

Taking the Pulse

A Health and Wellness Conversation

Phase Two: What We Heard



Background

The Yukon Financial Advisory Panel's Final Report (2017) recommended that the Government of Yukon conduct a comprehensive review of Yukon's healthcare system to explore factors driving costs and assess the quality of Yukoners' experiences and health outcomes.

In early 2018 the Department of Health and Social Services initiated a Comprehensive Review beginning with an investigation of its internal operations. Although the Financial Advisory Panel recommended the review focus on the healthcare sector, the Government of Yukon expanded the scope to include all health and social programs and services, given their interconnectedness.

In November 2018 the Government of Yukon appointed a five-member Independent Expert Panel (IEP) to lead the review. Panel members include Yukoners and health system experts from outside the territory.

The IEP led two phases of public engagement. In both phases, Yukoners were asked to share stories about their experiences with Yukon's health and social services system, and to provide ideas about how to improve these systems.

Phase one took place from June through August 2019. It consisted primarily of meetings with healthcare professionals, non-governmental organizations and community groups, though meetings with the general public were held in Whitehorse, Dawson City and Watson Lake and there were also online and paper copies of surveys. More than 200 Yukoners participated in these early conversations.

Phase two took place in the fall of 2019. It consisted primarily of engagement with citizens in Yukon's rural communities and with First Nations governments and public meetings were also held in Whitehorse. More than 300 Yukoners participated in meetings with members of the IEP and shared their thoughts, concerns and ideas about how to improve the health and social system.

It also included an online survey on the takingthepulse.yukon.ca website, which was open to all Yukoners. More than 700 Yukoners participated in the survey, providing their thoughts on issues such as access to primary care services, health benefits, healthcare premiums and other fees, and telehealth.

The panel's final report is due by April 30, 2020.

Note that the content of this document represents the personal views and opinions of participants in phase two of the engagement, and has not been modified to correct inaccuracies. To protect the privacy of participants and encourage honesty, names were not collected and any identifying information has been removed.



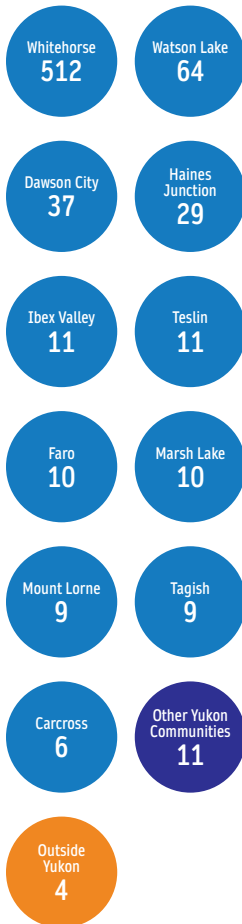
Executive Summary

The goals of the Comprehensive Review are:

- To enhance the long-term well-being and quality of life of all Yukoners.
- To identify ways that people who are accessing health and social programs and services, and those who provide those services, can have improved experiences.
- To provide better value for money.



Phase two received
723
survey responses
from



During phase one we held more than 40 meetings and heard from more than 200 people. Many were professionals in the health or social services sector, and we met with members of the general public in Whitehorse, Dawson City and Watson Lake as well.

Participants were asked to share their experiences, to tell us what is working and what is not working, and to share ideas that could lead to change, innovation and improvement to our health and social services system.

Phase two consisted of 34 meetings in 14 Yukon communities to engage directly with members of the general public, municipal and First Nations governments, and representatives from the non-profit sector. In all, there were seven meetings in Whitehorse and 27 meetings in rural communities. (See Appendix A for more detailed information.)

Accordingly, the findings described in this report reflect a more geographically equitable distribution of engagement across Yukon communities, rather than an equal balance of representative feedback by population (which would disproportionately reflect the views of Whitehorse residents).

The honest, impactful and striking stories we heard during both phases of engagement provide a rich picture of what Yukoners experience when interacting with our health and social services system. Many spoke to specific programs and services that are important to Yukon communities and families. Others focused on what it means to be healthy, as individuals and as a community.

Within the broader themes and values that emerged through this public engagement process, there are a few common threads that tie together the experiences and feedback Yukoners shared with us:

- **Access and coordination.** Yukoners value the doctors, nurses, counsellors, and other service providers who care for them. Many Yukoners also felt that care providers are not always available when they would like to see them – often because the providers are based elsewhere or only available during particular days and times.

