

Mental Health Act Review – What We Heard from Nunavummiut

Department of Health

Government of Nunavut

2017

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Background

Supporting mental wellness for all Nunavummiut requires a coordinated and effective approach by government, Inuit organizations, community organizations, and community members. The Government of Nunavut (GN) is committed to improving mental health service delivery in Nunavut (NU). The *Mental Health Act* allows families, communities and professionals to respond to crisis situations. Specifically, it provides a legal framework to intervene when an individual has a mental illness and is at risk of harming themselves or others. However, the current *Mental Health Act* in NU is outdated, having been adopted from the Northwest Territories in 1999, and does not reflect the realities of NU, current medical practices, and the Inuit way of life.

To improve existing efforts in meeting the mental health needs of Nunavummiut, the *Department of Health (Health)*, in collaboration with partners, conducted community consultations across Nunavut. The objective of the consultations was to have Nunavummiut inform how the *Mental Health Act* should change. The purpose of this report is to summarize the various perspectives and ideas shared during the community consultations and interviews with clients and families who have lived experience with mental illness. Every effort has been made to capture the diverse viewpoints provided by community members. However, for clarity, this report does not reflect every comment heard; it focuses on the issues and perspectives that were most commonly shared across communities.

Public Consultation Process

Between November 2015 and May 2016, 15 in-person consultations were held in 12 communities across Nunavut and in Ottawa with Nunavut Sivuniksavut students. A total of 321 participants took part in these (see Table 1). Health staff facilitated the consultation sessions, and at least one representative from Nunavut Tunngavik Incorporated (NTI)¹ was present for each meeting to ensure that the perspectives of Inuit were heard and incorporated. A majority of attendees were Inuit who felt that mental health and wellness was an important issue in their community. Translators were available for all sessions. Mental health support staff were also available at each meeting.

Community members who attended the consultations also received a take-home questionnaire so that they could provide any additional information that they did not have the opportunity to share in-person. A total of 54 questionnaires were returned from community members.

In certain communities, some RCMP members, social workers, health professionals and community justice outreach workers attended the public consultations out of interest in the

¹ NTI was not present for the Cambridge Bay consultation due to weather related issues.

topic. While their feedback was recorded and will be considered, this report focuses exclusively on what clients, their families and the public at-large shared.

While separate consultations for clients and families were organized (see Table 2), a significant number of Nunavummiut with lived experience with the *Mental Health Act* chose to express themselves during the public consultations. All voices are presented together as it was not possible to distinguish with complete certainty who had lived experience under the Act and who did not during the public consultations.

Table 1: Community Consultations

Community	Consultation Date	Attendees
Kimirut	November 2, 2015	29
Pangnirtung ¹	November 3, 2015	0
Clyde River	November 4, 2015	35
Pond Inlet	November 5, 2015	20
Igloolik	November 6, 2015	5
Rankin Inlet	November 9, 2015	25
Arviat	November 10, 2015	22
Baker Lake	November 12, 2015	50
Kugluktuk	November 16, 2015	25
Iqaluit	November 26, 2015	15
Kugluktuk – Elders consultation	November 27, 2015	25
Ottawa-NunavutSivuniksavut (Students)	December 1, 2015	29
Cambridge Bay	December 16, 2015	15
Iqaluit	March 30, 2016	15
Iqaluit – Elders consultation	May 18, 2016	11
Total		321²

¹Despite similar notification and advertisement efforts used in other communities, there were no attendees at the Pangnirtung consultation session.

²This number includes professionals (e.g., nurses, social workers, RCMP etc.) who were present during the consultation sessions.

Family and Client Consultations

In order to incorporate the voices of families and clients who have had direct experience with the *Mental Health Act*, they were consulted by Health staff through 28 telehealth interview sessions. In total, 106 clients and family members in several Nunavut communities participated in the telehealth consultations (Table 2).

To ensure the Inuktitut speaking clients and families were represented appropriately, an Inuktitut speaking employee from the health department was present to help conduct the telehealth sessions. For clients and families to be comfortable sharing the difficulties they faced in their care or the health professionals in their community, the telehealth sessions were conducted in collaboration with a mental health nurse from another community.

Quotes presented in text, that were taken from the family and client consultations do not contain the community name in order to protect confidentiality of participants.

