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Tatigiilluta Working Group on Mental Health and Wellness Report and Recommendations

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DEDICATION

This report is dedicated to all of those who have suffered pain and loss over the last decades and those who have worked so hard and tirelessly to improve the lives of their fellow Inuit, seeking solutions to combat the social challenges we have faced.

Your strength, courage and resiliency are a shining light that guides and supports us all.

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Message from Tatigiilluta Working Group on Mental Health and Wellness

We are pleased to present this report and recommendations. The report includes information and insights we have been blessed to gain through our work together on mental health and wellness. The report is intentionally short with the hope that it will be read in full.

More important than the facts and figures we present are the experiences we shared. We felt the support from many and were humbled by the willingness of so many to share painful truths.

We are all worthy of a good life, with happiness, joy, and confidence that we can face all of life's challenges as our ancestors did before us. Our greatest strength will come from the love we allow ourselves to express and to feel.

"If we don't do this work with love and compassion, it won't work."

Charlie Okpik, Tatigiilluta Working Group Member

«CL- CLJT»L Λαλανδηδις αι-σιδι Δείλλησισ, CL°α ασισιδραβογο.». διδιζί ήτο διΛι, CΠΓ΄ ΔΟ ΛαλαιδηΓίζος δυζληδι Δεδά We have learned, from our own experiences that it is difficult to grow to our full potential when our lives and relationships are in chaos. We may think poorly of ourselves, constantly aware of our failures and limits. However, with care and confidence from within and our spiritual foundation we can find the strength to keep on. Add the care, love, and support from those around us and our potential is limitless.

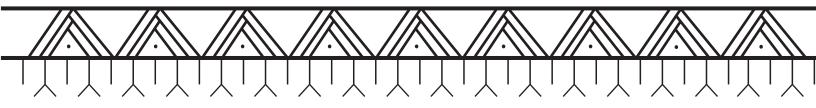
"Everyone has a purpose, but a lot of people just never get a chance to find it because of the pain and trauma they live with. Living with purpose makes our lives more happy."

Beatrice Deer, Tatigiilluta Working Group Member

We would like to thank Charlie Watt Sr., past President of Makivik Corporation for recognizing the seriousness of the social issues we face as Nunavimmiut and giving us the opportunity to do this work for our people. $\Delta - c^2 A (b (c^2) J^2, d) A (c) A$

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Introduction

The last fifty years have led to remarkable progress in Nunavik. Considerable investments in infrastructure and services grew to meet the needs of a young and rapidly growing population. Inuit of Nunavik now own air lines, construction companies, hotels, auberges, restaurants, stores as well as diverse other businesses. The regional government, education, health, housing, and economic development authorities are governed by Nunavik Boards of Directors of which Inuit are a distinct majority.

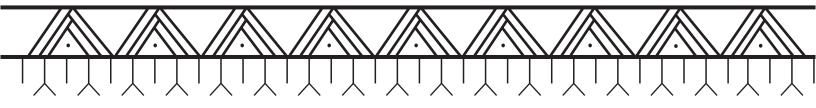
Essential services that were lacking or had not been previously available were identified, developed and implemented throughout the region. Leaders, administrators, managers, and staff from all organizations work hard to sustain and stimulate this progress. They have succeeded to a great extent. On a social level, however, there have been increasing signs of distress.

Community organizations began appearing to support community members challenged by specific social issues, led by community members determined to help their fellow Nunavimmiut. Women's shelters, treatment centers, family houses, often struggling with limited human and financial resources were established, fueled by hope, care, and compassion. In spite of this, the signs of despair grew.

Many individuals, community members, committees, and regional organizations have invested human and financial resources trying to improve

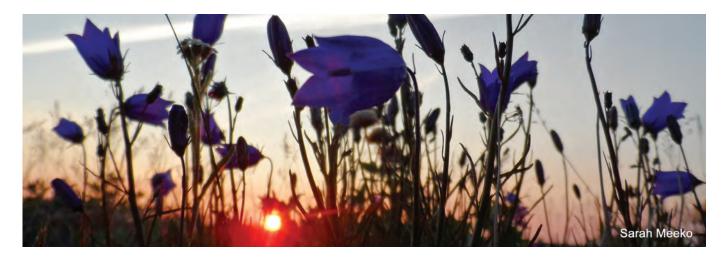
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the situation, but so far, nothing has worked as well as hoped over time and conditions continue to deteriorate. Nunavimmiut continue to seek ways in which to combat these social conditions. We are at a critical stage in our history, unless things begin to change, we know with certainty that our social conditions will continue to deteriorate as they have in the past. While there is clearly not a single answer that will resolve our problems, it is important to understand why this is happening and what the root causes are so that we can begin to understand what needs to be done so we can begin the process of change.

It is with this in mind that a working group on mental health and wellness was formed in early 2020 under the auspices of Makivik Corporation, continuing their work in 2022 under Nunalitugait Λαζυξύρτο Ραδείος Αλέτος Δζοδιος Δζοδιοδιος Δζοδιοδιος Δζοδιοδιοδιοδιος Δζοδιδ





Ikajuqatigittut Inuit Association. The working group, composed of Inuit from Nunavik committed to promoting mental health and wellness met for the first time in March 2020 just before the Covid pandemic restrictions were announced in Nunavik.

Members included Charlie Okpik from Quaqtaq, Anna Samisack from Inukjuak, Mary A. Pilurtuut from Kangiqsujuaq, Christina Savard Saviadjuk of Salluit, Beatrice Deer from Quaqtaq, living in Montreal, George Kauki from Kuujjuaq and Annie Popert from Kuujjuaq.

These members represent three different generations, as well as the three geographic regions of Nunavik and are committed to wellness for themselves and their communities. All agreed to model acceptance and non-judgement, coming from a place of compassion, honesty, and transparency. A community empowerment approach was adopted, to support rather than "do for", following where the communities involved chose to go. CL UT-%L4F⁶ Δ/L⁶⁶⁷/2 Λ_α/4⁶⁶⁶⁶/2 Δ²⁶⁶⁶/2 Δ²⁶⁶/2 Δ²⁶⁶/2 Δ²⁶/2 Δ²⁶/2 Δ²⁶/2 Δ²⁶/2 Δ²/2 Δ

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Tatigiilluta sought partners in the region, reaching all communities in a short time. Responses were received from three of the 14 communities enabling us to work with community members who were interested in our process. We felt that solutions had to come from the community to be strong and effective.

We also looked at research done by Indigenous People for Indigenous Peoples through such commissions as the Royal Commission on Aboriginal Peoples, The Truth and Reconciliation Commission, as well as others on mental health and wellness.

Through these processes, we began to be

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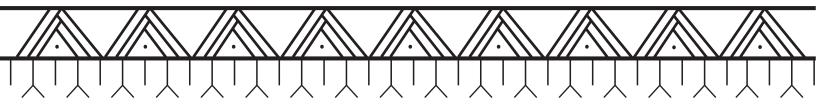
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guided towards a better understanding of what was going on and started building tools and activities to support the empowerment and capacity building in the three pilot communities through community gatherings and by providing a Training of Trainers program.

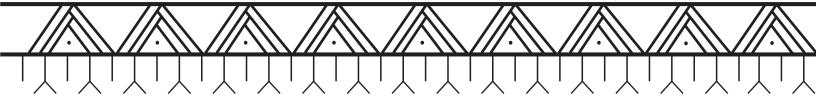
Tatigiilluta has recognized that repeated losses and trauma including the devastating effects of colonization have contributed to a critical decline in the mental and social wellness in Nunavik. Addictions, suicide, child sexual abuse, violence in all forms, depression and increased issues with anxiety have now all be linked to historical trauma. Our history as Inuit goes back thousands of years. The stories of pre-contact speak of resilience and wellness.

Community members reflected with us on the historical background of Nunavik prior to and since contact. Although Inuit were not strangers to hardship and loss throughout their history, there is a period of time between the 1940's and the 1970's when changes occurred that go beyond the usual meaning of rapid change and can only be described as deeply traumatic and painful. We will explore the generational impact of these traumas further in this report. ΛΓϤϲͺϷϞϿͿʹΔϲϹͺϧϷϞϹͺͿʹΠϲϧϷϹϷϹͽ; Δ'L Δ ζ'ͼϟϹ ΛϧʹϚϹͽͼ Ċ'϶Ϳͼͼ ΛͽυϟΔͼ Δͼϲ΅ͼ. ΔϽΔ΅ͼϝ;ͶͺϲʹϟϹϷʹϧϷϟʹϚͼ ϽϚʹϹϷϟ·ϒϷϟϹ, ϽϚϷϹϹͼʹΓ' Δ'L Δ ϧϹϹϭ϶ϲϔ ΑͼϟϤʹϧϹϫͼϲͺΓ΄ ΛϞͼ, ͼϷϽΔ΅ͼͼ



We began with a formal mandate and planned our work with the three communities. We prepared presentations, information, and workshops that we felt were needed. Working with community partners, we invited anyone in the community to join us to discuss this difficult topic, mental health. Those who joined us demonstrated great courage in their willingness to engage in discussions about a topic that is often seen as a personal problem or weakness.

