

# Forward Together

**YUKON MENTAL WELLNESS STRATEGY**

# 2016-2026

**Yukon**  
Health and Social Services

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# A Message from Premier Darrell Pasloski

We are very pleased to present *Forward Together: Yukon Mental Wellness Strategy*. This 10-year strategy is a living document that will guide our way forward. We will work with First Nation governments, other levels of government and our community partners to build a collaborative and integrated mental wellness system for Yukon.

Guided by this strategy, our current systems of support will evolve in order to meet the changing needs of all Yukon citizens. We will also consider our history and support the Calls to Action identified by the Truth and Reconciliation Commission.

Mental wellness is a central component of individual, family, and community life that must be supported by a comprehensive continuum of services that build on the strengths and capacities of our communities.

This strategy takes a holistic approach to mental wellness and provides a clear path forward. The success and sustained momentum of *Forward Together: Yukon Mental Wellness Strategy* will rely on the continuing development of relationships between all partners, the exploration and implementation of promising practices, and our ability to work collaboratively as a community.

Sincerely,



Darrell Pasloski  
Premier



# A Message from Minister Mike Nixon

It is with great pleasure that we present *Forward Together: Yukon Mental Wellness Strategy*. Together with our First Nation and community partners, we are taking action to improve the mental wellness and mental health of Yukon citizens.

Considered holistically, mental wellness balances the mental, physical, spiritual and emotional aspects of our lives. This 10-year strategy recognizes the significant interaction between mental health, addictions, and trauma, and acknowledges that interventions must take a “whole person” approach. It recognizes that we must look at the broader social determinants of health and the importance of culture.

The strategy is a living document that will change as we continue to conduct research, adopt new practices, and learn from our experience.

I want to thank everyone who participated in the development of *Forward Together: Yukon Mental Wellness Strategy*. The strategy represents the views of our partners and provides a way forward that will benefit all Yukon citizens.

Meeting the mental wellness needs of every Yukoner is a challenge. We accept it and we are moving forward together.

Best regards,



Mike Nixon  
Minister of Health and Social Services

# The Eight Dimensions of Wellness



## Note

Mental wellness is a balance of mental, physical, spiritual, and emotional. This balance is enriched as individuals have: purpose in their daily lives whether it is through education, employment, care-giving activities, or cultural ways of being and doing; hope for their future and those of the families that is grounded in a sense of identity, unique indigenous values, and having a belief in spirit; a sense of belonging and connectedness within their families, to community, and to culture; and finally a sense of meaning and an understanding of how their lives and those of their families and communities are part of creation and a rich history.

The term 'mental wellness' is inclusive of health, mental health, mental disorders, trauma, mental health problems, mental distress and substance use, substance misuse, and substance abuse issues.

The World Health Organization defines mental health as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.

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### Data

Collecting accurate statistics in Yukon can be challenging; data is often limited, and sometimes existing data must be suppressed in order to ensure the privacy and confidentiality of the individuals represented. Further, fluctuations in some statistics due to our small population size are not uncommon. Statistics may shed light on a difference between one population and another, but they don't tell us why that difference exists. Existing statistics are best used to further our understanding of mental wellness, trauma and substance abuse in the territory, rather than to tell the whole story.

# Executive Summary

The Yukon Mental Wellness strategy is a 10-year strategy addressing mental wellness in Yukon, and provides the overall direction for system response and improvement. This is a living document, and implementation activities recognize and build upon past and current work within Yukon, from First Nation partners, as well as the learnings from other Canadian and international jurisdictions. The first two years is the beginning, and the collective actions will grow, develop and be sustained over the 10-year period.

The primary objective of the Mental Wellness Strategy will be to increase seamless mental health, trauma and substance use services with equitable access; a full continuum approach that spans the lifetime; cascading and need-appropriate service delivery and service matching; and to be accessible through any entry point or provider in the Yukon system in a culturally competent manner. The success of the Strategy will be determined by the strength of the relationships between government partners and with other stakeholders.

Our draft vision is that mental wellness is a central component of individual, family and community wellness that is fully supported by a comprehensive continuum of services building on the strengths and capacities of communities. The responsiveness at all levels takes into account the determinants of health throughout the life span.