Table 2: Family and Client Consultations

Community	Consultation Dates	Attendees
Arctic Bay	March 17, 2016	8
Arviat	February 26, 2016	4
Baker Lake	February 3, 2016	5
Cambridge Bay	January 27, 2016	10
Cape Dorset	February 4, 2016	3
Clyde River	February 3- April 26, 2016	9
Coral Harbour	June 19, 2015	1
Gjoa Haven	February 26-March 21, 2016	12
Grise Fiord	December 3, 2015	2
Hall Beach	February 1, 2016	4
Igloolik	February 9, 2016	5
Iqaluit – Akausisarvik Mental Health Treatment Facility	January 28, 2016	14
Kimmirut	January 25, 2016	2
Kuugaruk	February 10, 2016	3
Naujaat (Repulse Bay)	November 6, 2015	3
Pangnirtung	February 3, 2016	5
Qikiqtarjuak	June 11, 2015	4
Rankin Inlet	March 9, 2016	1
Resolute Bay	June 3, 2015	4
Sanikiluaq	January 26, 2016	3
Taloyoak	April 22, 2016	4
Total		106

Facilitated Discussion

To guide feedback during the consultations, a discussion paper that provided background information on the Act was circulated in advance of the sessions. Additionally, during the consultations, specific questions were asked on key components of the *Mental Health Act*. For example:

- *How can we help patients better understand their rights within the Mental Health Act?*
- *What is an appropriate length of time an individual can be held before assessment?*
- *Have you or someone you love ever been sent away to another location under the Mental Health Act? If yes, were you told your/their rights?*
- *Should nurses in the communities also be allowed to consult with an Elder?*
- *If a person is being held under the Mental Health Act and chooses not to let family members know, should the health professional tell the family anyway?*

- *Should the Department of Health try community-supported treatment to see if it would work well in Nunavut? Why did you choose that answer?*
- *What Inuit ways should be included in Nunavut's Mental Health Act?*

The feedback received during the consultations was not focused solely on the questions above or the act itself. This is because many attendees had never seen the Nunavut *Mental Health Act*, as well the challenges and hopes they identified were beyond what is included in the law right now. This feedback was equally valuable and helpful, so this report aims to honour it as well.

What we heard

Language Barriers and Need for Inuktitut Terminology

The importance of language was brought up by community members. Beyond the need for interpretation and translation for services to be accessible in all official languages, communities identified the need for new terms in Inuktitut to describe mental health. Individuals also identified that language barriers currently get in the way of effective communication between clients and health care workers on mental health and the Act

“And the problem is, as Inuit, we cannot even communicate with you because of the language gap.”- Clyde River

“In English and Inuktitut not every word translates, but make it understandable. To compare these words and understand their similarities / differences between the cultures. If we did some workshops, more things would come up because there would be other groups and we would develop more ideas. This is a good start for you to be here but there is a lot more that we need to know and do. I support what you are doing. Let's learn more together.” -Clyde River

“Even the word mental illness is a stigma. I read the Inuktitut translation and I suggest the common word isumaaluttuq - worrying about something. It is common but mental illness is part of our lives so the translation should recognize that it is common. That is one way we could incorporate Inuit values. I can't quite put my finger on it.”- Rankin Inlet

Mental Health Programs

Community members expressed concerns regarding there being limited mental health services and programs available within communities across Nunavut. Certain community members commented that providing treatment within the territory would help individuals stay connected with family and their culture during treatment and upon returning to their home community.

“...They are sent to [out-of-territory facility] for stabilization and forwarded on to Iqaluit. Because the patients are Inuk they have a natural longing to be back in Nunavut and it is difficult for them to be sent out of Nunavut. It would be more therapeutic if they could be stabilized in Nunavut rather than sent to [out-of-territory facility]. After they are stabilized they are sent to Iqaluit for monitoring and if they are cleared they are sent home but it would be better if there was more support in Nunavut so they don't have to be stabilized in [out-of-territory facility]...” –Rankin Inlet

“There will be ups and downs. In the past, when people had mental issues – they would be dealt with one-on-one. For that question – for me, I feel like we need to work together.” – Clyde River

“...how can we advocate their “Inukness” to help them when they are out of territory? Something has to be written in there that even if they go out [to a] province we can still help the patient [with having their culture respected]” - Rankin Inlet

The need for a mental health system that was culturally safe and incorporated Inuit culture in treatment, including increasing the availability of on-the-land programming to promote mental wellness, use of language and traditional food, was also frequently voiced by community members.

