CRACKS IN THE FOUNDATION: HOUSING QUALITY AND MENTAL HEALTH AMONG INUIT IN NUNAVUT

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This paper explores the intersection between housing conditions and mental health among Inuit in Nunavut, based on analysis of data from the 2017 Aboriginal Peoples Survey (now called the Indigenous Peoples Survey), specifically the Nunavut Inuit Supplement. Using validated measures such as the Kessler Psychological Distress Scale (K10) alongside self-perceived mental health indicators, the study examines how key housing factors—particularly dwellings in need of major repair—are associated with psychological distress among Inuit respondents. Framed within a social determinants of health approach, the analysis reveals that housing quality is a critical determinant of mental well-being in Inuit communities, independent of other socioeconomic factors. The findings underscore the need for targeted policy interventions that prioritize the repair of existing housing stock as a mental health strategy in Nunavut.

INTRODUCTION

Housing is a cornerstone of well-being. For Inuit in Nunavut, where the vast majority of the population is Inuit and over half experience housing inadequacies, the implications of poor shelter are profound. The longstanding housing crisis in Nunavut is not just a deficit of physical infrastructure; it is a public health emergency rooted in historical dislocation and systemic neglect.

This article draws on data analyzed from the Nunavut Inuit Sustainable Housing Index (NISHI), a collaborative initiative led by NTI, the Association for Canadian Studies & Metropolis Institute, which seeks to measure and address the impact of housing on the health, social, economic, and cultural outcomes of Inuit across all 25 Nunavut communities. Among its most significant findings is the strong association between inadequate housing — especially homes requiring major repairs — and poor mental health outcomes.

HOUSING AND MENTAL HEALTH: A FRAMEWORK FOR UNDERSTANDING

Inuit have significantly lower life expectancies, higher rates of infant mortality, and the highest suicide rates of any demographic in the country. These disparities are rooted in social determinants of health — conditions shaped by the unequal distribution of resources, opportunity, and power (World Health Organization 2013). Social determinants of health are "the conditions in which people are born, grow, live, work and age, including the health system. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels, which are themselves influenced by policy choices."

Inuit Tapiriit Kanatami (ITK) — the national organization of Inuit in Canada — has outlined eleven social determinants of health critical to Inuit well-being, including income distribution, education, personal safety, and, notably, housing. While overcrowding and general shortages have long been recognized as key housing issues in Nunavut, this current research suggests that the condition of existing housing — particularly the prevalence of homes in need of major repairs — is also a critical factor in determining mental health outcomes for Inuit. ITK has further identified mental wellness as the single most important health issue for Inuit in Canada (Alianait Inuit-specific Mental Wellness Task Group, 2007).

METHODOLOGY AND DATA SOURCES

The findings presented are derived from analyses of the Indigenous Peoples Survey (IPS) for the years 2012 and 2017. The weighted sample included 28,762 Inuit living within Inuit Nunangat, with a focus on respondents residing in Nunavut. The research team examined both subjective and objective indicators of mental health, namely self-perceived mental health status and scores from the Kessler Psychological Distress Scale (K10), a validated 10-item instrument assessing anxiety and depressive symptoms.

Four key housing variables were analyzed:

1. Crowding index (persons per room);
2. Dwelling in need of major repairs;
3. Ownership vs. rental status; and
4. Access to subsidized housing.

These housing variables were examined alongside a suite of sociodemographic controls linked to the broader dimensions of the NISHI framework, including economic stability (e.g., income, food insecurity, education), cultural engagement (e.g., Inuit language use, traditional practices), and social capital (e.g., community belonging, close friends, and family support).

KEY FINDINGS

DWELLINGS IN NEED OF MAJOR REPAIRS ARE A STRONG PREDICTOR OF MENTAL DISTRESS

Among all four housing variables analyzed, dwellings in need of major repairs emerged as the most consistent and powerful predictor of psychological distress among Inuit respondents. Approximately one in four respondents (24.8%) whose homes were in need of major repair showed signs of psychological distress while 18.1% of those whose homes needed only minor repairs or regular maintenance were experiencing distress (see Table 1).

