DEFINING AND SERVICING MENTAL HEALTH IN A REMOTE NORTHERN COMMUNITY

By

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ABSTRACT

On a visit to the community of Arviat that extended over two months of spring of 2001, interviews were conducted with community members on the subject of mental health. In all, twenty interviews were recorded, documenting perceptions of community members regarding definitions of mental health, identification and discussion of mental health problems, and evaluations of Arviat's mental health services. Great disparity existed among definitions of mental health. This lack of a consistent definition of mental health may be an obstacle faced by those extending or designing related services in remote Arctic communities. The participants of the study provided a long list of problems experienced by their community that they would classify as mental health problems. In their critical analysis of formal mental health services, interviewees noted pressing problems, namely: scarcity, lack of continuity, lack of co-ordination, ineffectiveness, lack of recognition of community context, and cultural inappropriateness. Information offered by participants illuminated a need for further clarification of definitions of community wellness and of mental health problems, inclusion of the community in the development and maintenance of mental health endeavors, and exploration of alternatives or improvements to current systems of mental health services.
# Table of Contents

Abstract ........................................................................................................................................... ii  
Table of Contents ........................................................................................................................... iii  
List of Figures ................................................................................................................................... iv  
Acknowledgements ....................................................................................................................... v  

## CHAPTER I: Introduction to the Study ......................................................................................... 1  

## CHAPTER II: Literature Review .................................................................................................. 10  
   2.1 Overview ................................................................................................................................. 10  
   2.2 Colonialism ............................................................................................................................ 10  
   2.3 Problem Analysis .................................................................................................................... 14  
   2.4 Service Analysis ...................................................................................................................... 16  

## CHAPTER III: Theoretical Framework ....................................................................................... 18  
   3.1 Rationale ................................................................................................................................ 18  
   3.2 The Ecological Perspective ....................................................................................................... 18  
   3.3 Critical Theory ....................................................................................................................... 25  
   3.4 Power and the Health Profession ............................................................................................ 40  
   3.5 Colonialism and Mental Health Services ............................................................................... 44  
   3.6 Mental Health and Culture ...................................................................................................... 48  
   3.7 Conclusion ............................................................................................................................. 51  

## CHAPTER IV: Method .................................................................................................................. 55  

## CHAPTER V: Results ................................................................................................................... 59  
   5.1 Overview ................................................................................................................................ 59  
   5.2 Stress: Internal and External .................................................................................................... 62  
   5.3 Definitions of Mental Health ................................................................................................... 69  
   5.4 Strategies and Coping ............................................................................................................. 80  
   5.5 Problems and Stressors .......................................................................................................... 96  
   5.6 Service Analysis .................................................................................................................... 110  
   5.7 Suggestions for Improvement ............................................................................................... 121  

## CHAPTER 6: Conclusion .............................................................................................................. 134  

REFERENCES ................................................................................................................................. 144
List of Figures

Figure 1: Map placing Arviat .............................................................. 2

Figure 2: Formal mental health related programs and services available to Arviat residents .......................................................... 4

Figure 3: An ecological map of the systems relevant to the consideration of mental health in northern communities ........................................... 21

Figure 4: Areas of discussion derived from interviews ........................................... 61
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CHAPTER I: Introduction to the Study

The provision of mental health services in Canada’s Eastern Arctic has a short history. It is only in recent times that fixed settlements in the Eastern Arctic came into existence, let alone became ‘serviced’. Communities in Nunavut remain largely populated by Inuit, yet many of the service providers are outsiders, hired from the south to provide treatment.

Bjerregaard & Young (1998) write of Inuit mental health, describing a “recent explosion of mental health problems, visible above all in the steeply increasing rates of suicide, substance abuse, and domestic violence” (p. 182). The presence and growth of such serious problems in northern settlements prompts questions regarding the current methods of their address and a call for the pursuit of improvements through modifications and/or alternatives.

A report titled Emerging Trends in Research on Mental Health Among Canadian Aboriginal Peoples (Kirmayer, Gill, Fletcher, Ternar, Boothroyd, Quesney, Smith, Ferrara, & Hayton, 1993) comments on the lack of epidemiological information available regarding mental health problems of Inuit as well as other aboriginal groups. The report cites a North West Territories (N.W.T.) survey reporting that nearly 50% of women in the north suffer abuse in their own homes. A further finding included in the report is that sexual assault reports in the N.W.T. are 4-5 times higher than in the rest of Canada. As this report is dated 1993 these statistics include Nunavut Territory (N.T.). A 1999 report (Linn) regarding Inuit suicide includes the statistic that the rate of suicide in the N.W.T. (including N.T.) is 6 times greater than the rate in southern Canada.
This paper explores questions raised about the subject of mental health in northern remote communities – using the community of Arviat as a case example. While each community in Nunavut is unique both in history and in contemporary existence – the types of resources offered in each of the communities in the Kivalliq Region¹ are largely similar.

Arviat is located on the west coast of Hudson’s Bay and is one of the most southerly settlements in the territory of Nunavut. To speak of Arviat’s history is to speak of starvation² faced by some of the people who originally relocated or were relocated to the area, and of tuberculosis and other epidemics. Many of the community’s elders remember times of desperation – of long walks in search of food, of trauma induced by forced relocation, and of endless years spent separated from family and friends in southern sanatoria.

Figure 1: Map placing Arviat (Source: Statistics Canada Internet Site, n.ca/Diss/cp2001/Community.cfm?&SEARCH=BEGINS&lang=0&theme=csd&code=62 0501&Province=62, 5/18/2003)

¹ Nunavut is divided into three regions, which are from East to West: Qikiqtaaluk Region, Kivalliq Region, and Kitikmeot Region.
² Tester and Kulchyski (1994) in their analysis of the relocation of Inuit to Arviat, suggest a causal relationship between forced relocation and starvation.
Arviat, like most Eastern Arctic communities, is a recent invention made by outsiders (Tester & Kulchyski, 1994). The settlement, originally housing an RCMP post, an Anglican and a Catholic church, and a Hudson’s Bay Company store, began to develop in the 50’s and 60’s as Inuit families ceased living in camps and moved or were moved into a cluster around the settlement’s services.

The present day community of Arviat supports a population of approximately one thousand, six hundred people. This population is largely composed of two groups: the Ahiarmiut who were traditionally inland Inuit and the Paallirmiut who were traditionally coastal Inuit. These groups had different experiences in their contact with Qallunaat. Both the Ahiarmiut and the Paallirmiut experienced oppression associated with colonialism that took place in throughout northern Canada, however the Paallirmiut have a longer history of contact with Qallunaat whereas the Ahiarmiut had comparatively little prior to their relocation in the 1950s. Marcus notes in his book Relocating Eden (1995) that “the Ahiarmiut were considered by the Whites to be among the most ‘primitive’ Inuit in the Canadian Arctic”. The different experiences of the Ahiarmiut and the Paallirmiut have impacted their relationships with both Qallunaat and their relationships with each other.

In present day Arviat matchbox houses have given away to homes that have southern counterparts. The community’s houses and buildings exist in close proximity and are collectively surrounded by land and ocean. During the winter months when the ocean is frozen over the community is surrounded by 360 degrees of almost flat, uninterrupted white. During the late spring and summer the water of the Hudson Bay

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3 Qallunaat, variously spelled (Kaplunaq, Qallunaq, Kablunak etc.) is an Inuktitut term for a white person. For the purposes of this paper, Qallunaat shall be consistently used.
opens and the land around Arviat shows itself to be dotted with lakes. A great number of birds and flowers also make themselves present during the warmer months.

The community boasts amongst other services: two schools, a new health centre that was in the process of being opened during the time this research was conducted, and a social services office. Nunavut’s efforts towards a decentralized government have located both the territorial Department of Education and the Department of Housing in the community.

![Diagram of formal mental health related programs and services available to Arviat residents]

*Figure 2: Formal Mental Health Related Programs and Services Available to Arviat Residents*

Current formal mental health related services are funded through the Territory’s Department of Health and Social Services. These services include a community wellness worker hired to provide alcohol and drug counselling and to make referrals to residential
alcohol and drug treatment programs located outside of the community. This position is administered by the Hamlet of Arviat.

Arviat’s Social Services Office employs two community social service workers to investigate concerns regarding abuse and to provide services to children and their families. A mental health specialist also works from Arviat’s Social Services Office providing counselling to Arviat community members. This specialist is also responsible for supervising mental health workers in other Kivalliq communities and for providing front line service in those communities in the region without mental health workers.

Arviat’s Health Centre provides mental health services by setting up appointments with psychiatrists who visit the community. Nurses employed by the Health Centre are responsible for making arrangements for community members to access mental health supports external to the community. These external supports include Churchill hospital and Selkirk hospital. Both hospitals admit individuals who are acutely distressed and thought to be a danger to themselves or to others. Selkirk hospital is located in Selkirk, Manitoba and has a psychiatric unit. Churchill hospital does not have a psychiatric unit but employs a psychiatric nurse and has a room set aside for individuals in acute distress.

Arviat R.C.M.P. members become involved in situations where a mental health concern has become a threat to safety. For example, if an individual is threatening to commit suicide the R.C.M.P. would be contacted to assist with preventing the individual from harming him/herself and with providing safe transportation to a treatment facility. Undoubtedly R.C.M.P. and corrections services become involved in situations that are mental health problems but are treated as criminal justice matters.
For this project interviews were held with community members of Arviat on the subject of mental health in their community. Where physical health is more tangibly defined, mental health is a term with no direct translation in Inuktitut (Kirmayer, Fletcher, Corin, & Boothroyd, 1994). The term mental health has been introduced from the south of Canada and, likewise, the services that have been introduced to deal with mental health issues are based on southern models. This paper is constructed from community comment about the following related areas: how mental health is defined, what are mental health problems, what are thoughts and feelings regarding contemporary mental health services, and what does the community include as suggestions toward the improvement of these services. In an attempt to achieve further understanding regarding these subjects, both eco-systems theory and critical theory are applied to provide context and insight into broader contemporary issues.

This thesis focuses on current realities pertaining to mental health described by the people of Arviat. Mental health is a broad subject matter and one that can be approached from a number of different angles. A reason for focusing on mental health as presently conceptualized by community members is that those interviewed had a lot to say about the subject matter. When I attempted to ask elders about traditional concepts related to mental health the answers were not as detailed. A goal of this research is to be able to provide to the community suggestions for change based on community comment regarding mental health. Given this goal, it was logical to focus on what people had to say about present services and how they could be improved.

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4 Inuktitut is the language spoken by Inuit of Nunavut. Dialects of Inuktitut vary from region to region, from community to community, and within communities.
This thesis does include the consideration of how historical processes of
colonialism have effected the collective well-being of the community of Arviat.
However, it does not include an exploration of traditional values and practices of Inuit
culture related to mental health. This thesis does not incorporate the rich body of ethno-
anthropological literature regarding Inuit culture which could be examined co-jointly to
add both insight and context to observations made by research participants. Examples of
this literature includes: *Never in Anger* (1970) by Jean Briggs (traditional Inuit family
life, child-rearing practices, relationships, and emotional concepts), *Eskimo of the
Canadian Arctic* (1968) edited by Valentine and Vallee (traditional aspects of Inuit
culture including economy, concepts of time, religious belief and rituals, and legal
concepts), *The People's Land* (1975) by Hugh Brody (transition to settlement life,
relationships between Qallunaat and Inuit, and family life), and *The Netsilik
Eskimo* (1970) by Balikci (technology, camp life, family collaboration, dealing with social
tensions and religion and spirituality).

This study attempts to give voice to a community analysis of mental health issues.
Mental health problems are growing and placing strain on communities. This strain
necessitates a thoughtful review of both the past and the present in the hope of promoting
suggestions geared toward a healthier future. The relevance to the field of social work is
evident as the profession aspires toward the greater well being of all humanity. The
Canadian Association of Social Workers (CASW) Code of Ethics (1994) defines the
profession of social work in the following way:

The profession of social work is founded on humanitarian and egalitarian
ideals. Social workers believe in the intrinsic worth and dignity of every
human being and are committed to the values of acceptance, self-determination, and respect of individuality. They believe in the obligation of all people, individually and collectively, to provide resources, services, and opportunities for the overall benefit of humanity. (preamble).

Particularly relevant to the study detailed in this paper is the profession’s commitment to self-determination. The goal of the research undertaken is to promote critical thought around mental health issues as this thought may eventually lead to the furtherance of individual and community self-determination. The second point of interest included in the above passage is the stated belief that all people are obliged to work toward the “overall benefit of humanity”. The interviews, the source of this research, reveal a deep and genuine interest and care for collective well-being expressed by participants. This research taps into an ongoing stream of thought and suggestion directed toward the improvement of resources, services, and opportunities for the overall benefit of the community.

The research undertaken follows a loose framework put forward by Banks (1999) who suggests that community social work practice includes three precepts: the identification of community needs (interviewing to identify local concerns), the identification of locally perceived solutions, and the building of a collective response. The research I undertook attempts on a small scale to work through the first and second of these precepts. In this way, research conducted is of and in itself a piece of community social work practice.

The relevance to the profession is clear – the research aims to fulfill goals in line with the definition of the social work profession put forward by the CASW code of
ethics. Further to this, the research is a piece of social work practice and is relevant to the profession in its attempt to document and detail a segment of an ongoing community development process. The knowledge gained from this research contains insights applicable to social work practice in the area of mental health in northern remote communities.
CHAPTER II: Literature Review

2.1 Overview

Three large and overlapping categories can be distinguished in the literature pertinent to the consideration of mental health in northern isolated communities. The first category of literature is compiled from those writers who focus on the history and aftermath of colonization waged by a “western”, hegemonic society upon Aboriginal peoples in northern Canada. A second category of literature considers the manifestation of mental health problems, especially the problem of suicide, in northern and remote communities. These articles set about the task of problem analysis through either description of problems or by theorizing regarding the causes of problems. Regardless of the approach, this literature is concerned with the explanation and prediction of problems in the hope of preventing further problems from occurring. A final category of literature contains writing that focuses on service provision in the north. These articles pursue a range of issues pertinent to northern communities, but are unanimous in their advocacy for increased community input and control.

2.2 Colonialism

Colonialism is a frequently touted word in northern literature – fingered as a cause for strife, and cultural disruption. The impact of colonialism has been described as “acculturation”, and some writers have equated Inuit migration and relocation into settlements with the demise of Inuit culture. As Matthiasson (1992) writes:

At the time of relocation, most observers took a pessimistic view,
predicting that Inuit society would fall apart as the people settled into
settlement life. Demoralization and the erosion of individual self-esteem were sure to be the consequences. Acculturation theory of that period supported such a prediction, and the published studies provided many empirical examples. It was generally accepted that no human society could for long withstand the onslaught of an alien and colonially oriented force. Aboriginal societies were thought to be no match for colonial systems, and seemed doomed to either assimilate into the larger society or disintegrate. (p. 159)

To this day, social scientists continue with their prophecies of doom in discussing the legacy of colonialism. For example Sullivan & Brems (1997) write of the situation facing the Native people of Alaska: “Westernization of all aspects of life has led to a crisis among the young people that are at the brink of extinction” (p. 42). The authors go on to remark on the extent of the impact of “westernization” on mental health: “The profoundness of the psychological impact of the changes in Alaska on Alaska Natives is reflected in the vastness of the mental health and substance abuse problems that exist among Yup’ik and Inupiat Eskimos today” (p. 43). Sullivan & Brems (1997) are joined by other writers from various time periods in their view that westernization, commenced by colonialism, is the major catalyst to mental health problems faced in northern communities at this present time (e.g., Arges & Delaney, 1995; Berry, 1999; Sampath, 1976; Schaefer & Metayer, 1976). Kral & Minore (1999) in a paper regarding wellness and suicide in the Eastern Arctic point to not only the extensive quantity of change that has occurred in the region but also to the remarkably
foreshortened timeline in which this change has taken place – namely over the course of the last 30 to 50 years.

Other writers, such as Brody (1975) acknowledge the destructive effect of colonialism, and yet perceive the Inuit as people who are not destroyed:

Some commentators, including many social scientists, see modernization as a series of social changes that increase the similarities among different parts of a larger society….This process may be regarded as a reduction of boundaries: the changing or acculturating group gradually loses its sense of difference and discreteness, a change that facilitates or causes assimilation. The fact that this phenomenon is widespread has led many to expect that Eskimos, in the course of rapid modernization, will lose or blur their ethnic boundaries. That expectation would, however, be radically incorrect: in the case of the Eskimos described in this book, their ethnic boundaries are strongly felt and have been generally maintained despite modernization. The assimilation of individual Eskimos by White society is minimal. Most Eskimos are emphatic about the differences between themselves and Whites. (p. 161)

In his book *Peoples’ Land* (1975), Brody acknowledges the impact of the frequently troubled relationship between Inuit and Whites in the Eastern Arctic on traditional ways of life but disputes the perception that the changes that have occurred amount to assimilation.

Similarly concerned with “western” domination in the north, but also resisting the depiction of Inuit as passive victims of the process, Rasmussen (2000) reviews a history of cross-cultural contact in the north specifically in the areas of education and economy.
Rasmussen concludes at the end of his paper that what he has exposed are his own "European assumptions and attitudes" (p. 53). In reading Rasmussen's description of the north and his critical account of western ideology, a clearer picture emerges regarding the discrepancy between Inuit and Qallunaat cultures. Rasmussen does not attempt to understand Inuit culture; rather he focuses instead on the myth of "civilization" propagated by a European worldview. Likewise other writers such as LaRocque (1996) and Harp (1994) take a critical look at the place of Aboriginal people in Canadian society - examining the phenomenon of colonialism as a more complex process than oppressor vs. oppressed. Both of these writers call for a more sophisticated consideration of the history of colonialism and the consequences of this history in current times.

Fienup-Riordan (1990) writes extensively in her book *Eskimo Essays* about the creation of the popular image of the Eskimo in Alaska. This popular image typically idealizes the past while simultaneously depicting modern Yup'ik Eskimos as a "people in peril", who are now "inauthentic" in terms of their culture, and on the verge of destruction. Such a depiction ignores and hampers current strategies toward change and wellness.

A few of the articles reviewed place mental health in a broader context - questioning the very term itself and potential indigenous, northern equivalencies. Kirmayer et al (1994) in a report titled *Inuit Concepts of Mental Health and Illness: an Ethnographic Study*, point to a variance in the term mental health which they distinguish by culture and language. In a paper presented in 1972 by Nickels and Kehoe titled *Northern Communities: Mental Health and Social Adaptation*, attention is drawn to the cultural determination of mental health - and that "serious mental illness was frequently present,
of course; but much of the behaviour that was brought to the attention of consultants was behaviour that annoyed local white residents” (p. 8). These articles are important additions to those on colonialism and acculturation in the north as they bring attention to the fact that the analysis of the subject matter of mental health itself imbued with definitions and assumptions that stem from a perspective rooted in culture.

While no authors contradict the supposition that historical and contemporary exploitation resulting from cross-cultural contact in the north has residual impacts in the mental health of Inuit and First Nations people, some writers resist the simplification of complex relationships. Related to this literature centred on themes of “colonialism” and “acculturation” is literature that examines in more detail the manifestation of mental health problems in northern communities.

2.3 Problem Analysis

Although not extensive, this body of literature explores problems in the north faced by Inuit in contemporary society. The problem analyzed in the most detail is that of suicide, a mental health problem considered to be on the scale of an epidemic in many communities of circumpolar location. The literature exploring the problem of suicide describes suicide in terms of its correlates and the factors that may identify an individual who is “at risk”.

Examples of this literature include:

- Wilkie, Macdonald, & Hildahl (1998) who utilize a case example of a small and isolated Manitoba community to further their understanding of cluster suicide.
• Kirmayer, Boothroyd, & Hodgins (1998) suggest potential correlates with suicide derived from research conducted in northern Quebec. These researchers acknowledge that rapid change may have something to do with high levels of suicide and also conclude “suicide attempters have higher rates of psychiatric problems, substance abuse, and recent life events. Individuals at risk, therefore, can be identified and offered interventions to reduce substance abuse, depression, and dysphoria”. (p. 821)

• Isaacs, Keogh, Menard, & Hockin (1998) review both coroners’ records and a Government of NorthWest Territories suicide database to describe more fully the phenomenon of suicide in the north – they conclude “the causes of suicide are complex”. (p. 155)

• O’Neil, Moffat, Tate, & Young (1994) conducted a study in the Keewatin (Kivalliq) region that identified risk factors associated with suicide.

• Bjerregaard & Young (1998) in their book titled The Circumpolar Inuit: health of a population in transition, attempt to provide a “comprehensive overview” of Inuit health including the determinants of health, mental health, and well-being. The authors draw attention to culture change in the consideration of mental health and write of the increasing rate of suicide and other mental health problems.

