

Nunavut Suicide Prevention Strategy Action Plan

September 1, 2011 - March 31, 2014



Acknowledgements

The Government of Nunavut (GN), Nunavut Tunngavik Inc. (NTI), the Embrace Life Council (ELC), and the Royal Canadian Mounted Police (RCMP), partners in the creation of the Nunavut Suicide Prevention Strategy, have again worked in close collaboration to create this companion document – the ***Nunavut Suicide Prevention Strategy Action Plan***. The Partners have experienced the ongoing benefits and success of working together to prevent suicide, and acknowledge the contribution of each partner.

The Partners also respectfully continue to acknowledge all the individuals, families, communities, and organizations who work to prevent suicide and improve well-being in Nunavut.

Your continued dedication to helping those in need is highly valued as we move forward together to reduce the incidence of suicide in our Territory.

Introduction

As stated in the Nunavut Suicide Prevention Strategy, suicide touches the lives of all Nunavummiut. Few peoples have experienced the incidence of suicide and suicide-related trauma that Nunavut Inuit have. Despite this, it has been extremely difficult to talk openly about this issue in Nunavut, whether on the personal, family, community, or political level.

This **Action Plan** is the result of a continued coordinated partnership approach which began in 2008 when the Government of Nunavut (GN), Nunavut Tunngavik Inc. (NTI), the Embrace Life Council (ELC), and the Royal Canadian Mounted Police (RCMP) formed a partnership to create a Nunavut Suicide Prevention Strategy. When the Strategy was tabled in the Nunavut Legislature in October, 2010 the Partners formed the **Nunavut Suicide Prevention Strategy Implementation Committee** to develop a companion document in 90 days, which would outline the Actions required to implement the Strategy.

This companion document is the result of two years of searching for the best possible ways to prevent suicide in Nunavut. Like the Strategy, it is based on and guided by the Implementation Committee and the public's vision for a healthier Nunavut. The **Action Plan** outlines concrete steps to be taken to reach a Vision for Nunavut in which the rate of suicide is the same as the rate for Canada as a whole—or lower. This would envision a Nunavut in which children and youth grow up in a safer and more nurturing environment, in which people have the skills needed to overcome challenges, make positive choices, and enter into constructive relationships. This will also be a Nunavut where families, communities, and all levels of government work together to provide a wide-reaching and culturally appropriate range of services for those in need.

As emphasized in the Strategy, to be successful in achieving this vision a diverse group of stakeholders must be mobilized and work in harmony. Individuals, communities, organizations, and all levels of Government in Nunavut can play an important role in preventing suicide, and in building healthy communities.

The **Action Plan** also commits the Implementation Committee, consisting of all Partners, to ongoing evaluation and monitoring of the implementation of the Strategy's goals and objectives, to ensure a continuing momentum as well as continuing accountability and responsibility by each of the Committee member organizations to ensure the vision as outlined in the Nunavut Suicide Prevention Strategy and Action Plan is achieved.

Ongoing input from stakeholders and communities will remain important as we move forward with the implementation of the Action Plan. This plan is considered a living document; additional actions and input will be incorporated throughout the three year implementation.

How suicide prevention measures will improve in Nunavut based on implementation of the Action Plan

- Nunavummiut will have a wider range of mental health and addiction resources in their communities.
- Nunavummiut will have access to culturally appropriate grief counselling.
- Enhanced mental health specialists in each region will be ready to respond to requests and referrals from all community health centers.
- Community based counsellors will have greater access to training and will have a more formal and respected role within the Nunavut health delivery system.
- There will be increased cooperation between government, schools, and the RCMP so that children and youth experiencing distress have a better opportunity to receive appropriate help.
- Nunavummiut will have access to clear information on risk and protective factors relating to suicide, as well as information on where to get help. This information will be available in all official languages.
- There will be increased access to early childhood development and family programs, as well as support for children and adults displaying at risk behaviours.
- Children will receive social and emotional learning at school which will help them develop resilience and positive coping mechanisms.
- Adults and youth will be able to take suicide alertness and intervention training in the language of their choice, and have access to peer counselling.
- All communities will have increased support for effective community-based wellness initiatives.
- Nunavummiut will have expanded daily access to the Nunavut Kamatsiaqtut Help Line.
- The GN, NTI, the RCMP and the ELC will work closer together to address key risk factors for suicidal behaviour.