It became apparent very soon that we needed to be flexible and willing to hear the people who chose to work with us. On many occasions, group members spoke of their personal struggles and deep pain, reminding us that this pain must be attended to in order to proceed. This pain, and the efforts to cope with it were directly linked to the social issues we were trying to address.

Starting where the community is requires a lot of "listening". It is our hope that this report reflects to all those who came out to speak with us that we heard them. 

What we know Trauma

We know a lot about trauma and how it impacts on an individual, the family and community. Although terms like colonization and intergenerational trauma are used frequently, it has been our experience that these terms are not always clearly understood. Very often, "events" are discussed as having had "impacts", but these are rarely explored to any great degree on a community level.

Trauma occurs when a person experiences an overwhelming event or series of events that goes beyond the brain's ability to deal with the situation. Events can include unexpected traumatic deaths, attendance at residential schools, famine, physical, sexual, emotional abuse, neglect, epidemics, natural disasters, relocations, alcoholic parents/caregivers, mental illness in the family, severe childhood illness, severe bullying, and many others.

Witnessing or being directly involved in violent struggles carries risks, both physical and psychological, which can be passed on to the next generation.

Collective Trauma occurs when Indigenous people have experienced, and may continue to experience, trauma stemming from colonization that leads to losses of culture, traditional values, and family stability, as it is made impossible, in many cases, for parents and elders to pass along vital cultural knowledge and resilience to

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children. Land dispossession, forced relocation, epidemics, and forced assimilation are just some examples of the collective losses we have experienced over time. This is referred to as intergenerational trauma.

Unresolved trauma occurs most commonly for self-protection, as survivors protects themselves from pain by avoiding disturbing thoughts and emotions. Helpless to do anything about it due to fear of the perpetrator, or because have been there have been too many traumas in too short



a time, it becomes impossible to grieve and process the trauma. Gabor Maté explores this much further in his book "The Myth of Normal" as he describes how trauma is an:

"Inner injury, a lasting rupture or split within the self-due to difficult or hurtful events..... trauma is a psychic injury, lodged in our nervous system, mind and body, lasting long past the originating incident(s), triggerable at any moment......Unresolved trauma is a constriction of the self, both physical and psychological. It constrains our inborn capacities and generates an enduring distortion of our view of the world and of other people." Mate (2022)

In the short term, it can cause emotional reactions such as terror, confusion, shock, isolation, and numbness. In the long run, it can affect our behavior, mental state, and ability to function. Trauma can also put the body into a state of stress and causes physical symptoms such as a racing heartbeat, anxiety, headaches, nausea, $34354 a ^{1}3674 b + 107 a ^{1}a ^{1}a ^{1}a ^{1}7674 b + 107 a ^{1}a ^{1}a ^{1}a ^{1}774 b + 107 a ^{1}774 b + 107 a$

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digestive difficulties, poor sleep quality, and a tendency to startle easily. Feelings don't know time. Unresolved trauma causes reactions in the present to defend against a threat that belongs in the past;

Some symptoms of unresolved trauma include:

- <u>Hypervigilance</u> and inability to let one's guard down
- Lack of trust and difficulty opening up to other people
- Control issues, to overcompensate for feeling helpless during the traumatic incident
- Low self-esteem and feelings of worthlessness
- <u>Anger issues</u> and difficulty regulating emotions
- High blood pressure and stress hormone levels
- Sleep difficulties, including insomnia and nightmares
- Addictions (alcohol, drugs, control, shopping, gambling etc.)
- Headaches, nausea, sweating, or digestive issues
- Tightness in the chest or a pit in the stomach

People we worked with spoke openly about not being able to trust others. Some struggle with serious substance abuse problems and others with issues of anger and resentment. When we spoke of shame, everyone could relate. Bullying is rampant, from the boardroom to the daycare and all over social media. All too often we speak about people rather than to them, and not necessarily kindly (lateral violence). These and many other behaviors are recognized as symptoms of unresolved grief and trauma.

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Today, we hear people talking about a generation of young people who don't want to "work". Many blame the advent of "technology" on the situation and complain that even with the rising costs of food and rent etc. there are too many living off government assistance instead of taking on the jobs that are available in the communities.

When individuals stop suppressing their emotions and begin to talk about painful experiences with a safe, supportive, and attuned human, they learn that the trauma can be dealt with, and difficult emotions can be tolerated. Memories can be organized in a healthy way rather than developing problematic beliefs and self-blame (e.g., "this is all my fault"). When there is an injury or illness, whether it is physical or psychological, getting back to our optimal wellness will require "healing". That healing can include support of many different types, medical, nutritional, psycho-social, physical, and time.

Despite all our best efforts to live well and feel satisfied and content with our lives now, we have integrated into our 'normal way of life' many of the behaviors associated with unresolved grief, loss, and trauma.

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Health & Wellness

The World Health Organization constitution states:

"Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." WHO(2016)

Being mentally well means that your mind is in good order and functioning in your best interest. You are able to think, feel and act in ways that create a positive impact on your physical and social well-being. Mental health and wellness cannot be separated from physical health generally, but often is. Addictions are a mental health issue. All too often addictive substances and processes (alcoholism, drug abuse, workaholism, addiction to power etc.) are used as a temporary effort to "relieve" another problem (pain of grief and loss, stress, depression, anxiety).

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Their use eventually becoming a problem of abuse or addiction for the individual, family and community, something we all know too well.

Stigmatization is prevalent for many struggling with mental health issues.

The World Health Organization also defines the social determinants of health as, "the condition in which people are born, grow, live, work and age WHO(2016); These circumstances are shaped by the distribution of money, position, and resources at global, national, and local levels. These social determinants of health are mostly responsible for health inequities" (Bellegarde, 2021) The health gap which the research speaks to manifests itself in Nunavik through elevated rates of infant mortality (10 infants in 2021) (Nunatsiaq News, 2022), a disproportionately higher rate of infectious diseases, increased poverty rates, low education levels, limited employment opportuni-

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ties, inadequate housing and food insecurity. According to a Nunatsiaq News article published in 2011, "a child born in Nunavik today can expect to live 66.7 years. (ITK calls for action on life expectancy gap for Inuit, 2011) That's the lowest life expectancy in Canada, which has a national average of 81 years." This statistic represents unacceptably high suicide rates as well as the staggering number of preventable accidental deaths due to vehicle mishaps (often alcohol/ drug related).

The Nunavik Regional Board of Health and Social Services have been able to offer more data on how mental health and wellness continues to deteriorate for Nunavimmiut through their two Health Surveys (2004 & 2017).

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Substance Abuse

"In 2017, 73% of Nunavimmiut reported at least one episode of binge drinking (5 or more drinks or more on one occasion in the year preceding the survey." Belanger (2020)

Binge drinking is the most dangerous kind of drinking and is linked to many accidents, assaults, and other types of violence. It has also been associated with suicidal ideation, attempts and completions.

"Weekly Binge drinking as more prevalent in 2017 (29%) compared to 2004 (18%) Table 7" Belanger (2020)

"Using a standard cut off score of two (CAGE) a high proportion (69%) of people who had used alcohol in the year preceding the survey were considered at risk of having had problem drinking in their life (Figure 10)" Belanger (2020)

"Four out of 10 Nunavimmiut (39%) who drove a motor vehicle in the 12 months prior to the survey reported having driven under the influence of drugs or alcohol during that time period. (Summary Unintentional Injuries p.1 - (4)" Beaulieu (2020)

Mental Health and Wellness

"Depressive symptoms during the week preceding the survey were documented using the CES-D-10 depression scale with the standardized cut-off of 10 out of 30 to identify people with clinically significant symptoms. Overall, 39% of the Nunavik population reached this cut-off of clinically significant depressive symptoms, and the proportion was greater among women than men (44% vs. 35%). Sociodemographic characteristics that potentially increase the likelihood of having a depression score above the clinical cut-off are presented in Figure 5 and Table E in Appendix B. For both men and women, the prevalence of clinically significant depressive symptoms was higher among younger people (aged 16 to 30) than older ones." Muckle G, Fraser F (2020)

"Suicide continues to be of serious concern and Qaniliqpita 2017 revealed that 21% of the 16- to 30-year-old age group had thought seriously about suicide in the year preceding the survey, making it the age group for whom suicidal thoughts are the most prevalent." Muckle G, Fraser F (2020)

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Death and Disabilities

"Unintentional injuries are the leading cause of death among Canadians aged 1 to 44. Inuit communities living in Canada are particularly affected by this phenomenon and experience injury-related death rates and disabilities more than four times those of Canada as a whole." (Summary -Unintentional Injuries p.1) Beaulieu (2020)

How did this come to pass?