This collection of literature increases knowledge by reviewing occurrences of suicide taking place in northern communities and by exploring connections between suicide and
underlying issues effecting community living. While the literature included under this heading focuses on mental health problems, a final category considers the relationship between ‘problems’ and the method of service delivery.

2.4 Service Analysis

Literature has been published that is relevant to the provision of mental health services in northern remote communities. There exists a group of articles specific to the delivery of health and mental health services in the north (Katt, Kinch, Boone, & Minore, 1993; Miller, 1994; O’Neil, 1981; Web, 1994; Wenzel, 1981; Young, 1993). These articles point to the shortcomings of the mental health services that are the subject of their review.

Further relevant literature focuses on a variety of service areas that impinge on mental health, including: social work education (Zapf, 1991), nursing in the north (Canitz, 1990), youth justice (Searles, 1998), welfare policy (Tester, 1993), and children’s services (Kuptana, 1992).

A final category of literature espouses the benefits of services intrinsically linked to the northern communities in which they operate, using case examples to strengthen their point. Kamin & Beatch (1991) describe a successful example of a community-based program addressing the issue of spousal assault. Cassidy (1991) points to both the complexities and the benefits of community control. Delaney, Brownlee, & Sellick (1995) equate northern social work with “community and community empowerment” (p. 3). Tony (1990) describes a community based suicide prevention program launched in Alaska.
Regardless of the specific mental health issue, all of the literature included in this category emphasizes the need for community and local involvement in the planning and implementation of services.

Literature discussing colonialism and problem and service analysis frequently overlaps. Many of the works cited above include discussion on each of these related areas. The literature reviewed so far is specific to mental health in northern communities. Theoretical literature is also pertinent to the research being described in providing a larger context in which to examine issues related to the community mental health of Canada's remote north.
CHAPTER III: Theoretical Framework

3.1 Rationale

Theory will be approached in the service of two purposes: firstly, theory is useful in the synthesis of the subject, and, secondly, theory is useful in the critical examination of the subject. An ecological perspective derived from systems theory and applied to community comment illuminates patterns and relationships essential to a fuller, more holistic understanding of mental health. Critical theory applied to the ecological construction of mental health promotes an analysis of power functioning within and between systems and promotes the case for structural change to occur.

3.2 The Ecological Perspective

An ecological perspective is derived from the identification of patterned relationships. The predictability resulting from these patterned relationships in operation is important to our survival as a species as it supplies us with information we need to know in order to meet our needs. Global forces complicate the identification of discrete systems. As human beings our connectedness grows as does our technology. The social scientist employs an ‘exceptional’ ecological perspective specific to social phenomena when examining human relationships and forces affecting these relationships – a truly complex subject matter:

Our knowledge of the world acquired by science (and perhaps the world itself?) does seem to show symmetries, patterns, regularities. It would seem surprising if social phenomena were not similarly patterned. Indeed on a common-sense inspection they obviously are, since social life would not be possible if the behaviours of our fellows did not in general meet
our expectations. But given the ‘messy’ nature of social phenomena as they appear to us, we can expect the findings of a scientific approach to the investigation of social reality to have certain characteristics which distinguish them from the findings acquired by the natural sciences’ investigation of the physical world. (Checkland, 1993, p. 68)

The application of systems theory in the development of an ecological perspective of human social reality is illuminating, yet the straight transference of theory is neither useful nor possible. It could be argued that Checkland’s observed separation between the ‘scientific approach’ to social reality versus ‘natural sciences’ investigation of the physical world’ is a fissure created by science itself. This fissure could harbour limitations especially in the small communities of the north where the physical world and social reality are evidently transfused. The importance of the above passage is in the warning provided: patterns are discernible in social phenomena, however social scientists live in the messiest room in the house of science.

The application of an ecological perspective to the Canada’s remote north assists in the construction of a model based on identified relationships. The reality upon which the model is based is an elusive subject too complex and dynamic to ever be wholly accurately rendered by the model. These limitations expressed – what is the use of the exercise? The result of the application of an ecological perspective is a series of proposals or hypotheses exploring relationships.

Systems theory draws awareness to something more complicated than the assignment of active and passive roles imposed by the world onto human kind:

What is being argued is that we perceive the world through the filter of –
or using the framework of – the ideas internal to us; but that the source of
many (most?) of those ideas is the perceived world outside. Thus the world
is continually interpreted using ideas whose source is ultimately the perceived
world itself, in a process of mutual creation. (Checkland & Scholes, 1990, p. 20)
The insight gleaned from the above comment is the importance of not seeing individuals,
families, or communities as pawns controlled by external forces of the world. Change as
a result of mutual influence is constant. The world from a systemic vantage is a place of
reciprocity and human beings are a natural part of this: through their perceptions,
interpretations and actions, they contribute to the creation of their world.

When examining a northern community such as Arviat, Nunavut, a systems
approach resulting in an ecological perspective encourages a holistic exploration of the
topic extending into time and space. If the subject matter is ‘mental health’, the
exploration will include a positioning of the individual, the family, the community,
culture, and global world; past, present, and future relative to the subject. Germain and
Bloom (1999) refer to this ‘positioning’ as the transacting configuration:

To understand any life event, we must put it into the full person:environment
configuration, that is, we must consider all the relevant systems
and subsystems that may play a part in the mutual adaptation. This includes
subsystems of the person…and subsystems of the environment, particularly
the primary and secondary groups, culture, society, and the physical
environment. (p. 18)

A mental health problem experienced by an individual living in a northern remote village
is not a discrete phenomenon but relates to a contextual reality that encompasses the
individual. Individuals experiencing mental health problems will be further understood if considered from the vantage point of their transacting configuration. Equally true, the individual providing mental health services can be better evaluated if considered from a transacting configuration related to the individual, family and community they are providing service to.

Figure 3: An ecological map of the systems relevant to mental health in northern communities

The most northerly communities of Canada share certain characteristics that pose a unique transacting configuration distinct from the environment in which current mental health services evolved: they are remote and transportation can be difficult, they have
small populations, and they have few of the resources familiar to the south of Canada. To understand in a more holistic sense the current operation of a northern village, it is important to understand the recent and bureaucratic creation of these communities and the massive changes that have occurred within a brief time frame. As evidenced by an exploration of interviews held with community members of the village of Arviat, Nunavut – the pressures built from massive change within a few generations has amounted in disruption between generations. These pressures are forces acting within a transacting configuration.

Germain and Bloom (1999) write of a societal context of human behavior and development, which includes the legal, political, and economic structures that are the pillars of contemporary society. In our northern example, these societal structures are complicated by their source of origin. The contemporary structures within northern remote communities were imported by western culture, arriving with missionaries and traders and rigidified through government bureaucracy. The historical introduction of these structures, and the replacement of structures that had evolved with and by the Inuit, have repercussions on individuals and whole communities in the Canadian north.

The consideration of transacting configurations and a structural analysis of environment are useful applications of systems theory which draw our attention to larger systems composed of relationships. Applying systems theory has the advantage of drawing our eye from the individual to the larger world in which that individual plays a role in influencing and in being influenced. While a useful theory to use while constructing a model of the way things are, systems theory has limitations. Systems theory provides hypotheses that relationships exist, but the nature of these relationships
remains to be interpreted. Systems theory has been criticized for its disregard of the destructive exercise of power that is part of contemporary global economic relationships. Tester (1994) critiques Germain’s construction of ecological and systems theory as being essentially a ‘passive’ theory that speaks more to ‘fitting in’ or ‘adapting to’ the status quo rather than critiquing the structural problems associated with a global economy that subjugates the well-being of individuals and environmental integrity to the profit and gain of the ‘powerful’. Tester argues that rather than conceptualizing ‘power’ as a ‘psychological concept’ that refers to individuals, power needs to be considered as “a structural problem inherent in the forms of production and consumption that are currently destroying the planet” (Tester, 1994, p. 76).

Tester goes on to critique Germain’s use of the term adaptation: “adaptation carries with it the conservative connotation of fitting in through the exercise of individual will, ingenuity, and determination” (p 77). Tester argues that “fitting into a world where the pursuit of production, consumption, material wealth, and individual initiative – exercised at the expense of fragile ecosystems – is the ultimate goal of life, is something that must be challenged”, and that “it is the behavior of groups and classes of actors within the predetermined logic of increasingly global systems for organizing production and consumption, which require our attention” (p.77). In the consideration of mental health in northern remote communities, the argument articulated by Tester speaks to the importance of including an examination of how structured relationships of production and consumption affect realities of northern communities. The danger of utilizing a systems approach, such as that constructed by Germain is the pathologization of individuals for their failure to adapt. Mental health problems could be perceived as a
poor fit between individual and environment with the onus being placed largely upon the individual to ‘fit in’ better. Essential to an understanding of northern mental health is the inclusion of both a discussion of the colonial abuse of power that has shaped the present day north and a discussion of the way in which northern communities are situated in relation to a global economy. While systems theory suggests considering the individual within their larger environment, it is important to explicitly and critically examine questions of power.

Systems theory has been criticized for ‘tinkering’ when a complete structural overhaul is required. Not only is a systems approach potentially complacent in the face of an inherently flawed system, but it also draws short in attempting to explain or predict social change:

A ‘systems’ perspective is too static, for it lacks the dialectical viewpoint that would provide it with insight into the dynamisms of social change. Systems theory of itself does not account well enough for the elements of opposition and contradiction which arise in any society and which can constitute an invitation to its further development. (Campbell, 1999, p. 37)

Systems theory is descriptive and not prescriptive. However, when combined with a further body of theory, it can become part of a critical tool. The utilization of systems theory necessitates the exploration of a variety of different levels of analysis – from the individual to the global, and recognizes connections between these levels. Systems theory resists the imposition of a singular hypothesis and provides a consistent reminder of complexity. To take this theoretical analysis further and to probe the dialectical forces as they exist in a system it is useful to combine a further body of theory to an ecological
perspective. An application of critical theory to the consideration of mental health issues in northern, remote communities encourages the inclusion of discussion related to capitalism, colonialism, and culture.

3.3 Critical Theory

Rigorous criteria should be followed in the application of theory to mental health issues facing northern, remote communities. The application of theory can enhance understanding but it can also over-simplify the challenges facing communities. Further to this, the application of 'western' based theories in a different cultural setting can impose a hegemonic understanding of reality onto diverse populations. The challenge is to utilize theory to increase understanding while remaining sensitive to issues of complexity and of diversity.

The collection of theory gathered below belongs under the heading of critical theory. Agger (1998) describes treating critical social theory as a “theory cluster”, identifying features that these theories hold in common. Mullaly (1997) also identifies commonalities shared by critical theory:

Critical theory provides criticisms and alternatives to traditional, mainstream social theory, philosophy, and science. It is motivated by an interest in the emancipation of those who are oppressed, is informed by critique of domination, and is driven by a goal of liberation. (Mullaly, 1997, p. 108).

Critical theory attempts to describe injustice and then goes beyond this by suggesting alternatives to the status quo. While there are many streams of critical theory, a commonality is their advocacy for change to take place at a structural level within
society. Critical theory is appropriately utilized in this paper because rather than blaming
the individual or the family it shows how society is structured in a way that is
pathological, a conclusion consistent with the research findings. Critical theory is
universally applicable because it is sensitive both to culture and to oppression.

In keeping with the role of critical theory to “raise consciousness about present
oppression and to demonstrate the possibility of a qualitatively different future society”
(Agger, 1998, p. 4) this analysis begins by placing a northern remote village within a
global context. An exploration of the effects of global processes upon the mental health
of northern peoples includes a discussion of the expansion of capitalism. This discussion
of capitalist expansion focuses specifically on two of its inter-related practices: the
practice of establishing impersonal means of production, and the practice of
compartmentalizing and commoditizing social functions and human services. Moving
from the general to the more specific, the dynamic of power and health professions will
be critically examined. Two further subject matters will be discussed – how a history of
colonialism relates to the provision of northern mental health services and how the
meaning of the term mental health varies by cultural context. The selection of subjects
for critical analysis has been informed through systems theory, as this analysis is
inclusive of both global processes of capitalism, as well as the more narrowly defined
subject of the individual mental health professional practicing in the local community.
These subjects of critical analysis are relevant to both the consideration of mental health
issues facing Nunavut communities and also to the consideration of what changes need to
occur to improve the quality of life of northern peoples.
Capitalist expansion

The 1998 book *Critical Theories: An Introduction* by Ben Agger includes a chapter on the critical theory of the Frankfurt School. In this chapter, Agger describes how critical theorists of Western Marxism and of the Frankfurt School distinguish late capitalism from its predecessor, early market capitalism. Two changes are focused on by these theorists. The first is the increasing involvement of the state “as a big spender and a source of social security for the destitute in order to keep them spending and to prevent them from joining radical political causes” (p. 80). The second change is the increasing dominance of an ideology of everyday experience rather than an ideology focusing on an afterlife. Ideology rooted in the experience of everyday is “produced and reproduced in various discourses such as popular culture and social science that suffuse the person with a sense of society’s inertness and inevitability” (p. 81). Given these changes in the nature of capitalism, “the purpose of ideology critique in late capitalism, then, is to uncover and demystify reification, domination, and hegemony found in people’s everyday experiences and activities” (p. 81). I include comment regarding these two changes to draw attention to the current nature of capitalism as distinct from its earlier form.

Late capitalism is difficult to critique as it carries with it a sense of inevitability. Furthermore change is challenging to envision as everyday life has a sense of immutability that confounds the process of imagining radical changes. Perhaps it is because of the nature of late capitalism that liberal theories such as that of systems theory have become popularized as they do not seek radical change, and rather focus on adapting to an ‘inevitable society’. How has the introduction of late capitalism into the far north affected northern peoples? It is reasonable to suggest that its introduction has
been hard to resist due to the first characteristic of late capitalism, that the state has been highly involved in the Canadian Arctic, providing funding. This is not to say that government funding has been generous or that it has ameliorated colonialism in any sense, however, the provision of goods and services by the state was a way of introducing capitalism into northern lands and ensuring its survival. The second characteristic of late capitalism, that it harbors a sense of unchangeableness and inevitability, has made it difficult to resist or to organize against for populations world over, including northern peoples.

A further pertinent observation of modern capitalism is that it is a global process which does not distinguish or recognize differences between societies – it sells the same clothes, cars, soft-drinks, and therapy. Contact between societies has a standardizing rather than a diversifying effect. Jameson, in his book *The Seeds of Time* (1994), writes of an *antimony* of current times: as things change at increasingly violent rate, so they rapidly become standardized: “what then dawns is the realization that no society has ever been so standardized as this one, and that the stream of human, social, and historical temporality has never flowed quite so homogeneously” (Jameson, 1994, p. 17). Human diversity has been the result of the evolution of different mechanisms for survival necessitated and born from environment. Standardization and disregard of environment are current human tendencies. In reference to an ecological perspective, living disjointedly from the environment begs questions of goodness of fit and long term sustainability. The effects of standardization are evident in the north and are noticeable in the discrepancy between modern and historical means of production.
A shift in the means of production

A process introduced by early market capitalism that continues in late capitalism is the replacement of \textit{local production for use} by \textit{industrialized mass production}. The establishment of the industries of capitalism world over is associated with reorganization in ways of living as needs are met through distant and impersonal relationships rather than locally. Critical theorist, Ivan Illich (1975) writes about industrial outputs bringing associated benefits; however a society structured to facilitate capitalism's industry runs the risk of 'disabling' its population:

Autonomous production can be supplemented by industrial outputs. It can be rendered both more effective and more decentralized by using such industrially made tools as bicycles, books or antibiotics. But it can also be hampered, devalued and blocked by a rearrangement of society totally in favour of industry.

Such rearrangement has two sides: people are trained for consumption rather than for action, and at the same time their range of action is narrowed (p. 63).

In Canada's remote north, for example, the introduction of rifles among the Inuit may have increased the effectiveness of hunting; however, the relocation of semi-nomadic populations into settlements resulted in people being much more amenable to consuming from the market place than engaging in what Sahlins (1972) refers to as \textit{production for livelihood}. Historically the economic system of the north followed a practice of valuing labour over tools, now the tool has become increasingly important. As Sahlins (1972) writes:
For the greater part of human history, labor has been more significant than tools, the intelligent efforts of the producer more decisive than his simple equipment. The entire history of labor until very recently has been a history of skilled labor. Only an industrial system could survive on the proportion of unskilled workers as now exists; in a similar case, the paleolithic perishes” (p. 81).

Sahlins notes the irreconcilability of what he calls “the domestic mode of production” to the system of capitalistic production. The irreconcilability of these two systems resides in the former’s placement of value on the person skilled in the art of production versus the latter’s emphasis on the machines of production. The domestic mode of production emphasizes the ‘production for use’ or for ‘use value’ whereas capitalism emphasizes ‘exchange value’. Sahlins notes how the domestic modes of production are characterized by a finite number of needs and by their systemic quality of being ‘anti-surplus’, two elements obviously not shared by capitalism.

Colonialism has brought about an abrupt change in Inuit modes of production. While production for use continues in arctic settlements, the majority of needs are met through capitalistic production. These changes that have taken place in the last century in the North can be seen in part as a ‘training for consumption’. This ‘training for consumption’ has not successfully brought about a complementary ‘training for production’. While the introduction of a capitalistic market place has successfully convinced many northerners that they have more needs than they could previously have imagined, the disruption of indigenous modes of production has brought about a reliance on the government. The modes of production entrenched in the south of the country have
not been transplanted to the north. The result is a population of people reliant on the 'benevolence' of a government system that hands out 'aid' while simultaneously branding those who accept it as lazy or unintelligent. Whether or not individuals possess the skills relied upon for thousands of years to produce the necessities of life becomes irrelevant in the eyes of capitalism. Capitalism values nothing less than mass production; subsistence existence is a system that is far too self-contained and successful to generate profit based on needs.

Northern people are being co-opted into a 'capitalistic dictatorship', whereby it is the market place of late capitalism rather than the individual that dictates needs and how these needs should be met. Capitalism thrives on unmet needs and so constantly creates new needs. The perpetuation of unmet needs results in underdevelopment, a manufactured mental state:

Underdevelopment as a state of mind occurs when mass need are converted to the demand for new brands of packaged solutions which are forever beyond the reach of the majority. Underdevelopment in this sense is rising rapidly even in countries where the supply of classrooms, calories, cars and clinics is also rising. The ruling groups in these countries build up services which have been designed for an affluent culture; once they have monopolized demand in this way they can never satisfy majority needs. (Illich, 1973a, p. 136)

The transference that has occurred in the north from using the capitalist's market place to supplement the domestic mode of production to using the domestic mode of production to supplement the capitalist's market place is indicative of an immense psychological shift from self-sufficiency to dependence. The state of underdevelopment is now
experienced in the north as well as in the south of the country, with the added twist that
the majority of northerners have less access to the trappings of ‘affluent culture’ than
those who live in the south of the country.

I argue that the shift between two disparate modes of production has had a huge
impact on the psyche of northern people. Self-sufficiency has been eroded. Skills once
prized are now sometimes not prized enough to be passed down from one generation to
the next. Welfare recipients are scorned by larger Canadian society and the north is seen
as a burden to the south (unless the great natural resources of the area can become further
exploited – then perhaps the benevolent south can be compensated for all these years of
‘selfless’ provision). Northern settlements are relegated to the position of poor relative to
the south of the country, a positioning which has resulted in a restructuring of the
relationship between northern peoples and their environment:

Industrialized societies can provide such packages for personal consumption
for most of their citizens, but this is not proof that these societies are sane, or
economical, or that they promote life. The contrary is true. The more the citizen
is trained in the consumption of packaged goods and services, the less effective he
seems to become in shaping his environment. His energies and finances are
consumed in procuring ever new models of his staples, and the environment
becomes a by-product of his own consumption habits. (Illich, 1973a, p. 133)

In the south of Canada, the average citizen has become dependent upon a complicated
series of systems dictated by a capitalistic economy to have his or her needs met. This
dependency has amounted in a severance of individual from environment. While
northern citizens enjoy a much closer relationship between self and the environment,
packaged goods and services have insidiously created a northern market place. Systemic logic would suggest that the creation of this market place affects the relationship between the person and the environment that previously was the source of his/her domestic mode of production.

The commoditization of human services

The market of capitalism does not only trade material goods but also buys and sells human services for profit. With the propagation of capitalism in the North, as elsewhere, what previously would have been performed as social functions have been commoditized. This commoditization has occurred through processes of compartmentalization and institutionalization.