Drawing upon *Changing Lives — The Mental Health Strategy for Canada*, and *The First Nations Mental Wellness Continuum Framework*, eight guiding principles were identified and will serve as foundation for implementation of a collaborative system response to Mental Wellness in Yukon. The principles moving forward are: Person-Centered; Culturally Responsive; Integrated and Coordinated; Builds Capacity; Full Continuum; Evidence-Based Design and Practice; Accountable and Ongoing Evaluation; and Across the Life Span.

The Mental Wellness Strategy defines four strategic priorities for the next ten years:

- ▶ Promotion and Prevention
- ▶ Service Delivery
- ▶ System Performance and Access
- ▶ Innovation and Research

Within these strategic priorities, objectives have been set, and three focus areas will guide the first two years of implementation. Collaborative efforts will target improving access through the integration of services; child, youth and family focused initiatives; and community capacity building.

This strategy recognizes the diverse models, perspectives and contributors to service delivery in Yukon. As the system moves forward, it will be important to respect and acknowledge our differences as we build a sustained commitment at all levels of the system. First Nations will be an important partner moving forward, and our success will require new thinking, innovation, integration and partnerships across the system.

Through working together, Yukon has the opportunity to be a leader in Canada on partnerships with First Nations as we create a collective, comprehensive response across the life span for people in Yukon.

Coordinated changes to our system will benefit from, and provide for, continued input from those who experience mental health, trauma and addictions problems, their families, caregivers and community members. Together we can build capacity, create support and move to an accessible and high quality system.

# Why Yukon Needs a Mental Wellness Strategy

Yukon has a vast geographic area populated by just over 37,000 people, with roughly three-quarters calling the capital city of Whitehorse home and 21 per cent of Yukon people self-reporting as First Nations. The communities outside of Whitehorse are not only geographically remote, with one accessible only by plane, they are distinctly challenged with regards to accessing many health and social services that are more readily available in Whitehorse or outside of Yukon.

Yukon people are resilient, and the care providers, both formal and informal (family and other natural supports), working in the territory are passionate and dedicated to providing the best possible care. However, the Health and Social Services Council's recent annual report (2015) identified that Yukon consists of a "splintered array of programs and services," where most service delivery is only being offered at a "top surface layer." Yukon people are not having their diverse needs met, and often do not know where to go for assistance — and in some situations, the care providers do not know what other program or service area providers are doing because the system is complex. Other jurisdictions face similar challenges.

As a system, we can do better, and we need to do better to coordinate mental health and substance use care for Yukon people. The work needs to start now in order to achieve a future where all Yukon people's needs are met and individuals and families can thrive. We need to move to a system where care providers and programs are working together to provide coordinated, holistic and seamless care. When a person in Yukon needs care, in particular in communities outside of Whitehorse, they see "care providers" — they do not see individual programs or organizations. They expect all providers within Yukon to be working together, to be communicating, and to be sharing knowledge and best practices.

## Key Facts

- ▶ An estimated **7,500 Yukon people struggle** with mental health or substance use per year.
- ▶ On average, more than **1,000 emergency department visits** per year in Yukon are directly related to **drugs and/or alcohol**.<sup>1</sup>
- ▶ Children and youth average **40 emergency department visits** per year in Yukon due to **intentional self-injury**.<sup>1</sup>
- ▶ **11 per cent** of Yukon people reported having a **mood disorder** in 2013/2014.<sup>2</sup>
- ▶ **67.7 per cent** of **Grade 9-10 rural females** and **50.2 per cent** of **urban females** report **feeling sad or hopeless** almost every day for two weeks or more.<sup>3</sup>
- ▶ **31.5 per cent** of Yukon people report **heavy** (5+ at a time) **drinking**.<sup>4</sup>
- ▶ **65 per cent** of Yukon people report very good mental health in 2013/14 compared to 71 per cent nationally.<sup>4</sup>

<sup>1</sup> Yukon Health & Social Services, 2015

<sup>2</sup> Statistics Canada, n.d.

<sup>3</sup> Freeman, King, Groop & Vita-Marie, 2015

<sup>4</sup> Statistics Canada, 2015

Therefore, a mental wellness strategy needs to be inclusive of all partners in Yukon. A mental wellness strategy needs to build a partnership approach to ensure the diversity of perspectives and approaches lead to the best results for Yukon people. This includes addressing intra-departmental issues, as well as cross-departmental relationships in order to build stronger partnerships with First Nations, community providers, and informal care providers.