Prior to contact, Inuit lived in small family groups in nomadic lifestyles interacting with other family groups from time to time with. After contact was made, it was limited until the establishment of trading posts which led to more contact between groups of people.

However, the period between the 1940's and 1970 saw much greater change, and more loss of life in a shorter timeframe than ever before. Multiple influenza epidemics; a serious measles epidemic, and a tuberculosis epidemic took the lives of many, at times, only one of a family survived. One out of



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seven Inuit in Canada were treated for tuberculosis during this time, but the number rose to 1 in 4 Inuit in Nunavik. Some never returned, and some burial sites were not found for many years. Others have never been found. The relocation into communities so that children could attend schools brought a completely new way of life that the traditional social protocols had not provided for. This was followed by the residential school and hostels. The slaughter of the Inuit sled dogs robbed the men of their role as hunters/providers. The people impacted directly, our ancestors, struggled to "adapt" to the changes in their way of life.

The changes engineered by the colonial authorities controlling Nunavik resulted in massive losses in terms of the Inuit way of life. Coupled with the loss of so many lives due to the epidemics, it became increasingly difficult to find a way to "get through it". One of the strengths of Inuit that has been linked to their survival is "adaptability".

Inuit were not strangers to death, disease, and danger as this is part of the cycle of life. Finding ways to get through these times and ensure the survival of the next generation was how this adaptability to the challenges of the natural world played out over time. However, the changes between the 1940's and the CL,94 dL,25,2 db CD,40, CL,95, c,25,20 ,25,20 $0^{\circ}C40^{-1}L^{\circ}$ $0^{\circ}C^{\circ}C^{\circ}$ $0^{\circ}C^{\circ}C^{\circ}$ $0^{\circ}C^{\circ}C^{\circ}$ ᠋᠄ᡃᡖᡄ᠋᠋᠋ᡄ᠋ᠴ^ᡕ, ᠕ᢣᡃ᠋᠋᠋᠊ᡠᡄ᠋᠋ᢟᡄ᠊ᡆ᠑᠘ᡱ᠋ᢩᡆᡄᡄ᠌᠌᠌᠌ᠵᡶ᠋᠄᠋ᡃ᠍᠖᠊ᠿᡫᠠᡐᡅᡐᡏᡃ "b $_{0}$ " $d\sigma J \cap OC^{c} \sigma d^{s} L^{b} \dot{c}$ ". Δ $c^{b} \dot{c}$ \dot{c} $\Delta \Box \Delta^{c} \wedge D^{c} L D^{b} = \Delta \Box \Delta^{c} \wedge D^{c} L D^{b} = \Delta \Box \Delta^{c} \wedge D^{c} D D D D^{c} D^$ $\Delta \Box \Delta^{c}$ 'bbfb'rL'bbfc' D'df' σ F', 'b σ L° $\Box \sigma^{b}$, ۵۵۲۵٬ ۵۳٬۹۰ ۲۵۰ ۲۵۰ ۲۵۰ ۲۵۰ ۵۰ ۲۵۰ ۵۰ ۲۵۰ ۵۰ ۵۰ ۵۰ ۵۰ ۵۰ ᠘᠋ᠧ᠋ᡄ᠂ᢉᢀ᠋ᢕ᠋ᡗ᠋ᠣᠳ᠋ᢛ᠂᠘᠋᠋ᡃᢣᢓ᠆ᡆ᠋ᢕᡆ᠋᠕ᢤ Δ° Γ° Γ° Δ° Δ° Γ° Δ° Δ° Γ° Δ° Δ° Λ° Δ° Λ° Λ° רבויאס אריד)^יסי ליאבד 290ה 1940 אינר, 1970 ב-1970 עריד) ۵٫۵ م۰۲۵ م۰۲۷ مند ۵٬۲۷ من^۲۵ مارد ۵٬۲۷ من^۲۲ ۵٫۲۵ ۲۵٬۶۷۲٬۹۵۲ مرز ۲۵ ۵٬۶۷ ۵٬



1970's were so numerous, coming so fast and furious that there was no time to adapt. Coping as well as they could, families struggled in their "new world".

Coupled with these challenges, there is another phenomenon that played out and made it difficult to understand, respond to and focus on the loss, anger and/or grief caused by colonization. Most often, the actions proposed and/or imposed were "for our own good", to better the situation, or to solve a problem. This benevolent oppression makes us question our feelings "If they are always so "nice" why do I feel so bad?", leading us to the thought that there must be something wrong with us.

Exploring what we know and have heard of the traditional way of life of Inuit over the millennia, we can identify aspects of this life in detail. In relatively small family groups, Inuit were totally responsible for all aspects of their lives including the education of the next generation so that they would be able to live a successful life in spite of anything that might come to pass. Their practices assured safety and security for all members in spite of hardship, using traditional values, protocols, and harvesting activities to maintain a healthy life. One can only describe it as the ultimate in "self-determination". Community care was a major part of this, everyone could not do everything, but everyone did something. All contributions were important and essential.

Inuit had to search for ways to get though these times of increased grief and loss. This generation was in a very difficult position. Traditional protocols that had worked so well in small groups no longer did in such large groups. Traditional leadership and decision making no longer applied as colonial authorities took over. Without dogs, subsistence harvesting became more and more difficult, if not impossible for some. CL'bd is but daade' An - pr, drdeb Aed's brt tr Ac'bash din t tr Prdbots fr, 'baac Jn r tr daade' a so for Prdbots fr de bac for tr Prdbots for the broad fr as for Prdbots for the for the for the for Prdbots for the for the for the for the for the for State for the for Construction for the for Creation for the for Creation for the for Creation for the for Action for the for State for State for Action for the for State for Action for the for State for Action for Act

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How did people cope?

Biologically, humans are made to seek relief from pain and discomfort. The effects of trauma are painful, people needed to find ways to "protect" themselves and cope with uncomfortable thoughts and feelings, as well as the painful situations they found themselves in. Even if these coping mechanisms did not work "perfectly", they did reduce distress, and so people went back to them as needed, and after a while they become almost "automatic". This is the impact of intergenerational trauma. Over time, people began to live in survival mode instead of the healthy productive life that is our birthright.

Stories have always been part of our culture and traditions. We invite you to come into a story that is made up of many of the stories that have been shared with us over time. These people are not real in the sense that they did not exist in a specific family but represent a compilation of many of the stories we have heard.

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We feel this is the best way to talk about how intergenerational trauma occurs.

Let us start our story with Paningaja, born in 1940 on the land with her extended family. She lost her mom and a sibling during the flu epidemic when she was five years old and in 1950, her father, aunts and uncles moved into a settlement so that she could go to school.

In spite of these loses and the changes in her life, Paningaja did well in this "school" environment, and enjoyed the praises of her teachers for her mastery of English in a very short period of time. As she progressed, some of her schoolmates left the community to go to school in the south. She did not, she missed them, and felt abandoned again.

Between that time and the 1960's the sled dogs her father relied on to provide for his family were slaughtered by order of the government. Her father changed. He had already lost his wife and one child, but with this loss, his whole purpose for living was impacted. Paningaja and her father were no longer sharing a home with her aunt and uncles, so she found herself alone trying to figure how best to become a woman. The discipline and guidance usually provided by the elders of the family was not there. She became pregnant at 15 and gave up her first-born child, a boy, for adoption.

Her father had started drinking after the dog slaughter, making the "home brew" that was popular when no other alcohol was available. She started to

join him. Eventually she married a young man and started a family of her own, but without the guidance and support of a present "family" of elders.

Her first-born son, Jaani, although adopted at birth into a family that really wanted him, suffered the fate of many adopted children, wondering "why" he had been given away when he saw that his mother kept all her other children. He began drinking at a very early age. At 15 years of age in the mid 70's he approached adulthood in the days of sex, drugs and rock and roll. Cannabis had arrived and was making its way through the North.

Jaani did well in school and managed to get a good job in the community, but his drinking and drugging made it difficult for him to be a "present" father, a young man suffering from abandonment and attachment issues that were interfering with his relationships. Looking for love, struggling to "fit" in a world that now showcased the wealth and capacity of the dominant culture from every angle, he and his girlfriend brought another child into the world before they were in their twenties! A beautiful baby girl, they called her Niviaqsiaq after her mother's grandmother. Some of the traditions had survived and everyone welcomed this child to the world. 

Binge drinking had become the norm by now and drinking parties in the home often made small children vulnerable.

Niviaqsiaq was sexually abused more than once in those parties and suffered silently in her shame and her pain, unable to tell her parents. It was the 80's now. Social Services had become more active in the community, and she knew that some children had been "taken away" because of things that happened when their parents were drinking, Niviaqsiaq did not want that happening to her.

By her late teens, the first wave of suicides had occurred in Nunavik. Niviaqsiaq had lost friends, and one family member, one of her father Jaani's biological siblings. She was crushed. Her parents, determined to make sure their daughter did not become one of the statistics, gave her everything they could, and as much freedom as she wanted. They did their best to give her a "good" life. They were loving and caring parents when sober. Addicted to alcohol and drugs by the time she became pregnant with her first child in 1997, Niviaqsiaq struggled to make a home for herself and her young son in a world vastly different than the one her grandmother Paningaja had been raised in. She named her son Michael.