“the land is therapy” – Cambridge Bay

“Include Inuit traditional values and include, for treatment, that Inuit be involved in the treatment – going out on the land.- Clyde River

“When we try to start using our land-based, community-based [laws and values]; we start seeing results that improve the state of community.”- Pond Inlet

“I think the biggest issue we have today is that we don't – the Inuit way and the non-Inuit way – I think that is the problem. There is a big gap there because we do things the Inuit way and you do things the non-Inuit way and the non-Inuit are usually the decision makers and we need to get you to learn our way. [...] We need to review the Act and ensure that Inuit values are put in place. These days we are starting to use more IQ, Inuit traditional knowledge; when they are not put in place and practiced, then there are so many problems and obstacles that we could be hitting. We wanted to create Nunavut so that we have a voice and our opinion mattered. Hopefully you will consider what we say and not rush into making amendments to the Act. Hopefully this

is just the first consultation, and you will work with the people to get more information from the community.”- Clyde River

“ A patient has a right to speak about whatever it is they are having issues with in Inuktitut. A patient has a right to eat traditional food. A right to go out on the land to hunt or even going for a walk. A right to ask to consult with a respected member or a group or an Elder or a loved one they want to invite into when their mind is ready. A patient in Nunavut should have a right to get healthy without having the stigma hovering over them. In Inuit culture, mental illness was labelled two things: ‘a person has a lot on their mind’ [or] ‘a person that no longer has control of their mind’. In the Inuit culture you accept people for who they are regardless. Before colonization there were rules and there was mental illness. I have a story to share. A lady was being monitored off in the distance. It was clear she was no longer in control of her mind. After two weeks there was a joint decision because there were no mental health centres. A joint decision was made to take her life, because she was a danger to herself and others. It was a consensual decision after monitoring her for 24 hours. This is a story from way back. We accept human beings to be who you are as a person. So Nunavut is acceptance. Inuit is acceptance of who you are as a person and that includes mental illness.”- Rankin Inlet

Family members of those who are affected by mental illness also spoke of the need for support and respite.

“...mental health does affect family members. This is why I want this Act to give the power to RCMP or mental health to be able to look in this case early and make recommendations and assess the patients so that the family can rest... There are other cases in town where the family really needs to rest.”

“It gets easier when they are sent out, calmer and more relaxing. It gets so hard when you try to get help. They can’t [get help] until they harm someone. To know and be informed that he is getting help, not just being treated with medication. Because you don’t want to be on medication forever. Healing is what is important.”

Education on Mental Health, the Act and Services Available

Participants spoke of the need to increase knowledge and awareness on mental illness, the role of medication, and services available within the community. Some community members felt that this would be effective in reducing mental health-related stigma and help communities better support members who live with mental illness. Many people also explained that it’s important for people to know about the *Mental Health Act* before a crisis because people may not be able to accept new information during very stressful times.

“Government has to recognize that they should train us. Mental health should be at the community level with workshops to enable this.” –Pond Inlet

“We have to find creative ways to get this information across to communities. Sometimes there is too much money and time spent on posters. We have to find creative ways of transferring information. Almost every community has a radio station and those stations suffer from a lack of content. So it is important that content be developed to talk about what rights exist, what services are available, and other care and support people can turn to. There are resources in the community that go virtually unused. There are individuals with counselling training and empathy to participate in that process. We have to find ways within this process to draw on these strengths which already exist in communities. But often we fail to ask how we can get this done. Every community is unique and what works will be different. It takes time, investment, and going into communities to understand what is going on. It cannot be one shot fits all. We have to allow individuals in communities to advocate for themselves and speak for themselves... I think there has to be a way to get that information out to families and groups in the community and utilize organizations that exist – informal and formal – so that everyone understands.”- Baker Lake

“Some people don’t know the difference between the different places of support – who they are and what they can do, too. These services need to be mapped out and integrated. Nobody should have to search out that whole process when they are in a crisis. And because of the stigma they resist reaching out to get help. So promotion and advertising needs to be improved.”- Cambridge Bay

One client indicated:

“There should be at least once a month that they have a feast once a month to celebrate mental health to reduce the stigma.”

Some younger participants in the consultations indicated that Elders and the older generation have a tendency to advise people against taking medication, especially for the long term. Some individuals with lived experience spoke to the need to educate the older generation who have not been as exposed to this treatment approach. Specifically, by providing more information on how medication works and what its effects are, could lead to a greater understanding on why certain individuals benefit from long-term use of medications.