We are all affected by mental wellness, mental illness, trauma, substance abuse, and substance use, which often aggravate a mental illness. In 2004, the World Health Organization estimated that by 2020 the burden to individuals and society caused by mental illness would outstrip that of all physical disorders except for coronary disease (WHO, 2003). In Canada, mental illness is the second leading cause of human disability and premature death (Institute of Health Economics, 2008). It is estimated that during any given year, one in five people experience a mental health or substance use issue (Smetain, et al., 2011) — in Yukon, this would correspond to almost 7,500 Yukon people per year who are struggling.

Statistics Canada (2015) estimates that 65 per cent of Yukon people over age 12 reported very good or excellent mental health in 2013/14, compared to 71 per cent nationally. Yukon people have also been consistently more likely to report heavy drinking than other Canadians — with 31.5 per cent in Yukon reporting heavy drinking compared to 19.2 per cent of Canadians in 2013/14 (Statistics Canada, 2015).

Current trends and future predictions suggest that doing nothing will have significant human and economic costs (WHO, 2003). The social and economic impacts of mental illness and substance abuse are in the billions of dollars. In addition, the emotional and financial impacts on individuals, their families and communities can be devastating.

In 2014, the Canadian Centre for Substance Abuse (CCSA) noted that about 1.2 per cent of all hospital stays were due to a primary diagnosis of a substance use disorder. Alcohol-attributed illness resulted in 1.6 million hospital stay days, representing \$1.5 billion in direct costs to the Canadian health system and \$3.3 billion annually in indirect costs to the Canadian economy (Young & Jesseman, 2014). In Yukon, between 2010 and 2015, Yukon adults over the age of 25 made more than 1,000 visits per year to the emergency department for problems directly related with drug and/or alcohol use (Yukon HSS, 2015). In the same time period, children and youth made an average of about 40 visits annually to Yukon emergency departments due to intentional self-injury. Individuals with complex needs are often repeat users of the system due to health and environmental issues, but also due to system gaps and poor integration and management of complex needs at transition and provider hand-offs.

## Key Strengths

- ▶ First Nations communities who are **engaged in rebuilding their cultural continuity have lower suicide rates.**
- ▶ **Interagency** collaboration is occurring in **at least five communities.**
- ▶ Positive **school climate** is linked with **lower levels of depression and greater self-confidence.**<sup>1</sup>
- ▶ **73.3 per cent** of Yukon people reported having a somewhat strong or very strong **sense of belonging in their community.**<sup>2</sup>

<sup>1</sup> Freeman, King, Groop & Vita-Marie, 2015

<sup>2</sup> Statistics Canada, n.d.

Every day, 500,000 Canadians miss work due to mental illness (IHE, 2008). Ten per cent of Canadians over age 15 may be dependent on alcohol or drugs and many experience both mental disorders and substance abuse problems (Rush et al., 2008). About 20 per cent of people with a mental health diagnosis in Canada have a co-occurring substance abuse problem. While individuals with co-occurring disorders are more likely to seek care (Ross et al., 1999), they are also about four to seven times more likely to report unmet needs compared with individuals who have either a mental health or a substance use disorder (Urbanoski et al., 2007).

Over 50 per cent of Yukon individuals seeking help for an addiction have a mental health issue. On the other hand, 25 to 40 per cent of Yukon people seeking support for a mental health issue also have an addiction issue. Evidence documents the interconnections and adverse interactions between mental health and substance abuse, recognizing that co-occurring disorders are frequent and particularly challenging to address in isolation. Co-occurring disorders complicate the treatment process and contribute to poorer health outcomes. Further adding to poorer health outcomes is the intersection of mental health, addiction, trauma, and intergenerational trauma that is passed on to the children of residential school Survivors and sometimes their grandchildren (TRC, 2015).

Canada's policy of residential schools had a major influence on the mental health and wellness of First Nations. Both the intergenerational impact and the legacy of the residential schools are prominently felt in the North (TRC, 2015). The per capita impact of the schools in the North is higher than anywhere else in Canada.