Michael's great grandmother Paningaja had died from alcohol-related health issues in her sixties.

Michael had a lot of trouble in school. Niviaqsiaq's drinking had not changed even though she was now in a somewhat stable relationship and with two more children. All her children were removed by social services when Michael was ϶ͼͺͺϫϲͺϫϼͺͺϫͺϫͺϫͺϫͺϫͺϫͺϫͺϫͺϫ ۵۲۹۵٬۵۰۲ مُلْهُلْهُ ۵٬۱۲۹٬۵۰۲ ک ᡄᡶ᠋ᢅᡣ᠋᠍᠆ᡄ᠇ᠯ᠖ᡃᢗ᠆ᡨᢐ᠋ᡗ᠋᠁᠂ᠻ᠋᠋᠋᠃ᠮ᠘᠂ᠳ᠘ $d^{b}J^{c} \wedge d^{c}J^{b} \wedge d^{c}u^{c}aC \wedge d^{c}h$ Λ^{2} א 2 לט' 2 א 2 לט' 2 א 2 א 2 לט' 2 א 2 $\Delta 2^{5} b \Pi^{5} b \Pi^{5} d \Lambda 4 \Gamma^{b}$. $e^{-} \sigma^{5} \Gamma^{b} \Gamma^{5} \Omega^{5}$, Δ_Γ-ΦΠυλα.αΓ Φ'λρασόρης, Φωυίλα ٦ ۵۵٬۲۲۵٬ نهمدنه, ج۵۲۵٬۰۰ ۸۵۹٬۰ کی ۲۵٬ 4℃Πσ[™] ϷΡϷ^sb⊆ϷϚΠ[™]. <σ4Λ[⊥]Γ[™] 4^cτζ σ ልላ^{\$}ተላΓ^{\$} ላዾሬ^{\$}ሀር ላሬሬ^{\$}ተላ^{\$}ሀσ^{\$} ኣኦσ^{\$}C^{\$}C^{\$}. ۸۵۲۵٬۹۰ کد^و۲۰ کلالد کر ورواحلی ጋ^ኈኈሀረ^cႶርልቍ^ኈ ለላና፞ለ፟ $\Delta \Gamma = \Delta \Delta^{+} = 0^{+} = \Delta^{+} = 0^{+$ ۷۵۲٫۵۳ ، ۱۵۹٫۳۵۷ ۲۳۵٬۳۵۰ میرور ۷۵۶٬۹۷ $-\Delta^{1} - \Delta^{2} - \Delta^{$ 3^{5} 3^{5} 3^{5} 1^{6} 1^{6} 1^{6} 1^{6} 1^{6} 1^{6} 1^{6} 1^{6} $bLi^{\circ} \sigma + bc^{\circ} \Pi a C^{\circ} a c c^{-1} I.$ $\Delta \Gamma \Delta = - 2 \Delta^{1} L C \Delta^{0} U^{3} \dot{U}^{0}$

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young. Niviaqsiaq struggles with anxiety and depression. She lost one child to suicide while in foster care, she continues to drink.

Michael spent his adolescence in group homes, started using alcohol and drugs early and got into trouble with the law. He dropped out of school and had trouble finding any kind of job. He fathered two children with different women before he was 20.

After his first incarceration for assault, he was determined not to go back to jail. He started using cannabis every day to manage his emotions and after several unsuccessful attempts to get and keep a job, he settled on living on welfare and using social media to fill his life. He has a 2-year-old child now, with his latest girlfriend, and people talk about them a lot They are $\Delta \lambda L^{1} \lambda \Pi_{c} \Lambda J^{2} = \Delta e^{\frac{1}{2}} L^{1} \Lambda J^{2} = \Delta e^{\frac{1}{2}} L^{1} \Lambda J^{2} = \Delta e^{\frac{1}{2}} L^{1} \Lambda J^{2} = \Delta e^{\frac{1}{2}} \Lambda J^{2} \Lambda J^{2}$

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part of those "young people" who care about their drugs more than their "kids". Little do people know of the struggles this family faces, addicted to a drug from a young age that they learned to use instead of "feeling" uncomfortable emotions. They are now unable to be any kind of good "parent" without it, as the anxiety, anger and rage that accompanies withdrawal turns them into the kind of people they do not want to be. So, they continue to do their best with that they have and what they know.

This is a story of intergeneration trauma, and how it is passed down over generations, but only an outline as within each of these lives there lies so much more.

When children's needs are not met in childhood, they can suffer throughout their lives. They need physical safety, security, love and nurturing as well as guidance and discipline. Without this, issues around abandonment and attachment arise, and a generalized mistrust in the world and people in it.
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When there has been abuse whether physical, sexual, emotional or neglect over time, the trauma alters the brain's architecture, and disorders such as Attention Deficit and Hyperactivity occur more frequently. Emotional regulation is a developmental task that is very important for every child, but this too, requires the presence of stable, unconditional loving parenting. Exposure to alcohol before birth also carries risks of brain damage which is not reversible.

This is one story – and only about a few members of one family. There are many variations of it, all around us. We heard many in our community visits and presentations. Stories of people struggling to do their best to have happy lives and all too often suffering instead.

Intergenerational Trauma

In schools, children have come to have more and more difficulty. Intergenerational trauma is a source of stress, and stress has a very negative $\dot{C}_{a} P_{a}^{b}\dot{B}^{b} P_{a}^{b}J\dot{C}_{A}^{c} \Pi J^{c} J^{c}\dot{A}^{c}J\dot{A}^{c} L_{\sigma}P^{c}$ $P_{a}^{b}BPT^{c}C_{b} B_{a}^{c}P_{a}^{b}P^{c}\dot{A}^{c}\Pi J^{c} \Delta^{b}P^{c}\dot{A}^{l}L^{b}\dot{L}^{c},$ $T_{a}^{c}\Pi \Lambda \Delta^{b} \Delta^{b} U \Lambda \Delta^{c} \dot{A}^{c} \Lambda^{c}$ $\Delta_{a}^{c}\dot{B}^{c}L^{c}.$

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impact on growing and developing children. The energy required to focus on learning is exhausted from coping with stress. Many children have difficulties with boundaries and social interaction which contributes to behavior problems and bullying. It becomes easier to understand our high dropout rates when we look at them from this perspective.

On a community level, the impact makes relationships and connections between people very difficult. For many, there is an inability to connect on a meaningful level. When basic childhood needs are not met, for any reason, our foundation is impacted, identity is not rooted and grounded leading to a sense of being lost or confused about one's place in the family and/or community. Sometimes because of this, a sense of entitlement develops, and we continue to pass on the intergenerational trauma.

To survive, we often search outside ourselves for answers, fearing vulnerability and that sense of incapability. We try to avoid our feelings. We wear the mask of perfection, with righteousness, and a deeply hidden sense of shame, feeing fundamentally "not good enough". At the same time, we have refined the practice of self-sabotage and often behave passive aggressively. We find ourselves acting out through our addictions, violence, frequent bursts of rage and anger, isolation, and an insatiable desire for power and control to offset unwanted feelings of powerlessness.

All of this has taken place as a complete set of systems that originated in the colonization of our land were being implemented. The governance systems that were introduced by the dominant culture took on leadership roles affecting all aspects of community life, roles that had previously been the domain of the family network. Public safety and security, education, shelter (housing), health and wellness, social support and guidance now being offered by organizations.

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ΟΓ,944-Γ ۵۹۲۹۲ مورکبر ᠋᠄ᡃᡖ᠋ᠴᡄᠴ᠋᠋ᡄ᠋᠆᠋ᡗᢟ᠆ᠳ᠋᠋᠋ᠮ᠋᠋᠋ᠮ᠋᠂᠕᠋᠋᠋᠋᠋ᢆᡪᠳ᠖ᡃᢗᡄᠠ᠘᠋᠋ $\Delta \dot{\rho} \wedge \rho = \dot{L} \wedge \rho + \dot{L} \wedge$ חJΓ۹٬Cδ۲٬۲۶۵۲۲U مολσα-Γς ᠘᠋ᠴᢣᡏ᠋᠋ᠮ᠖ᡃᢛ᠋᠋ᡃᡷ,᠘ᠴᡟᡄ᠊ᡅᠳ᠋᠋᠋᠋᠋ᢛ᠋᠘᠋᠖᠋ᢆᢐᠲᡗᢆᡟᡏ᠋ᡃᡝᠳᠴ $\Delta \Delta c c b \delta c^{1}$ Crbicbeis Alchingtich

The relocation into communities for "school" as well as the residential schools made it clear to parents that the traditional Inuit education as provided for millennia was "not good enough". Permanent settlements established by colonial authorities were managed by a "democratic" practice of voting replacing traditional leadership. An influx of manufactured goods, fluctuations in the market for seal skins and other skins changed a subsistence economy into a "market" economy. Power rested in the hands of the "newcomer" and the language of this new life was not Inuktitut. Discrimination and racism became part of a new reality then and although expressed differently at times, continues to thrive to this day. It becomes easier to see the root causes of the social issues we struggle with, and how they have been shaped by our recent history.