Commitment 1: The GN will take a more focused and active approach to suicide prevention

"The GN has the ability to transform the way suicide prevention happens in Nunavut. While the Department of Health and Social Services will play the central role in mobilizing the GN, other departments such as Education, Justice, and Culture, Language, Elders and Youth will be equally committed to implementing this Strategy."

"Therefore, the GN commits to improving its overarching approach to suicide prevention by mobilizing its departments to do more in the area of suicide prevention, and ensuring that each department's activities fall within the action plan of this Strategy."

Objective	Partners/ Stakeholders	Actions or Tasks	Timeline	Anticipated Results
1.1 The Department of Health and Social Services (HSS) will identify and mobilize initiatives across the GN.	Lead: GN HSS with aAll GN departments and agencies	Create and chair a GN ADM Steering Committee to guide and monitor the implementation of the Action Plan as it pertains to the GN. Ensure two full time indeterminate positions continue to be staffed at the Mental Health & Wellness division, including a Suicide Prevention Specialist, who will provide ongoing support and direction for GN HSS and interdepartmentally on issues related to suicide.	2011 and ongoing Ongoing	The GN will implement its obligations in the Action Plan through structured mobilization across departments. Strengthened capacity for GN HSS to provide advice on issues related to suicide prevention, intervention and post-intervention.
1.2 Strengthen interagency collaboration at the community level.	Lead: Implementation Committee with community stakeholders as appropriate	Develop and implement relevant Memorandums of Understanding and related protocols between Departments, senior local Department Representatives and community stakeholders, so communities are more capable of effectively responding to those at risk.	2011-2012 and ongoing	Supported by the Implementation Committee, communities will have increased capacity to respond effectively in the areas of prevention, intervention and post-intervention on the local level.
1.3 Improve interdepartmental cooperation to identify and support children demonstrating indicators of behaviours that put them at risk, especially poor school attendance.	Co-leads: GN HSS/GN Education with other stakeholders as appropriate	Develop and implement a Memorandum of Understanding and related protocols to mandate collaboration between Education and HSS that will support a proactive case conferencing approach at the community level for children demonstrating indicators of behaviour that put them at risk.	April 2012 Completion	More concerted intervention at the community level on behalf of children who demonstrate indicators of behaviours that put them at risk. Improved school attendance.
1.4 Improve communications with HSS front line workers to address the needs of children demonstrating indicators of behaviours that put them at risk.	Co-eads: GN HSS/GN Education	Agree on a referral process that maintains confidentiality and addresses the needs of children demonstrating indicators of behaviours that put them at risk.	January 2012 Completion	An established referral process for HSS workers and educators.

Commitment 2: The partners will strengthen the continuum of mental health services, especially in relation to the accessibility and cultural appropriateness of care

"At present, some residents lack adequate access to mental health services. Providing a comprehensive continuum of care – from diagnosis to clinical counselling to community-based Inuit healing – will improve well-being and reduce the level of risk that these people face."

"Therefore the Partners commit to working together to address the current gaps in service, to build a larger cadre of mental health professionals, and to improve the cultural appropriateness of mental health services. As part of this commitment, the GN will create and improve mental health facilities within Nunavut, revise its Mental Health Strategy, and review the Mental Health Act. The GN will also ensure that grief counselling is made available to all Nunavummiut who could benefit from it."