A practice through which products and services create a niche in the market place is through a process of compartmentalization. By magnifying a single confined area, a wall is constructed between that area and surrounding areas. The solution: the treatment of the confined area by a specialist or professional. The consequence: a disruption in entire patterns, or systems of life: “The southern industrialized style of compartmentalizing social functions and human services has contributed to the dissolution of bonds which used to sustain Inuit civilization” (Rasmussen, 2000, p. 4). In reference to the preceding discussion of systems theory – it is impossible to alter a single part of a system without changing the entire system as a whole. The introduction of a single product – whether a service or a good – will alter relationships in ways that are more or less evident throughout the entire system. The compartmentalization of need and related service confounds rather than enhances the meeting of needs:
Dominant Western ideology fragments human thought into a multitude of disciplines and sub-disciplines each of which is developing along its own separate path. Human issues, needs and problems are segmented and social care is compartmentalized into too many programs, too many government departments, too many non-government organizations and too many occupations. (Cheers, 1998, p. 62)

In the north, problems arising as by-products of cross-cultural contact encouraged the multiplication of services. Rasmussen cites in his work on the introduction of westernized systems of economy and education among the Inuit the following quote from Nunavik Inuit regarding the introduction of compartmentalized services to Northern Quebec:

We had no experience with the southern institutional way of doing things. Institutions handle complex activities by breaking them up into many smaller tasks and spreading them out among many people. Once institutions are set up (they) can be very difficult to control, and can cause people to lose sight of wisdom, of humanity, and of what is really important in life. Our people did not have any institutional immunity, just as we had no immunity to measles or alcohol. When these institutions came into our lives we had no way to deal with their poisonous side effects, their tendency to undermine wisdom, and our spirits slowly began to die. In our weakened conditions we attracted even more services and more rescuers, and the cycle got worse. (Nunavik Educational Task Force cited in Rasmussen, 2000, p. 27)
New, imported problems fostered reliance on imported solutions but these solutions had built within them mechanisms for multiplication and expansion. Rasmussen (2000) likens the compartmentalization of services to an industrialized style of production. Essentially compartmentalization expands the capitalist economy. What in the past would have been completed for and by ourselves, or for and by known others has become part of our economy. Assigning a price tag to the meeting of needs has become legitimized and has jeopardized, or at least altered, our social relationships. Human relations have to varying extents been broken into several pieces, each piece given its own name and price.

A process that occurs commensurately with compartmentalization is institutionalization. Institutionalization as a process occurs when the activities of living are placed within organized structures, which in themselves become endowed with power and importance. For example, education can be institutionalized through the development of schools, colleges, and universities. Illich (1973b) writes of the trend for our institutions to be set up as if they are industries producing commodities. This trend, Illich argues, leaves us vulnerable to the erosion of our values:

The institutionalization of values leads inevitably to physical pollution, social polarization and psychological impotence: three dimensions in a process of global degradation and modernized misery...needs are transformed into demands for commodities; when health, education, personal mobility, welfare or psychological healing are defined as the result of services or ‘treatments’. (p. 9)

As a ‘westernized’ view of the world has spread, so to has the process of institutionalization of values. With reference to Canada’s remote North, education —a
task performed historically within the structure of the family – was assumed first by residential schools, and more recently by schools located within settlement communities. What was in the past an intimate process of passing knowledge and wisdom from one generation to the next, has been ‘formally’ replaced by a foreign institution, staffed largely by educators from the south of Canada. Likewise, in terms of mental health and social functioning – means existed within northern groups to deal with social disruption. In current times, residents of settlement communities are the recipients of mental health services, social services, and justice services – services which both define problems and impose solutions. While traditional means of managing social relationships and of strengthening personal well-being continue to exist and evolve they have doubtlessly been impacted by the introduction of these services.

An institution can disrupt and foil the very thing it was designed to provide. For example, the institutionalization of education can disrupt traditional means of education but also can be ineffective in providing an accessible alternative. This condition is what Illich (1975) labels as counterproductivity:

Counterproductivity is something other than either an individual or a social cost; it is distinct from the declining utility obtained from a unit of currency and from all forms of external disservice. It exists whenever the use of an institution paradoxically takes away from society those things the institution was designed to provide. (p. 209)

A process similar to counterproductivity has been discussed by systems theorists who connect capitalist development, culturally constructed socialization subsystems, and the advent of institutions in the following way:
Capitalist development also generates "cultural contradictions" in the socialization subsystem. Habermas points out that as market relations expand throughout a society traditional, or "natural," bonds such as family, church, and apprenticeship are increasingly ruptured by labor-market mobility and individualized competition. These "cultural gaps" are filled historically by state institutions such as schools and family-support programs. Thus, output deficits in the economic and political subsystems may lead to input deficits in the socialization subsystem because of an insufficient allocation of resources and services. Consequently, the crisis feedback loop is closed and cumulatively exacerbated while the socialization subsystem turns out insufficiently skilled workers that are also unhealthy, unmotivated, and anomic. (Barrow, 1993, p. 109)

A systems approach shows existing relationships between cultures, institutions and economies, and also describes how these systems are self-reinforcing in their interaction. Institutionalization is a modern practice that functions to ensnare us within our organizations: "we have embodied our world view into our institutions and are now their prisoners. Factories, news media, hospitals, governments and schools produce goods and services packaged to contain our view of the world" (Illich, 1973a, p. 132). This criticism has prompted various responses. One response is to engage in a restructuring of institutions challenging traditional power structures and calling for institutions to become sensitive to input from a variety of sources:

A new form of intervention would call for a restructuring of our major institutions, so that they become answerable to the public rather than being strictly controlled by a relatively small class of people composed primarily of white
wealthy males. Without such transformation those social problems now experienced will be perpetuated endlessly into the future, with bandaids being busily applied by a profession that should know better. (Carniol in Mullaly, 1997, p. 134)

The profession Carniol refers to in the above citation is that of social work. A way of restructuring an institution could be for example to offer the public a different way of interacting with institutional systems by including more possibilities for the public to give their input. This input would then become incorporated within the institutional system. In this way power relationships within institutions would be rearranged to reflect a more democratic and responsive form of organization.

In relation to northern mental health services one way to achieve a “healthier” structure may be to increase public control and input. Also, it would be important that continued public involvement be facilitated by some systemic measure to ensure that the institution continued to change in response to its population and to resist the rigidity that can permeate an institutional organization.

Presently, professionals working in northern communities have little accountability to the communities in which they work. Despite the changes that have come about with the Nunavut Government’s emphasis on decentralization and on building community capacity professionals largely remain accountable to organizations and individuals physically located elsewhere. For example, the mental health specialist employed in Arviat and supervising the Kivalliq Region reports to someone in Iqaluit working for the Department of Health and Social Services. Depending on this individual’s credentials the person employed in the position of mental health specialist
may also be accountable to a professional body based in the south of Canada. The northern professional is accountable to the government department through which they are employed and the profession through which they are licensed or registered but not directly to the populations with whom they work. Further to transforming institutions into being more responsive to the public is the additional suggested change of making professionals locally accountable to the individuals and communities.

While institutional reform may foster alternatives in service provision, such as the development of publicly controlled mental health services in northern communities and elsewhere, some claim that institutional reform is an impossible goal to achieve. The claim is that the larger society in which the institution is housed will 'absorb' the institution within its body:

Attempts to establish alternative institutions such as free universities or people's courts are doomed to fail as they are soon 'reabsorbed by the dominant structure' (232). If efforts at resistance are not coopted they are only temporarily successful. (Simons, 1995, p. 50)

The above citation is an example of how systems theory can be used as a powerful critical tool. Mapping institutions as parts of larger societal systems makes clear the scope of action that may be needed for institutional change. As this thesis is an exploration of the systems involved with mental health in northern settlements, it is useful to consider the health professional - the employee of the institution - from a critical standpoint.
3.4 *Power and the Health Profession*

Critical theorists have commented on the effects resulting from the introduction of institutionalized health care upon the pre-existing ability of populations to meet their own health needs. The institutionalization and expansion of health care systems has resulted in the transference of power from people to the institution:

The cumulative result of over-expansion in the health care industry has thwarted the power of people to cope with challenges and to adapt to change in their bodies or change in the environment. This loss of autonomy is further reinforced by political prejudice. The politics of health consistently place the improvement of medical care above those factors which would improve and equalize ability for modern self-care. (Illich, 1975, p. 65)

The ability of individuals, families, and communities to provide care for themselves and for each other in a personalized manner is diminished and devalued as health care expands in definition and in scope. What Illich refers to as “non-marketable use values” – the ability to care of self and others - has been replaced by a marketable, institutionalized service of health care. Within this institution it is the health professional who is deferred to. It is the health professionals who are able to diagnose, prescribe, and treat and they have been bequeathed these rights through educational institutions. The health care system is convoluted by layers of bureaucracy developed to administer health care to patients. The health care industry does not limit itself to ill health; instead, both prevention and illness are designated as legitimate areas of intervention. The proliferation of roles for professionals and bureaucrats and the expansion of the boundaries of the territory of health cumulatively result in a system of monolithic
proportions. This system is indisputably adept at fostering a relationship of dependence by a population of patients:

The emergence of a conglomerate health profession has rendered the patient role infinitely elastic. The doctor's certification of the sick has been replaced by the bureaucratic presumption of the health manager who arranges people according to the degree and kind of their therapeutic needs. Medical authority extended to supervised health care, early detection, preventative therapies, and increasingly the treatment of the incurable. The public recognized this new right of health professionals to intervene in the lives of people on behalf of their own health. In a morbid society the environment is so rearranged that for most of the time most people lose their power and will for self-sufficiency, and finally cease to believe that autonomous action is feasible. (Illich, 1975, p. 63).

Through a process of colonization the expansion of morbidity has come to the Arctic. Health clinics exist within settlements; as well, patients are flown to southern centres to see specialized professionals and to access specialized interventions which cannot be offered within the settlements.

The area of mental health is a perfect example of the expansion of the health industry. The abstractness of the term mental health, its ability to be defined both positively and negatively, make its industry conducive to growth. Mental health specialists, professionals, and the associated health administration flourish in their efforts of diagnosis, prescription, and service provision. The effect of these efforts on communities is the undermining of natural capacities: "the so-called health professions have an even deeper, structurally health-denying effect insofar as they destroy the
potential of people to deal with their human weakness, vulnerability and uniqueness in a personal and autonomous way” (Illich, 1975, p. 26). The introduction of the term mental health into northern remote communities has resulted in the “pathologizing” of local populations. It is from the activity of pathologizing that most health professionals, such as social workers, define their role and earn their income. Monetary gain accrues from the carving of a professional niche and health professionals experience power over the lives of others. The imposition of diagnostic labels and the prescription of treatment are not innocuous processes. They are an exercise in the assertion of a ‘superior knowledge’:

This social division of labour provides a plausible explanation for so many social workers being co-opted by our present social system that oppresses so many people. As professionals, social workers are able to exercise their capacities through their university training and through the professional development that occurs throughout their careers. In addition, they are able to exercise considerable power over others and receive the respect that goes with the privilege of professionalism. (Mullaly, 1997, p. 149)

Mullaly points to the vested interest that social workers have in maintaining the current social services systems. A radical systemic transformation may result in an associated decrease in the power and income of the social work professional. This condition of ‘self-interested’ profession is by no means confined to the profession of social work. Health professionals vie with each other to claim their stake in the pathology of humanity. This competitive claim staking is part of a larger process of commoditization. Services are developed and sold as commodities or as packaged solutions. Problems that
continue to exist despite (or because of) being serviced are perceived as outcries for more services:

    Rather than attack root social and economic causes of mental illness
    and injury, that establishment attempts to patch up oppressive machinery,
    oiling the squeaks and adjusting the controls. The effect is to anesthetize
    the oppressed and allow the exploiters to carry on business as usual. The
    primary objective of the mental health establishment is to make more jobs –
    for themselves. Every problem identified calls for a familiar remedy; - more
    specialists. (Davis & Zannis, 1973, p. 129)

A report prepared for Kivalliq Health and Social Services by a mental health consultant, Rosanne Rothenberg, illustrates the continued relevance of the above passage cited from Davis and Zannis. Rothenberg, herself a psychiatric nurse, includes in her proposed action plan for the development of a mental health service delivery model for the Kivalliq Region:

    Employ Registered Psychiatric Nurses as Managers (sic), Mental Health Services
    in each of the communities to establish, administer and case manage mental
    health services. (Rothenberg, 2000, p. 30)

Elsewhere in this same report, Rothenberg explains why psychiatric nurses are the employees of choice:

    Registered Psychiatric Nurses were identified as the professionals of
    choice to work within the integrated model and provide improved mental
    health services in the Kivalliq Region. Registered Psychiatric Nurses have a
    broad understanding of medical issues and in-depth knowledge of psychological

43
and developmental problems and their treatments. Registered Psychiatric Nurses also have highly developed levels of verbal, non-verbal and written communication skills. (Rothenberg, 2000, p. 3)

Rothenberg’s report, in general, reads like an advertisement for psychiatric nurses rather than a reflective examination of feedback generated from meeting with community members in the Kivalliq Region. Reports such as this one, commissioned by Kivalliq Health and Social Services, point to the continued relevance of the observation that the creation of jobs for one’s profession is a major motive of mental health professionals.

When considering the development of mental health services in the north of Canada it is important to consider how a history of colonialism might have effected or shaped these services.

3.5 Colonialism and Mental Health Services

Institutions have been brought to the remote north as part of an effort to organize populations to be the recipients of services. The introduction and imposition of these services in the North have been a form of neo-colonialism coined as tutelage:

Tutelage refers to the policy used by the federal government to establish administrative institutions in the north over the last fifteen years, with the intention that through them the Inuit would acquire the experience to run their own communities. The actual result documented in several studies...has been an entrenchment of control by outsiders, primarily by bureaucrats. (Tanner, 1983, p. 2)
One of the reasons small camps of Inuit were relocated into settlements was to facilitate the process of service delivery – such as the delivery of education, welfare, and health care. Each of these services had and continues to have power associated with its delivery and administration. In settlements where jobs are scarce, the positions tied to these services yield both income and power and are commonly held by non-Inuit. Even with the advent of the Nunavut Government in many northern settlements some key positions of authority continue to be occupied by those relatively new to the north. The associated consequence is that service design and delivery, such as those related to mental health, are neither created nor controlled by local populations.

A history has unfolded whereby northern populations have been administered from the south. Foreign structures were imported into the north and people were required to adapt first, understand later. The subjects of this colonization became the objects of its political and economical structures. To lay a smooth foundation, it was necessary first to undermine cultural practices that may have stood in the way of "modernization" and "progress". This suited the purpose of the colonizer who treated the north as a land of untapped resources, a "hinterland" (Frideres, 1983). Critical theorists who write specifically of the north fall in line with those who write about processes of westernization in general. The north, as with many places in the world, provides a fitting example for what critical theorists describe as the attempted manipulation of populations to create needs that in turn create market expansion. Further to this, as Frideres (1983) notes, the north itself has always held the promise of natural resources to be exploited, which, at least to some extent, necessitates the co-operation (coerced or freely given) of
indigenous populations. The process of imposing euro-centric interests and politics on northern people has historically been mostly unilateral and therefore colonial:

It came about that Canadian interest in the eastern Arctic had a typically colonial aspect: land, and people were incorporated into a growing political entity without regard to the people’s wishes. Eskimos would indeed have found it hard to express wishes in the matter, for they had heard little of the institutions and less of the nation that was carrying out the process. (Brody, 1975, p. 18)

Brody notes the lack of familiarity on the part of the Inuit in regards to what was being orchestrated in the north through a southern administration. This lack of familiarity is what the Nunavik Education Advisory Council described earlier as lack of institutional immunity. Relations of power were altered and lifestyles dramatically changed. As the process of colonization advanced, life in a small nomadic group gave way to life in a settlement.

The imposition of a euro-centric lifestyle onto indigenous northern populations has repercussions for both Inuit and non-Inuit. Critical theory’s acknowledgement of the reciprocal effects of the colonial relationship is congruent with an ecological perspective:

It can be shown that the product of a colonial relationship is dehumanization, then we must assume that the relationship is opposed to the development of not only the colonized but also the colonizer. If human life entails acting out a uniquely human vocation, then the colonial relationship destroys rather than creates life. In this regard, the assumption that so-called ‘social impact’ relates only to the experience of those who are unfortunate enough to be on the receiving end of colonial projects is quite incorrect. The social impact can also be
determined in the lives of those who serve this dehumanizing process. (Puxley, 1977, p. 103)

Colonialism has left northern inhabitants a legacy of residual misunderstanding, mistrust, and anger. Oppression remains embedded within colonialist institutions introduced to the north:

To understand the meaning and practice of oppression Foucault (1977) suggests that we go beyond viewing oppression as the conscious and intentional acts of one group against another. Instead, oppression is often found in such areas as education, the production and distribution of goods and services, public administration, the delivery of health and social services and the like. (Mullaly, 1997, p. 45)

The creation and operation of institutions is a way of exercising power and control. Professionals who run the institutions perpetuate the oppression resulting from the establishment of institutions. Professionals have in a sense become the new colonizers. This stance fails to recognize the diversity to be found amongst health care providers but it raises a critical point. Reality is more multi-dimensional than pitting 'oppressive' professionals against the communities they work for. However, professionals are influenced like everyone else by a global economy and likely have a certain amount of self-interest.

Critical theory suggests that the process of decolonialization begins when control is given back to the colonized. When community control is achieved, the colonized are able to relocate their identity and recognize their abilities. The need for community control is paramount to mental health:
The struggle for survival is a struggle for identity. The group must view its past positively and maintain strong links with traditional customs and beliefs. It must also achieve political equality and look forward to a promising future. These processes can only be set in motions at the grass-root level. If Natives are going to control their destiny, they must implement community control immediately. (Frideres, 1983, p. 313)

Frideres implies that a shift in power from colonizer to colonized will be the impetus for increased well-being and community health. Critical theorists such as Illich (1976) and Jameson (1994) argue that contemporary, industrialized culture is becoming a global force with a totalizing force, increasingly difficult to resist. The shift to self-government and community control is a necessary step toward community well-being. However, communities will be faced with the challenge of maintaining traditional customs and beliefs while under the influence of globalization.

3.6 Mental Health and Culture

The genesis of institutions and their importation into parts of the world inhabited by different cultures is based on a western belief of the supremacy of science and rational thought. Indigenous ways and means of achieving health, and the very definition of health itself, have been regarded through a euro-centric filter. It is important to recognize the influence of culture in shaping the meaning of health:

Health is a task...Success in this personal task is in large part the result of the self-awareness, self-discipline and inner resources by which each
person regulates his own daily rhythm and actions, his diet and his sex. Knowledge encompassing desirable activities, competent performance, commitment to enhance health in others – these are all learned through example from peers or elders. These personal activities are shaped and conditioned by the culture in which the individual grows up: patterns of work and leisure, of celebration and of sleep, of production and preparation of food and drink, of family patterns and politics. The existence of long-tested health patterns which fit a geographic area and a technical situation depend to a large extent on long-lasting political autonomy. They depend on the spread of responsibility for healthy habits and for the socio-biological environment. That is, they depend on the dynamic stability of a culture. (Illich, 1975, p. 168)

The meaning of health and the means of achieving it have grown through people, their relationships with each other, and their relationships with their larger environment. The disruption of these relationships through the influences of colonialism and capitalism jeopardizes health.

Definitions of mental health are particularly defined by culture. It is shared meanings and norms that prescribe indicators of what is healthy and what is unhealthy behaviour:

Each culture has its own threshold, which evolves with the configuration of that culture; since the mid-nineteenth century, the threshold of sensitivity to madness has considerably lowered in our society; the existence of psychoanalysis is evidence of this lowering in that it is an effect as well as a cause of it. (Foucault, 1976, p. 78)
Professionals trained to seek out and treat 'mental pathology' will tend to interpret mental pathology very broadly. The question becomes, how meaningful can services derived from western definitions of health in different cultural contexts be, given that: "for a long time now, one fact has become the commonplace of sociology and mental pathology: mental illness has its reality and its value qua illness only within a culture that recognizes it as such" (Foucault, 1976, p. 60).

A second relationship between mental health and culture is observed in the effects on mental health that occur when people are estranged from the means of controlling their lives through the intervention of members of an outside culture. The disruption of indigenous meanings of health held by northern populations occurred as cross-cultural contact evolved into colonial relationships. Questions regarding identity and freedom of choice have emerged:

Forced choices, or lack of choice options due to external forces, real or imagined, give rise to the mere cog-in-the-wheel feeling of powerlessness. Abdicating choices, one's own responsibility, contributes to a sense of alienation or slipping away from meaningful connections...An experience so fundamentally part of human well-being as making choices, cannot be lightly cast aside without serious personal and/or community consequences. If freedom goes, responsibility goes. Personal and community well-being is rooted in both. (Glick & Glick, 1981, p. 62)

Northern histories are full of stories of lack of choice: children sent away to residential schools without family consent and the forced relocation of entire groups of people are two examples. Institutions operating in northern settlement communities have
prescribed ways and means of doing things and have largely denied alternatives. However, the road to health can only be built by including those whose health is in question.