Where do we go from here?

"We must seek our own solutions to improve our situation. Our ability to make our own decisions was taken away from us; we must now take it back. We must take back our ways of healing. Although healing wasn't part of our vocabulary, we had means of ensuring we lead healthy lives. Men and women had roles, there were certain ages those teachings were taught. We had ways of resolving issues." (Ministry of Health, Government of Nunavut, 2003)

We truly are the only ones who can honestly identify how and what we can do to deal with the legacy we bear. We must look at our situation and stop asking ourselves "what is wrong with us?" and instead ask "what happened to us?". When we look at those around us, we have to stop asking ourselves "what is wrong with them?" and instead ask "what happened to them?". If we can do that, then we can begin to look at what happened to all of us and begin our process of recovery.

We met courageous people in our gatherings who identified with the impacts described above and who experienced the "relief" of discovering that some of their "shameful" acting out was not a question of what was wrong with them, but rather an understandable response to what had happened to them. The desire to "change" and move forward is there. The resources to support and maintain the healing process in community are not yet available in any significant way to have the impacts needed.

In life, bad things happen, but trauma as we defined it is not always the result. When these experiences can be talked about, shared, validated, and mourned, they move into the "story" of our lives. We can learn and grow from our hardships, just as our ancestors did before us.

The Royal Commission on Aboriginal Peoples, established by order in council on August 2, 1991, submitted a final report with recommendations in October 1996 many of which were directly linked to dealing with historical trauma issues and the need for "healing" from the toxic stress of colonization and trauma.

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"Healing, in Aboriginal terms, refers to personal and societal recovery from the lasting effects of oppression and systemic racism experienced over generations. Many Aboriginal people are suffering not simply from specific diseases and social problems, but also from a depression of spirit resulting from 200 or more years of damage to their cultures, languages, identities, and self-respect. The idea of healing suggests that to reach 'whole health', Aboriginal people must confront the crippling injuries of the past." (Royal Commission on Aboriginal Peoples. Report of the Royal Commission on Aboriginal Peoples. Volume 3 - Gathering Strength p100 [PDF] https://www. bac-lac.gc.ca/eng/discover/aboriginal-heritage/royal-commission-aboriginal-peoples/Pages/final-repo)

The research done through our work showed us clearly that many of the recommendations made by the Royal Commission on Aboriginal Peoples were never implemented. Add to these the recommendations by the Truth and Reconciliation Commission, the National Inquiry in Murdered and Missing Aboriginal Women and Girls in Canada. Report after report, later ones referring to previous, best practices and promising strategies explored and evaluated. So many recommendations yet so very few implemented.

How did this happen? Perhaps it was because we are all so often caught up in responding to the ongoing crises in our communities that we have been unable to take the time and energy required to look deeper into the issue. At this point, what matters most is that Nunavimmiut want change and there are many different ways that we can all be part of the solution.

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Our Process

Training of Trainers

The mandate of the Tatigiilluta Working group on Mental Health and Wellness included a priority list of positions to be filled by Inuit in the short-term, medium-term, and long-term and ensure that training begins as quickly as possible so that positions can be filled as quickly as possible.

Early in the process, a priority identified as an urgent requirement was the need to have Inuit facilitators who could work with community members on mental health and wellbeing. Over the years, much information has been made available to Nunavimmiut. Although this information has been presented by people who are seen as experts in the field of mental health, it is important for Inuit to provide information and hold discussions with community members to support the change needed to improve the lives of Nunavimmiut.

This training allowed 16 Inuit to take a series of 4 workshops aimed at providing them with the skills to facilitate information sessions and discussions in our communities on mental health and wellness.

We included a one-week healing session at the very beginning of the training to help participants understand the importance of personal growth and healing as helping professionals.

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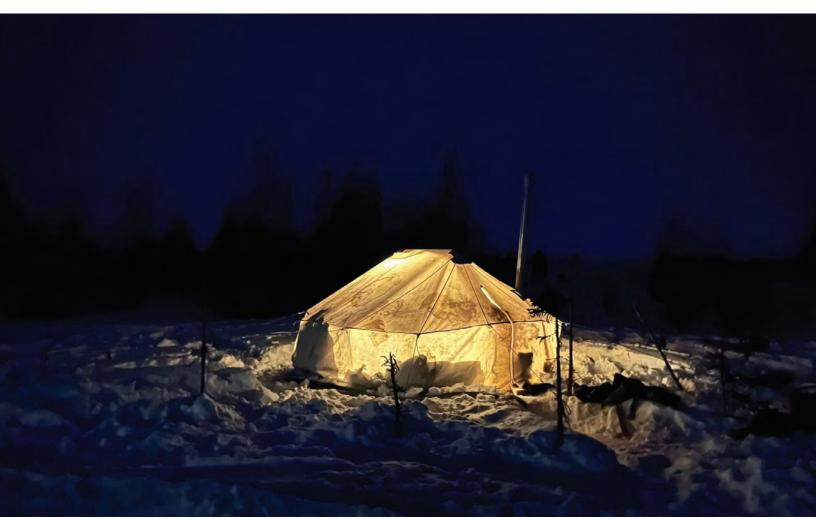
Participants designed a workshop with a partner(s) using the essential skills they learned in the training including the creation and use of visuals in their sessions. As well as strategies on team building and group cohesion, participants learned how to interact positively with peers during a training session and how to manage conflict resolution when a conflict arises. We can expect difficult participants in any workshop, so understanding and working effectively with group dynamics to have the optimum learning experience was also included.

Deciding to work in this area takes a lot of courage as well as a good understanding of the needs of potential workshop attendees. Learning how to create safety in the environment so that participants can be open and feel comfortable about opening up and exploring a variety of interpersonal topics was important. Learning and improving is a goal of every facilitator so participants also learned the skills required to give and receive feedback from peers in a good way.

Everyone who completed the program felt it had impacted positively on their lives. The following are statements made by participants about what they would take from the training: ۵۷۵۲٬۲۵ ۹۲٬۷۵۳ ۵۲٬۹۵۴ ۵۲٬۹۵۲ ۵۲٬۹۵۲ ۵۲٬۹۵۲ $L\Gamma^{5} = \Gamma^{6} \Lambda^{2} \Lambda$ ϽΡͱʹͿʹϲͶΓϧʹͽͺϫͷϲϫͷϫ $\Lambda^{L}L \sim D \sigma^{h} \Gamma^{h} \sigma^{h} \Delta b d^{h} \Omega D d^{h} b^{h} \sigma d \Omega d^{2} \sigma$. $\Delta c D d^{h}$ $P_{A}^{A} = P_{A}^{A} = P_{A$ $C_{1} = C_{1} = C_{1$ ᠕ᡄ᠋᠋᠘᠆᠕᠆᠕᠆᠕᠆᠕᠆᠕᠆᠕᠆᠕᠆᠕ Λ_{α} ℓ Γ_{γ}° Λ_{α}° Λ_{α <u></u> Δ⁻ Δ⁻
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Lucina Cain

"I appreciate the training. I was in a lot of pain from my trauma. The healing I went through makes me feel like I can move forward even though I still have work to do. I feel much more healed then when we first started." TOT Participant, June 2022

"Knowing that I can connect with other people and knowing I can ask for support." TOT Participant, June 2022

"We know that you can't help and support others in healing if you are not working on your own process" TOT Participant, Dec. 2022 " $D\Lambda\Gamma \forall \Gamma \Delta c^{+}\sigma 4\Pi C D \sigma^{+}$. $\dot{d}^{+}\sigma 4J\Pi \Gamma^{+}c - c^{-}r'L U^{+}d$ $b'\Lambda 4 a^{-} 2 \dot{d}^{+}r'L D \Pi L$. $L\Gamma 5' \sigma - c - D^{-}(G - r') - d^{-}r' - d^{-}r' - L\Gamma 5 D \Gamma 5'5 - d^{-}r' - d^{-}r' - L\Gamma 5 D \Gamma 5'5 - d^{-}r' - d^{-}r' - L\Gamma 5' - d^{-}r' - d^{-}$

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Community Gatherings

As we described earlier, the repeated losses and trauma over the last centuries including the devastating effects of colonization have contributed to a critical decline in the mental and social wellness in Nunavik. This history impacts differently on each of us as well as collectively through our families and communities. Much like many Indigenous peoples we have not been spared from these effects. Addictions, suicide, child sexual abuse, violence in all forms, depression and the increased issues with anxiety have now all be linked to historical trauma. Our history as Inuit goes back thousands of years. The stories of pre-contact speak of resilience and adaptation that ensured survival and a level of mental and social wellness that maintained our people over time.