Objective	Partners/ Stakeholders	Actions or Tasks	Timeline	Anticipated Results
2.1 Review Nunavut Addictions and Mental Health Framework and review Mental Health Act.	Lead: GN HSS in collaboration with Partnership Implementation Committee and stakeholders as appropriate	<p>Conduct a gap analysis in territorial mental health services</p> <p>Review Nunavut Addictions and Mental Health Framework to better address identified gaps and current realities in mental health services</p> <p>Review Mental Health Act to more accurately reflect current needs and realities</p>	<p>2011-2012</p> <p>2011-2012</p> <p>2012-2013</p>	An improved Framework and legislated authority to guide the provision of mental health services in Nunavut.
2.2 Improve capital infrastructure to provide mental health services in Nunavut.	Lead: GN HSS	<p>Conduct a gap analysis to identify capital requirements for acquiring the appropriate type and quantity of mental health facilities in Nunavut</p> <p>Develop a Capital plan for an integrated mental health service that maximizes the use of existing facilities and identifies the need for additional facilities</p> <p>Develop business plans for the construction or purchase of new facilities</p>	<p>2011-2012</p> <p>2012-2013</p> <p>2013-2014</p>	Sufficient and effective mental health and addictions facilities in Nunavut.
2.3 Strengthen mental health professional capacity in Nunavut.	Lead: GN HSS with all mental health delivery agents in Nunavut	<p>Conduct a gap analysis to identify the type and number of mental health professionals required to deliver an optimal mental health system.</p> <p>Identify the level of mental health resources required to establish sufficient service levels to meet the needs of Nunavummiut.</p> <p>Develop a multi-year business case to address mental health and wellness resourcing gaps or shortages</p> <p>Work with Nunavut Arctic College to develop an enhanced mental health workers diploma program</p>	<p>2011-2012</p> <p>2011-2012</p> <p>2012-2013</p> <p>2012-2013</p>	Increased resources and professional staffing capacity in the area of mental health to serve the needs of Nunavummiut.

Commitment 2 (Continued)

Objective	Partners/ Stakeholders	Actions or Task	Timeline	Anticipated Results
2.4 Improve the ability to respond quickly and effectively to suicidal behaviour by children.	Lead: GN HSS	Identify specialized expertise to serve as a resource to HSS staff in the event of suicidal behaviour by a child, to provide additional specialized support for front-line personnel.	March 2012 Completion	A clear understanding of the required resources. Required resources in place.
2.5 Strengthen mental health and wellness services available in Iqaluit which serve as a catchment area for other communities.	Lead: GN HSS	Identify the level of mental health and wellness resources required to establish service levels to meet the demand of a regional and territorial referral centre. Provide additional highly trained staff including psychiatrists, psychologists, and psychiatric nurses, at ratios that can adequately meet the needs of the population of the territory.	March 2012 Completion To be determined	A clear understanding of the required resources. Required resources in place.
2.6 Provide culturally and age appropriate grief counselling.	Lead: GN HSS in partnership with NTI, ELC, Inuit and community organizations	Develop a plan to provide culturally and age appropriate grief counselling in the communities.	April 2012 Completion	Culturally appropriate grief counselling resources for communities, recognizing the community grieving process and background.
2.7 Provide greater support to community based counselling groups in the communities	Co-leads: HSS/NTI/ELC with Community counselling groups	Identify and contact community counselling groups in all communities (church-based, elders, peers, etc.) and specifically consult with these groups about their training needs. Offer Departmental support	2012-2013 Completion	Improved support to existing community based counselling resources.
2.8 Provide greater support to communities and front-line workers in the event of a 'cluster' of suicides (several suicides in a relatively short period of time) in a community or region.	Lead: GN HSS In partnership with NTI, ELC and other stakeholders as appropriate	Develop a plan to provide greater support to communities and front-line workers in the event of a 'cluster' of suicides in a community.	April 2012 Completion	Increased and ongoing support to communities and front-line workers to respond adequately and appropriately.
2.9 Increase support of the Nunavut Kamatsiaqtut Help Line.	Lead: GN HSS	Provide additional core funding to ensure stable operation of the Help Line and, over time, to increase the services it provides.	April 2012 initiated	Help Line provided with sustainable funding. Expansion plan to accommodate regional needs.
2.10 Increase support for Embrace Life Council (ELC)	Co-leads: GN HSS/ NTI	Provide additional core funding to ensure stable operations.	April 2012 initiated	Enable ELC to provide a wider range of services.

Commitment 3: The Partners will better equip youth with skills to cope with adverse life events and negative emotions

"Considering that many youth in Nunavut grow up in difficult circumstances, much more can be done to ensure that exposure to adverse life events (such as relationship break-ups) or negative emotions does not lead to negative behaviour."