Yukoners also want to see better coordination of appointments and improved information sharing between service providers to improve the convenience and efficiency of our healthcare system. Some participants want to see the use of telehealth expanded, as a way to reduce the necessity of medical travel for appointments with specialists that may only last a few minutes.

- **Quality, person-centred care.** We also heard that the quality of Yukoners' relationships with service providers impacts how they feel about the care they receive. Yukoners want their relationships with care providers to be more compassionate and person-centred. They want to feel heard and want the healthcare system to focus less on the number of patients served and more on the quality of care delivered.

Many First Nations participants shared stories of racism and stereotyping when accessing primary care and acute care services. Many Yukon First Nations people want to feel more welcome and confident that they will not be treated differently by service providers because of their race. They want services to be delivered in a way that is more culturally relevant, safe, and accessible.


Many First Nations Yukoners want primary care facilities that are less 'institutional' and more culturally safe and welcoming. Further, they want service providers that understand the history, traditions, and historical trauma of the First Nations they work with in order to provide more compassionate and culturally-relevant care.

- **Building healthy communities.** There was broad acknowledgement among participants that preventative care should be more of a priority, with some noting this is an effective and efficient long-term investment. Some participants said that being hopeful about the future is connected to people's health and wellbeing, and it is important to provide employment opportunities and activities that foster a sense of purpose and dignity.

At the community level, Yukoners appreciate recent investments in hospitals, recreation centres, and other community infrastructure. Improving access to healthy foods and social and physical recreation (especially for children and youth), and appropriate housing (especially for seniors) are seen as long-term investments in community health.

It was also widely recognized that substance abuse is a significant barrier to community health and wellness, especially for rural communities with fewer support services. Many rural Yukoners expressed an interest in having a detox and treatment facility in their community, and there is overwhelming support from First Nations participants for "on-the-land" programming such as land-based healing camps.

- **Cost and financial sustainability.** Costs, in both time and money, for users of healthcare services was also front-of-mind for participants. The limits of health benefit coverage for medical travel and prescription drug expenses – but also for things like eyeglasses, dental care and physiotherapy – were also raised as a source of financial stress for many Yukoners. While some participants expressed the belief that all Yukoners should have equal access to healthcare services, others said services should be more equitable in order to support those most in need.



Lastly, many participants in the public engagement process expressed significant frustration with the lack of action from previous reports and indicated a strong desire for the government to take real action to address long-standing issues within the health and social system. They spoke of widespread awareness of the challenges facing many Yukoners and wholesale desire for real change to improve the system.

This report explores the nuances of the positive and negative feedback we received, but also highlights ideas, suggestions, and solutions brought forward by Yukoners who see real opportunity for improvement.

Structure of this Report

The structure of this document is based on the key themes that guide the Comprehensive Review:

- 1. Primary Health Care**
- 2. Coordination of Care**
- 3. Supporting High-Needs Users**
- 4. Aging in Place**
- 5. Pharmaceutical Benefits**
- 6. Social Supports**
- 7. Mental Health and Wellness**

For each theme, the report summarizes input we received about what is working well and what is not working well. We also present the forward-focused ideas, suggestions and opportunities that were identified by participants.

■ Primary Health Care

What is working well?

Participants in the three communities with hospitals said that they were generally satisfied with primary care services and were glad to have these services available.

The hard work of nurses who provide support and care for rural communities is recognized and appreciated. Participants from Mayo, the only community with a resident Nurse Practitioner, expressed general satisfaction and gratitude for their primary service provider.

What is not working well?

Many participants from rural communities said that they do not have access to a nurse or physician when they feel they need one. They want more primary care services available in their home communities. Specifically, we heard that visiting physicians do not visit communities frequently enough. We also heard that community nurses are only available by appointment and during limited hours, requiring patients to wait longer before being able to see them.

It was generally acknowledged that rotating physicians through rural communities does not facilitate trust-building with patients. Specifically, some patients felt re-traumatized by having to share their personal and medical histories with different social and health service providers.

Rural Yukoners are concerned that high turnover among service providers is making it difficult to sustain quality healthcare services. Specifically, participants noted that community nurses are overworked.

Some participants felt that lack of access to a family doctor has negatively affected their access to health care and, in some cases, their health.

We heard that rural primary care providers are not always ready for life in a remote community or trained to work with First Nations patients who may be coping with trauma, mental health challenges, and/or addictions.