I think it’s essential because both my son and I take medication. Our elders are old-fashioned and don’t think medication is needed. So I have a third party intervene – a health professional – say, “No, he needs treatment.” So having that interface and

support is important; the education about critical mental illnesses and the issues that can come when someone stops taking their medication. There is need for that whole effort. If you don't do that, you lose out.”-Cambridge Bay

Mental Health Staff

Community members expressed the need to train and hire Inuit in the mental health service system so that they can provide counselling. As well, concerns were raised around mental health staff turnover and a lack of trust in providers within communities.

“Nunavut needs more Inuit counsellors. I personally think a lot of patients would feel more comfortable consulting with an Inuk than a non-Inuk because they may feel that the Inuk may have the same perspective, where the patient may feel that a non-Inuk will have a different perspective and feel judged.”- Nunavut Sivuniksavut Student

“...in the community we are constantly rotating mental health nurses. When a new one comes in next month, you start from the beginning again because they don't write notes. And I have had every mental health nurse tell me that. Let's say there was an event in the hall – a preacher's conference – and the patient had an episode and when RCMP came, he had no idea why he was asked to leave. The behaviour is linked to mental illness. Most people are dealing with these things alone in their homes. Elders are afraid. We know mental health workers are here but it's the new face that you don't trust. We had a mental health nurse who retired. Everyone knew her. Now we have a revolving door and there is no trust. Locals will say – they are not from here – I am not going to trust her. So people keep it to themselves, in their homes. They were taught to keep these things private and to themselves. We were taught that it was embarrassing. We might have one of two mental health nurses, but is there support where a nurse can go and have someone interpret for her with Elders – but the Elders were told not to talk about [mental illness].”- Baker Lake

“...because I had an Inuk counsellor and we had the same life experiences... so when I saw an Inuk counsellor I did so much better. After she was gone I slid back down... so it is important we create something for Inuit to be able to help their own.” –Rankin Inlet

Minimize Trauma

Community members generally agreed that having to see a health care worker and travel out of town for care can be intimidating, especially when the person is so mentally unwell that they do not realize they are ill and need help. Seeing a loved one being sent away for care can also be frightening for family members.

Several participants commented on the impacts of having RCMP members approach people who are in a crisis and of holding them in an RCMP cell until they are flown out of the

territory to see a doctor. While it was generally understood that this practice stems from a lack of 'safe rooms'/infrastructure in communities and the need to ensure the safety of the individual and those around them, community members were clear that this practice can lead to people feeling they are getting arrested and criminalized, instead of being sent for help. This can be experienced as traumatizing and adds to mental health related stigma.

"I think in a Territory with a declared suicide crisis the fact that we have to keep people in RCMP cells is a disgrace". – Baker Lake

"so in Nunavut, where can these mental health clients be held? The problem with the 2 day hold is that we only have 2 cells. More often than not, those cells are used for drunk tanks; people who need healing and turn to substances. Do we have the manpower to hold these people in the cells? The people who guard the cells must be exhausted. So that is adding on to a whole other traumatic experience and adding on; it is against healing. So the question before asking how long we can hold a patient is, do we even have a place to hold them? Why are we putting them in cells – because we don't even have mental health services. Clearly the MHA is not working in Nunavut. If it were working, why is the suicide rate so high? What we are missing is why is this all happening?" – Baker Lake

Community members expressed the need to ensure that the new *Mental Health Act* was designed to minimize any trauma created during interventions.

Information Sharing and Family Involvement

Presently, the *Mental Health Act* does not permit health care professionals to share information about the patient to family members, if the patient does not want their information shared. Community members had a lot to say on this complex issue. In particular, many felt that this was in conflict with Inuit values and that involving the family was an essential component of recovery and mental wellness.

"...that is the Caucasian way [to not disclose confidential information]. As Inuit, Elders are always curious about what's going on. For this reason, I would like to know and be given the information if they are improving or still remaining the same, although without knowing what their crisis is. They need to get treatment. It is geared more towards the Inuit way of life." -Kimmirut

"I know that in health, professional [Western] care, is very confidential. But in this case, because confidentiality is not really in our culture I think family members are, even as [an adult], I feel that my mother or my brother should know that I am in crisis. Therefore, confidentiality should not really be there. Because a relative is sick and they don't know about it."-Clyde River

“Imagine if the MH worker here took my son and sent him off I would be very upset and if she was keeping information and not telling me what is going on. On the other hand, if she were to keep me informed on what is going on I would be very supportive and provide her with information on how he has been behaving. As Inuit, we work together in that way. Life here is so much different than in a big city. We need to ensure that we are told the information so that we can help with trying to resolve the problem. That needs to be the Law in Nunavut.”- Clyde River

A minority of participants indicated that it would not be appropriate to share personal information about a patient to a family member under every circumstance.