The community gatherings and workshops were originally designed to offer resources and support that would be meaningful to the community reality as an important first step towards recovery of personal and community empowerment.

However, each community is unique, and was approached as such. Dynamics and history vary greatly, as does the perception of the "seriousness" of community problems and concerns. It was not possible to spend significant time in all 14 communities in the short term, so the plan developed was piloted in three communities.

The gatherings were to take place over two 3-day sessions. Each session would include an education and awareness component as well as experiential exercises to support community empowerment and minimize the potential for additional "harm".

The choice of communities was made by Tatigiilluta members, based on the interest shown by communities. The communities included were Kangiqsujuaq, Tasiujaq and Puvirnituq.

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Goals of the process

- Offer opportunities for community members to recognize the impacts of colonization and oppression in their families and communities in safe environments for people to speak together and strengthen networks within the community.
- Focus on the strengths of the community in the words of the people we met and explore the dynamics within the community that impact on wellness.
- Explore historical trauma and the multigenerational impacts including the phenomenon of lateral violence.
- Re-affirm the importance of safe and healthy childhoods and explore the concept of Adverse Childhood Experiences (ACES).
- Explore and exchange on stigmatization, its impact, and how we can reduce it in our communities.
- Experiential exercises to assist community members in choosing areas to work on and introduce some "best practices" in terms of supporting resilience and concrete activities to help people reduce anxiety and deal with depression, two issues very prevalent in our region.
- Identify resources from within and outside the region wherever we could to support the community in exploring the issues they choose as priorities for their community.
- Provide on-going support to the community group between visits to the best of our abilities but much of the time we were very aware that the needs were greater than we could ever meet.

The process we developed used contemporary community empowerment theory but was rooted in traditional Inuit decision-making practice. We felt that success here could bring us closer to the positive change so wanted by all.

Community empowerment is a process, and the Community Gatherings did offer the selected communities support in the first steps. However, all groups would clearly like support in an on-going process.

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Overview of the Community Gatherings

Tasiujaq

The gatherings were held at the Naturaalik Centre, a very welcoming location. Elena Berthe coordinated the gatherings and invited different community members to participate. Several elders and community resources participated in the first gathering March 28-31, 2021. The group developed a timeline for the community that would be the basis for some work on intergenerational trauma. They were well able to identify the issues that were causing problems in the community and participated in a prioritizing exercise.

Most of the issues identified were directly linked to coping mechanisms that people engaged in to deal with the impact of intergenerational trauma and colonization, although the links were not as clear to the participants in spite of the presentation made by the project team. Billy Cain, the Mayor of the community participated when he could.

We had been told that getting people "out" for gatherings to discuss community issues is not as easy as it once was. Most gatherings are organized around events and or activities. The community is actively looking for ways to offer support and assistance to individuals and families, but many of those who could be involved are themselves struggling from personal problems and life issues.

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The second gathering was held September 27-29, 2021, and included personnel from the school as well as Inuit community resources from the health and social services network. This group also explored the history of Tasiujaq and the impact of the intergenerational trauma that occurred over time. They came to an understanding of "how" the struggles faced today came to be, but they also quickly came to understand that without intervention, the cycle would continue.

There is clearly a deep-seated sense that people are suffering in the community, and many efforts have been made over time. We heard from community members that although it is fulfilling to be involved in organizing activities for the community it can be discouraging when the same small group find themselves responsible for all aspects of the implementation of activities. There is also a helping "fatigue" which has affected many of the front-line personnel as so many strong and heart-felt efforts have not succeeded in bringing much in terms of positive change on a social level.

From comments made and previous discussions, it was clear that this process seemed seems to be very big and complex so additional resources and support were needed. How and what to do to start such a process was the basis of the discussions of the last day of the second gathering. δ'b'CD'b'CD' bOLσ'Γ ζ'C'C'S δ'bOP' σσ, ασα% ΓζαίζΙζ% Δ'ΛJζ'C' CLDL ΛαζαίCDσ% C ανΓζ'LλΦσ% σ ασα'σ% σου δΛαίσ ΔυζίΟζα Ρ% JLα'ζ'b'CCD'ζ'. 'bo% 'boΔσ'SCO ΛΓα'σαL% C C% δ'ΔΔ2% δ'bJCD ζο' δ'σ% Ρ% JC ζΦς'OSJ bσLσδ' Colordo.



Puvirnituq

The first gathering was coordinated by the Northern Village of Puvirnituq through the Mayor at the time, Lucy Qalingo. The gathering was held at the municipal office April 26 -29, 2021.

A group of people from Puvirnituq who have worked together over time to develop a plan to promote wellness activities in cooperation with the Inuulitisivik Health Centre were identified as the group to work with in the community. A community calendar had been produced by this group to offer the community an opportunity to plan and organize activities around themes related to health and wellness over the year.

The Tatigiilluta project team made a presentation to this group including the effects of historic and intergenerational trauma. Healing from the effects of unresolved trauma as a means of recovering health and wellness was identified by one member as an important part of their personal recovery from alcohol.

The group was well able to identify the issues that were causing social problems in the community and participated in a prioritizing exercise which was very clear and included all the issues covered in their "plan". The project team was invited back to offer a workshop on intergenerational trauma during "elders' month", in October.

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A series of tragic losses delayed the process. This was followed by a change in leadership at the municipal elections in November 2021 as well as changes in the administration of the Tatigiilluta Project, so the second gathering was delayed until May 2022.

One community project very important to the community, a Family House, was completed over this period, and when it came time to plan the second gathering it was suggested that it be held with the personnel from this new resource in this new facility. The team travelled to Puvirnituq for May 3-5, 2022.

The first day was spent meeting with the administration of the Pituat Family House to plan how the visit would go. Project team was introduced to the staff and the activity areas set up.

The first presentation was to the staff of the Pituat Family House and a member of the Municipal Council. This included the goals and history of the project and the intergenerational trauma exercise. Very quickly, participants began to share on their experiences of trauma and the day ended with an experiential exercise which would be finished when this group re-convened.

The team had been informed that the next day was a special day for the employees of the Northern Village (including the Family House Staff) which included a day long fishing trip. Most of the staff would not be available for this day. It was decided that the team would be available to work with anyone who would want to join the group in the evenings, as well as on the following day. ϹϦϔʹϿϹ ᠄ᠳ᠋᠋᠄᠄ᠳ᠈᠄᠔ᢣ᠙ᢉᡆᢄᡄᡄ᠌᠔᠊᠍ᢣ᠀ ᠖᠒᠘ᠳ᠋᠌ᡆ᠙ᢣ᠋ᡝ᠖᠋᠋ᡣ᠒᠂ᡁ᠘᠅᠘᠀᠈ᠿᢄ᠂᠘᠅᠘᠅᠘ ᠖᠈ᠫ᠕᠊ᡅᡏ.

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Activities continued up until the very last moment, and a request was made for a return visit if possible.

The Family House in Puvirnituq, an initiative of the Municipal Council is a clear demonstration of the community's wish to offer a source of comfort and support to people who are "hurting" in the community. The team recognized this as a concrete example of community compassion and care, important to pass on to all clientele and to refer to in all their activities. P^{-} $j_{2} = P^{-}$ $J_{$

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Kangiqsujuaq

The gatherings in Kangiqsujuaq centered around the Mianirsivik Family House, another community initiative developed to promote and support community wellness.

A first gathering was held March 28-31, 2021. Participation was somewhat limited, but the group present engaged well in the workshop which was designed along the same lines as the ones offered in Tasiujaq and Puvirnituq.

Participants felt that the next gathering should be advertised more widely and offered a list of concrete mechanisms they proposed to increase community engagement, which were noted and shared, to be taken into consideration for the second gathering. This second gathering was hard to schedule as lodgings were limited due to construction, and there were a lot of activities in the community over the spring and summer but finally took place on September 28-30, 2022.

Mianirsivik struggles with the "growing pains" we can expect from a community-based organization in its early years. Changes in Board member-

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The Tatigiilluta Team Leader went on the local radio several times in the weeks before the visit and work with some community members, but in spite of this participation, was still fairly low.

We met that "fatigue" again... after so many efforts, so much planning and energy expended, some leaders are feeling the lack of movement.

After much discussion, it was decided once again to change the approach being used to reach the community. The team leader went on the radio on the third day of the gathering and spent time speaking to community members about the struggle to find satisfaction and happiness in our lives, and the pain of trying to cope with so much going on.

Although this did not result in more participants for that day's sessions, it was clear from many comments received from the public at large, that the message had meaning and resonated with many in the community. This was a valuable lesson from a community, and we thank them for it. CNŕ⁻ ₋ċ ィ₂ ₋⁵ ₋



Trauma informed Approach

We made every effort to use a Trauma Informed Approach with every individual and group we interacted with through the project.

What this means is that we recognize that almost everyone in Nunavik has experienced trauma, and is doing the absolute best they can given the circumstances they are living/working in.