Yukon's fee-for-service model was repeatedly raised as a source of frustration for some participants, who suggested it incentivizes doctors to hold shorter appointments in order to see more patients, a practice that they generally associated with a lower quality of care.

Not having access to a consistent service provider who they know and who understands their medical history was mentioned by participants who remarked on the importance of family doctors. Specifically:

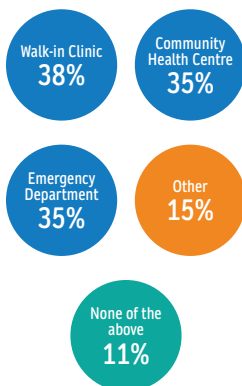
- Those who struggled or are still struggling to find a family doctor express significant frustration with lack of access to reliable care.

Do you have a regular doctor or other provider you usually go to when you are sick or need healthcare?



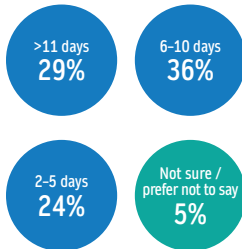
If not, how do you access healthcare services?

Select all that apply



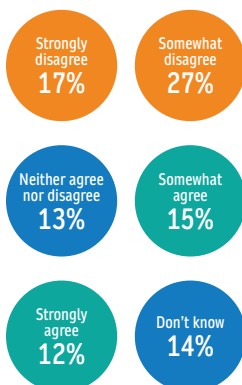


How long does it take to get an appointment?



6 surveys of 270 did not reply to this question.

Do you agree or disagree that our health and social system in Yukon is free from racial or other types of discrimination?



7 surveys of 270 did not reply to this question.

- This frustration was also shared by participants who do not have a good relationship with their doctor, or have a doctor who is not readily or conveniently available.
- In both cases, participants without access to a family doctor indicated that they reluctantly seek care at drop-in clinics or hospitals, or may forego visiting a doctor at all.

Many participants emphasized that they would like to see primary care services be more compassionate, person-centered and responsive to each patient's individual needs. Specifically, in describing their experiences participants:

- Felt like physicians were not really listening to them and not taking the time to understand their needs.
- Cited stories of misdiagnosis to emphasize that physicians were not taking patient health concerns seriously.
- Felt that the service provider over-relies on prescription drugs to resolve health issues, resulting in unnecessary follow-up treatment that can negatively affect health outcomes.
- Expressed a desire for less specialized, more holistic care.

Rural Yukoners see travelling to Whitehorse to give birth as a logistical and financial burden for pregnant women and families, who may bear significant costs related to accommodation, time off work, and childcare.

Many participants shared stories about racist stereotyping and discrimination that they or their friends and family had experienced when accessing primary care services. Additionally, participants spoke about racial discrimination when accessing acute care services at hospitals and expressed concern that racial stereotyping was inhibiting access to effective treatment and accurate diagnoses for First Nations patients.

Some participants noted that overworking healthcare providers may be a factor in reducing the empathy and compassion shown to patients, particularly towards challenging patients in acute care facilities. This concern was also raised by some survey participants in the context of racism and discrimination.

Feedback from several meetings appears to indicate that there may be a lack of clarity about what health and social services are available, where these services are located, who can access them and how they can be accessed.

Lack of access to personal medical files, medical scans, and other important medical information while seeking treatment from a different service provider – particularly during medical travel or a visit with a specialist – is a frustration that was raised by several participants. Though some have concerns regarding information privacy, others expressed an interest in reducing barriers to information flow in order to:

- Improve collaborative access to medical files to ensure effective treatment.
- Improve patient access and control over their personal medical data.

Some participants in communities with significant nearby mining and exploration activity are concerned about how a growing population of workers might affect the capacity and cost of delivery for local healthcare services.

What do Yukoners want?

Yukoners want their relationships with doctors and nurses to be more compassionate and person-centered. They want to feel heard, and want the healthcare system to focus less on the number of patients served and more on the quality of care delivered.

To improve access to local primary care services, rural residents expressed a specific interest in more nursing staff and/or a physician based in their community. They also want access to a healthcare service provider that can prescribe medications, and more convenient access to specialized services like blood diagnostics and ultrasound scans.

Participants in rural communities suggest that government increase support for new staff from outside the territory through better housing, comprehensive onboarding, and ongoing support to help them integrate into the community.

Rural Yukoners also suggest increasing support for local residents, who already have a deep understanding and appreciation for their community, to pursue the training and education they need to work in health care.