After controlling for confounding factors such as food insecurity, education level, employment status, and other socio-demographics (see Table 2), living in a home that requires major repair significantly increased the likelihood of experiencing mental distress as measured by the Kessler Psychological Distress Scale (b=1.15, t=11.58, p<.001). To a lesser extent, overcrowding was associated with higher psychological distress (b=.22, t=4.11, p<.001) among Inuit respondents while homeowners (b=-.36, t=-3.11, p<.01) and subsidized housing recipients (b=-.46, t=-4.44, p<.001) were less likely to experience psychological distress.

TABLE 1. DWELLINGS IN NEED OF MAJOR REPAIRS AND PSYCHOLOGICAL DISTRESS AMONG INUIT

	Dwelling — Major repairs needed		
Dependent Variable: Kessler Distress Scale — K10	No, only regular maintenance or minor repairs needed	Yes, major repairs are needed	Total
Likely to be doing well (0–9)	81.9%	75.2%	80.4%
Low mental distress (10–15)	11.8%	**14.5%**	12.4%
Moderate mental distress (16–21)	5.0%	**7.0%**	5.4%
High or very high mental distress (22+)	1.4%	**3.4%**	1.8%

TABLE 2. REGRESSION MODEL FINDINGS FOR PSYCHOLOGICAL DISTRESS AMONG INUIT

Dependent Variable: Kessler Distress Scale - K10					
Model 1	**B**	**S.E.**	**Beta**	**t**	**Sig.**
Housing Indicators					
Crowding index/Persons per room	0.40	0.05	0.06	7.47	<.001
Dwelling - Major repairs needed	1.40	0.10	0.10	13.56	<.001
Dwelling - Owned/rented	-1.16	0.12	-0.09	-9.71	<.001
Dwelling - Subsidized	0.04	0.11	0.00	0.37	n.s.
(Constant)	4.50	0.14		31.91	<.001
Model 2	**B**	**S.E.**	**Beta**	**t**	**Sig.**
Housing Indicators					
Crowding index/Persons per room	0.22	0.05	0.03	4.11	<.001
Dwelling - Major repairs needed	1.15	0.10	0.09	11.58	<.001
Dwelling - Owned/rented	-0.36	0.12	-0.03	-3.11	<.01
Dwelling - Subsidized	-0.46	0.10	-0.04	-4.44	<.001
Sociodemographics					
Age group of respondent	-0.33	0.04	-0.08	-9.18	<.001
Sex of respondent (Female)	0.74	0.09	0.06	8.67	<.001
Marital status (Married)	-1.17	0.10	-0.09	-11.46	<.001
Moved in the last 12 months	0.59	0.12	0.04	5.09	<.001
Language - Speak Aboriginal language	0.28	0.18	0.01	1.56	n.s.
Traditional activities done during past year	-0.52	0.14	-0.03	-3.88	<.001
Socioeconomic Predictors					
Highest level of education attained - Grouped	0.27	0.03	0.07	9.04	<.001
Current school attendance status (in school)	-0.61	0.20	-0.02	-2.98	<.01
Employment status - Full-time	-0.30	0.10	-0.03	-2.96	<.01
Total personal income - groups (2011)	-0.13	0.03	-0.05	-5.14	<.001
Level of food security in household (food insecurity)	1.79	0.06	0.25	31.39	<.001
(Constant)	3.95	0.36		10.85	<.001

These findings align with lived experiences documented in community consultations and political advocacy: deteriorating housing conditions — mold, unsafe structures, and broken plumbing — are daily stressors that erode mental well-being. This form of structural neglect is compounded by harsh climates and remoteness, further exacerbating physical and emotional vulnerability.

FOOD INSECURITY AND MENTAL HEALTH: AN INTERCONNECTED CRISIS

Food insecurity is one of the most persistent and distressing challenges facing Inuit communities in Nunavut. It not only undermines physical health and nutrition but is also closely linked to adverse mental health outcomes. Food insecurity is shaped by a complex set of structural and environmental fac-

tors, including low income, inadequate housing (e.g., lack of proper food storage or cooking facilities), and limited access to culturally appropriate foods (i.e., "country food").

According to Statistics Canada (2022), 62.6% of households in Nunavut were food insecure, the highest rate in the country. Earlier data from Arriagada (2017) reported that more than half (52%) of Inuit aged 25 and older living in Inuit Nunangat experienced food insecurity. Analysis of the 2017 Indigenous Peoples Survey (Nunavut Inuit Supplement) shows that food insecurity is the single strongest predictor of psychological distress among Inuit in Nunavut — exceeding other socioeconomic factors such as income, education, or employment status. This reinforces the importance of considering food insecurity as a central driver of mental well-being.