"Therefore, the Partners commit to provide a stronger protective foundation for youth to realize their true potential, including but not limited to public campaigns against physical and sexual assault, and parenting classes. In addition, the Partners commit to provide training opportunities for youth to cope with negative emotions, such as providing anger management courses, mental health related school supports, and greater access to healthy activities such as sports or on the land camps."

Objective	Partners/ Stakeholders	Actions or Tasks	Timeline	Anticipated Results
3.1 Increase knowledge base, solutions, and strategies on the impact that adverse life events have on youth resilience and coping in relation to increased risk for suicide.	Lead: Implementation Committee	Ensure youth focus in developing an ongoing research agenda on issues of relevance to suicide prevention, intervention and postvention in Nunavut.	2011-2012 ongoing	Increased knowledge of impact of adverse life events on suicide risk for youth which will inform the development and implementation of effective suicide prevention initiatives for youth. Increased resilience and engagement amongst youth. Identification of best practices to enhance existing resources.
3.2 Implement specific programming targeting the general youth population, including youth at risk of suicide, such as Mental Health First Aid (MHFA) for youth; provide strength based programs for youth regularly in each community.	Lead: Implementation Committee	Develop and tailor culturally relevant youth-focused programming which increases knowledge and skills of front-line workers such as education professionals, health providers, and other relevant stakeholders such as parents and community members on mental health issues specific to youth, identifying signs and symptoms, effective interventions in crisis situations and how to access professional help. Provide information on the role that child sexual abuse plays as a risk factor for suicidal behaviour later in life, and what can be done to break the cycle of abuse.	2011-2012 and ongoing	Youth-specific programming available to front-line workers and communities to assist education professionals, health providers, parents and other adults in the identification of mental health problems and appropriate first aid intervention strategies.
3.3 Ongoing collaboration to address suicide prevention within school curriculum.	Co-leads: GN HSS/GN Education with other stakeholders as appropriate	Ad hoc working group to coordinate the implementation of the NSPS across all organizations and through new curriculum development, especially grades 7-12.	April 2012 Initiated	Evidence of partnership collaboration in curriculum development.

Commitment 3 (Continued)

Objective	Partners/ Stakeholders	Actions or Tasks	Timeline	Anticipated Results
3.4 Ensure National Aboriginal Youth Suicide Prevention Program (NAYSPS) funds are spent to implement commitments of the NSPS Action Plan	Co-leads: GN HSS/NTI/ELC	Administer in partnership NAYSPS funding for community level Inuit youth suicide prevention programs and activities.	April 1, 2012	NAYSPS funds are spent on community-based youth suicide prevention activities that correspond with NSPS commitments.
3.5 Provide training opportunities for youth in the areas of coping skills, anger management, healthy living, suicide prevention and general health and wellness.	Lead: Implementation Committee	Conduct environmental scan of best practice training programs for youth and compile into an accessible database Partner with relevant delivery agents to deliver training programs.	March 2012 Completion 2012-2013 ongoing	Youth with a stronger base of increased protective factors to deal with adverse life events.
3.6 Increase and support access to healthy activities for youth at community level.	Lead: Implementation Committee with Regional Inuit Associations and other relevant stakeholders	Conduct environmental scan of existing youth centres in all Nunavut communities using existing Qikiqtani Inuit Association-developed Youth Center Survey as a model Share best practices with communities Develop plan for incremental establishment of youth centers in each community.	March 2012 Completion	Increased awareness of existing healthy youth activities. Increased knowledge on what is needed at community level on youth initiatives; sharing of best practices. Viable options identified for establishing a youth center in each community.
3.7 Develop and support peer counselling initiatives in communities	Co-leads: RIAs/NTI/GN HSS	Conduct environmental scan on best practices in Canada and other jurisdictions and existing initiatives in Nunavut; develop training curriculums and Nunavut training manuals partnering with Hamlets and youth centers to deliver certified training.	2012-2013 initiated	Peer counselling available in all communities based on Nunavut training manuals.
3.8 Support development of youth networks on community and territorial level.	Co-leads: GN CLEY/ RIAs/ NTI	Support establishment of a comprehensive network of youth groups from the community level to the territorial level. Provide skills training and ongoing support to all youth groups	May 2012 Initiated	Youth committees in each community including a territorial committee to collaborate, share information, and be key contacts at community level for youth initiatives.
3.9 Create public campaigns targeting youth on issues identified as risk factor behaviours that have an impact on the suicide rate.	Lead: Implementation Committee	Create evidence based awareness campaigns to deal with risk behaviours and factors as identified in the research symposium, outlined in section 5.1, including overcoming issues of sexual and physical abuse.	2012-2013 and ongoing	Increased public awareness on issues related to and impacting youth suicide in Nunavut.