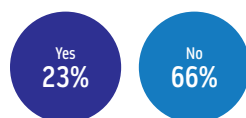
Francophone participants indicated a strong interest in improving access to French-speaking service providers and improving service coordination to ensure that French-speaking patients get the support they need, particularly in emergency situations.

To reduce the stress associated with travelling to Whitehorse to give birth, participants suggested:

- Establish a government-owned residence where pregnant women can stay during their time in Whitehorse.
- Improve liaison services to help pregnant women find accommodations and coordinate appointments.

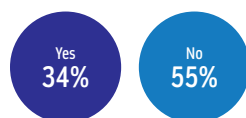
To address racism and discrimination experienced by First Nations people accessing primary care services, participants suggested that there be clearer and more accessible accountability protocols that allow First Nations patients who experience discrimination to file complaints and grievances, and that there should be better cultural training and education for primary care service providers to identify unconscious bias and build empathy.

To improve the range of health and social services available, would you support an income-tested premium for basic healthcare?



4 surveys of 270 did not reply to this question.

Would you support income-testing for [the medical travel] subsidy? (With income-tested programs, the amount of income you claim on your tax return determines the amount of the subsidy you receive.)



3 surveys of 270 did not reply to this question.

Participants identified a range of suggestions to better address systemic racism and discrimination – against First Nations people, as well as other marginalized groups – in health and social service delivery. Specifically:

- Direct participation from First Nations citizens and governments, as well as other people who experience discrimination, in the development and design of cultural education programs.
- Increase hiring of First Nations citizens and other people who experience discrimination, both as service providers and as liaison and/or support staff.

First Nations participants want primary care facilities that are less ‘institutional’ and more culturally safe and welcoming. They also want service providers that understand the history, traditions, and historical trauma of the people they work with, in order to provide more compassionate and culturally relevant care.

Many First Nations participants also want healthcare services that feel more culturally-relevant and aligned with traditional values and healing practices. Specifically, participants expressed an interest in:

- Healing spaces designed to feel culturally safe, and different than the ‘institutional setting’ associated with primary care facilities.
- Expanding Whitehorse General Hospital’s traditional foods initiative to hospitals in Dawson and Watson Lake.
- Exploring options for integrating traditional healing practices and First Nations traditional medicine practitioners into primary care services.
- Exploring options to support the restoration of First Nations midwifery practices.

While some participants expressed the belief that all Yukoners should have equal access to healthcare services, others said services needed to be more equitable in order to support those most in need. Specific comments along this theme also spoke specifically to healthcare funding, including:

- Opposition to any increase in healthcare premiums.
- 66% of Yukoners were opposed to an income-tested premium for basic health care.
- Support for funding further changes through taxation.

Some survey respondents expressed an interest in better training for service providers on how to provide appropriate care to LGBTQ2S+ patients, particularly patients who identify as transgendered. Specifically:

- Soliciting service provider training and education from experienced specialists and credible educators (e.g. World Professional Association for Transgender Health).
- Improving public and patient awareness about mental health support for citizens who identify as LGBTQ2S+.

■ Coordination of Care

What is working well?

Participants appear generally open to, and appreciative of, the telehealth services that are currently being provided, although less than nine percent of Yukoners indicated that they had used telehealth services in the past year.

What is not working well?

Access to transportation was identified as a significant barrier for non-emergency medical travel, with many patients delaying care, or relying on family members, First Nations governments or other community members to get to appointments in Whitehorse.

It was widely noted that there is a gap between the Government of Yukon's food and accommodation subsidies and the actual cost of food and hotels in Whitehorse or outside the territory.

Participants told us that inflexible regulations regarding medical escorts can leave people without the support they need while seeking care outside their community.

We also heard that patients may be discharged from Whitehorse General Hospital without transportation home or a place to stay, causing extreme stress to patients and their families.

We heard that there is a lack of awareness about what preventative care and allied health services and supports are available to residents in rural communities. There is also uncertainty about whether these services are covered by health insurance.

Many participants noted that medical travel arrangements are not coordinated in a manner that makes efficient use of patients' time and public resources. Specific challenges identified included:

- Having to travel to Whitehorse for multiple appointments every year instead of batching appointments together to reduce the frequency and cost of medical travel.
- Outside specialists not having access to test results or other patient information, preventing the patient from being evaluated or treated.