3.7 Conclusion

The relationship between mental health problems and mental health services is complex and multi-faceted. The application of an ecological perspective and critical theory result in a recognition of histories and of relationships that have defined problems and produced services.

Critical theorists advocate for localized control of resources. An ecological model indicates that local control is a logical choice given the strong and direct relationships between individuals, families and community at the local level. Systems that are sensitive to feedback and that are reciprocal in nature are healthier, more resilient systems. Critical theorists recognize the environment created by capitalist societies as potentially harmful. These theoretical perspectives draw attention to the importance of culture in combating the depersonalizing forces of globalization that propagate capitalism. Culture preserves meaning and facilitates the reconciliation of the individual with the local environment.

A source of dissonance between various streams of critical thought is in the appraisal of how endemic the problems associated with globalization are and, consequently, how drastic the solutions need to be. One stream of thought advocates that what is needed to begin addressing problems found within westernized environments is the transfer of power to self-directed communities and the mobilization of an increased
amount of resources (Frideres, 1983). Jameson (1994) argues an alternative albeit neither hopeful nor directive: what is needed is beyond what can be imagined. Jameson’s contribution is helpful, however, in its reminder that we cannot step out of the system of which we are a part. Our ‘solutions’ will be informed by our understanding of reality. The totalizing and standardizing system of which Jameson writes is omnipresent and although we cannot stand apart from it we can become increasing conscious of it. Agger (1998) writes that one of the tasks of critical social theory to challenge “false consciousness by insisting on the power of agency, both personal and collective, to transform society” (p. 5). Illich (1975) proposes the need for radical change to reorder industrialized society. An increase in resources and more community empowerment may be initiated but these measures will not go far enough toward producing the larger structural changes required for meaningful change.

While both systems theory and critical theory are useful in developing an understanding of the way things are, critical theory has the added usefulness of suggesting how things should be. Systems theory has been critiqued as being a liberal theory that does not challenge the status quo. Critical theory challenges the status quo and advocates for structural changes to occur that would transform society. Some of these suggestions for change are simple reminders of the importance of addressing the basic needs of humanity. For example, critical theorist Ivan Illich (1975) puts forward the ecological argument that the cause of most health problems stems from an individual’s environment and that the provision of adequate housing, food and clean water will, in many cases, result in the necessary cure.
Implications for the practicing social worker are easy to discern. First and foremost social workers need to acknowledge that they are part of a health profession that benefits by gaining both financially and in the exercise of power through the diagnosis and the treatment of mental health problems. A conflict of interest needs to be recognized between the social worker’s advocacy for community control and the social worker’s private interest. The social worker employed in the design or the delivery of mental health services in a northern remote community needs to be active in soliciting the participation of the community.

The importance of culture and identity has been emphasized throughout this theoretical review. A meaningful process toward community mental health and well-being is the ‘rediscovery’ of how needs were traditionally met successfully for thousands of years and how this changed through the process of colonization. An inquiry of this type, undertaken by the community, may unearth competencies and strategies adaptable to the present day, as well as controversial challenges that may emerge as the past is viewed from the lens of the present.

An ecological systems perspective is an excellent tool for constructing models to further understanding. Critical theories operate like engines, dynamically exploring relationships mapped out ecologically. The combination encourages recognition of both structure and function, creating insights useful to social work practice. The goal of enhancing mental health in northern communities is urgent – oppression is occurring that will effect generations to come. The introduction of professionals has not fixed problems, it would be nonsensical to keep on trying the same methods and expect
different results. Meaningful change requires an analysis that can be enhanced through the application of theory.
CHAPTER IV: Method

This writer spent approximately two months in the community of Arviat from April 24\textsuperscript{th}, 2001, to June 17\textsuperscript{th} 2001. During this time, interviews were conducted with those community members interested in participating in the study. This writer’s individual study is part of a larger study conducted by Dr. Frank Tester and Dr. Paule McNicoll titled \textit{Historical Relations of Health Care in the Eastern Arctic: Health Care Policy Implications}. Dr. Tester’s and Dr. McNicoll’s research project is directed toward an exploration of the relations and events of the past which led to the development of initial and current health services. The objective of this historical exploration is to trace the development of present day health services and to uncover possibilities for health policy alternatives for the future. Two protocols were followed to ensure the appropriateness of this research. Firstly, a social science, traditional knowledge and health research license endorsed by the Hamlet Council of Arviat was obtained through the Nunavut Research Institute. Secondly, a certificate of approval was granted by the University of British Columbia’s Behavioural Research Ethics Board upon reviewing the study.

The findings reported in this paper focus on the area of mental health services in a remote northern community of the eastern Arctic. Questions asked during the interviews encouraged participants to consider past and present determinants of mental health and how mental health services can be improved to foster an increased level of well-being in the community. The questions used for the purpose of the interviews were developed after arriving in the community and evolved through the process of the initial interviews. An initial list of questions was established, put to participants, reviewed and then further refined by noting which areas of inquiry generated the most discussion and which seemed
of lesser import or interest. The objective of conducting research that was qualitative and flexible was to be responsive to the areas emphasized by the participants rather than by the researcher. The interviews were divided into two parts: the first part directed questions towards a more complete understanding of the term mental health, the second part turned to the examination of mental health services. After the first initial interviews, it became evident that an important initial question to put to participants was: **how do you define mental health?** The reason for this question being placed at the beginning of the interview was to be responsive to the range of different topics that participants brought up in association with the term mental health. Further questions were asked to participants to clarify the term mental health, asking them to speak of their views on characteristics of healthy individuals, families, and communities, as well as asking them to speak of mental health's relationship to different aspects of life.

The second part of the interview was initiated by asking participants to speak of their view of mental health problems in the community of Arviat. After they told what they felt to be pressing mental health problems in their community, participants were then asked to consider the mental health services available to them: were these adequate? How could they be improved?

The outcome of these interviews is a general review of the term mental health, of mental health problems and of mental health services and suggestions for their improvement. Interview questions were exploratory, eliciting a range of responses and areas of agreement as well as those of disagreement. Suggestions for improvements made toward the end of the interviews reveal exciting possibilities of areas in which meaningful change can occur and which would be gainfully pursued.
The results reported in this paper are compiled from twenty interviews conducted with community members. A purposive sampling strategy was used to locate participants in an attempt to be inclusive of a range of community members, including participants of different ages and of different cultural backgrounds. In this way the view of an elder born and raised in a small, mobile camp is placed beside the view of a young adult born and raised in the settlement, which in turn is placed beside the view of a professional recently arrived in the community from the south of Canada. Participants were recruited by the following methods: approached due to position in the community (e.g. mental health worker), approached by the interpreter, or, approached by this writer after informally meeting. Conclusions generated from the twenty interviews by no means speak for all the people of Arviat; they do however represent a cross-section of community opinion.

Interviews were conducted both by this researcher alone, and in conjunction with Dr. McNicoll and/or Dr. Tester. Interviews with elders were usually conducted with the assistance of an interpreter so that they could be held in Inuktitut.

A twenty dollar honorarium was offered to most participants excepting those who were participating in relation to their position of employment. It should be noted that three participants refused the proffered honorarium, stating that their reason for participating in the study was to benefit the community and not for remuneration. It was their feeling that the honorarium perpetuated a harmful and growing tendency in the community to participate for the sole reason of material gain. All the interviews utilized for this paper, with the exception of one, were recorded on audiocassette and then transcribed into written script. Written scripts were analyzed by a process of reviewing
information provided by participants and by sorting the content of the twenty interviews into different thematic categories. After different thematic categories were established, interviews were once more reviewed and comments from individual interviews were compiled under the different thematic headings. In the presentation of results two objectives were considered: the first was to include the range of opinion found in the results, the second was to emphasize those areas of collective import to participants. In reporting results this way, both areas where there are differences of opinion and general consensus were captured.
CHAPTER V: Results

5.1 Overview

What emerged through interviews held with Arviat community members was the depiction of a state of mental health that intersected at many points with various areas of community life. Mental health is multitudinously defined, meaning different things to different people. Mental health is itself invisible – its measure is the result of exhibited behaviour that is attributed by a social group as being relative to either its presence or absence. Mental health can be perceived positively as the ability to deal with problems and/or stress by employing effective strategies of coping. These abilities of coping can be demonstrated by individuals, families, or by the community as a whole. Conversely, mental health can be defined negatively, as an inability to cope evidenced by problems and behaviours (or lack thereof). This lack of ability to cope with stress can be located with the individual, the family, or generally amongst the entire community.

This review of results begins with an exploration of the sources of stress identified by the sample of community members participating in this study – what do they perceive as the pressures being applied to Arviat’s collective mental health? From there, the term mental health is examined – what does it mean to lead a healthy life as an individual, as a family, and as a community? As mental health can be located by both its presence and its absence, successful strategies for coping with stress are explored as are problems deriving from negative reactions to stress. The final two areas explored are: firstly, an analysis of current mental health services available to residents of Arviat and secondly, suggestions for alternative ways to address mental health issues.
Using a process informed by qualitative analysis (Robson, 1993; Walker, 1985) the content analysis and discussion will be presented jointly. In this paper each finding will be demonstrated by a quotation, then described. The co-joint analysis and discussion of these findings is elaborated upon and to some extent organized through the application of both critical theory and systems theory. Participants reflected during the interviews, not only on the mental health individuals but also on the collective mental health of families and communities, and how these mental health issues corresponded with larger systems that influence community well-being (for example – decisions made by the Territorial Government regarding spending). In this way an ecological framework is used to categorize some of the results in order to recognize the various systemic levels addressed by participants. Critical theory is also integrated into analysis and discussion as participants’ observations often illuminated an understanding of the world from a critical bent. The inclusion of critical theory furthers some of these observations by extending them into a broader context.
Figure 4: Areas of discussion derived from interviews
5.2 Stress: Internal and External

During the interviews held with Arviat community members regarding mental health little discussion took place on the topic of organic causes of mental health problems. Even health professionals only briefly mentioned classic diagnosis, focusing their discussion instead on social interpretations and social relationships pertinent to mental health.

What was the cause of stress and what emerged as a reaction to stress was a boundary that often became blurred during interviews. As indicated in the diagram above by the arrows representing a two-way flow between mental health and stress, the label “mental health problem” often becomes in and of itself a cause of stress. This was particularly perceived as being the case within families. Problems were identified as being transmitted across generations – the problems or abilities of the parents would be passed on to the child:

*Family life is...a huge problem...very unhealthy lifestyles...not being able to raise your children properly...it just becomes a cycle...when you grow up in a...very unhealthy family...that’s what you know, you don’t know any other lifestyles, so when you get your children, you’re going to raise them like you were raised...if you see your parents drinking or drunk all the time, abusing alcohol, then you’re going to follow them...when you get children maybe they’ll see that...then your children are going to follow your footsteps...it’s a cycle...*(Respondent # 4, young adult male)

Participants frequently spoke of the family rather than the individual in their consideration of the subject of mental health. A common pattern of behaviour is
perceived as emerging from within the family: a parent’s abuse of alcohol, regardless of its cause, is stressful for a child, but it is also a demonstrated mechanism for dealing with life stress. The child develops an ambivalent relationship with alcohol – on the one hand it is stress-provoking as the child has seen problems exacerbated or caused by the abuse of the substance, but also, the child has learnt from the parent that a strategy for coping with stress is substance use. A parent’s drinking is the kind of stressor that respondents mentioned when they were asked to talk about mental health problems.

Individuals interviewed for the purpose of this study were understandably tentative in tracing problems back to a single, original genesis. They did voice, however, their beliefs that many sources of stress originate from things introduced to Inuit society through contact with the “western world”. The world today is “different” from the world of the past which established and was established by Inuit culture:

Most of the problems we have today as a community are alcohol and drugs, and sniffing...back then my worries were where do we get the next meal, but today it’s different cause there’s all sorts of things today, compared to my younger years... (Respondent #12, female elder)

I think it comes from the past. I think people are angry with their loss of...culture, their traditions and they feel they’re losing because now we’re living in homes like this, living in modern worlds, that wasn’t in our blood...this is new to all of us Inuit...it’s a new lifestyle for all of us. They don’t know how to use what they were given...People are lost I say... (Respondent #6, young adult female)
Added to massive change is the complicating factor that the very condition of living in a settled community goes against cultural prescriptions for a healthy life that held small groups together in nomadic existence. One elder commented:

I've got a pretty good idea of what's happening, what's happening within the community today. When dogs are bunched up, tied together, it's very similar now with the community... (Respondent #5, male elder)

The sudden arrival in Inuit life of so many goods, commodities and services previously unknown and a fundamental change in life-style have produced confusion in identity and in relationships. Two individuals interviewed told abbreviated stories of this history of change and the repercussions of such change in the following manner:

You're living a nomadic lifestyle, living off the land... you're not drinking alcohol, you're not watching TV, you're not playing video games, you're not seeking a job to support your family... you know what needs to be done and suddenly overnight, that changes, that's no more... what do you do with all these things? It looks like fun at first but when you don't know what they really are, what it can do to you, how it can affect you... when people started moving into settlements, permanent settlements... they didn't know how to... adjust, how to adapt to that lifestyle in a healthy way... it's like giving you all the tools to go hunting, taking you fifty miles out of town and leaving you there, what are you going to do? (Respondent #4, young adult male)

Today, with all these different kinds of jobs that nobody even thought of back then it's like what do I do? Where do I go? And so they're confused... they were
brought in off the land and dropped here like what are they supposed to do? They said they had to stay there so they built their tents and stayed here and then eventually they moved into houses and it's just a big culture shock...confused of their identities...instead of asking for help...they take their anger out on who's ever around and that's usually their family...(Respondent #9, young adult female)

Life in a fixed settlement has its own sources of stress. It is neither the life of the south, depicted and transmitted to the people of Arviat via satellite television, nor is it a life of nomadic hunting largely maintained until 50 years ago. The purchase of a healthy existence in the present is jeopardized by tensions between two different world views. Qallunaat and Inuit cultures have been described as being in conflict; subscription to one way of life is perceived as the abandonment of the other. Inuit culture is frequently located in the past, regarded as traditional, whereas Qallunaat culture is described as modern. The polarization between cultures and between past and present is stress-producing and impedes the establishment of lifestyles built on a foundation of Inuit culture which selectively incorporates elements of western culture deemed as necessary or desirable. While some individuals describe being lost or trapped between worlds, others talk about choosing ways from each culture that suit them as an individual.

A pervasive sense of loss took shape in the words of some interviews. While elders are held in a respected and revered position within the community, they are not like the elders of the past:

What I've noticed over the years is my ancestors before me; I know that they know more than the elders today, cause back then some elders would predict weather days before the weather changed and they knew what young people were,
they experienced what it is to go through life but now today it seems like the
weather's very different and it seems like the elders...we know but we do not have
the knowledge that the people before us had...(Respondent #13, male elder)

Stress exists between different members of the community of Arviat. It is as if each
individual in the community aligns him or her self differently, accepting or rejecting
various parts of Inuit and Qallunaat cultures. The impression gleaned from interviews is
that there are differences between various generations - their ways of being, and how they
identify themselves. This difference results in a lack of understanding and a generation
gap. The most visible gap is between the elders and the youth, each speaking with
uncertainty about the other:

_The elders expect from the youth something of us and to help them, show them,
guide them to the modern world but we expect something of them too...help us
about our past, our culture..._(Respondent #6, young adult female)

_I've looked for answers from the elders...I guess I looked in the wrong places,
they're not willing to answer my questions, they want it for their family, for
themselves. It is stressful cause in the past it just dragged me down, I wanted to
know a bit about my culture, but my friends were...ashamed of being Inuk, and I, I
wasn’t sure what to think or what to feel because I’m here...I’m Inuk and my
Mom lived this, she lived this lifestyle I’m living...I’d like to know where I came
from..._(Respondent #6, young adult female)
Back then when they were told to listen they listened cause back then what I feared most was to be scolded for not listening so whatever we were told to do we would listen – if somebody told us to do something it would be like sticking to your word, and living up to your word...but today, you talk to today’s young people and it’s a very different life style where you tell the young person – they’ll say yeah, okay – and they just go on with what they’re doing – it’s a big difference back then ’til today. Today is seems like the young people are not scared... (Respondent #13, male elder)

Described above is a restructuring of relationships established by countless generations gone before. The elders now turn to the youth with expectations of being assisted with those things that are new or that have changed. In turn, the youth place expectations on the elders to answer questions about the past. An interruption, caused by colonialism, has occurred which has affected the relationships that previously existed between young people and adults. The introduction of new products and technologies have frequently placed those younger members of the community in possession of greater knowledge than their elders. A reversal from a past which elevated elders as those in possession of knowledge necessary for survival and well-being. The disruption of relationships through the imposition of one culture onto another has eroded the sense of security stemming from a certainty of ‘the way things should be’. The inundation of western culture – through schools, through the health system, through television - systemically elevates the importance of the ways of the western world while devaluing alternative ways. Younger people are particularly exposed to western influences as they have been raised in western institutions and are the target audience of popular culture. The way
things 'were', has become sharply differentiated from the way things 'are'. Expectations are unmet on both counts— the youth expressing the perception that the elders are not willing to share their knowledge, and the elders expressing their perception that the youth are not listening. The young woman cited above accuses the elders that she has approached of wanting to share their knowledge only with their family. This accusation raises further questions— has culture been likened to a commodity and has this effected it's transmission? The comment regarding feeling shame regarding being Inuk also identifies a potential barrier to the transmission of culture. If younger people feel shame associated with their cultural identity does this alter elders readiness to share their cultural knowledge? One elder commented about his own feelings:

\[ I \text{ also thinks elders are not used as much as they were used before, like even myself at home, sometimes I feel useless, like the young people are different now...} \]

(Respondent #1, male elder)

This sentiment of a changed world, and the subsequent devaluation of traditional knowledge is expressed in the following comment made by a young person:

\[ I \text{ think that you have to be aware that...it's not going to work if your grandparents are teaching you very...I guess irrelevant things to our lifestyle today...} \]

(Respondent #4, young adult male)

Added to this, there is a feeling circulating around the community that today's young people are not as competent as in the past. According to one elder:

\[ \text{Today's young people, they constantly need to be fended for or taught, cause today's lifestyle is different, it's like everyday they're writing, they're focused on one thing, as opposed to focusing on everything else around them, and they've} \]

68
forgotten the basic things to do...there’s been a lot of changes over the years, all they want to do now is listen to music, and watch TV, or games...(Respondent #5, male elder)

These feelings of failed expectations on both sides are currents running through and between the people of Arviat. The result is a lack of cohesiveness that has deteriorated family bonds and has left individuals increasingly vulnerable to the various manifestations of mental health problems.

As evidenced by the comments of those interviewed, stress relates to change, to finding yourself, your family, and your community in the midst of massive change with no clear path of what to do and of how to relate to one another. With such an undermining of traditional ways of being, predictions have been made regarding the inevitable collapse of Inuit culture (Matthiasson, 1992) but this has not happened. While there is an abundance of influence and introductions from western culture, Inuit culture remains distinct. This distinctness necessitates locating alternatives to ‘solutions’ imposed from the south.

Stressors exert pressure on community members and pose a challenge to mental health. Many of the stressors described by the participants of this study served to demonstrate both the mental health capacities and the mental health problems faced by the community of Arviat.

5.3 Definitions of Mental Health

Regardless of formalized definitions of mental health— it is necessary to identify how mental health is perceived locally by community members. Mental health is an elusive
concept not only in northern remote settlements, but also in the south of Canada, within urban centers. For the Inuit respondents cited in this study, there is a recognition of the complexity of the term mental health which is further confounded by the term’s lack of fixedness when transferred from culture to culture. Strictly organic definitions of mental health problems are questioned as the inter-relatedness between different aspects of life is acknowledged. Inuit interviewed recognized a connection between mental health and physical health, and also a recognition that health can be measured not only singularly within the individual but within the family and the entire community, regionally or beyond.

Mental health is not an original Inuit concept - the term was imposed on to the culture (Kirmayer et al, 1994). The closest parallel concept to mental health that arose from the interviews reviewed in this study was the concept of “living a good life”. Inuit culture has prescriptions for things that should be done, and things that should be avoided in order to lead a life that is good – a life that meets various needs and promotes harmonious interactions with others. By exploring what is meant by living a life that is good, a picture emerges regarding a shared community understanding of health. Rather than being a singular, agreed upon definition, the concept of health contains varying points of emphasis depending upon the individual whom is being asked.

In answer to the question, how do you define mental health, the following considerations were offered.
Mental health is broad: it encompasses the totality of life

*How we feel about our lives, about our environment, about our livelihood, overall...*

(Respondent #10, adult female)

Participants paint mental health with broad strokes – something not to be located singularly or in some remote part of life – mental health is woven into the daily fabric of life. Mental health is relatively present or absent within each individual, each family, and each community. From words such as "all encompassing" and "overall" a feeling of enormity is imparted in relation to the concept.