Commitment 4: The GN will deliver suicide intervention training on a consistent and comprehensive basis

"The Partners recognize that rates of suicidal ideation are high in Nunavut, and that some residents wish to be able to provide support to friends, neighbours, or clients who may be at risk of suicide. Training such people to recognize the signs of suicidal ideation, and equipping them with tools and techniques to talk to people at risk and link them with proper care, will help make Nunavut communities more responsive to suicidal behaviour.

"Therefore, the GN commits to providing training to better equip people to help those at risk of suicide. Nunavut-specific suicide-intervention training will be delivered across the Territory to people who work with high-risk segments of the population, and to others who wish to be leaders in suicide intervention within their community."

Objective	Partners/ Stakeholders	Actions or Tasks	Timeline	Anticipated Results
4.1 Deliver Uqaqatigiiluk!/Talk about it! ¹ a 'Nunavut specific' version of Applied Suicide Intervention Skills Training, to all interested Nunavummiut	Co-leads: GN HSS/Nunavut Arctic College/GN HR	Coach and support volunteer Uqaqatigiiluk! Talk About It! trainers to become registered. Encourage registered trainers to become Coaches. HSS to identify positions to coordinate the delivery of Uqaqatigiiluk! Talk About It, including the creation and upkeep of a database tracking numbers of trainers and participants. Priority placed on providing training for HSS and other front-line workers, correction workers, probation officers, school staff (as per request from the Coalition of Nunavut DEAs), community groups which provide counselling services, and Nunavut Arctic College students.	Initiated April 2010 and ongoing Initiated April 2010 and ongoing Initiated April 2010 and ongoing	Suicide Interventions Skills training accessible to all Nunavummiut. HSS positions created to coordinate delivery of Uqaqatigiiluk!
4.2 Develop and support professional and community-based volunteer Uqaqatigiiluk!/Talk About It! Trainers.	Co-leads: GN HSS/GN Education/other stakeholders as required	Deliver at least one Uqaqatigiiluk! "Talk About It" (Training For Trainers) course each year in Nunavut. The Implementation Committee will encourage suitable and motivated members of their staff to become Uqaqatigiiluk! Trainers, and- subject to the operational requirements of their positions - allow them to deliver one or more workshops each year. Deliver regular in-service for all Uqaqatigiiluk! Trainers at least once every two years.	January 2012 Initiated October 2012 ongoing	More Nunavummiut volunteers trained to deliver Uqaqatigiiluk! "Talk About It" workshops, thereby lessening dependence and expense of flying Uqaqatigiiluk! Trainers up from the south. Uqaqatigiiluk! Trainers kept current, networked, and motivated.
4.3 Increasing high school support for youth at risk of suicide.	Co-leads: GN Education/GN HSS/DEAs	Provide ongoing opportunities for school staff to access training in mental health, addictions, and suicide intervention. High school level youth have regular and ongoing access to training in mental health, addictions, and suicide intervention as well as support from trained school staff and community trainers.	September 2011 Initiated September 2011 initiated	Database of numbers trained. Pre and Post evaluations. Evidence of increased community level knowledge and skills.

¹ Uqaqatigiiluk! Talk About It! is an adapted version of Applied Suicide Intervention Training (ASIST) as delivered in other jurisdictions.

Commitment 5: The Partners will support ongoing research to better understand suicide in Nunavut and the effectiveness of suicide prevention initiatives

There are many gaps in what is known about suicidal behaviour in Nunavut, and there is also an unacceptable lack of evidence-based research on the effectiveness of suicide prevention initiatives. The Partners recognize that research regarding suicide in Nunavut is critical to better understand the issue, inform policy and program decisions, and allow for accountability based on results rather than on public or political perceptions."