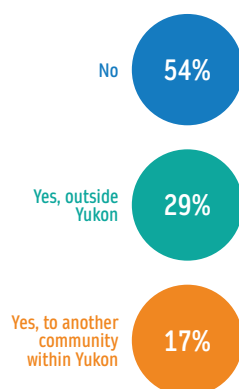
Participants noted that access to medical travel is sometimes dependent on volunteers and non-governmental organizations, which may lead to gaps in capacity when volunteers move, burn out, or are simply unavailable.

Though some expressed support for change that would make the distribution of healthcare costs more equitable, many participants were skeptical about a means-tested/income-based travel subsidy. Generally, participants expressed:

- A preference for using the tax system, which already captures differences in marginal income, to fund increases in costs and coverage.

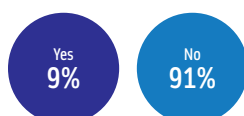


In the past year, did you have to travel out of your own community to receive healthcare services?

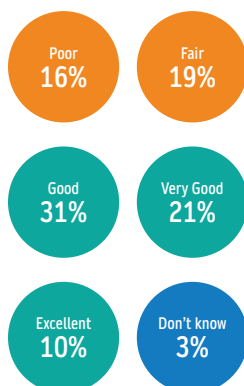




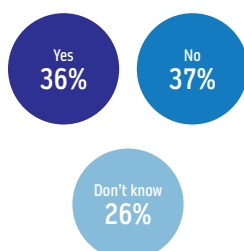
Have you used Telehealth as a patient in the past year?



If yes, how would you rate the Telehealth service?



Would you prefer to use Telehealth (or a similar program on your personal device), instead of travelling to a major centre?



8 surveys of 270 did not reply to this question.

- Concern that the income threshold/formula will be disproportionately expensive for rural Yukoners, single-income/single-person households, and those who do not work in the public sector.
- General opposition to any changes that would create different tiers of health benefits.

Beyond objections to any kind of redistributive changes, some participants also expressed a general distrust towards the Government of Yukon's sincerity in soliciting and listening to feedback on financial aspects of healthcare benefits and coverage.

What do Yukoners want?

Participants suggested that Whitehorse General Hospital review and revise its patient discharge protocols to help rural patients coordinate transportation home or find a place to stay.

They also suggested that health services providers improve patient liaison services to help patients coordinate transport and accommodation for non-emergency medical travel in advance, and to help them navigate the healthcare system.

Some participants want the Government of Yukon to expand its telehealth programs as a way to reduce the need for medical travel for appointments with specialists that may only last a few minutes.

Some First Nations participants expressed an interest in having a dedicated First Nations liaison/support worker based in Vancouver or Edmonton to assist Yukon First Nations citizens travelling there for medical treatment.

Rural residents told us that there is a need to reduce the cost of dental care and to increase access by improving coordination between providers.

Yukoners told us that physiotherapy services should be subsidized for people recovering from injury and those with chronic conditions who do not have extended coverage.

Rural residents would like to see increased access to prenatal programming and support services.

Survey respondents also identified improved access to dental care and preventative care programming as important areas of investment for the promotion of wellness and the prevention of diseases or illness. Specifically:

- Subsidies and support (e.g. transport) to increase access to exercise and physical recreation activities.
- Health promotion education and programming (e.g. nutrition, recreation), and group programming.

There was interest among some participants in improving access to allied health professionals such as physiotherapists and dieticians, but also alternative treatment providers such as massage therapists, naturopaths, or acupuncturists.



First Nations participants expressed an interest in improved coordination between First Nations governments, the Government of Yukon, and Federal government agencies to streamline administrative requirements to better-access Non-Insured Health Benefits (NIHB).

A mobile service delivery model that visits rural communities and provides a variety of healthcare services (e.g. primary care, physiotherapy, counselling, etc.) at the same time was identified by a number of rural residents as an efficient and a more holistic approach to service delivery. There was a range of ideas about what this might look like, including:

- A 'Whitehorse Connects' model that would provide multiple services and resources as an all-day event at a large, central location in the community.
- A 'travelling road show' model that would see health and social service providers tour communities by bus or van.

In terms of income testing for various programs, one respondent had the following comment: "Income screening will require significant expenditures in systems and staffing that will reduce revenue. We already have a marginal income tax system which captures people's ability to pay so it would be more cost efficient to use general revenue to cover health care costs."

■ Supporting High-Needs Users

What is not working well?

Participants noted that many aging residents of rural communities do not have accessible living spaces that are appropriate to their individual circumstances and level of mobility.