Numerous studies support the relationship between food insecurity and mental distress in Indigenous contexts. Kral et al. (2011) and Richmond et al. (2012) found that chronic food scarcity leads to heightened stress, anxiety, and a sense of powerlessness — particularly among caregivers and parents unable to meet their families' basic needs. More recent national data have reinforced this connection.

SUBSIDIZED HOUSING AND HOMEOWNERSHIP AS PROTECTIVE FACTORS FOR MENTAL HEALTH

Stable and affordable housing is closely linked to improved mental health outcomes among Inuit in Nunavut. Analysis of the 2017 Indigenous Peoples Survey (Nunavut Inuit Supplement) reveals that Inuit living in subsidized housing reported lower levels of psychological distress than those in non-subsidized housing, even after controlling for key socioeconomic factors such as food insecurity, income, and education. Subsidized housing appears to offer a form of security and stability that can help mitigate the chronic stressors many Inuit face, including economic hardship and housing precarity.

Homeownership may also confer mental health benefits. While the proportion of Inuit homeowners remains relatively low in Nunavut, preliminary findings suggest that those who own their homes — often with support from housing programs or cooperative models — tend to report better self-perceived mental health and slightly lower psychological distress. This may reflect the increased autonomy, stability, and control that ownership provides, particularly in a context where rental housing can be overcrowded, poorly maintained, or subject to displacement.

Both subsidized housing and homeownership contribute to housing security, which in turn supports mental wellness. These findings reinforce the importance of expanding affordable housing options along the entire housing continuum, including public housing, co-operative models, and pathways to ownership. An accessible and culturally appropriate housing stock is essential not only to meet basic shelter needs, but to support the long-term mental health and well-being of Inuit communities.

SELF-PERCEPTION OF MENTAL HEALTH OFTEN MASKS DEEPER DISTRESS

One of the most striking findings was the discrepancy between self-perceived mental health and results from the Kessler scale. A notable proportion of individuals who reported having "good" or even "excellent" mental health still showed signs of significant psychological distress. This discrepancy underscores the need for culturally sensitive and clinically valid tools to accurately assess mental wellness in Inuit contexts — tools that take into account the historical trauma and resilience narratives prevalent in Inuit culture. Recent research from the Association for Canadian Studies (2023) suggests that self-perceived mental health measures often reflect only surface-level assessments, whereas diagnostic tools that include multiple indicators provide a more comprehensive understanding of an individual's mental well-being.

IMPLICATIONS FOR POLICY AND ACTION

These findings highlight the need for a new approach to Nunavut's ongoing housing crisis — one that prioritizes Inuit well-being alongside infrastructure development. While constructing new housing units is critical to addressing overcrowding and long waitlists, equal emphasis must be placed on repairing the existing housing stock. Homes with structural issues, poor insulation, and inadequate heating not only fall short of providing safe shelter — they directly harm the health and well-being of Inuit well-being.

Policy recommendations include:

- Prioritizing funding for urgent home repairs in existing housing units as a preventative measure to support and protect mental health.
- Integrating housing assessments into mental health screening processes.
- Expanding access to subsidized housing, especially for those facing the greatest housing and health challenges.
- Supporting Inuit-led housing initiatives that reflect cultural values and traditional Inuit knowledge (*Qaujimajatuqangit*).
- Enhancing mental health support services to include trauma-informed care and land-based healing approaches.

CONCLUSION

The relationship between housing conditions and mental health among Inuit is deeply interconnected. Inadequate housing — especially when in serious disrepair — can significantly erode mental well-being, which can also affect one's sense of belonging to the community, and overall life satisfaction. These findings underscore the importance of recognizing housing as a key determinant of health and prioritizing policies and actions that address housing quality as part of broader efforts to support Inuit wellness.

The Nunavut Inuit Sustainable Housing Index offers a promising path forward — one rooted in data, Inuit self-governance, and a multidimensional approach to community well-being. As we continue to track outcomes across housing, economic, social, and cultural domains, we must remember: mental wellness begins at home.

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