"Therefore, the Partners commit to undertake, support, and share research that allows for suicidal behaviour to be better understood. The Partners also agree to monitor and evaluate activities related to the implementation of the Nunavut Suicide Prevention Strategy."

Objective	Partners/ Stakeholders	Actions or Tasks	Timeline	Anticipated Results
5.1 Build a research partnership and develop an ongoing research agenda on issues of relevance to suicide prevention, intervention and postvention in Nunavut.	Lead: Implementation Committee with additional stakeholders as appropriate	<p>The Implementation Committee will develop a research agenda which will provide a disciplined approach to address the gaps in and identify the needs and priorities with respect to suicide prevention, intervention and postvention in Nunavut.</p> <p>Create a Clearinghouse with external partners to have a central resource for collecting, monitoring and distributing evidence-based information related to suicide, including current approaches, best practices, programs, and intervention measures, as appropriate to Nunavut.</p> <p>Prepare or commission research papers which summarize evidence-based research results, best practices and analysis of initiatives, either with a focus on new research or a systematic literature review of existing research.</p> <p>Hold a research symposium on suicide in Nunavut to share and inform stakeholders on current issues, challenges and best practices, and provide advice on Nunavut's suicide-related research agenda.</p>	<p>January 2012</p> <p>April 2012</p> <p>April 2012 initiated</p> <p>November 2013</p>	<p>A stronger knowledge base on issues related to suicide;</p> <p>A clearer understanding of risk factors for suicidal behaviour earlier and later in life</p> <p>Best practices in documenting and healing (for victims and their families)</p> <p>Ongoing opportunities for sharing and dissemination through forums such as a research symposium in Nunavut and outside the Territory.</p>
5.2 Research and identify interventions aimed at breaking the transmission of physical and sexual abuse (child/adult) as abuse in these forms are significant risk factors for suicide in later life.	Lead: Implementation Committee with additional stakeholders as appropriate	<p>Conduct environmental scan of existing bodies of research that may inform the development of Nunavut specific interventions.</p> <p>Prepare or commission a research paper which summarizes (A) the evidence base on the role that child sexual abuse plays as a risk factor for suicidal behaviour; and (B) best practices in documenting and healing (for both the victims and their families) from child sexual abuse. (5.2,5.3)</p> <p>Based on results and evidence gained from other initiatives such as the Family Violence Prevention Strategy implementation, introduce new measures to address high rates and effects of sexual and physical abuse on children and youth including culturally appropriate interventions.</p>	<p>April 2012 Completed</p> <p>April 2012 initiated</p>	<p>More resources available to prevent and address child sexual and physical abuse and its effects.</p> <p>Develop interventions that aim to break the cycle of physical and sexual abuse (child/adult).</p> <p>Culturally appropriate intervention programs initiated.</p>

Commitment 5 (Continued)				
Objective	Partners/ Stakeholders	Actions or Tasks	Timeline	Anticipated Results
5.3 Researching risk factors specific to suicidal behaviour in Nunavut for which information is currently lacking such as the implications of high rates of early teen cannabis use or child sexual abuse.	Lead: Implementation Committee with additional stakeholders as appropriate	Prepare or commission research papers which summarize evidence based research results, best practices and analysis of initiatives, either with focus on new research or systematic literature review of existing research. Identify research partnerships and undertake research on teen cannabis use and child sexual abuse.	April, 2012 Completion Initiated in 2011-12	A stronger knowledge base on issues related to suicide; specific understanding of these risk factors; best practices in documenting and healing for both the victims and their families; Nunavut-specific research that informs all responses to these issues.
5.4 Collecting and releasing data on suicide attempts.	Co-leads: GN HSS / RCMP	Develop and implement protocols and mechanisms to record information on suicide attempts in Nunavut - not just on deaths by suicide; RCMP to implement scoring systems in responses RCMP members make to attempted suicides.	September 2011 Initiated	A clearer picture of the full range of suicidal behaviour in Nunavut today, and the ability to detect changes over time.
5.5 Developing a formal monitoring and evaluation framework for implementation of all aspects of the Nunavut Suicide Prevention Strategy.	Lead: Implementation committee	Develop an appropriate, effective and accountable monitoring and evaluation framework to evaluate implementation of the Nunavut Suicide Prevention Strategy.	January 2012 Initiated	Ongoing monitoring and evaluation of implementation of action items and additional aspects of the Nunavut Suicide Prevention Strategy.