We heard that there is a perceived lack of locally available mental health and wellness counsellors. Some survey respondents identified lack of health benefits or insurance coverage for counselling as a barrier to accessing mental health services.

Rural Yukoners identified distinct challenges for residents who return from detox or addiction treatment and do not have access to after-treatment support in their home communities.

What do Yukoners want?

Several rural Yukon participants expressed an interest in more locally available palliative facilities or spaces.

There was broad acknowledgement among participants that preventative care should be more of a priority, with some noting that more investment in education and awareness for chronic health challenges like diabetes could be a more effective and efficient long-term investment.

Participants noted that the families of patients with chronic conditions bear much of the burden of care; better supports should be in place for these families.

First Nations participants told us that mental wellness services should be delivered in a way that is more culturally relevant, safe, and accessible for First Nations patients.



In what areas could the Government of Yukon invest more to promote wellness and prevent disease or illness?

Access to allied health professionals (massage therapists, chiropractors, physiotherapists, etc.)

69%

Screening for chronic diseases

60%

Education and awareness programs about health and wellness

57%

Vaccination programs

42%

Other

10%

■ Aging in Place

What is working well?

People in communities with local organizations that support older residents expressed gratitude and appreciation for the support and activities that these groups provide.

What is not working well?

Participants in some rural communities expressed concern that the growing number of elderly people will not have the resources, support and infrastructure they need to comfortably remain in the community as they get older.

Some participants noted that older residents who are forced to relocate to Whitehorse become less connected to their family and community support network, and experience loneliness and other mental health impacts as a result.

It was widely noted that there is a shortage of accessible and appropriate housing options for older Yukoners, especially in rural communities. Specifically, we heard that available housing is not always age-friendly, that space is limited, and that continuing care facilities are not always suitable for couples.

What do Yukoners want?

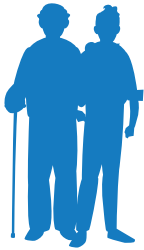
We heard about a need for better access to indoor spaces where older Yukoners can walk and be physically active, particularly during the winter months.

Rural Yukoners want increased government support to retrofit residents' homes in ways that make them more age-friendly.

Older participants told us they want more supportive housing or assisted living facilities that provide basic home-care services such as meals and housekeeping and are suitable for couples to live together.

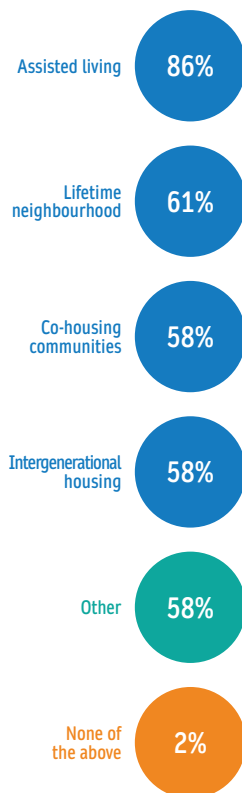
Rural Yukoners want to see more staff available in their communities to provide home-care support and give some respite to caregivers. Specifically, they would like to see more daytime programming, as well as support outside of regular working hours (evenings, overnight).

Participants would like more diverse home care services and programming, including: allied health services (e.g. chiropractic care); recreation (physical exercise) and creative activities; and organized grocery shopping trips, accompanied by a nutritionist. They are also interested in having access to services for help with house work and home maintenance.



Which of the following independent, senior-focused housing options would you support?

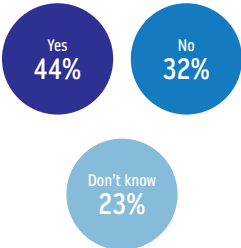
Select all that apply



We heard requests for programming opportunities that would allow First Nations Elders to share their traditions and culture with youth, and also for youth to teach Elders more about technology (e.g. facilitating access to telehealth services).

It was suggested that intergenerational housing arrangements would allow youth to learn life skills from seniors, while seniors would benefit from more diverse and regular social interactions and possibly receive assistance with day-to-day living.

Currently, the cost a resident pays to live in a Continuing Care home is lower than what it would cost them to live at home and receive Home Care support. Should these costs be similar?

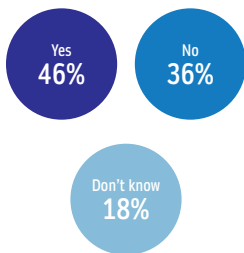


3 surveys of 270 did not reply to this question.