According to the Manitoba Justice Institute, residential schools laid the foundation for the social challenges we see today of domestic abuse and violence against First Nations women and children (Manitoba, 1999). Some children have grown up without a nurturing family life, and as adults, many of them lack adequate parenting skills. Additionally, services addressing seniors' issues must also consider the impact of the residential school experience on First Nations Elders.

Currently, twenty per cent of Canadian seniors have some form of mental illness, and the prevalence of dementia is expected to double in Canada by 2038. The prevalence of alcohol use disorder in today's seniors is higher than in previous generations and will probably increase, with the expectation that it will become a priority concern for older adults (Wang & Andrade, 2013). The proportion of seniors within the Yukon population is growing. Given Yukon's consistently high alcohol consumption rates, growing issues within the seniors population are expected.



# First Nations Perspectives and Initiatives to Address Mental Wellness

Mental health and substance use issues continue to be a priority concern for many First Nations communities. In recent years, there has been growing recognition and acknowledgment of the legacy and effect of colonization and residential schools on First Nations families and communities. Intergenerational trauma is seen in rates of substance abuse and violence that are greater among First Nations people than in other population in Canada (Health Canada, 2015).

Mental wellness is a balance of mental, physical, spiritual, and emotional. This balance is enriched as individuals have: **purpose** in their daily lives whether it is through education, employment, care giving activities, or cultural ways of being and doing; **hope** for their future and those of the families that is grounded in a sense of identity, unique indigenous values, and having a belief in spirit; a sense of belonging and connectedness within their families, to community, and to culture; and finally a sense of meaning and an understanding of how their lives and those of their families and communities are part of creation and a rich history. (*First Nations Mental Wellness Continuum Framework, 2015*)

Many of the 94 Calls to Action outlined in the Truth and Reconciliation Commission's 2015 report deal directly with the mental wellness of First Nations people. During the Truth and Reconciliation's final event on December 15, 2015, the Prime Minister reiterated the Government of Canada's commitment to work in partnership with Indigenous communities, the provinces, territories and other vital partners, to fully implement recommendations of the Truth and Reconciliation Commission. Specifically, one of the Calls to Action urges all levels of government to "acknowledge that the current state of Aboriginal health in Canada is a direct result of previous Canadian government policies, including residential schools" (Truth and Reconciliation Commission of Canada, 2015, p. 2).

These Calls to Action give governments clear direction on how to address the current state of Indigenous health and wellness throughout Canada. The sub-title of the Yukon Mental Wellness Strategy, *Forward Together*, is aptly worded in terms of the Yukon government approach to addressing the Truth and Reconciliation Calls to Action. The April 8, 2016 joint news release by Yukon First Nations and Government of Yukon recognizes the leadership of Yukon First Nations in responding to the Calls to Action and the importance of collaboration in advancing priorities for all governments. In that release, the commitment from Yukon First Nation governments to work in collaboration with Yukon government in the implementation of a joint framework to address the Calls to Action provides governments with a starting point to address these Calls. This endorsement of the work of the Truth and Reconciliation Commission and Calls to Action further serve to solidify the commitment both in Yukon and throughout the country for this work to commence.

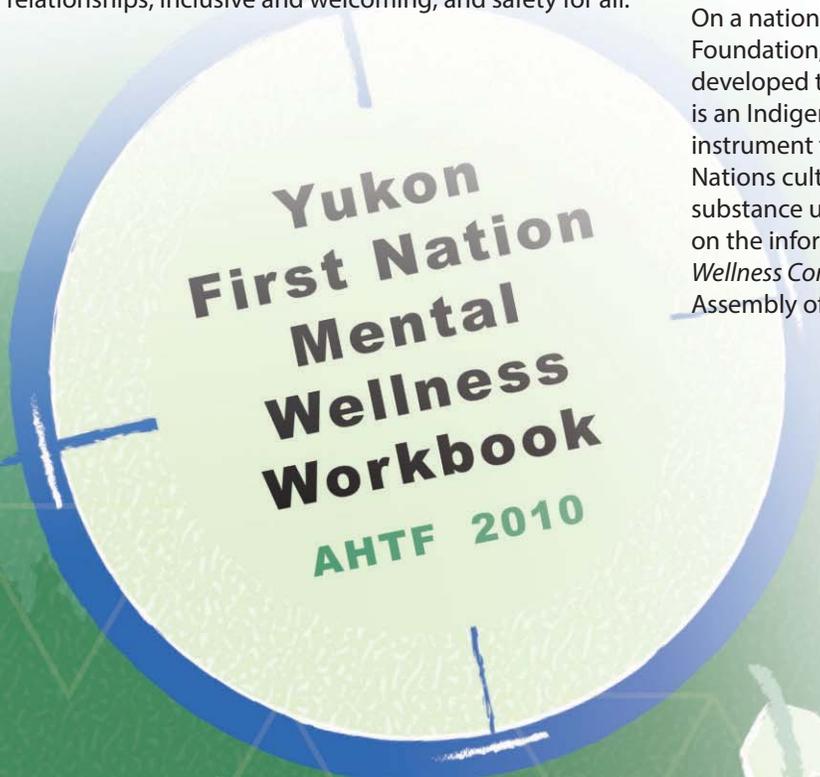
Across Canada, and in particular in Yukon, First Nations communities and the Council of Yukon First Nations (CYFN) have been coming together to address the unique challenges in our northern and remote context.