While, it serves purpose to envision the concept in a broad and inclusive manner it also presents the following difficulty: if all problems fall under the heading of mental health then the term has no inherent selectivity. The term’s openness leaves it vulnerable to a variety of interest groups who can stake claims in order to be assigned funding dollars. The warning to heed, voiced in critical literature, is that this openness can result in an exploitation of the system by those with power and knowledge who may be working primarily towards self-interest rather than greater communal benefit.

Definite relationships exist between physical, mental, emotional, and spiritual health

*I see health as a very holistic thing. I don’t think you can be physically healthy without being mentally healthy – I think they’re very much linked and so mental health to me is...having a positive attitude toward life that means you can function fully in society...*(Respondent #2, adult female)
This point ties in with the first. Once again the breadth of the term is alluded to in the term “holistic”. This point is included separately from the first as it raises the consideration of overlap between different areas. If physical health and mental health are strongly related, then service providers and recipients need to consider ways of increasing co-ordination between these areas. If on top of that spiritual health is also depicted as connected by community members, then recognizing this connectedness within service provision will be of benefit. The overlap of different areas points to the relevance of ecosystems being applied to this research as it fits with the descriptions of relationships provided by interviewees.

- **Mental health is intimately related to traditional knowledge**

  *Mental health, I see...as applying traditional knowledge...and when you're dealing with people you have to deal with them very patiently and to be open to them and to understand them, talk to them, so that's how I view mental health...*(Respondent #1, male elder)

Interviews, especially those with elders, revealed beliefs that the prescription for mental health is available through Inuit culture. Traditional knowledge contains acknowledged practices for interacting with others in ways which are conducive to health and wellness. One elder spoke about what he had learned from his ancestors in regards to dealing with other people:

*Our ancestors from generation to generation have left us with this kind...mental frame of mind where you love the person no matter what he or she, what race or
position the person is in...you love the person no matter what he or she looks like... (Respondent #5, male elder)

- Mental health is exhibited in healthy interactions with other people

  I think mental health also has to do with the way you interact with other people... (Respondent #4, young adult male)

During the interviews a clear picture emerged that mental health is socially exhibited. Mental health may reside within the individual, but its measure is exhibited socially through the individual’s interactions with others. The inability to interact in a healthy manner with others or to have healthy relationships with other individuals is described as a mental health problem.

This consideration may overlap with the previous finding regarding traditional knowledge in important ways. If Inuit culture and traditional knowledge regulate the relationship between people, then traditional knowledge does indeed have great importance in terms of mental health. Conversely, if the relationships and interactions between individuals have been a site of intense change due to cross-cultural influence and changing lifestyles, then mental health may be extremely sensitive to the effects of westernization. If interactions between individuals, family members, community members are deeply altered by western/southern influence, and if this influence runs counter to what is idealized in traditional knowledge, then mental health will be jeopardized.

While the above have been general depictions of mental health, further illumination came from participants commenting on the attributes of a healthy individual, a healthy family, and a healthy community.
A healthy individual...

i.) Makes good decisions and has a sense of self-responsibility

To use your mind wisely, in terms of making...good decisions...(Respondent #4, young adult male)

If you want to help people achieve the good side, make them responsible for themselves...(Respondent #16, adult male)

Tries to live a good life, they have a good life, they're aware of what's good for you, what's good for your family...(Respondent #10, adult female)

Expressed clearly in a few of the interviews was the belief that an individual cannot be mentally healthy without taking responsibility for their actions, including decisions which affect their own well-being. Individuals may consult and meet with others when they are troubled, but ultimately it is they who both identify and resolve their own problems. A healthy individual also possesses the ability to distinguish between what is a good decision and what is a bad decision – not just in terms of self but also related to others, especially family.

Could this point relate to the negative affects frequently associated with a colonialist history? There is a potential link between this point about the ability to make good decisions and critical theory. Colonialism has eroded a belief in self-sufficiency and encouraged a sense of dependency upon the colonizer. As this was done physically through the relocation of groups of people into fixed settlements, so it was done (or attempted) mentally – through the provision of education and social services. This
erosion of the belief in the ability to meet one’s own needs leaves space for the entrance of the professional, an individual who assumes the responsibility to fill the gaps previously met personally. This original ability to identify and meet needs, to take responsibility for one’s own well being, is important not only for the individual but also for the family and for the community.

What distinguishes a good decision form a bad decision? At least in part the outcome of the decision. Health includes the ability to foresee or at least make logical predictions in regards to the future repercussions of decisions. How does this change as lifestyle and culture change? Is there enough information or knowledge available on which to base good decisions? This point is certainly complicated by change. Things may not be as predictable as they were in the past with new and different variables being involved, complicating the ability to predict future outcomes.

ii.) Successful in adapting to settlement life – job and education

Mentally healthy, it’s like going to school, trying to have a job, trying to do things, for the goodness of themselves…(Respondent #10, adult female)

This passage taken from an interview is indicative of the adoption or incorporation of introduced determinants of mental health. Having a job and going to school are relatively new ideas in the remote North. If mental health is defined in part at least along these western lines, as well as along traditional lines then the term spans the range extending between the two cultures. The inclusion of this point, alongside the one mentioned previously regarding traditional knowledge, speaks of a vast range of factors being incorporated under a single heading. This is not to suggest that having a job and
education are preclusive of obtaining and demonstrating traditional knowledge. But what it does indicate is the presence of two cultural streams at play in a single community and a pressure imposed upon community members to conform to the expectations of both.

- **Descriptions of a healthy family**

  *Communicate, help with household chores, ... work as a team group, and spend time together*...(Respondent #6, young adult female)

  *I have to be careful how I am with my children because I know that they are watching me carefully... I am always teaching and leading my children*...(Respondent #16, adult male)

Time and time again the family was invoked by participants as both the most important system of relationships within the community and also the source of great problems. As the second passage indicates – family, alongside the school, is perceived as a site of education. Children watch parents and learn from their parents. If the behaviour modeled by parents is destructive then children learn from this behaviour and, through exposure, run the risk of eventually engaging in the same behaviour themselves.

Healthy families were described as systems with the ability to transmit learning through effective communication.

As the healthy individual was posited as one who is able to assume responsibility for self, so the healthy family was described as self-sufficient and as intrinsically possessing skills allowing the resolution of problems:

*As Inuit we have lost a lot of family values because every time there is a problem we call social services or the RCMP, the health center. It is right to report but at*
the same time it is healthier if a family problem is solving itself. If the problem does not solve itself it will continue to grow...This is what I wish for my 9 year old daughter. I want her to grow up without fear and with security, I want her to grow up knowing she is going to be okay because she has family...(Respondent #16, adult male)

A feeling of cultural loss is imparted, this time specific to family values. Fingered as contributing to this loss are the very services put in place to resolve problems and improve family life. Over time, some families have grown reliant on these services and, in turn, have lost or suffered the diminishment of the ability to resolve problems independently. Not resolving problems independently becomes a problem in and of itself – or at least acts as fertilizer exacerbating existing problems. One view evident in the community of Arviat is that the amount and type of problems are directly related to services provided and that services have a positive rather than a negative relationship with problems. What came first: the problem or the service? The two have become so intertwined that extricating one from the other is difficult. The family is perceived as the place where, in the past, problems would have been resolved. If healthy, the family is a source of strength and security, a protective and fortifying system from which to encounter the rest of the world.
• Descriptions of a healthy community

i.) Presence of role models – healthy individuals make healthy communities

I try to do things to help people within the community, especially the younger generation, so they won't go through the route I went through when I was a teenager...encourage them for the better...things, first look after myself, make sure I'm ...okay, so people can look up to me and say, I guess...we'll follow her cause she's got a great head over her shoulders and we need great models so we can have a healthier community, that's what I say...(Respondent #6, young adult female)

A few of the individuals interviewed identified a need to find and establish more role models within the community of Arviat. The interviewees noted a lack of people in the community who could be looked up to and emulated.

This relates once again to culture change and transition. While elders may be revered, looked up to, and seen as a source of wisdom, they do not provide the young people with information with how to negotiate their current worlds. Role models, people to emulate, were identified as important to a community’s overall health. Role models are proof of a community’s ability to foster and support healthy lifestyles and choices.
ii.) Ability to locate and implement community solutions to community problems

What I see is that the community is quite actively involved in trying to find their own community solutions and I think that's really healthy...(Respondent #2, adult female)

As identified in the depictions of both healthy individuals and of healthy families, a healthy community has the ability to meet its own needs, albeit, this ability might necessitate reaching outside of the community for to obtain resources.

The identification of health as the ability to generate community-customized solutions reinforces the stance voiced in the literature regarding the crux of community empowerment. The whole territory of Nunavut is abuzz with community empowerment strategies, at least in name, that seek ways and means of decentralizing power and resources as far and wide throughout the Territory as deemed possible. How authentic these community empowerment projects are remains to be seen.

iii.) Unity of the community, supporting each other beyond the boundaries of family

I think people need to support each other...historically, Inuit people have always been very close to their families, although we may live in a community like Arviat, where people...have their own houses, their own little problems, but I think it's important that people interact with others in a healthy way...when I was down south, I realized and I saw that people are in their own little world...but
here...although times have changed and people are further apart...there’s still room for that family togetherness, that unity as a whole community...(Respondent #4, young adult male)

In this cited passage there is recognition of distinctness, or of otherness, in relation to the south. Practices and relations have shifted from the past and yet, the north is not the south on a smaller scale or in a different setting – it is inherently different. The statement above is also an evaluation of comparative health. This individual perceives a unity of community – a sign of strength and health that he has not similarly located in the southern communities he has visited. In general, individual appraisals of the role of community identified it as a source of strength, another protective system, like family, with the potential to strengthen and care for its members.

5.4 Strategies and Coping

Mental health can manifest itself either negatively or positively. Positive attributes of mental health are identified as abilities to deal with stress or problems that arise to confront community members. As one participant voiced:

We will always have problems, I don’t think that problems will ever disappear, so my biggest hope is that people will learn to deal with their problems effectively in a healthy way, and if they can do that...they can teach other people...you can live life with less stress...I think that’s my biggest hope that people just learn to live life...to be able to cope...to adapt to new things, to accept changes...(Respondent #10, adult female)
Problems are a natural part of life. The ability to deal with problems effectively, to employ strategies with which to deal with problems, is acknowledged as indicative of a state of mental health. The following comments were prompted by the question: **how do you deal with problems that arise in your life?** Participants provided a range of responses revealing different options available to Arviat community members to employ when dealing with the problems.

- **Using the Land**

One of the most commonly identified strategies utilized for alleviating stress or dealing with problems was the use of the land surrounding the community. Participants spoke of the land as a place removed from problems and a place of tranquility. One woman interviewed spoke of how she used the land when she had experienced a hard day:

*I love nature...for example, I'm having a hard day...today everything is going wrong from since 8:30 to 5:00 today right? I'm ready to explode, I'm way down in the dumps...I just take the Honda, go out, go somewhere...maybe for a drive...I don't care what kind of weather...I stop the Honda and I just sit there and...nature's there, I'm hearing the birds...I go there, I could be there for five minutes, half an hour, I don't care...I need to clear my head and it usually does...then all my hard day...away completely or it's not as bad as I thought...*(Respondent #10, adult female)

The problems of the community are diminished by the vastness of nature. This individual notes the unimportance of time, five minutes or half an hour both produce the desired effect of clearing the mind. Unlike the settlement communities which have
become regulated by a twenty-four hour clock and where adherence to a rigid time
schedule has become an area of cross-cultural conflict; the land is a place where time
dictates itself. Access to the land possibly is a site of resistance – it diminishes the
colonial culture which is the source of so much stress, although now access to the land is
often perceived as dependent upon the ownership of the “access vehicles”. This woman,
for instance, does not walk out onto the land, she drives her Honda. Settlement
communities are tiny dots engulfed by enormous environments. The simple strategy of
leaving the community and the ensuing peace that results by being engulfed by vast, open
land demonstrates the relationship between mental health and the surrounding
environment. Mental health strategies that are employed are partially determined by
environmental context:

*When you’re in a city it’s a totally different thing...if I’m in Toronto...downtown,
and I’m feeling down – where would I go – probably to a bar and have a drink...if
I go to the park, I’m scared because I’m going to get mugged or
something...we’re very close to the land,...to the animals...our whole being is
close to the land I think because that’s where we grow up, we hunt, and we
camp...we have really that closeness to the nature so if that’s the case...our
mental being would...be connected to the land...*(Respondent #10, adult female)

Others interviewed expressed feelings similar to the feeling expressed by the participant
cited above that her whole being “is close to the land”. This connection is not something
that comes about suddenly. The connection described is the outcome of a way of
growing up, of being raised by your parents to hunt and to camp. The land is
representative of an older way of life and of a “goodness of fit” evolved between an
environment and groups of people over countless generations. When I was invited to join
a community member on a caribou hunt, we stopped a while and the hunter asked “can
you imagine what it would have been like for them, living out here all year round?” I
glanced at the gently undulating earth, the enormous sky, felt the bite of the wind at my
fingers and on my face and shook my head. The land is no relic, it is an active scene of
both life and death, but standing out there I felt a sense of awe and antiquity that far
outreached anything I have ever felt standing in a museum.

Well for me, as being an Inuk, growing up, it’s to escape from what we’re
surrounded with, all the yucky things going on around in town...going out on the
land is, not running away but a place to go for peace...(Respondent #6, young
adult female)

The land is identified by this young woman as a place to go to get away from “all the
yucky things going on around in town”. It is a place of legitimate respite, “not running
away”. If the community is the place which harbours what is unhealthy, then the land is
a place of health. This relationship between people and land preceded the community
and the lack of contemporary health that is felt to have its genesis in the advent of
settlement life. While the community can be small, ugly and dull, the land is alive and
bright:

Someone whose got problems, their minds look like water, it’s a sickness in the
body, even if you don’t know that person, you’d know that they’ve got trouble on
their mind. People should be friendly to that person, take that person out on the
land...you can see the water moving on the pond outside – then you look at your
desk – and there’s nothing, it’s flat, but out there you can see all the ripples,
everything's moving, it's bright, it changes my mind and you go oh look there's a goose, and you go – oh – I'm so happy and here at your desk there's nothing and you're very unhappy...the land has smell, that the look, the feel and the smell of the land is like medicine. It's like medicine to our mind and it's so joyful that the smell, the sound, what you see really helps our lives...(Respondent #15, male elder)

The elder cited above likens the land to “medicine to our mind”, as capable of producing joy. He also notes in his observations that the settlement habitat is flat, dull and evocative of depression in its very absence of stimulus. This passage speaks of the utilization and stimulation of the senses by external environment – how the land is imbued with stimulus for the senses of sight, hearing, and smell. The abundance of stimulation is “joyful”, its deficit is depressing. The positive relationship between mental health and enjoyment of the land is an important consideration for the planning and implementation of mental health programs and services in Arviat.

- **Utilizing Culture**

  *I think today we are so wrapped up with today's society...we're trying to hang on to our culture...we are barely in some ways...I think the more cultural we are the less mental stress we have because we would learn from our parents...practice their coping skills...the way they used to do things...(Respondent #16, adult female)*

Culture delivered from the past by “parents” is a source of coping and of dealing with hardships encountered during the course of life. Culture provides a broader view of the
world, one not "so wrapped up with today's society". Facilitating survival over a vast duration of time has been the role of culture.

Culture seems to have an ambivalent relationship with mental health. Rapid cultural change is cited as a force capable of jeopardizing the mental health of the community:

*We're so rapidly changing from our culture to upside down...when we go upside down we have nowhere to go...where do people go?...*(Respondent #16, adult female)

As stated in previous sections of this paper, feelings of cultural loss have accompanied massive lifestyle change, and the disturbing intersection between Qallunaat and Inuit cultures. The stress from cultural difference is felt by all community members. People from Arviat talked about the positive relationship between mental health and cultural identity. One elder spoke about a camp he was involved in running for young offenders. This elder felt the camp was a success and had made a positive difference in the lives of the young men who participated. He attributed this success to the use of Inuit culture:

*We did it somehow through the Inuit culture, taught them through the Inuit culture. Using the Inuit culture they boosted up their self-esteem...*(Respondent #15, adult male)

A connection is drawn in the statements above between Inuit culture and self esteem. Another individual interviewed, a young man, also talked about a sense of culture as instilling both a sense of pride, identity and belonging:

*I think Inuit culture should never die. Culture and traditions are something that...keep us going. You have a sense of structure in your life...there is a
belonging, a knowing where you come from...that's what you take pride in...(Respondent #4, young adult male)

In addition to this statement, this young man also emphasized that his time and his culture were different from those of the past. In the statement which follows, he rejected a traditional, static vision of what his culture must be if he is Inuk, and stretched his definition of culture, gathering from a variety of sources. In so doing he stakes a claim for himself in the present:

Our culture has so rapidly changed over so little time...I don't know...because this is where I grew up, this is what I see, obviously...my culture, now has...there's money involved and there's jobs involved, this is my culture, my personal culture...I've never lived on the land, never lived off the land...this is how we grew up, this is what we saw, this has become our culture, so this is where our mental health will have to revolve around...we don't know what it was like fifty years ago, this is today...(Respondent #4, young adult male)

This individual uses clear and possessive terms “my culture, my personal culture”. He claims that he does not know what it was like fifty years ago. He has never lived a land-based existence, so how can his mental health revolve around a way of life he has never experienced? While he recognized the importance of culture and tradition to his sense of identity and pride, he placed the changes that have occurred rapidly over the course of the past fifty years in the realm of his culture. “this has become our culture”.

Illich (1976) put forth the idea that culture is the vehicle through which health patterns are established and communicated. Culture is the collective source of information that advises the survival of a group of people. The role of culture in the case
examined in this paper is complicated by the massive changes to life-style that have occurred in northern communities in the last half century. The function of culture is in this case to act as a life-preserver to mental health. Culture is vital as it has the capacity of connecting the past to the present and of emphasizing that which is conducive to survival. The challenge becomes retaining traditional cultural patterns while allowing enough mutability to incorporate outside influences that are useful. The man cited above refuses a static, historical view of his culture. His culture allows him to maintain a sense of identity and continuity from the past while playing an active part in current times.

- **Reading, Writing, Playing musical instruments - Creative Outlets**

Another strategy for maintaining mental health is the fostering of creativity. A few participants found release from problems when reading, writing, or engaging in some form of artistic expression. One young man identified being taught by his teachers to utilize writing as a source of problem solving:

> I've been taught, especially by my teachers, that when I have something in my mind that it's good to write, to put them down on paper...(Respondent #4, young adult male)

This same individual noted a discrepancy between his generation and the elders when it came to dealing with problems, noting that:

> There's a huge difference...I'm able to write, my elders, the elders are not...(Respondent #4, young adult male)

This discrepancy is questionable as one elder interviewed spoke through the interpreter about his practice of journal keeping:
I write about everything, the weather, people being born, people passing away, what’s on the news, what’s happening in the community, everything. As soon as I learnt syllabics, that’s when I started writing... (Respondent #5, male elder)

It is interesting to note that the young man interviewed depicts the elders as being illiterate, and does not recognize the elders’ ability to read and write in syllabics. The inference is that the ability to read and write in English is construed as literacy, whereas Inuktitut is not legitimized as a language of written expression. Regardless of the accuracy of the cited statement – the perception that elders and youth utilize different strategies of coping and problem solving skills does produce a barrier between these groups. To illustrate, I include further passages from each of the two interviewees cited above.

The young man identified his lack of use of Inuktitut:

I use English more than Inuktitut, so it’s often hard for me to translate... (Respondent #4, young adult male)

The elder picked up on the diminished use of Inuktitut within the community:

We’re losing our language...some people have grown up in an environment where their mother tongue, native tongue is not really spoken...when they were living inland they would verbally teach their children, and what they said to the children the children would do and the language back then was a lot stronger than today. First thing in the morning when they woke up they would be constantly learning from their parents... (Respondent #5, male elder)

A strategy of mental health maintenance is the utilization of the written word along with other forms of expression. Evident in the words of the elder cited above is how language
conveys culture. In the past children were taught by parents in their ‘mother tongue’. In the present day young people use the English language in the development of their mental health strategies. This use of the English language raises questions about how culture relates to mental health.

- **Prayer**

  The way I deal with my problems...I pray about it...I believe in God and I read the bible, pray, cry about it, pray about it... (Respondent #12, female elder)

  Prayer, religion, the utilization of the bible came up in more than one interview as sources of strength – tools to be employed when dealing with the problems and stressors of community life.