■ Pharmaceutical Benefits

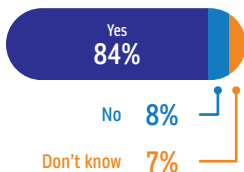


Should the Government of Yukon consider paying for all prescription medications for all Yukoners?



3 surveys of 270 did not reply to this question.

Should the Government of Yukon negotiate lower mark-up fees so it can fund prescription drug coverage for more Yukoners?



4 surveys of 270 did not reply to this question.

What is working well?

Some Yukoners reported that prescription-by-mail services work well.

Some survey respondents expressed gratitude that some high-cost prescriptions were covered by the Chronic Disease Program.

What is not working well?

Rural Yukoners find it challenging to manage prescriptions that need to be renewed regularly (e.g. every 90 days), requiring travel to Whitehorse to get the prescriptions and pick up their drugs.

Participants identified the cost of prescription drugs as an issue, and expressed general support for more universal drug coverage that would minimize patient costs. Specific feedback included:

- Challenges paying for expensive treatment and prescription drugs out of pocket.
- Not being able to receive prescribed treatment because the participant cannot afford it.

Some survey respondents expressed concern that drug coverage under the Chronic Disease Program is limited, resulting in more frequent accessing of health services for those patients.

Some participants from non-settled First Nations felt that coordination between government agencies responsible for providing prescription drug coverage was complicated and left gaps.

What do Yukoners want?

Rural Yukoners offered a number of suggestions to improve access to prescription medication, including:

- Have a nurse practitioner in the communities who can prescribe medications.
- Keep some medications in stock at community health centres.
- Make prescription drugs available in Yukon's "Hub" communities.

■ Social Supports

What is working well?

Land-based programming is seen by many First Nations citizens as having a positive impact, for men in particular, helping them build social connections and re-connect to traditional culture and heritage.

We heard that improved access to recreation has increased the physical activity of residents, is providing essential opportunities for social engagement and connection, and is a deterrent to substance abuse and addiction.

Participants expressed support for community gardens and local agriculture projects.

Access to government-subsidized housing was specifically identified by some participants as an anchor that can provide a sense of hope and purpose for those who are currently homeless.

What is not working well?

Rural Yukoners indicated that high turnover among social service providers had a negative impact on the health and wellbeing of the community. Specifically, shift rotations and high turnover among counsellors affect relationship-building and continuity of care, and can be frustrating for patients who have to re-tell their story multiple times.

There was widespread concern from rural participants that nutritious food was expensive and not always available in their communities. Some participants expressed concern that this lack of access to healthy foods was leading to increased rates of diabetes and heart disease in their communities.

Some participants noted that children and youth who may not feel safe or welcome at home do not always have a safe place that they can go for support or respite.

Lack of available housing and the high cost of housing were broadly identified as challenges that negatively impact residents' health and wellbeing, and have a broader impact on community social supports.

Several participants also spoke to the role of available and accessible housing in facilitating safe spaces and healthy environments for people to retreat from abusive situations or recover from substance abuse and addiction.

Some participants expressed concern that social and disability assistance programs do not effectively encourage and enable recipients to access employment opportunities. Specific issues identified along this theme included:

- Gaps in disability assistance coverage – especially challenging for single people – that encourage recipients to seek 'under the table' income.
- Seasonal employment cycles result in seasonal cycles of poverty.

- Social assistance ‘clawbacks’ on income earned above a certain threshold discourage people from pursuing employment opportunities that further self-sufficiency and reduce dependency.
- Interest in more comprehensive and proactive social assistance that helps recipients find employment, rather than simple financial support.

There is concern, particularly among First Nations participants, that men are suffering from a lack of purpose, and may be unable or unwilling to access the support they need. This is seen as an issue that negatively affects their health and wellbeing, but also the broader wellbeing of their families and communities.

What do Yukoners want?

Rural Yukoners would like to see more recreation opportunities that are accessible to a diverse range of age groups. They would also like to see reduced financial and other barriers to access these programs and resources.

Enhancing in-school support for children and youth was raised by a number of participants. Specific suggestions include:

- More in-school counselling support for students.
- New training for educators to help them better support the mental health of children and youth.
- Enhanced support from educational assistants and occupational therapists.

There was an interest from several participants in some form of guaranteed annual income as a way to simplify social service supports and provide a baseline living wage.