We tried to always be sensitive to the impact of trauma on others and ourselves, understanding and utilizing tools to support self and others in regulating emotions during times of stress; as well as identifying and supporting system changes needed to reduce re-traumatization.

As we created safe environments and worked with care and compassion, our workshops often moved into group "healing" circles. We found ourselves working with participants willing to explore their feelings around historical trauma, colonization, and childhood trauma even though it was difficult for them.

Processing and healing from trauma can bring change to individuals, families, and communities.

"The training has created more connection between ourselves these past couple of years. My children notice the change. I can talk to them now and listen to them. My children have hope."

Words from a Training of Trainers Participant at the end of the last healing workshop, June 2022.

"My husband went through a frightening time last year (trauma) and if it was not for my training, I would not have been able to support him the way I did. My husband is grateful for the training I have taken."

Words from a Training of Trainers Participant at the end of the last healing workshop, June 2022.

As people heal, they can start trusting each other, and working together comes more easily.

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Consultations with Regional and Community Based Organizations

Presentations and discussions were held with a number of organizations.

These interactions gave us the opportunity to see that very often what we had observed and learned was validated by many others. Courageous participants spoke of the difficulties they had faced or were facing personally, and their own need for support and assistance.

We were told how the issues we raised cause concerns on many levels within organizations, from recruiting and retaining qualified Inuit staff, developing, and sustaining effective training, to basic human resource issues such as absenteeism and high levels of turnover. The leadership "fatigue" we mentioned earlier was also apparent in these meetings.

Our leadership is challenged by the fact that they must work in two worlds, both of which have strength and substance to offer. Acknowledging the impact of trauma and colonization made it possible for leaders to speak of the challenges of integrating traditional and western knowledge into their organizational approach.

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There are significant limitations related to Human Resources that affect every organization trying to deliver support services to Nunnavimiut struggling with mental health and wellness issues.

Recruiting and training of Inuit staff is difficult due to the pervasive impact of trauma and colonization.

Recruiting professionals with expertise from the south is also challenging as the resources are limited there too, and the need to provide housing for these people when they come north adds and additional burden.

Support for the work already done was genuine and widespread, however, it was also clear that many feel "someone" should take on delivering the services that could be the solution.

We are grateful for the time and energy offered us by the busy people we approached in this part of our work, their support and validation of our findings was invaluable

The full list of Organizations Consulted can be found in Appendix 1,

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Our Conclusions

Personal and societal recovery, which can also be referred to as healing and returning to wellness, just like learning, is a process. It occurs over time and is different for everyone. We can have very specific goals and activities for helping people move into the process, but that does not mean that they will always work. Flexibility is key.

People are different and will engage in recovery in different ways. A variety of tools and resources will be required to provide the ways and means to support them. The impacts of intergenerational trauma increased and became more pervasive over time, as we have described earlier in this report. Recovery will not happen overnight. As more individuals engage in personal recovery, they will start having an effect on their families and communities, accelerating the societal change, perhaps in a relatively short time.

In the not-so-distant past, ensuring the safety, security, and health of all was part of what we contributed to for our common good. Everyone had a role to play, and every contribution was valued. Colonization brought with it a move away from personal self-reliance. With systems being identified as "better" at responding to the needs of our people, we drifted away from this. We now have committees and organizations tasked with addressing the needs and concerns of just about every aspect of our lives. We must reclaim our personal responsibility so we can then choose the services we need from those that have become available to enhance our personal self-reliance as we move through our societal recovery from intergenerational trauma.

Organizations, their people, including our leaders are struggling to do the right thing, and when they don't succeed, because they are human, they feel bad, and will look for someone to be accountable or take responsibility. Too often, the community takes this role. When faced with limited participation in some of their activities they have not understood the anxiety and fear common to those living in survival mode which may be keeping people away.

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Once people have a chance to understand what has happened to them and how many of these behaviors developed as a way to "survive" they can choose to make the changes they need for their own healing in their own time. Gabor Maté suggests:

"If we treat trauma as an external event, something that happens to us or around us, then it becomes a piece of history we can never dislodge. If on the other hand, trauma is what took place inside us as a result of what happened, in the sense of wounding or disconnection, then healing and reconnection become tangible possibilities. The Myth of Normal Trauma, Illness & Healing in a Toxic Culture" Mate (2022)

They will need support, encouragement, and access to appropriate resources to do so, but there are enough Nunavimmiut who have very quietly done so already to show that it can be done.

Maté also links socio-economic factors with the risk of inflammation and ultimately long-term health outcomes related to chronic disease. Nunavik has higher rates of cancer, diabetes, heart disease, high blood pressure and other chronic illnesses compared to the general population. Research in epigenetics shows us that stress reduction is an investment in improving overall health outcomes. Maté's hopeful message is this: "by learning about the impacts of adversity, we can also find pathways toward healing".

What does this mean for the us? It means as some of the most resilient and adaptable people in the world we have and will continue to find creative and innovative solutions to improve our situations for the sake of our mental health and wellness.

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We are all in this together

All aspects of our lives have been impacted by intergenerational trauma and the changes in our society. Dealing with crises and chaos has become part of our day-to-day life and takes tremendous amounts of energy and resources to manage, barely keeping on top of things as they occur.

Everything in our life has an influence on our health and well-being. This includes our lifestyle choices, our history as families, as communities, our relationships, our employment, our economic opportunities, our housing, everything!

It is a tribute to the resilience of our people that we are as healthy as we are today, given what has happened to us. We have never lost hope, and over the years, many individuals, groups, communities, and organizations have developed strategies and programs to try to address these issues.

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Community based organizations, often with limited funding and training opportunities struggle to offer hope, compassion and care to fellow community members struggling with serious social issues. Some individuals have engaged in programs that led to a path of recovery and healing for themselves, but it is far from "common".

There is a sacred relationship between Inuit and the land we lived on over the millennia. We believe that an innate understanding of this has resulted in the development and implementation of on the land programs that connect Inuit to their identity, and especially to their role as providers. This powerful bond, if paired with therapeutic components can have tremendous impact on healing experiences. ϤϞͰϳͻϿͶϲ΅ϭϧ ΔͽͰϷϚ ΛϲϟͶͽϗϫͼ. Δϲͽϗϲ ΔͽΔς ΔϲϷͽεςτμϲͽͻς Γεζάαͼ, Ϥ;;ϥͶϲϞϲϧͼϲ Γελεςζήμα, ϧϯϥϫ ϹΓͼ ͶϷϗϷϿϗϲϟͽϗϲͻͽ.

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Our communities are served by organizations involved with services related to a broad range of personal, social, economic, and environmental factors that determine individual and population health. We will need to work effectively together if we are to be able to support the healing needed. We all want to work together, and have tried so many times in the past, but the legacy of trauma makes that kind of working together very difficult. Maté's offer us guidance:

"Before engaging in any major reforms toward a more trauma-aware, health-friendly society, we'll want to look into our own hearts and minds to make sure we're approaching these daunting tasks from a place of possibility "

The Myth of Normal Trauma, Illness & Healing in a Toxic Culture" Mate (2022)

We have to accept the legacy of trauma and reclaim our traditional values and practices which focused on responsibility for community care in order to begin our process towards the healthy productive life that is our birthright.

"Supporting someone else's healing also helps me, I am always healing."

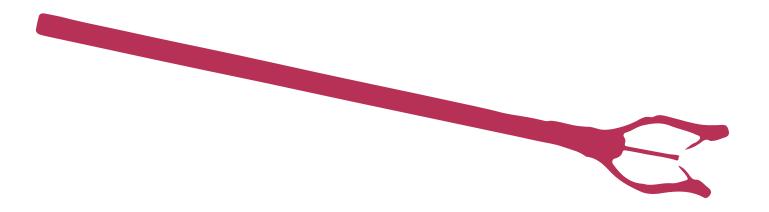
Charlie Okpik, Tatigiilluta Working Group Member

It is with optimism and a firm belief in the resilience we have inherited from our ancestors that we make the following recommendations. ΛͼϟʹϧΟͺͺϳϯϚϛϫͼϧϫϥ;ͺͺͺϲϟϭ;Ϸϲϲϯϲͺϫϲ ϧϡϷͺͶͼͺͺϧϥϥ;;ͼͺͻϳϥͺ;ϲϲϲͺ ϒͼϟϭ;ϷϢͺͺͼϹϼͺͺϥϫͼʹϿϽϲͺϥϩϲϽ;;ͺ Cabor ϹϧϷϫϭͻϢͼ

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Recommendation 1

Access to a full range of professional and traditional services to support individuals in their healing journeys using every means possible.