  Most people will count on their faith to become healthier people...in a sense it’s like a tool to help you cope with your problems, with life around you...I think religion here is even a necessity, because I think without religion...people would be lost, they’d be scrounging around looking for things to help them,...I think religion is good for your mental health , if you know how to use it...but I also think lots of people will be mislead...will misunderstand what their religion is saying to them so, there’s some disadvantages and advantages to religion... (Respondent #4, young adult male)

  Religion “if you know how to use it”, is a “tool to help you cope with your problems”, however, if not used properly there is the potential to become “mislead”. Religion can be interpreted and utilized in different ways and so can be either helpful or harmful when it
comes to the mental health of the individual, family or community. Arviat, although a small community, has four separate Christian churches. The presence of Christianity is strongly felt by community members and religious interpretations are often employed to explain a wide variety of phenomena. Religion provides a way of explaining the world and also a guide for how to live in the world and in conjunction with other people. One elder commented about his use of the bible:

> With regards to physical and mental health I've been reading the bible and I know that it dates, it dates over two thousand years ago – from what I've read and living according to the word in the bible is what I've found is very healthy – mentally, physically, emotionally... (Respondent #13, male elder)

The bible is seen as a source of wisdom and knowledge which provides direction for living a life that is healthy and good. Despite the bible’s age - it “dates over two thousand years ago” - the truth of the “word” is the source of what is “very healthy”.

However there are people who critically examine the role of institutionalized religion in remote northern communities. One concern shared was that as various churches compete for congregations, divisions are created within and between families:

> I've always seen the churches separate families, separate friends, separate people, cause if you belong to this church, and you're my cousin and I belong to the other church... our bond is already breaking... sometimes I see churches competing with each other; that, to me, is very harmful to the mental health of the people... (Respondent #10, adult female)

Mental health has been identified as dependent upon harmonious and healthy relationships with others. Four churches that place themselves against one another have
tremendous power to produce disruptions in relationships between community members. This woman says that by virtue of belonging to different churches “our bond is already breaking”, even if we are related to one another. While no one spoke out against possessing faith, criticisms were launched by community members against the institutionalization of religion into various factions which in turn produces conflict between community members. Another person interviewed pointed to a distinction made by different motivations an individual may have for belonging to a church:

There’s been a lot of hype about the end of the world and that scares people...people will use that to...attract you to say that if you are not one of us, you go to hell...you’re going to rot, you’re going to burn, that’s one tactic I think some churches use to lure...people to them because there are four churches so they want people to go to their church...people go to church not because it’s in their heart but because they’re scared...(Respondent #4, young adult male)

In summary, while having faith, belonging to a church and utilizing the bible are identified as potential sources of overall health and wellbeing, the operation of four different churches operating within a single community produces conflict.

• **Time with others, especially elders**

I need to be with other people, people that I trust, people that I know love me...I’ll talk to them or I just need their presence...(Respondent #4, young adult male)

The presence of other people can be helpful in times of trouble. This individual points to his need for “their presence” – he does not say that he needs others to solve his problems for him, which would run counter to what was stated before about the ‘self-responsible’
healthy individual. He also points to the qualities that he looks for in others during his
times of need - people that "I trust" and "that I know love me". In two other interviews
the comment was made that it is helpful to spend time with elders, or at least people who
are older than yourself when trying to solve problems. The elders of the population of
Arviat are identified as a source of wisdom. A traditional form of help accessed both in
the past and in the present is to spend time with or to seek the wisdom of the elders. In
the past elders would have directed how to lead a life that was mentally healthy:

> The way the elders dealt with mental health was when it came to younger people,
> they were told to listen, they were advised that if you do this, if you do that you'll
> have a good healthy life but if you do this or that...you're going to get more and
> more depressed and sad...(Respondent #1, male elder)

The elders were available traditionally as a source of guidance to the younger people.
From their own experience they had gained the wisdom and knowledge needed to live a
good and healthy life. Nowadays, with the shift in culture and life-styles, the elders find
themselves still consulted but not holding the same amount of authority as they did in the
past.

- **Time alone, away from big events and television**

  I just try and stay away from television and ...big activities...because if I'm
  watching television or...getting myself involved in big activities then I'm not focusing
  on myself, I'm paying attention to things around me, and that's not what I want to do,
  I want to deal with my anger, my sadness, the sorrows, so I stay away from the things
  that lure me away from dealing with myself...(Respondent #4, young adult male)
Just as spending time with others is deemed as necessary in working toward mental health, so is time spent alone. Spending time alone provides the space and focus upon self, necessary to reflect on problems and to identify possible solutions. Time alone is also time to ‘cool off’, to calm down, to vent without jeopardizing relations with others. This particular individual sees noise and events as distractions that “lure” or tempt him away from a reflective process that will enable him to deal with what needs to be dealt with. In a community that is similar to others both in the Kivalliq Region and in the Territory of Nunavut as a whole, time alone is hard to come by. Homes are crowded, there is a lack of privacy that comes with living in a small community. Individuals have no access to anonymity as they are known by all. Privacy is available only to those with relative power and/or means within the community. Individuals with jobs may be more enabled in accessing relatively uncrowded housing, and may also be able to afford the means now popularly deemed as necessary to access the land – a Honda for example - and possibly also a cabin out of the community. People with money are also able to leave the community and travel elsewhere.

The individual cited above points to the particular difficulty facing young people in locating space where they can be on their own:

_They haven’t had the opportunity to experience different ways of dealing with problems because...normally people have big families so it’s hard to be on your own...a lot of the time you end up helping your parents out or...your relatives so...lots of the young people don’t have that opportunity to be on their own and to discover their true selves, what they like and what makes them happy, what works for them..._(Respondent #4, young adult male)
Western culture has introduced to Inuit communities the idea that the individual is important. In the past, families lived in close and constant proximity to one another. Now, in settled communities, individuals are feeling crowded by their families and lacking the ‘space’ required to develop their identities. In the past privacy could be found walking on the land or even doing chores while others were away or occupied with other tasks. What is of importance is to address the question: how can private space be accessed by more individuals, and especially by youth living in communities where houses are overcrowded and where everyone, like many small towns, knows everyone else’s business?

- **Problem Analysis/ Problem Solving Skills**

In a few interviews, individuals described their own methods of problem analysis, their own techniques which enabled them to better understand their feelings and to better make decisions. These individuals said that they had learned these techniques from a variety of sources – workshops or training they had undertaken, from their parents or grandparents, or something they had discovered for themselves. One woman described how she had combined strategies from a variety of sources to locate what worked for her:

*I’ve always tried to use what I learned from my parents, my grandparents and then what I’ve learned from courses and stuff, combine it together, see which is...good and try to use both goods...* (Respondent #10, adult female)

This woman was taught by her parents and grandparents traditional ways of coping with problems and, through courses, she has been exposed to western methods of problem
solution. This woman, who finds herself between the generation of youth and the
generation of elders, is able to draw upon the strengths of both cultures:

*My generation, we...learned that we were with our parents we were close, before all this came about...even though I went to school, I went to school in the south...I really give credit to us because we’re able to know both, we still have not lost that connection with our culture but we are also very much in the southern way of living...we...mentally taught ourselves or has been taught to us...to take the good from both and say for example, if things go wrong for me today, I’m able to sit down and look at it and say okay – how am I going to get out of this...I’m able to do that, say for example my daughter, she’s fourteen...she’s never really known my grandmother...our whole culture...so if something goes wrong today, she’s only going to cope with it the way she knows in today’s environment, today’s way of doing things*... (Respondent #10, adult female)

An important observation from this passage, as emphasized by the woman interviewed, is the importance of teaching the younger generations more than a single world view. One method of problem solving provides a perspective that is too narrow. What is helpful is the continuation of the traditional, the continued application and adaptation of what was used in the past in current settings. ‘Today’s environment, today’s way of doing things’ are not all that is needed. ‘Today’s way of doing things’ does not have a history to draw from or to support it. A broader perspective gives people an advantage and an increased ability to deal with all aspects of life. There is a danger in being consumed by what is new; the result is a narrow band of perception.
• Use of Services

Scarcely mentioned by those interviewed was the access of formal help as a strategy employed to deal with stress in their lives. Only two individuals interviewed spoke of accessing services as a way in which they had, in the past, dealt with problems in their lives. Neither of these two participants spoke of accessing help on a regular basis. They had accessed services at times of crisis – but these services were by no means a daily part of their lives and were only contacted in times of extreme duress. The day-to-day maintenance of mental health was met by other strategies listed above.

Limited inference can be drawn as the sample size is by no means representative of the entire community of Arviat. Further, even if services were only accessed during times of crisis, both of these interviewees testified to their importance. This comment raises the question of whether or not formal services are utilized in more than a crisis capacity? What does this mean for the development of further mental health resources? Is there a way of integrating preventative mental health services utilizing the suggestions made by community members about successful mental health strategies?

5.5 Problems and Stressors

So far in this examination of mental health I have looked at some of the stress affecting or challenging the health of the community of Arviat. I have also looked at dimensions of the concept of mental health according to a variety of individuals currently residing within the settlement. The last section examined the positive side of things, how stress can be converted into positive coping strategies and skills identified and employed by those interviewed. Participants were also asked to share their perceptions regarding problems in their community that they related to mental health. Chasing the genesis of
problems is an elusive endeavour. Participants spoke of a ‘problem drift’: problems were perceived as flowing from one generation to the next. Coping mechanisms employed to deal with stress were identified as sometimes becoming problems in and of themselves – for example drugs and alcohol initially employed as stress relievers may become stress inducers. Locating roots of problems is a challenge faced by community members including service providers. It is important to note before delving into an exploration of various problems, that the result of this section is not intended to be a compartmentalization, but rather a tracing of relationships to arrive at an overall picture. Using an ecosystems perspective, different issues identified by community members will be discussed in relation to one another, which, when considered collectively, provide a depiction of the overall challenges to mental health faced by the community of Arviat.

- **Gambling**

  Another big problem now is gambling...we have lots and lots of gambling here...they’ll sell everything in their house just to play bingo and Nevada. You’ll walk into someone’s house one week it will be fully furnished, the next week you walk in it’s all gone, all they have is a couple of crummy chairs...it’s normal for kids to see all this furniture here today and then tomorrow it’s all gone...that’s how they grew up so that’s how they’re going to be when they grow up...(Respondent #9, young adult female)

This description of gambling is closely tied into a western economy. Is the motivation for gambling the obtainment of increased wealth? If so the obtainment of wealth associated with most forms of gambling is at the expense of others in the community.
While one individual may walk away from an evening of gambling, substantially richer, others will leave with no money and often after liquidating their material possessions in order to participate in the activity. Important questions need to be asked regarding how gambling, perceived as endemic to the community of Arviat, fits or fails to fit with Inuit values and beliefs. What is the history of gambling – did it precede contact with western culture? How has gambling changed with the onset of settlement life? What needs are being met through the activity of gambling – socialization? Alleviation from boredom? How has gambling changed relationships between families and other community members?

One woman interviewed for the purpose of this study spoke at length regarding the problem of gambling in Arviat:

_They just want a fix or something... when they’re on the bad luck side they’ll say... feel sorry for me... they’ll make up excuses like... my child wants decent food, my child wants foot wear or jeans and I love my child too much and I can’t afford, when you hear these things too much you tend to have your heart harden because knowing that if we give this person money, he or she will go out and spend it on gambling..._ (Respondent #8, adult female)

She spoke of the guilt she felt of not providing what was asked for, but simultaneously she recognized that she was being used by friends and family in the community. This woman felt a responsibility to give what was asked for, something she has always been taught to do, but this practice of giving and sharing is being eroded by the social problem of gambling. Obtaining money for gambling takes precedence over relations between family and friends. The effects of problem gambling are felt by whole families.
Community members who are not problem gamblers are still dramatically affected by it – it drives them to question generosity, sharing and most of all trust:

*It's really bad here, when if you live in Arviat all your life you’re seeing the changes, it hurts more, when they use their parents, when they use their children to cover up their bad habits...you get to see this person whose actually addicted become...a depressing person...*(Respondent #8, adult female)

Individuals interviewed pinpointed a potential root cause of the problem of gambling as being boredom. They also related gambling to other problems like drinking and suicide, also present in their community.

- **Lack of Parenting Skills**

*Family life is ...a huge problem...very unhealthy lifestyles...not being able to raise your children properly, there's lots of single mothers, you rarely ever see single fathers, lots of young people get children at a very young age...lots of people are left to do whatever they want on their own...family life is a very big problem here, it just becomes a cycle...*(Respondent #4, young adult male)

*Lack of attention from...all these families...giving no attention to their kids, due to gambling...*(Respondent #6, young adult female)

This problem, evidently ties into the first mentioned – that of gambling. This individual notes that “people are left to do whatever they want on their own”. If a young person has a parent, or parents who are pathological gamblers, they will suffer the consequences of a fractured parent/child relationship. Parents are frequently out of the home, and children are not aware of their whereabouts. The child is frequently betrayed by the parent as
needs for food or clothing are situated as secondary to the parents need for fast cash.

Gambling places a significant strain on family life.

Aside from gambling, other stresses also place strain upon the relationships of the family – the use of alcohol or drugs for example. Further, the traditional family is being replaced by alternative family types – a large category consisting of single teenage mothers. One woman commented on how she feels that the amount of single teenage mothers is a problem currently faced by the community:

*One thing personally that...is of concern to me and to other people in the community is the high birth rate and the low...large number of teenage pregnancies...young girls having babies that aren’t really competent and able to care for them and...that’s one of the big things because it carries on...mothers who have very few parenting skills raise children who have very few social skills and it just...gets worse and worse...*(Respondent #2, adult female)

One of the elders also observed that when she looks to the future of the community she worries about the high birth rate and the large number of single mothers:

*There’s going to be a lot of people in the coming years, with all these single mothers delivering babies...the single mother’s children that are going to be...will have different problems compared to the ones who do have fathers...*(Respondent #12, female elder)

The family structure of Inuit culture is changing into something new and some in the community are wary of the changes and the repercussions they predict will ensue. The shift in gender roles that have taken place in relation to lifestyle change have also
affected the structure of the family. One individual identified that while men used to take responsibility toward family well-being, men are not currently filling this role:

*It seems to me like whenever women are happy – they are pulled down. That is what is wrong with this community. Mothers are running around trying to please children and the whole family – it should be the father doing this. Mothers or sometimes older sisters they suffer because of the husband – men are tearing down the stronghold of the family...*(Respondent #16, adult male)

This person felt that the problems experienced by families as a result of anger expressed by men were related in a complicated way to transitions of lifestyle occurring at such a fast pace. The problems attributed to the modern Inuit family residing in Arviat may be the result of culture change, and role and identity confusion. Brody writes in his book People’s Land (1975) of the changing gender roles as women became increasingly the providers in the family. This change in roles has affected the dynamics of the family in fundamental ways and effects the way that children are being parented.

- **Substance Abuse**

  *Drugs and alcohol and substance abuse are the worst problems here as a community that recently...we just lost a young man due to sniffing propane, which was a tragedy...*(Respondent #12, female elder)

Like gambling, substance use often involves addiction. The well being of the individual, the family, and the community is subverted to the need to obtain and utilize some form of substance. Related to substance abuse is a series of problems including family violence, gambling, and physical injury. For example, an individual abusing substances may be
more prone to be violent towards a partner, or, an individual is placed at increased risk for becoming physically injured if they drive a snow machine while under the influence of some substance. What emerges from these descriptions is the inter-related nature of the problems so far listed. If one problem emerges it is likely that another will emerge also. Alternatively, these problems could be conceptualized as different manifestations arising from similar sources of stress. Although Arviat is a restricted community, in terms of alcohol and drugs, residents still feel there is a problem because alcohol is being illegally brought in or else distilled and distributed within the community. Sniffing is another problem in the community of Arviat that recently became apparent as a young man died after sniffing propane.

- **Abuse**

  *I know that there's a lot of abuse, hidden abuse going on...with families, mental abuse, physical abuse, sexual abuse, you name it, it's somewhere in at least every other house but it's hidden, people will hide it...people are afraid to go to the cops...they won't go charge them, they won't go get help, they'll just keep it quiet and say, it will be done and over with sooner or later...*(Respondent #9, young adult female)

Although those interviewed were not sure of the amount of abuse going on in their community, they felt it to be a serious problem that affected all community members. Participants were unable to determine the source of the abuse, but pointed to the transition and change in lifestyle, identity and role confusion that had come about over the past fifty years of history in the area. As well, as pointed to in the above citation, there is an unwillingness to turn to the formal services in place to deal with abuse.
People fear going to the RCMP or to Social Services. An individual who would charge a family member may be scorned by others and put in a precarious position. The services in place are perceived as destructive to the family – i.e. remove the children from the home, or put an offender in a correctional center. Authoritarian measures do not fit well with Inuit values and thus there is resistance towards official agencies and even outside interference. One woman described her reluctance in approaching an elder to help her to heal from abuse she had experienced as a young girl:

> What had happened to me before when I was younger...that I didn’t speak up with her because how would she understand me because she had lived them days ago...to my knowledge, them days ago, if anyone had done this to you, if you’re a little girl, you were asked to forget and forgive and not looking back again...(Respondent #8, adult female)

This woman’s inability to speak to an elder was obviously due to her prediction of the response of the elder. This woman shared her belief that the elder who she might have spoken to – “would not understand her”, because she lived “them days ago”; the difference being a rift so wide, it is perceived as impassable. The silence of the community on issues of abuse may be reinforced by both sides – the Qallunaat and the Inuit. There is no apparent acceptable recourse of action to be accessed by those experiencing abuse. This situation will be examined further in relation to the analysis of service provision.
• Suicide

The last couple of years...there's been lots and lots of attempted suicides and lots of people contemplate suicide...four have committed suicide...there's no room for suicide...when somebody commits suicide...the community is your family, you're affected by it, and then there's not enough people out there who can help so there's lots of people out there who are left alone without getting the help they need to continue living good, healthy lifestyles...(Respondent #4, young adult male)

The effects of suicide anywhere are devastating. The effects of a suicide in a small community like Arviat leave no person untouched. For many years Arviat had reported no suicides, and then in the last year and a half, four young people took their lives. Suicide may be a reaction to other stressors or problems and it results in further serious problems. Of particular concern is the phenomenon of cluster suicides, where one suicide can trigger a chain reaction resulting in a number of further suicides. Cluster suicides are not isolated to single communities, but can spread across entire regions. Most people have friends and family scattered throughout the region and so are intimately connected with the events of different communities. As a result of these connections, communities do not exist in isolation.

Different reasons were put forward by those interviewed as to why individuals commit suicide:

A lot of suicides today are caused by unemployment and too many drugs, and jealousy, people...thinking that they're bad people...(Respondent #15, male elder)
According to this individual, problems precede the suicide and can be fingered as causes provoking the suicide – an action which is both a reaction to problems and a problem in and of itself. Of note is the message to those interested in furthering community wellness – the target cannot be focused singularly on suicide prevention without including a broader and deeper analysis of other problems affecting the community.

Another individual commented about a cause he associated with suicide:

*A lot of people who are depressed say this is so boring I want to kill myself – that causes a lot of problems...* (Respondent #16, adult male)

Like for gambling, "boredom" is put forward as a motivating factor for suicide, driving community members to engage in destructive behaviour. An exploration of what the term boredom means and how to address it as an issue facing community members is needed.

The statement above – “this is so boring I want to kill myself” almost seems like an exaggeration or a claim of existential ennui – is there something more implied by the use of the term boredom? What are the relevant terms in Inuktitut? As boredom is implicated as a root cause for both gambling and suicide, two exceedingly disruptive and damaging problems facing the community of Arviat, more examination is required into what exactly this term means.

A further contributing factor to the occurrence of suicide in the community is lack of problem solving skills. Problems that arise are not dealt with effectively – they are perceived as insurmountable and so suicide becomes an exit:

*Our young people want to be so cool...that's in their mind, so if something goes wrong today then they panic... if they only had been taught from their...*
elders...then if something goes wrong today then okay...I have this problem...how am I going to deal with it, rather than, oh my goodness – I’m in trouble – bang! I kill myself? (Respondent #10, adult female)

Suicide is predominantly taking place amongst the younger generations. The individual cited above notes that the young people are lacking problem solving skills and strategies that older generations possessed. The consequence of poor parenting skills is that the young are unprepared and ill-equipped to handle stress. Another individual described the problem of suicide:

*One of the most common causes of (suicide) seems to be relationship problems...inability to...work through a problem...someone having a problem with a...parent...it’s not necessarily boyfriend-girlfriend relationships but it can also be parent-child relationships...it’s just to want the pain to go away so badly that you’re willing to...make it permanent...*(Respondent #2, adult female)

The problems discussed under the heading of poor parenting skills relate to this section exploring the problem of suicide. Relationships with others are identified as not being healthy and when a problem emerges between family members or in other relationships an impasse is reached quickly. Competencies to deal with problems are not perceived as prevalent among young people. This individual, however, noted that, while relationships were the site of many problems leading to suicide, a broader view should also be taken:

*It’s part of a bigger systemic problem...it’s not just about relationships, it’s also about the system in which we live that’s been created through the history of Nunavut and...working on the systemic problems is a bit more challenging...*(Respondent #2, adult female)
This woman's observation that a connection exists between problems emerging in the community and historical and modern relationships between individuals in the community and the administration of the territory, can be addressed by critical theory which encourages the scrutiny of relations of power.