Commitment 6: The Partners will communicate and share information with Nunavummiut on an ongoing basis

"Communication takes many forms, but in relation to this Strategy there are two main components. General information about mental health, suicide, and best practices in suicide prevention must be easily accessible to Nunavummiut. In addition, information about the ongoing implementation [of] this Strategy and Action Plan must be communicated to Nunavummiut in an inclusive and open manner."

"Therefore, the Partners commit to continuing the public engagement process."

Objective	Partners/ Stakeholders		Timeline	Anticipated Results
6.1 Develop and implement an overall communications plan for the Nunavut Suicide Prevention Strategy.	Lead: Implementation Committee	Develop coordinated communications strategy with Implementation Committee, which will include a website and annual Committee-approved progress report. Develop and disseminate through other social media initiatives as appropriate.	2011-2012	Clear information being presented to Nunavummiut on an ongoing basis on the progress of the implementation of the Strategy
6.2 Prepare and disseminate resources which: - explain the risk factors for suicidal behaviour; - seek to de-stigmatize mental health and help-seeking for mental distress; and, - provide information on how to obtain help for persons in mental distress.	Lead: Implementation Committee	Develop and disseminate information on existing community and front-line services and resources including updated list to be distributed to all Inuit organizations, Hamlets, health centers, community groups and organizations in Nunavut and list of relevant training opportunities. Ensure elders are able to receive information in oral form, through face to face interaction with Regional and community staff, use of local radio and community forums.	2011-2012 And ongoing 2011-2012 And ongoing	Clear information being presented to Nunavummiut in all official languages and tailored to specific target groups. Resources made available on public website providing general information on suicide risk behaviour, prevention and healthy lifestyle choices in Nunavut; provide communities with suicide intervention and healthy living promotion "tool kits"; and promote collaboration to share information resources and success stories. Elders will be more informed as evidenced by feedback from the community, social networks and elders.

Commitment 7: The GN will invest in the next generation by fostering opportunities for healthy development in early childhood

“Prevention measures can start in many places, but the Partners recognize the primary role that maternal, newborn, and child health programs and parental involvement play in providing protective factors for Nunavummiut. Early childhood development opportunities, access to quality daycare, access to proper nutrition, and measures to ensure that children are protected from abuse and neglect will provide protective factors to Nunavut children that will stay with them throughout their lives, and break the cycle of historical trauma.”

“Therefore, the GN commits to implementing the Public Health Strategy, the Maternal and Newborn Health Strategy, and enhancing existing ECD programs provided by HSS. Additionally, the GN will ensure early childhood development programs are universally available to Nunavummiut, and that quality Inuit-specific curriculum is delivered within all childcare settings.”

Objective	Partners/ Stakeholders	Actions or Tasks	Timeline	Anticipated Results
7.1 Ongoing collaboration with other HSS initiatives including but not limited to the Public Health Strategy (PHS) and the Maternal and Newborn Health Strategy (MNHS) as well as initiatives in development such as the Family Violence Prevention Strategy	Lead: GN HSS	Ongoing collaboration to ensure strategic plans align with the goals of: PHS <ul style="list-style-type: none"> Decrease in mental, physical and emotional issues and sexual abuse Decrease in Youth Risk Behaviours Minimize substance misuse Increase community capacity MNHS <ul style="list-style-type: none"> Increase pregnancy planning and parenting support Early access to child and family programs and supports for children and adults displaying at risk needs 	2011-2012 and ongoing	Stronger collaborations on strategies with partners in Nunavut.
7.2 Foster healthy development of children in Nunavut.	Lead: GN Education	Enhance and support Early Childhood Development (ECD) programs in Nunavut communities by designing/adapting and encouraging the implementation of culturally relevant Early Childhood Development programs, using evidence-based research. Develop business cases for additional funding to support those communities currently lacking ECD programs. Develop and promote Inuit-specific programming in daycare curriculums.	2011-2012 and ongoing 2012-2013 2012-2013 and ongoing	Increased support for healthy early development for preschool children in Nunavut.
7.3 Pilot a social and emotional learning curriculum in elementary schools throughout Nunavut.	Lead: GN Education	Create a pilot strength -based social and emotional learning curriculum, which includes areas such as self-esteem, positive social interaction, conflict resolution, and coping skills. Field test social and emotional learning program in six elementary schools.	June 2012 Initiated	A report that presents the results of the pilot program, and makes recommendations with regard to the implementation of some form of social and emotional learning in all elementary schools in Nunavut to help children better understand their emotions to be better equipped to overcome personal challenges.