“It needs to be safe. Not all family members may be safe. Perhaps a family meeting to decide who that person should be that the health care providers consult with.”- Iqaluit

“I believe the patient’s request for privacy, confidentiality should be respected.”- Nunavut Sivuniksavut

“The way I read it as a 27-year-old... it is not my parents’ business. We need to be conscious of how some parents do not raise their kids to be independent adults. They can turn against helpers and supports. For adults, we need to look at it so that you as an Inuk are responsible for yourself. For youth under 18, their parents should be aware. But we need to build people up so they know that they are responsible for their mental health.” - Cambridge Bay

“Only in extreme cases should the family member be told. They can have the right to confidentiality if they are stable and can make their own choices. If someone is suicidal, goes out to hospital, goes missing, the family has to be informed.” - Cambridge Bay

Elder Involvement

The current *Mental Health Act* provides for doctors to consult with Elders in deciding whether a client who is Inuk has a mental illness or not. As of now, nurses do not have that authority. This authority in the act is almost never used, in large part because most communities don’t have doctors and that clients do not get to see a doctor until they are out-of-territory where it is a different act that applies.

During consultations, participants were asked about the role they envision for Elders under the revised *Mental Health Act*, and if they believe nurses in the communities should be allowed to consult with Elders.

There was general agreement by most community members that mental health nurses should be allowed to consult with Elders. As well, many community members appeared

surprised that the power for doctors to consult with Elders exists in the current Act and felt that it was under-utilized, even in areas where doctors are readily available (i.e., Iqaluit).

“usually all the mental health persons are Qallunaat with no Elders / community members on the counselling team” and “Most likely patients won’t open up first time to a nurse but if they know the support person or an Elder, they would get the counselling they need and feel less stressed; it would be in their language and in their culture”- Pond Inlet

One suggestion made was that Elders be asked by RCMP if they are willing to visit clients who are being held in cells for safety, in an effort to minimize the traumatic experience.

“Yes the elder could be on the other side of the holding cell, not in holding with the patient and at risk.”-Kugluktuk

A lot of the discussion then focused primarily on the meaning of the term ‘Elder’, when or whether an Elder was the best person to consult with, and who other than an Elder, should be consulted.

“I have a couple issues. The question is creating some questions for me. There is a lot of turnaround in terms of nurses so how will they know the Elders? Then the other question is: who is an Elder? Someone we respect or are expected to respect? Is an Elder a survivor of famine and residential school? Has the Elder healed? That scares me because, has the Elder healed before giving advice to someone who needs mental health counselling?”-Baker Lake

“I think what you just said is very important for us to know. Normally we have recovery mode, but when someone is in crisis, there is nothing they can do much. So we want to talk to them after they recover. Who do you think is the best person for us to contact when you have problems? Again, you want to choose somebody you can trust and talk to. So why an Elder is important is if we are talking about culture. The Elders know more about the culture and about how to treat that person. There is a way to do things internal to the culture. Because there is a way a person may behave that seems wrong to me [as an outsider] but may be right inside their culture... So cross-cultural understanding is very important.”-Baker Lake

Some community members voiced concerns about the generational disconnect between youth and Elders.

“Elders we see as in their 70s and 80s and there is a big gap between the Elders and next generation down because those Elders were born on the land and they didn’t go through the issues the following generations did. So I would see since residential school times, Elders from that Elder who have survived that and gotten

some healing and training, that is how I would define as an Elder or a respected community member.” –Rankin Inlet

“you asked if it’s okay to consult and get information from the Elders, it is, but there’s more than that. There should also be people assigned to take the person out on the land and do some counselling in that way. And, Inuit need to be in charge. Some of the prevention methods are taking them out on the land and that is how Inuit have dealt with these issues for many years. We need to make variation on the Act and make sure that Inuit voices get heard and whatever we suggest should be applied to the Act. Mind you, I am not criticizing the way the people with illness get sent to the hospital. Some of them come back and they are much healthier. We as Inuit need to be actively involved in what the changes are in the Act. When we were growing up, we were being educated informally but we learned the skills passed on from our parents. But these days we see young people being bored without motivation and that can be very destructive to their identity. With all the cultural changes that happened in such a short time it is no wonder we are being affected mentally as Inuit so we should be actively involved as Inuit in deciding what changes should be happening with the Act.” –Clyde River