Some participants expressed that social and disability assistance programs should encourage and enable recipients to access employment opportunities.

Many participants noted the connection between recreation, physical activity, and the general health and wellbeing of communities. Specific feedback on this theme included:

- Recreation is a deterrent to substance abuse and addiction.
- Support for more recreation opportunities that are accessible to a diverse range of age groups.
- Support for more programming and recreation resources (e.g. swimming pools, bicycles, indoor walking tracks, etc.), and reducing financial and other barriers to access these programs and resources.

Some participants said that being hopeful about the future is connected to people's health and wellbeing, and it is important to provide employment opportunities and activities that foster a sense of purpose and dignity.

■ Mental Health and Wellness

What is working well?

There is overwhelming support from First Nations participants for “on-the-land” programming. While some acknowledge the significant cost of delivering this type of programming, there is significant interest in seeing this approach continue and expand.

Some patients expressed appreciation for the additional resources now available through regional mental wellness hubs.

What is not working well?

We heard that mental health and addiction treatment services are provided in institutional spaces that do not reflect an Indigenous approach to wellness, and do not feel welcoming for First Nations citizens.

Participants told us that access to funding is a barrier for citizens seeking to enter “on-the-land” treatment programs, and also for First Nations governments that are seeking to organize these programs.

Lack of safe and supportive housing was noted by participants in several communities as an important gap that leaves people returning from treatment in unhealthy social and living environments, and keeps them trapped in cycles of substance abuse and addiction.

What do Yukoners want?


Yukon First Nations participants expressed support for making mental health and addiction treatment services more culturally safe and relevant for First Nations clients.

Rural Yukoners told us that they want more resident counsellors who live in the communities they serve, and who thereby understand the local context and history of their patients.

Some participants told us that telehealth services could be a means of increasing access to counselling and aftercare services (e.g. Alcoholics Anonymous meetings).

Several participants told us that detox and addiction treatment should be less institutionalized and more compassionate and person-centered, providing a more comforting environment and more compassionate care, particularly during the intake process.

Many rural Yukoners expressed an interest in having a detox and treatment facility in their community, noting that access to care can be a challenge due to lack of transportation options from rural communities to the facility in Whitehorse.



While some patients expressed appreciation for the additional resources now available through regional ‘Mental Wellness Hubs’, others did not feel that this system was working effectively. Specifically, some participants noted that:

- Counsellors are not doing enough outreach and engagement outside of the ‘Hub’ communities where they are based.
- There are long waitlists to access support.

There is overwhelming support from First Nations participants for “on-the-land” programming, such as land-based healing camps. While some acknowledge the significant cost of delivering this type of programming, there is significant interest in seeing this approach continue and expand.

Survey respondents identified mental health and addictions as important areas for Government of Yukon to invest in to promote wellness and prevent diseases or illness. Specifically:

- Improving access to mental health services and counselling.
- Education and training in mental health awareness and suicide prevention.
- Substance abuse aftercare and recovery programs, particularly in rural Yukon.
- Mental health supports for seniors.

First Nations participants indicated that colonial trauma is widely viewed as a root cause of substance abuse and addictions, and an issue that continues to affect the mental health of individuals, families, and whole communities. A broader, whole-person focus on mental health and wellbeing is required to effectively address substance abuse and addictions.

Appendix A

Summary of Stakeholder Engagement

Community meetings

- Beaver Creek
- Burwash Landing
- Carcross
- Carmacks
- Dawson City
- Faro
- Haines Junction
- Mayo
- Old Crow
- Pelly Crossing
- Ross River
- Teslin
- Watson Lake
- Whitehorse
- Whitehorse (Francophone community)

First Nations government meetings

- Carcross/Tagish First Nation
- Champagne and Aishihik First Nations
- Kluane First Nation
- Kwanlin Dün First Nation
- Liard First Nation
- Little Salmon/Carmacks First Nation
- First Nation of Na-Cho Nyäk Dun
- Ross River Dena Council
- Selkirk First Nation
- Ta'an Kwäch'än Council
- Teslin Tlingit Council
- Tr'ondëk Hwëch'in
- Vuntut Gwitchin First Nation
- White River First Nation

Non-governmental organization (NGO) meetings

- Liard Aboriginal Women's Society
- Voices Influencing Change
- NGO community representing more than 25 NGOs
(focus on strategic-level recommendations)

Municipal government meetings

- City of Dawson
- Town of Faro
- Village of Mayo
- Village of Teslin