- **Cultural Pressure**

  *This cultural pressure, there's a pressure to be so cool and to be so Qallunaat and to be better at it than anybody else and...yet people, the young people have such a limited world view, like they can't put it into perspective all these influences that come from the south that they get through rock videos and music and television...(Respondent #2, adult female)*

  I can't imagine what it's like to...grow up here and not understand what the rest of the world is like...it must give you a very warped view somehow of what...life is all about...and I think young people deal all the time...with feelings of inadequacy, feelings of...I'm not good enough, I'm stupid because I'm Inuk and I think those things really exist and I don't think they're talked about...in the high school for example, we don't have a single Inuk teacher there and the curriculum is so Qallunaat and everything there perpetuates the expectations...it's what I call the myth of inferiority that exists in any sort of post-colonial...environment that somehow or other Inuks aren't quite as smart or as good as Qallunaats. So kids grow up with those feelings I think internalized and they don't know how to talk about them, the parents don't want to talk about them because they have the same...
feelings and ...I think it's something that I see as a real problem that affects mental health, definitely...(Respondent #2, adult female)

Akin with the literature regarding colonization – a problem in the community appears to be the strong pulls of two seemingly disparate worlds, especially upon the youth. Why especially upon the youth? The woman cited above talks about the “limited world view” of young people and their lack of perspective to incorporate all the influences that are beamed via satellite into their arctic homes. She also talks in the second citation about an education system and a curriculum which is so “Qallunaat”, taught to them by Qallunaat. One young woman spoke about her experiences growing up, that her friends were “ashamed to be Inuk”. And another woman spoke of the pressures of existing in a Qallunaat world: “we’re in a Qallunaat society now, our young people want to be so cool”. There is a definite ambivalence expressed – on the one hand there is anger and resentment toward the Qallunaat and also anger toward the Inuit:

I grew up hearing my sister and her husband putting the Qallunaats down...and I think they’re mad at the elders too for just sitting at home not doing anything with their talents, being greedy ...that’s why I think the elders are being greedy...(Respondent #6, young adult female)

There is generalized anger felt at not being included in either world. Although this anger exists, young people will try to fit into a western world from which they are physically and psychologically remote. Trying to fit in to something that you resent, that is also resented by your family and by your elders, is a problem. There are few role models representing successful fits, attaining a fine balance between cultures.
• **Lack of Options**

*Unemployment is a stressor...limited options for...young adults.* For example, here’s a community learning centre – we have fifty applicants for fifteen seats. Everyone of those fifty people wanted to come to school and we can only take fifteen, and that’s in each program...so all those people who didn’t get in – feel like failures or continue to...it reinforces the idea that they’re failures and that they’re not competent or able to get along...and it’s simply lack of resources, the building can only take so many people, there’s only so much money the college has for instructors and so on and so on...*(Respondent #2, adult female)*

Limited options and a lack of opportunities result in more than failing to access a program offered by a learning center. These limitations can also mean a reliance on income support, overcrowded housing, a poor diet, in general – poverty. Poverty produces a cycle that is hard to break out of. And while existing in a relative state of poverty, the alternative, a materially rich life, is revealed faraway and obtainable only by a few in the community. The few who do attain this life of comparative material wealth are then perceived as different than those who do not. The community becomes increasingly stratified between the have and have nots. A pressure builds, directed toward young people in the form of expectations placed on them to go out there and do something with their lives; but realistically are they assisted in this effort? And to what end anyway – to fit into whose society and to play by whose rules? The pressure that is applied is not commensurate with the means for meeting expectations.

A young woman who shared the following opinion, which offers a different view to that diagnosing a scarcity of resources:
*Everything's there, people can go and reach for it, work for it, but they expect to get things free so it's hard...there's a lot of dysfunctional things around*

*here...*(Respondent #6, young adult female)

This woman expresses her feeling that "everything's there", there are opportunities and options available to people in the community. The problem is found in people's expectations, or their inability to, as she put it, "go and reach for it, work for it". What has corrupted the community has been too many free handouts which have the end result of producing inertia in the community's residents.

The difference of opinions regarding opportunities deserves further inquiry. It is important to identify and assess what there is for the community to obtain and what is not available. If opportunities do not exist, how can they be developed, or in the case of the community learning centre, how can they be furthered? If opportunities do exist what is stopping people from accessing them and how can these obstacles be removed or the opportunities modified to produce greater accessibility?

5.6 *Service Analysis*

With the above construction of the concept of mental health offered by a cross-section of community members in the settlement of Arviat in mind, it is illuminating to turn to a discussion of how formal mental health services are perceived by these same community members.
• **Description of Current Formal Mental Health Services**

Mental health services are provided formally through a Social Services office. This office employs two local workers in addition to a mental health specialist who works directly in the community of Arviat. The same office is also responsible for the partial provision of mental health services to the other communities of the Kivalliq Region. The community’s Health Centre also provides mental health services, especially during times when it is not possible to refer problems due to a shortage of staff in the Social Services Office. The Health Centre is the site where psychiatrists visiting from the south hold appointments with community members. The community’s schools have counsellors who are available to students. Funding for community wellness is available from a variety of proposal-based funding sources, including: Brighter Futures, National Crime Prevention Centre, and Healthy Children Initiative. Typically this funding is short term and is restricted to dollars spent only toward certain endeavours. For example, most funding sources will not finance or contribute to the financing of building new structures. If individuals require more intensive mental health services— for example if they are suicidal and it is felt they cannot be supported within the community - or if they require intensive treatment for substance abuse, then they may be sent out to treatment facilities either in Manitoba or in the Northwest Territories.

In addition to these formal services, two other sources of mental health service provision by “non-professionals” were identified during the interviews. Several interviewees identified the churches as sources of mental health for the community. More than one interviewee located a further source of mental health service offered by
elders living in the community. Local Inuit were aware of individuals in the community, usually elders or individuals older than themselves, who are available and willing to meet with them and to provide support. The focus of this section will be restricted to a critical look at the formal sector of mental health service provision.

- **Participant Analysis of Formal Mental Health Resources**

  **Lacking or adequate? Funding, facilities, and resources**
  
  *If we had money, facilities, and the people, on a full time basis, there's enough work in Arviat...have a big office called mental health...that's how much it's needed...*(Respondent #10, adult female)

  *A lot of things were offered in this community and nothing has changed...*(Respondent #6, young adult female)

  *I wish people could face the truth...we have to take what's out there, we have to see what's out there...don't always look to money or funding...we can do things without money as long as we look within ourselves...*(Respondent #4, young adult male)

Some participants talked about scarcity of resources put toward mental health. Alternatively, other participants felt that it was the type rather than the amount of resources that was inadequate. This brings up a difficult point regarding resources: if more of the same were offered would any positive change result? Authors like Young
(1993) have put forward the question “is more better”? It is a question which some individuals in the community of Arviat have themselves put forward. Interestingly it was the two youngest participants in this study who emphasized the need for something in addition to more resources to really make a difference in the community.

Those interviewed were unable to locate useful resources to counter the flaws of the services currently provided.

I have a niece, she lives in Rankin now, used to live in Arviat, was very suicidal, I think she attempted suicide five or six times...who does she talk to? (Respondent #2, adult female)

Despite the presence of a mental health worker, school counsellors, social workers, a community wellness counselor, and informal resources available within the community, interviewees commented that there is no one to talk to. That feeling and the perceived lack of resources available speaks about the appropriateness of services currently in place.

**Staffing Issues: continuity and confidentiality**

There’s one...guy...who was telling me – you guys come up here and ...try to change things for a few months, then you’re gone. Then another one comes along and tries to undo what you were doing and then he or she is gone...because if I’m doing it one way, and you...immediately start doing it another way you’re going to make some confusion...(Respondent #14, service provider)

The formality of seeking help is a difficult barrier for people to overcome, particularly in small communities where everybody knows everybody else’s
business and gossip – gossip, gossip, gossip – I mean it's common in a small community that everybody likes or a lot of people like to engage in gossip, fairly malicious gossip at that...(Respondent #2, adult female)

As a social worker, even if you help somebody... there's a chain of things that could happen...if you're helping a certain person and their family members find out...and they're afraid, maybe they did something wrong to this person...then they're the ones who are going to become the barriers...it's not just the professionals that are the barriers, it's going to be the regular, normal people to...(Respondent #4, young adult male)

Zapf (1991) writes of the high staff turnover in the north:

Speculation on the factors associated with this turnover points to an uneasy fit between urban-based practice models and the realities of northern communities. This poor fit manifests itself in the field as a stressful choice perceived by the worker as he or she comes to view the approach of the profession as incompatible with active membership in the community. (p. 254)

Those interviewed for the purpose of this study were highly cognizant of the difficulties facing the individual mental health worker. Participants independently lobbied for more local workers and yet pointed out the difficulties that hiring locally produces. The individual hired has to be “exceptionally good” to work in a small community. This individual worker is expected to be a model representing an ideal he or she is doomed to fall short of. Also, this individual is embroiled in a tangle of family connections that place him or her within a certain configuration alongside those with whom they work.
The alternative to the complications ensuing from a local hire is to import a worker from outside. One woman commented on the advantage of a stranger from the south:

*Some people they want Qallunaats cause you guys aren’t going to go out and back stab them...it was my fear to talk to an Inuk social worker cause of her relatives, maybe she could tell them and that would have been embarrassing...*(Respondent #6, young adult female)

The interviews conducted lend credence to the passage by Zapf (1991) cited above regarding service provision in the north and the difficulties of staffing positions that place workers in conflict with the larger community. Related to issues of continuity is the current funding situation. Governments make money available for the development of community-based initiatives. This funding is valuable in allowing communities to develop their own strategies towards health and wellness, but those interviewed for this study were quick to point to some of the problems imbedded in this type of funding strategy:

*I think it should be more than just bandaid kind of stuff...I think funding should be available and on an ongoing basis to address some of the deep rooted issues that aren’t going to go away by having a three month summer program...to get some kind of commitment for two or three years...so you can actually build something that...goes a bit deeper than just the superficial, surface kinds of things...*(Respondent #2, adult female)
One of the difficulties brought up in the comment above, is that the funding available for community projects is usually only for the short term, a significant limiting factor in the types of projects that can be developed.

Staffing as well as the funding of community projects are typically undertaken at the regional or territorial government level rather than at the local level. To make funding and staffing decisions is to exercise power over the lives of community members. The power vested in decision making is retained by those already established in positions of authority, government bureaucrats and health professionals. As well as concerns regarding the power relations exercised through these decisions, there is another area of concern raised regarding the appropriateness of the decisions made. As those individuals who are making the decisions are not directly affected by the decisions made, the potential for a goodness or fit to function between the service and the community is diminished.

Erosion of self-sufficiency

If I was king what I would do is take the R.C.M.P., Social Services, the Health Centre out for a while so that people affected could deal with their own problems. There are too many people dealing with the same problems and this makes things more complicated and difficult...let people deal with their own problems and sort it out themselves...(Respondent #16, adult male)

A few of the participants interviewed for this study expressed their feeling that the overlap which exists between various community services produces confusion. The confusion obscures recognition that individuals, families, and communities have
competencies that could be directed toward bettering situations. The confusion created by different services and agencies functions to transfer attention to these services. As more resources are invested into these services, regardless of whether they act to help or to hinder, the more difficult to dismantle they become. As community members note the significant investment in these resources, so they develop the belief that these services have greater capacities than they do to act toward increased health and well-being. The individual cited above put forward his belief that only by becoming responsible for meeting their own needs are Inuit able to achieve mental health. The involvement of various other parties obscures truth and does not enhance the competency of the individual, the family, or the community.

This view is congruent with that of Illich (1975) who wrote of an erosion of self-sufficiency that occurs as professionals usurp an independent ability to achieve and maintain health. The lack of co-ordination noted by participants could amount to a form of “professional colonialism”, whereby each profession claims a stake of government funding in a defined area. Co-ordination may require the elimination or reduction of professionals from a lucrative area of service.

Community solutions and...community talking and community dialogue I think they’re all really important parts of...finding a solution to the problem...but at the same time I also think...it’s part of a bigger systemic problem, it’s not just about relationships it’s also about the system in which we live that’s been created through the history of Nunavut and...working on the systemic problems is a bit more challenging...(Respondent #2, adult female)
As indicated in the literature review, a significant drive in northern life today is toward community empowerment. Community members, academics, and service providers are recognizing the fallacy of offering services that function discretely from the community. Without understanding how the community impinges upon the individual, little can be done towards assisting an individual toward mental well-being. The community, as described by various community members, is double-edged: the panacea for community mental health and a source of limitation. Communicated through the interviews was a sense of “all for one and one for all” for better or for worse; an individual could not rise above alone without others rising also. Current mental health services that are primarily replicas of western-based-individually-oriented models are debilitating in their narrow conceptualization of both problem and potential solution.

Those interviewed in the community of Arviat spoke of the need to develop mental health services more entrenched within the community.

**Ineffectiveness**

*To send our people out...not just out of the community but completely out of the region...they'll go down to Selkirk and it's a completely foreign area of locked doors...this being a very traditional community a lot of our people speak Inuktitut...it's very difficult for them being sent out...*(Respondent #3, service provider)

Many respondents questioned the effectiveness of being sent out for help. To be removed from loved ones, social support, and one’s own culture and daily language of operation is disorienting to anyone, let alone those dealing with feelings of suicide or
those attempting to overcome addiction. Away from the influence and the association of daily surroundings, individuals may present as if they have overcome their problems only to find that a return home places them right back into the crisis they had attempted to leave.

The ineffectiveness of treatment received while transplanted away from the community is compounded by a lack of follow-up services in place to assist people upon their return to Arviat. One woman who received treatment in Churchill remarked on her feelings after realizing that no follow-up contact from the professional she had confided in was forthcoming: “it would have been good, just to know that they really did care for you ...to know that they’re not [just] taking my Nunavut government money” (Respondent #8, adult female). This woman who had received mental health treatment three times in her life said she was searching for somebody who could help, somebody who was preferably an Inuk woman a little older than herself with similar experiences to her own. The treatment given was jeopardized by this woman’s perception that the professional’s motivation was financial rather than personal care. Statements such as this one indicate a fundamental problem in the current model of care provided in the Kivalliq Region. If trusting, personalized relationships are a prerequisite to increased mental health, then de-personalized, “professional” relationships are intrinsically flawed.
Lack of Cultural Fit

We call [social services] the misunderstood department...it's also a cultural thing. Not everyone understands what social service is about...social services are seen as bad people that really interfere with your life, who break up your marriage, who break up your kids...it's not helping the community...in fact...it creates more problems in a community...rather than eliminating the problem... (Respondent #10, adult female)

Embedded in this comment on the appropriateness of the current system of service provision is the recognition that a danger exists that goes far beyond ineffectiveness; namely, it has the potential to inflict harm. The connection between mental health and the effect of colonialism on the well-being of Inuit has already been suggested in the literature review. Social services, a government department that provides much of the mental health services in the community of Arviat is an instrument wielded through colonial power. Comments extracted from the interviews point to a need for recognizing the relations of power that are currently operating to render services inappropriate and ineffective.

The cultural inappropriateness of current systems of mental health service delivery is threaded throughout the other points of analysis under review in this paper. Cultural inappropriateness renders services ineffective and results in a lack of continuity. Culturally inappropriate services will always be regarded as insufficient. No matter the amount of funding, these services will forever be plagued by issues of scarcity while they operate in ways that are in conflict with the community and with culture.
5.7 Suggestions for Improvement

- *More local hire*

Inuit know a lot more about Inuit and it would be better if the Inuit help their own people. Because if the mental health workers come from down south...all they can see is what is written down on paper, they don't know their lives, they don't see the person. All they see is the paper and that's all they see...the people who come in are supposed to know everything, but they don't know everything, even I can know more than they do... *(Respondent #15, male elder)*

A distinction emerges in the above statement between what is known from formal education and what is learned from lived experience. While western society places much trust and faith in a formal education system that was developed to serve western purposes, Inuit ways of knowing are based on lived experience. One woman who had accessed formal services found it difficult to talk to those who had read about rather than shared her experiences:

*The people that were trying to help me, they were educated off books, not from experience...should I talk to them or not 'cause, well maybe if I talk to them they'll learn from my experiences and be able to help others, be able to understand others that are trying to ask for help...I was just an experiment to these counsellors, or doctors, or social workers, I was angry 'cause...they have a nice life...much easier than mine why couldn't I just have what they have... *(Respondent #6, young adult female)**
Although this woman recognizes that receiving these services made a positive difference in her life, she is firm in her advocacy for more Inuit filling the positions that currently are most frequently occupied by southerners:

*Maybe it should be Inuit...we need more educated Inuks...it’s not easy going up to a stranger asking for help...a Qallunaat, it’s not easy to trust them, it’s like are they understanding? We’re two different colored people, not to be prejudiced or anything but...for my own experience, being sent out for help to total strangers was the hardest thing I’ve gone through...*(Respondent #6, young adult female)

This woman points to the lack of trust that she felt in accessing help from a “stranger”. Compounded with this lack of trust was her feeling that understanding one another across cultural divides poses challenges. This woman did not access help within the community, she was “sent out for help to total strangers”, an experience which she presently describes as “the hardest thing I’ve gone through”. This woman concludes on the strength of her own intense experience that there is a need for more educated Inuit. Inuit in helping positions would have the advantage of understanding culture, language and community from an insider perspective. Inuit workers by virtue of their life experience have a knowledge not attained by outsiders who frequently occupy community positions for only the short term. Inuit workers would know more than what is written and documented on paper, they know individuals, families, and relationships. Even if Inuit worked in a community different from their community of origin, they would have at minimum an understanding of language and of culture which, while they might be different from their own, would overlap at various points. Inuit would have more than book knowledge. They would have an understanding based on lived
experience, an understanding valued highly by some of those interviewed in the community of Arviat. Aside from an increase in the quality of the help received, other advantages would result of more local hiring: an increase in the amount of community control and an increase in employment opportunities available to residents.

- **Systemic flexibility**

  There's so many rules...in order for any department, any policies, anything...to work in a community up here in Nunavut...you have to be flexible...(Respondent #10, female adult)

  If you bring your policies and say, okay these are the policies...we'll use it as a guideline, but you come to a community and you work with your policies, and...the way the community functions...you're going to have both, you're going to be able to have all your policies that you believe should really be there but you have the community's input, and then, my goodness, that's the answer...(Respondent #10, female adult)

There is an awareness shown in the statement above that strict rules and guidelines do not function well in a northern remote community. The example given by this woman to illustrate her point was that of travel plans frequently being delayed, requiring an environmentally imposed flexibility around time lines. There is also a recognition in the above citation for a “goodness of fit” to be reconciled between policies and the individual community derived through the obtainment of the “community’s input”.

A statement of the need for increased systemic flexibility in areas related to mental health broadens the critical analysis beyond the scope of the individual
community. Policies are usually developed and directed at a regional level and so change must occur at not only the community level but also at higher levels. The person cited above suggests an avenue for making this change by characterizing a policy as "a guideline", therefore avoiding rigorously adhering to policy at the expense of community well-being. Her solution involves conceptualizing policies as guidelines and then encouraging community input which will allow the creation of policies that are tailor made to the life of the community.

When organizations design policies and rules to be followed without local input, the policies and rules are likely to be dislocated from the environments in which they operate. The result is increased stress felt by those delivering front-line services as they are faced with fulfilling policy expectations, such as filling out an overload of paperwork or trying to meet strict restrictions and deadlines, that are not realistic. One elder involved in running a camp for young offenders voiced his feeling that their program was shut down as the organizers failed to stick to rules they felt were inappropriate:

*The Hamlet gave us strict instructions to follow while we were at the camp (youth justice camp), but the rules weren't like our cultural rules, so we bent the rules or went around the rules...* (Respondent #15, male elder).