“...There seems to be a huge disconnect. Are there any talks to close the disconnect, to reconnect these generations? Both have important information to relay back to each other. One, is the way it was and the other is the way it is now.” -Iqaluit

Community Treatment Orders

Currently, the Nunavut *Mental Health Act* does not have provisions to allow for community treatment orders. Community treatment orders allow for health care workers, and potentially others, to intervene sooner when a client is deteriorating due to their mental health illness by making the client receive treatment, even if the client will not seek it or accept it.

Multiple families of clients expressed that they would like to see health workers intervene sooner when someone needs care but won’t seek it or accept it. Indeed, many felt that health care workers should not wait until a person who is mentally ill becomes at immediate risk of causing harm to themselves or others before taking action. There was broad support for a Nunavut equivalent to community treatment orders with a view of providing Nunavummiut who live with mental illness greater support with staying well when they return to their community, a sense that there is someone checking on them and to ensure they continue taking medication that is necessary for their wellbeing. Participants in consultations emphasized that more services need to be provided to people who have mental illness.

“...feeling like you are being supported, you feel better. It does not hurt to try something that may be a big help for the community. It is for the betterment of the patients at risk, to keep them safe.”- Nunavut Sivuniksavut Student

However, the issue of a lack of trust between health care providers and the community was also identified as an area where efforts would have to be focused in order for a community treatment order approach to work.

“We need more action. But people with a mental illness don’t trust anybody – whether it is a suicidal person or someone with schizophrenia... a mentally ill person does not trust anyone. But if they get to know that one person on an on-going person and seeing that person coming to their place to just check up on them...” -Baker Lake

Rights

During the consultations, it became clear from community, as well as client and family consultations, that many people don't know their rights under the *Mental Health Act* and can't understand them in a crisis. For example, some family members and clients who had been affected by the *Mental Health Act* expressed the lack of clarity and communication regarding their rights.

“They were not told their rights. They were put into a jail cell and told they could not see the Mental Health Worker until the next day.”

“I don’t remember if we were told our rights because when a family is going through a mental health crisis, it is stressful and hard. It’s very tiring on the mind and the body when the family is going through a crisis.”

Surrounding the discussion on rights, the issue of *Mental Health Act* delegates was also raised. Currently in Nunavut, delegates ensure that processes related to the *Mental Health Act* are being appropriately followed and will review applications for clients to be involuntarily admitted and ensure that a complete assessment has been completed, prior to involuntary admission. Presently, delegates are not independent from the health system; and some individuals consulted felt those appointed to be delegates should be separate from the system.

“I think the delegate might be somebody outside the government; not an employee or not working for the government but able to answer questions and it could be someone independent. Maybe any Inuit organization but somebody outside the government. If you are an employee of the government, you are following the laws, but someone has to make sure you have done so properly. So somebody more independent could be very helpful.” – Arviat

Conclusion

The findings from this report will be used to improve existing efforts in mental health service planning and programming. The Department intends to incorporate the valuable feedback provided by community members, families, clients and partners Nunavut's new *Mental Health Act*.

Over 300 Nunavummiut from across the territory have shared their views during the public and client & family consultations. The testimonies received show a range of perspectives and underscore the need to adopt a nuanced approach if the needs of people and their unique circumstances are to be met by the new *Mental Health Act*.

On the whole, Nunavummiut expressed a desire for services grounded in Inuit culture in order for the new Act to be effective, to see an emphasis on comprehensive mental wellness as opposed to a sole focus on mental illness, to have access to more consistent mental health staff and more Inuit mental health staff, to have access to a psychiatric process that is compassionate to clients and their relatives, to see information shared with families both actively and wisely, to have family members involved and supported in their capacity as caregivers, and to see a greater level of understanding developed around mental health in Nunavut.

Other community stakeholders, such as RCMP, healthcare professionals, social workers, community justice workers, and other key players in the *Mental Health Act*, were consulted separately and their feedback will also be considered in the new Act.

The valuable feedback provided by community members, families, clients and partners will be used to shape Nunavut's new *Mental Health Act*. The findings from this report will also be used in mental health service planning and programming.