health funded IIKELC’s development (2017/18) of, and continues to fund, IIKELC’s delivery of healing support group facilitator training across the territory. The Upigivagitsi funds the ongoing support groups in communities.

Question 2: I would like to request what resources and supports are offered to individuals in cases where they have concerns about a family member’s safety.

Response: For those concerned about a family member's safety, the Department of Health recommends individuals reach out to community resources like the Department of Family Services' staff, nursing staff, mental health professionals and para-professionals, and RCMP. Additionally, we have developed an information resource entitled, "There is Help," which contains the contact information of helplines and other resources. See the enclosed file, "There is Help".

Question 3: Additionally I would like to request what resources and supports are available to victims of domestic violence who may not recognize the dangers posed by the ex-partners to themselves and their children.

Response: Resources and supports are available to victims of domestic violence who may not recognize the dangers posed by their ex-partners to themselves and their children. The Department of Health recommends individuals reach out to community resources like the Department of Family Services' staff, nursing staff, mental health professionals and para-professionals, and RCMP,. Additionally, the Department of Health has developed an information resource entitled, "There is Help," which contains the contact information of helplines and other resources. See the enclosed file, "There is Help".