This participant describes a situation where rules imposed through an administration are in conflict with rules prescribed by culture. If policies and rules where flexible in nature, would it be possible to negotiate a middle ground to meet both administrative and cultural requirements?
• "Increased Community Involvement"

We need more support within our community, we need people that are trained in our community, our own people, Arviat's own people, trained to help themselves, support is greatly needed, support groups that train support people... the main person doesn't need to be some professional... (Respondent #3, service provider)

Professionals in the north are in short supply, evidenced by high turn over rates and lengthy job vacancies. As previously acknowledged, professionals imported from the south are often not the helpers of choice. Suggestions for improvements or alternatives to the conundrum of staffing professional positions in the remote north point to an increase in community involvement. Community involvement goes one step further than local hire, it demystifies the act of helping. Community members do not have to wait for positions to be filled to receive assistance. They are able to meet a great number of their needs intrinsically – within the community. The goal of increased community involvement is a dual process. First of all, opportunities for local involvement need to be allowed and supported within the regional framework. Secondly, real involvement has to be undertaken by community members. Those problems identified as mental health problems produce challenges. As already discussed, professional workers are often alienated from the rest of the community as a function of their working roles. The advantage of a professionally hired worker is that a professional affiliation functions to alleviate the stress from the rest of the community members. Professionals enable the community at large to avoid dealing with mental health issues directly. Real community involvement necessitates removal of the "professional affiliation buffer" and dealing with
problems despite feelings of alienation and controversy. Of course the more community members who are involved the better. It is easier to stand in a group rather than standing alone.

- **Incorporation of traditional knowledge into services**

  That's how it would work better. Talk with the social workers, not just anyone talking to the social worker but elders who have wisdom. We all have different knowledge, some people know a lot about the past from their parents and grandparents...If the social workers got more help from the Inuit, a lot more would happen and they could help much better... (Respondent #15, male elder)

Evident in the passage above is the perception of a mutual exclusivity operating between Inuit elders and service providers. In actuality at least one of the social workers in the Arviat Social Services Office is Inuk, born and raised in the community. The elder cited in the above passage advocates that it “would work better” if the social worker talked to “elders who have wisdom”. Elders possess “different knowledge”, and if they shared this knowledge with social workers and if “social workers got more help from the Inuit” then “a lot more would happen” and “they could help much better”. The felt division between social workers and Inuit elders – placed into two, disparate camps - is evident. This suggestion for the improvement of mental health-related services does not go so far as to advocate for the filling of social services positions by Inuit, but rather just the seeking out of the knowledge of elders and the inclusion of this knowledge within the area of service provision.
In addition to the identification of the need for an incorporation of traditional knowledge within service delivery models, there was the further suggestion arising in several interviews that the service delivery model itself be informed by traditional knowledge. Specifically, it was a commonly repeated suggestion that camps out on the land could be used in the address of a variety of mental health problems identified by community members:

A camp like that would be really nice for young people with different problems 'cause...when I go out into the land I...really enjoy it to a point where sometimes I'll just cry because of all the freedom I've got, all the open space, so I think camps like that are a good idea – alternative justice camps... (Respondent #12, female elder)

The Elder who spoke in the above passage through an interpreter recognizes the healing power of the land and the immense feeling of freedom which she encounters in the midst of 'all the open space'. Currently, land camps are being utilized in various communities across Nunavut as an alternative and more culturally aware form of addressing justice issues. The suggestion has arisen that land based camps be broadened to stretch beyond justice issues to be used for suicide prevention and for dealing with issues of drug and alcohol abuse. The land is a resource which many of those interviewed connect with mental health. The land ties in with culture and has the ability to connect people across generations and yet the land is largely a resource untapped by the formal sector of mental health service provision.
• Increased resources diverted in the areas of social well being and education

I'm hoping that they...don't lose their focus on their mandate, they put people first, community first, we're going to work on our social issues, our education, you know all those nice things that they really said they were going to do when we become Nunavut...(Respondent #10, female adult)

The woman cited above speaks specifically about the Nunavut Government when she comments that she hopes that “they ...don't lose their focus on their mandate”. It is this woman’s impression that “those nice things that they really said they were going to do” should be done in terms of focusing on people and communities by addressing various social issues and the area of education. These comments go beyond the community of Arviat to the territory of Nunavut as a whole:

We need to improve education, health, justice, housing, all those...and start planning and...finding the funding to start going into, taking these to the communities...(Respondent #10, adult female)

The mobilization and dedication of resources to the broadly defined area of mental health is perceived as a necessary precursor to community health and well-being. While more resources may be needed, a useful initial step in the right direction would be the examination of the current utilization of resources – how effective is the deployment of various funds at this point in time? Is more funding required or is it the reinvestment of funding into alternative endeavors which is required, or, possibly both? Communities, both individually and collectively, need to be involved in the evaluation of current services and the decision making process of what will be funded in the future.
• Increased co-ordination between various departments and services

Something that can be done that would really help – put the agencies together – make them fight it out...make them into one agency...pick one agency who's going to decide what is going to happen. The more that are involved, the more complicated and stressful things get...(Respondent #16, adult male)

Bureaucracy has unleashed upon the north systems of stunning complexity. Given the small populations involved, the administrative structures and functions are remarkable. Albeit, environmental constraints have imposed a resistance toward the simple transfer of “southern style” models onto the face of the north. Factoring in elevated costs, small populations rooted in a different culture, and difficulties associated with Arctic travel, models of administration have been adapted to the closest southern parallel achievable, given the circumstances. An outcome of the proliferation of administrative systems is a lack of clarity regarding who is responsible for what. The suggestion made by the individual cited above is “make them fight it out”, collapse the many into one, thereby reducing confusion and increasing effectiveness. As this man interviewed warns “the more that are involved, the more complicated and stressful things get”, a statement directly pitched against the creation of resources that will further confuse things. More is not necessarily better, and sometimes more is decidedly worse. Following up on this suggestion, it would be useful to clarify roles at the community, regional, and territorial levels – in order that both redundancy and gaps in service provision might be addressed, simpler solutions might be arrived at, and education would be provided to the public regarding who is responsible for what.
More Positive Interventions

I think to keep on selling the idea of positive intervention, and positive support and get out there... be seen to be doing good... (Respondent #14, service provider)

As previously identified there exists the perception that social services, a major deliverer of mental health services, is alienated from the Inuit culture in which it is housed. The role of social service worker is postulated not always as a positive role but one which instigates a disruption against the family life which is viewed as an integral part of community well-being. The suggestion above notes that the social services office is in need of serious change. Positives interventions should be stressed and more readily implemented. Social services needs to be recognized as an agency that supports and assists rather than penalizes. To achieve positive recognition, positive interventions are necessary. Changing an image will likely be a long process and one that will potentially necessitate a review of the larger social services system of which Arviat’s local office is a part. The image of social services is not accurate. The earlier comment by an elder suggesting that social workers should talk more with Inuit relayed his perception that social workers were hired from outside the community while in actuality at the time these interviews were conducted two out of the three positions filled at the social services office were filled by Inuit workers. This misconception of how the local social services office is staffed reaffirms the suggestion that workers need to become more visible in the positive aspects of their work.
• **Cultural training of non-Inuit professionals**

> They are very much qualified to be a mental specialist, I'm sure, but...when they come to a community...they need to be trained, they need a lot of training on the community side. Yes for the language, for the culture cause...they are dealing with people, and people's lives...when they come in and they don't know the culture, and how people do and think, and why they do things, if you don't stop and try to learn those you may make a decision that could be more harmful than good, to the person, to the family, to the community... (Respondent #10, adult female)

Non-Inuit workers are in need of training to supplement their professional expertise. While training obtained in the south may be applicable to a northern setting, it may be in need of modification to maximize effectiveness in this different cultural setting. As the woman cited above comments about the need to learn about culture: “if you don’t stop and try to learn ...you may make a decision that could be more harmful than good”.

Operating out of ignorance is a potentially dangerous form of practice that could do harm to people in the community. There is no organized training regarding culture arranged for employees recruited from the south. Cultural training, provided by elders as well as others in the community, would provide an opportunity to establish connections between community members and professionals. The training would also provide a good opportunity to personalize the connection between professionals and community and possibly to boost community involvement.
• **Development of regional services**

*I know the lady who worked here before me was asking about getting a treatment centre somewhere in the Kivalliq region which would be much easier I think. She got turned down saying that there wasn't enough people who would get help but I think if it was here in our region, not far from home, people, a lot more people would go and get help and they get turned away from treatment centres being so far away...*(Respondent #9, young adult female)

Northern, remote communities pose a problem to service providers. Communities with small populations obviously cannot offer the kinds of services provided in southern centres. Yet, with culture, including language, being very different between the south and north, it is not always appropriate to send people to an alien setting to receive services. For voluntary treatment, such as alcohol and drug treatment, individuals may elect to go without services, as traveling far from loved ones and the familiarity of home may be too much of a disincentive. The worker interviewed in the above passage makes the comment that those who are asking for help are probably a smaller percentage of those who would benefit from help if services were available within the region. The development of regional or even territorial services should be explored with the understanding that effective services that are readily utilized are also fiscally sound. Services could also involve local communities and local strategies – for example, as already discussed, the use of outpost camps.
• **More Youth Involvement**

   *We have to get what the young people want. Being a young person, your thoughts aren't always seen by the elders or the elders disagree with what the youth want...ask the youth what they want, let them vote for it. Stuff that we never thought of would start showing. The community would get happier...*(Respondent #15, male elder)

Suicide, a mental health problem facing the community of Arviat is much more prevalent with youth than with any other age group. Likewise, many of the substance abuse problems directly involve youth. This being said, it is largely the adult population who design and implement mental health services. The elder cited above recognized a need for the further acknowledgement of the voices of youth. It is his feeling that if youth were more involved in decision making processes that the whole community would benefit and become happier as a result. This elder also makes the comment that different elders make different assumptions regarding what the youth need and want. However, it would be far clearer if the youth were directly asked. Community decision making which involved members from various generations would provide forums for cross generation contact and communication.
CHAPTER 6: Conclusion

The interviews conducted for the purpose of this study have important implications for the community of Arviat, health policy makers and practitioners, as well as for the profession of social work. Community members of Arviat have voiced their opinions that mental health services could be improved and have put forward ways in which this might be done. The results are relevant to other communities that are in the midst of significant social and cultural change.

These results are also put forward for consideration by community members of northern settlements, as it is my belief that what emerged from this research was a clear call for a less institutionalized understanding of service provision, one that would not draw boundaries between service provider and service population. Researchers need to start addressing broader audiences rather than restricting themselves to their professional colleagues - a restriction which propagates elitism and division among professionals.

The following suggestions aim at improved community well-being and conscientious social work practice.

- **Importance of critical stance and power analysis**

Over time, a belief has been promulgated that professionals are the individuals of choice to deliver mental health services to northern remote communities. After all this has been the belief developed and practiced in the south of the country. Community members questioned this belief as they noticed that professionals contain a book knowledge rather than a knowledge based on lived experiences. Community members also noted that professionals are often not aware of language and of cultural practices, an ignorance that
sometimes puts their practice in conflict with the larger community. Could mental health services be expanded to include practices that are based on a community mental health model that would encourage local participation rather than making practice exclusive to the professional? If a mental health professional position is maintained, is there a mechanism which could be employed to link this individual with other natural helpers in the community? A mental health professional might, for example, spend time training and being trained by a group established for the improvement of mental health in the community that attempts to meld professional expertise with the capacities and knowledge residing within the community. The mental health professional, needs to be accountable to the local community in a direct way. It is not enough for this individual to be responsible to a department or an organization. The mental health specialist needs to report to and receive instruction from the community. Local accountability is a natural check to the power of the professional.

- **Further exploration of the meaning of terms**

What became evident in conversation with different community members was that mental health was a term with many definitions. The community of Arviat does not share a uniform definition of what mental health means. Likewise in the rest of the country, mental health is a term lacking a singular definition. While it is not crucial to unearth an agreed upon standard definition of the term, it is important to recognize that it means different things to different people. An essential starting place for social science research is an exploration of the terminology currently used. When more than one language is being utilized while the research is being conducted then there needs to be the further
recognition that translation between two languages rarely happens without some occurrence of loss or alteration of meaning. Lastly, when viewed from different systemic levels, terms can take on different meanings. A finding of this research is that the term mental health can be attributed not only to individuals, but also to families and communities and that these different systems exhibit characteristics or qualities that can be measured to gage levels of mental health. The utilization of systems theory can potentially yield a more thorough understanding of terminology.

- **Further exploration regarding the connection between mental health and culture as specific to northern communities**

This paper discusses the ambivalent role that culture has played in relation to mental health in the northern community of Arviat. Cultural knowledge can be used to promote mental health. Acculturative stress has effected community well-being. Colonialism is a force that has disrupted the transmission of culture from one generation to the next. Participants in this study identified that cultural knowledge can improve the mental health of their community and that the challenge is to retain a sense of identity while understanding what it means to be Inuit at this present time continues to evolve. Culture cannot be articulated only in terms of the past. Doing so alienates young people whose lives are very different from those of their ancestors. Conflict exists in northern settlements between different generations. Further exploration of this inter-generational conflict as well as how this conflict relates to a changing understanding of culture is needed to reveal how culture can again become a unifying force that promotes survival. Lastly, there needs to be an examination of how culture can inform the development of
formal mental health resources. The north has largely been a site of transplanted services based on southern models and yet northern communities are unique and distinct. Mental health services are not congruent with community culture and as a result are limited, both in terms of appropriateness and effectiveness. How this condition of insensitivity to culture can be rectified needs to be addressed conjointly by community members and by professionals.

- **Include different systemic levels in consideration of mental health issues**

A finding included in the results of this research is that considerations of mental health are not confined to the individual. Families and communities are perceived as possessing both positive and negative indicators of mental health and of having roles to play in the overall improvement of mental health. Further to this, the territorial and national context in which communities are housed are also perceived as relevant to community mental health. Given these relationships of larger systems to community mental health, it is important to resist the tendency to become singularly preoccupied with treatment strategies that target only individuals. This implication is an important one, regardless of whether working in the area of mental health in Arviat, or in a larger community in the south of the country. There is a tendency to pathologize individuals for their mental health problems rather than examining the larger systemic issues. Participants in this study linked mental health problems to a lack of opportunity, to a lack of appropriate services, and to cultural upheaval faced by community members. Mental health problems were talked about as social phenomena rather than as organic maladies. Also, different manifestations of behaviour linked with poor mental health such as the act of suicide or pathological gambling are linked to common root causes, lending credibility to the
perception that these problems are largely socially based. Participants allude to systemic conditions underlying the separate manifestations of mental health problems. As professionals frequently employed in the field of mental health, it is important for social workers to be conscious of the social influences affecting mental health in both their practice and research. Akin to this is the recognition of the importance for social workers to be active in working with communities in the realms of advocacy and social policy design in order to be active at both micro and macro levels of practice.

- The potential harbored in community capacity to improve mental health

Critical theory emphasizes the capacities held by groups of people to meet their own health needs, and cautions that institutionalized services can diminish rather than enhance community capacity. The distinct line typically drawn by formalized mental health service sector between service provider and service population should be reconsidered. The very act of addressing mental health concerns as a community will, in and of itself, be of service towards answering these concerns. This belief put forward by critical theorists also emerged in the comments made by participants. Some of the participants cited in this paper were adamant that self-responsibility was crucial to the pursuit of increased well-being. Participants also shared beliefs that traditional knowledge contained truths about how to lead a healthy life. This paper has largely been restricted to a critical examination of the formal sector of mental health services, a limitation which has yielded only a partial account of the forces affecting mental well being. To increase the recognition of community capacity researchers and community members should be conscious of both the formal and informal resources available.
Examining scarcity and staffing issues from a critical perspective

Although not unequivocal, one of the observations made by participants is that it is not a matter of scarcity of resources that confounds the improvement of community well-being, but rather the manner in which resources are being utilized is inherently flawed. There is a difference of opinion raised in interviews held with community members as to whether there needs to be more resources diverted toward the area of mental health or whether a systemic revisioning of services needs to be undertaken. Critical theorists make the argument that service provision is fundamentally self-interested, and as such service providers will likely advocate for a furthering of the same kind of resources. If there is a failing in the service, then it should be attributed to the amount rather than to the type. Services may be slightly altered, however, it is rare that changes take place on anything more than a superficial level. Social workers have an ethical obligation to examine their professional role and to conduct an honest evaluation as to how their role may be inhibiting or enhancing the well-being of those with whom they work. This claim also relates to the finding that arose during interviews that the social worker's professional role was at times perceived as being adversarial. If a professional role consistently places the professional in opposition to the community then this role needs to be questioned on a fundamental level. Social workers have an ethical obligation to work with communities toward communities’ best interests rather than toward professional self-interest. How to do this warrants some honest and serious scrutiny. Considerations toward this end include developing service provision that is more flexible and that draws more from community based resources such as outpost camps.
The relevance of critical theory and ecological systems theory

Interviews with respondents confirm the applicability of both critical theory and ecological systems theory. Respondents spoke of colonialism and its impact on the mental health of Arviat’s population. Critical theory recognizes the importance of analyzing the historical and present-day oppression that has been brought about by colonial relationships. Respondents identified how things have changed from the past using words like ‘lost’, ‘confusion’, and ‘anger’ to describe the effects of the attempted imposition of a western hegemony upon northern populations.

In line with critical theory, respondents spoke about the important role of culture in providing the knowledge necessary to lead a healthy life. Respondents noted that culture was important in terms of providing a sense of identity and also in providing a source of wisdom for living. Both elders and young adults agree that an understanding of Inuit culture provides a means to mental health. Critical theory is sensitive to the changing nature of society and recognizes that society’s structures are dynamic rather than stable. Respondents spoke about the changing nature of their culture both positively and negatively. Critical theory applied to the setting of Arviat would suggest that community members examine the structures that make up their contemporary society and challenge any false consciousness that they are powerless to bring about change.

More than one respondent noted that in order for meaningful and positive change to occur that individuals needed to take responsibility for themselves. A similar observation is made by critical theorists who note that through self-responsibility, at the individual or at the community level, people recognize their abilities to meet their own
needs. Respondents spoke of problems that make current services ineffective and the suggestion was made that until people recognized that they had the potential to do something to fix problems that services would continue to be inadequate. Critical theory encourages people to recognize the positive differences that they can make in their everyday lives. This process of change occurs when people realize that they can make meaningful changes at the level of everyday life and that these changes will in turn effect changes of “large-scale social structures” (Agger, 1998, p. 4). The dialectical nature of change in recognized by both critical theory and ecological systems theory. Respondents noted that Arviat is a community in which community members do meet together for the purpose of addressing their shared problems. Courses of action that would be encouraged by critical theorists are already taking place. Critical theorists would likely advise that action at a local level be coupled with further analysis as to what changes need to made at a structural level.

Ecological systems theory is congruent with comments made by respondents. Respondents noted the ways in which their mental health connected with their larger environment. Likewise, when speaking of community mental health problems respondents spoke about the ways in which problems were connected and how these problems had their roots in larger systemic issues. Some of the criticisms regarding service provision are predicted through ecological systems theory. For example, respondents spoke about the dubious effectiveness of sending an individual out for treatment and then returning them into unchanged environments. The application of ecological systems theory would point to not just addressing the individual but also examining their environment. Ecological systems theory also points to the risk of
failing to establish a ‘goodness of fit’ when external structures are imposed in
environments foreign to the environments that evolved these structures. Comments
respondents made about the provision of mental health services voiced concerns about a
potential for inappropriateness occurring when professionals do not have an
understanding of the environment in which they are practicing.

Both ecosystems theory and critical theory enrich the understanding of this body
of research by providing it with a larger contextual framework. Criticisms raised
regarding the ‘liberal’ nature of ecological systems theory are important to acknowledge
and point to the importance of using critical theory to mitigate this short-coming.

- Moving toward changes that are needed

The following is a list of suggestions for change emerging from this thesis.
- Design mental health services that are sensitive to the family and community rather than
  primarily designed as ‘individual-centred’. Design services around community
definitions of mental health.
- Design mental health services that are sensitive to different generations and changing
definitions of culture.
- Look at options and choices available to community members and develop further
  opportunities based on community input.
- Support and develop mental health initiatives that include peer support and recognize
  local role models.
- Evaluate and measure community empowerment strategies.
- Develop community-based strategies for teaching life skills to younger generations.
-Utilize and recognize the community’s creative resources in mental health initiatives.
-Recognize informal mental health resources functioning in the community (i.e. traditional knowledge, the land, spirituality etc.)
-Encourage critical thinking among community members regarding media from the south.
-Examine the roles of both crisis and prevention services in the area of mental health – how can prevention be strengthened to forestall crisis?
-Complete a review of services and policies through a cultural lens.
-Explore the possibility of developing ‘mentoring’ relationships between elders in the community and mental health practitioners.

The above suggestions contain strategies and ideas of how mental health services could be improved or expanded at the community level. These suggestions are also relevant at the regional level as the comments derived from a single community are likely relevant to the region as a whole.

The aim of this research has been exploratory – to solicit a northern community’s feedback regarding the broad subject matter of mental health. Through the interviews held with community members it became clear that mental health referred to an individual, as well as a collective well-being, and that both obstacles and aids were apparent in Arviat. Northern, and other communities, need to unlock the potential of community resources. A social worker can work as an ally in this process, but must be cognizant of the limits to the professional role.
REFERENCES