- Experienced counsellors are not always interested in moving to northern and remote communities. That coupled with the high level of turnover among the professionals' supporting clients with mental health and wellness issues add to the challenges of delivering services. The experiences gained through the years of the Covid pandemic opened up new possibilities for the delivery of mental health support and services through phone and internet. It is important that we use this to increase the availability of such services in Nunavik until such time as more Inuit can be trained.
- Explore the possibilities of expanding the types of services available to include but not limited to:
- Eye movement desensitization and reprocessing (EMDR), an interactive psychotherapy technique used to relieve psychological stress.
- Cognitive behavioral therapy (CBT) is a form of psychological treatment that has been demonstrated to be effective for a range of problems including depression, anxiety disorders, alcohol and drug use problems, marital problems, eating disorders, and severe mental illness.
- Art and Music Therapy

Recommendation 2

Invite the relevant authorities to look at what is required to fast-track a program to train Inuit Counsellors to provide therapeutic support to those dealing with the impacts of intergenerational trauma.

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Identify and address gaps in services affecting mental health and wellness in children, youth, and adults, including but not limited to:

- Protocols that are straightforward and easily understood by users and others to access urgent services such as suicide intervention and other mental health crises.
- Appropriate residential services for children in care who have aged out of the group homes provided for 6-12 year old.
- Transition programs and facilities for young adults who have spent their adolescence in various group home facilities and or foster homes.
- Support services for families and or primary care givers of Nunavimmiut struggling with significant mental health challenges. These families and care givers are a very important on the continuum of care in mental health and can prevent crises and acute episodes if supported effectively.

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Provide access to learning about the intergenerational impact of historical trauma in every community including ongoing activities to support a process towards a deeper understanding of the impacts of trauma and how it plays out in our communities.

- Offer workshops on the impact of intergenerational trauma in as many communities as possible while actively identifying community-based individuals interested in facilitating workshops. Explore traditional practices for dealing with issues related to health, wellness and healing as well as the links between traditional community care and trauma informed care.
- Invite and include natural helpers wherever possible so that they too may add to the resources they bring to the community in their role.
- Offer the Nunavik Training of Trainers Program to give participants an opportunity to learn how to use workshop development and facilitation skills to develop and deliver workshops based on their personal experiences and interests in healing.

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Review all existing programs and services to ensure that they are contributing to community empowerment, especially those affecting grass roots community organizations as these are the prime examples of effective community empowerment.

 Strong and meaningful connections to other groups and organizations in order to share resources and experience.

Recommendation 6

A Regional Strategic Plan to develop and implement a trauma informed approach for all public services, programs and institutions including but not limited to:

- Health and Social Services
- Youth Protection Services
- Schools
- Safety, Security and Justice System Services
- Adult Education Programs and Services
- Others

A Trauma-informed approach seeks to:

- Realize the widespread impact of trauma and understand paths for recovery.
- Recognize the signs and symptoms of trauma in children, adults, families, and staff.
- Integrate knowledge about trauma into policies, procedures, and practices; and
- Actively avoid re-traumatization by ensuring that all users/clients are treated with respect and dignity in a psychologically "safe" environment.

A comprehensive approach to trauma-informed services must be adopted at both the front line and organizational levels. Too frequently, providers and systems attempt to implement trauma-informed care at the front-line level without the proper supports necessary for broad organizational culture change. This can lead to uneven, and often unsustainable, shifts in day-to-day operations. This narrow focus also fails to recognize how staff not involved in direct service delivery, such as front desk workers

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and security personnel, often have significant interactions with users/clients and can be critical to ensuring that these people feel safe, worthy, and respected.

The following are recognized as core principles of a trauma-informed approach that are necessary to transform service delivery settings:

Safety: Throughout the organization, users/clients and staff feel physically and psychologically safe

- Trustworthiness & Transparency: Decisions are made with transparency, and with the goal of building and maintaining trust
- Peer Support: Individuals with shared experiences are integrated into the organization and viewed as integral to service delivery
- Collaboration: Power differences between staff and users/clients and among organizational staff – are leveled to support shared decision-making
- Empowerment: User/client and staff strengths are recognized, built on, and validated this includes a belief in resilience and the ability to heal from trauma
- Humility & Responsiveness Biases and stereotypes (e.g., based on race, ethnicity, sexual orientation, age, geography) and historical trauma are recognized and addressed.
- Trauma informed community development
- As informed by the lived experience of trauma, both personal and collective, trauma informed community development is a framework that establishes and promotes resilient healing and healthy communities so that people can be healthy enough to sustain opportunity and realize their potential.

Our history of trauma puts many of our people at risk for threats to their physical and psychological wellness. We have many programs in place to support families in need of assistance, however, in many cases they are not connected in a significant way that could help individuals and families "change" their living reality. Social assistance, reduced rent and ۶
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food baskets may alleviate some stress. However, for some adults, the inability to get and keep meaningful employment that provides for their family's financial needs continues to impact negatively on the mental health and wellness of the whole family.

Providing help and support to heal from the effects of intergenerational trauma and colonization must be connected to all our job training and employment placement programs.

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Implementation Plan

A committed and knowledgeable regional leadership will be needed to develop the strategic plan. Leaders who have engaged in the community processes or are ready to deepen their own understanding of the impact of trauma and start their own personal journey of recovery would be most suited to do this work. The span of the work needed to develop this plan and follow upon the implementation in the different sectors will require a firm commitment.

This leadership group should include individuals from as many regional and local organizations as possible.

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Activities of this group should include but not be limited to:

- Developing and approving basic trauma training workshops for leadership.
- These can be delivered to people in any organization and will maximize "connections" between partners and provide for ongoing development without burdening each organization with the task of maintaining a leadership training team. Sharing this training also means that leaders are all speaking the same language and understanding when it comes to trauma and a trauma informed approach.
- Initiating the work on reviewing policies and procedures to ensure that these reflect the core principles of the trauma informed approach.

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- Avoid having organizations "duplicate" efforts, for example: if an organization is prepared to start working on trauma informed practices in Human Resources, then other organizations can forward their concerns, challenges to be included and focus on other areas they need to develop.
- Evaluating policies and procedures Mechanisms to make sure the modified policies and procedures are having the desired effect at different levels – are "user/clients" and staff feeling the difference?

Access to basic trauma training and healing for all leadership positions.

 Broad based trauma training will be developed through Recommendation #5 but knowing that the process of change will be long-term we must ensure that newly elected leaders, or recruited organizational leaders have access to training to ensure that they fully engage and support the process when they take on new positions.

Recommendation 9

Where external institutions are involved in providing training and education, ensure that a trauma informed approach is used to not only develop training programs, but also to prepare potential participants for success.

Recommendation 10

Initiate actions to access funding from relevant authorizes to ensure that comprehensive and significant progress can be made in the shortest time possible.

The recommendations and activities outlined above will require significant additional funding. At this point in time, in the spirit of reconciliation, it would be important to make clear that many of the social issues plaguing the Inuit of Nunavik have their origins in the actions of the colonial system that was imposed in the past.

The increasing costs associated with trying to "contain" the damage caused by the unresolved trauma of the past makes an investment in this process imperative. The damage affects all levels and will only continue to rise if measures are not taken to support and empower our people for change.

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APPENDIX 1

List of Regional Organizations Consulted

- Hébergement Communautaire Uvattinut is a non-profit community organization that provides • independent living opportunities and community support services for low-income Inuit who have mental health problems. Puvirnituq – October 2022 Kativik Ilisaqniliriniq Council of Commissioners - December 2022
- .
- Nunavik Board of Health and Social Services Board of Directors December 2022 .
- Kativik Regional Government January 2023 .
- Qajaq Network– January 2023 •
- 2 Group Homes for Inuit in Montreal (Trauma informed) January 2023 •
- Tunngasuvik Women's Shelter Kuujjuaq- January 2023 •
- Isuarsivik Treatment Centre Kuujjuaq-January 2023 .
- Saturvik group home Kuujjuaq February 2023 .
- Qaumajuapik 6-12 group home Kuujjuaq February 2023 .
- Director of Rehabilitation Centre Ungava Tulattavik Health Centre- February 2023 .
- 3 pilot communities (Puvirnituq, Tasiujaq and Kangirqsujjuaq) .
- Director of Community Services Ungava Tulattavik Health Centre- February 2023 .
- Child First Initiative NRBHSS- February 2023 .
- Board of Directors Ungava Tulattavik Health Centre- February 2023 .
- Saturqviit Inuit Women's Association of Nunavik February 2023 •
- Inuulitsivik Health Centre – Administration – February 2023
- Inuulitsivik Health Centre Board of Directors February 2023 •
- Makivik Corporation Executive Committee March 2023 .

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- Hebergment Communautaire $\Diamond C^{C} \land \Box^{C} \land$
- bΠል^b Δς⁵σς^b bΠL^b^c^c bΠL^b^b^c Πζ^lΛ_λ 2022
- ΔωαιΓ Δωταπός βΠΓρωις Πιγα 2055
- 6Λδ⁶ Δασσσι² 6°L⁶⁶ 6ΛL⁶⁶⁷⁷⁷ 6ΛL⁶⁶⁷⁷⁷ γΔ⁴⁷ 2023
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