Commitment 7 (Continued)

Objective	Partners/ Stakeholders	Actions or Tasks	Timeline	Anticipated Results
7.4 Address the expertise and funding required to allow the operation and establishment of well-designed and implemented Early Childhood Development (ECD) programs in all interested Nunavut communities.	Co-leads: GN Education/NTI with other stakeholders as appropriate	Prepare or commission a research paper which summarizes (A) the evidence base on the benefits that well-designed and implemented Early Childhood Development (ECD) programs can provide to individuals and communities; (B) best practice in implementing ECD programs, especially in small Arctic communities; and (C) options for funding ECD programs in all communities.	April 2012 Initiated	Evidence presented and recommendations developed at a research symposium. Funding identified for curriculum development and implementation in all daycares; universal Head Start. Resources provided to ECD centers
7.5 Develop and distribute curriculum on encouraging positive and protective foundations in daycares in Nunavut.	Co-leads: GN Education/ ELC/Inuit Organizations	Develop and distribute specific curriculum focusing on protective foundations for Nunavut children, such as developing coping skills, conflict resolution, and positive social interaction.	June 2012 Initiated	A curriculum developed and distributed to all recognized ECD centers and daycares.

Commitment 8: The Partners will provide support for communities to engage in community-development activities

"Partners agree that improving well-being is instrumental in preventing suicide. Communities must play a central role in all aspects of this Strategy, but a primary role will be to provide programs and services that encourage and build healthier individuals and families."

"Therefore, to enable communities to identify and act on their own community-development priorities, the Partners will ensure that communities can access funding for their social and cultural priorities, with an emphasis on increasing community development capacity."

Objective	Partners/ Stakeholders	Actions or Tasks	Timeline	Anticipated Results
8.1 Support communities to better access flexible funding agreements.	Co-leads: GN HSS/NTI	NTI and GN will work with federal government and appropriate staff and community stakeholders to ensure facilitation of five-year flexible federal funding agreements.	April 2011 Initiated	Increased flexibility and support for community-based programming and projects focused on suicide prevention initiatives. Article 32 of the NLCA respected.
8.2 Present Nunavut Suicide Prevention Strategy implementation to community groups and organizations. Partnering where relevant to implement specific aspects of the Strategy.	Lead: Implementation Committee	Visit communities and disseminate information on Nunavut Suicide Prevention Strategy; identifying relevant community groups and organizations willing to partner to implement specific aspects of the Nunavut Suicide Prevention Strategy.	May 2011 Initiated	Increased community awareness of the Nunavut Suicide Prevention Strategy and increased collaboration between Implementation Committee and communities on implementing Strategy.
8.3 Identify specific community stakeholder contacts to assist with implementation of Nunavut Suicide Prevention Strategy.	Lead: Implementation Committee	Visit communities and disseminate information.	May 2011 Initiated and ongoing	Increased community stakeholder support in implementation of the Nunavut Suicide Prevention Strategy.

The Implementation Committee commits to implement the Nunavut Suicide Prevention Strategy Action Plan as per the actions contained within this document. This Action Plan takes effect upon signing, and will remain in effect until March 31, 2014.

Signed in Iqaluit, Nunavut, on the ___ day of _____, 2011.

President
Nunavut Tunngavik Inc.

Minister of Health and Social Services
Government of Nunavut

President
Embrace Life Council

Commanding Officer, "V" Division
Royal Canadian Mounted Police