In 2010, CYFN developed the *Yukon First Nation Mental Wellness Workbook*, and then in 2011 went on to produce a *Cultural Competency and Protocols Toolkit* (2011), which is now available online, to help support health providers' work towards cultural safety in their practices. They have also developed a mental wellness resource booklet, mental wellness curriculum, and a wellness framework for Yukon First Nations, all under the direction of the Health and Social Development Commission. In 2014, with the support of the Government of Yukon, Kwanlin Dün First Nation (KDFN) expanded their land-based healing programs at the Jackson Lake Healing Camp to address the spiritual, mental, emotional and physical needs of participants dealing with issues stemming from substance abuse (KDFN, 2015). Both of these initiatives, among others, have benefited First Nations, as well as non-First Nation Yukon people. In particular, the Jackson Lake Wellness Team Program Collaboration Meeting (Nov. 2015, report circulated) provided an excellent description of the values that are fundamental to planning and implementation — these include family, community and nation focus; relationships; inclusive and welcoming; and safety for all.

Many First Nations across Yukon have been providing ongoing innovative and culturally appropriate outreach, support, clinical and cultural services for Yukon First Nations. Yukon First Nations Health Programs, which operates out of the Whitehorse General Hospital is an example of the commitment to ensuring that culture, language, tradition and identity are integrated into the health care system.

More recently, Health Canada has continued funding for new First Nations Mental Wellness Teams, as well as newly expanded access to after-crisis counselling, support, collaboration and planning, inclusive of victims of violence delivered by Kwanlin Dün First Nation on behalf of all Yukon First Nations. The First Nations Mental Wellness Teams are community-based, person-centered, multi-disciplinary teams that provide a variety of culturally safe mental health and addictions services and supports to First Nations. Mental wellness teams include community, cultural, and clinical approaches to mental wellness services, spanning the continuum of care from prevention to after-care. The mental wellness team concept supports an integrated approach to service delivery. Further, CYFN and KDFN have been working with Yukon First Nation communities to offer support for Crisis and Emergency Response Planning.

On a national level, The Thunderbird Partnership Foundation, in collaboration with Health Canada, developed the *Native Wellness Assessment Instrument* which is an Indigenous knowledge-based wellness assessment instrument that demonstrates the effectiveness of First Nations culture as a health intervention in addressing substance use and mental health issues. This builds on the information outlined in the *First Nations Mental Wellness Continuum Framework* that was developed by the Assembly of First Nations and Health Canada in 2015.



**Yukon  
First Nation  
Mental  
Wellness  
Workbook**  
AHTF 2010

The framework identifies valuing cultural competency, cultural safety, and Indigenous knowledge as a priority for action. “Necessary for healthy individual, community, and family life, mental wellness needs to be contextualized to a First Nations environment so that it is supported by culture, language, Elders, families, and creation. First Nations embrace the achievement of whole health (physical, mental, emotional, spiritual, social, and economic well-being) through a comprehensive and coordinated approach that respects, values, and utilizes First Nations cultural knowledge, methodologies, languages, and ways of knowing. Forces of colonization have displaced the First Nations worldview and their ways of living. As such, many First Nations people face major challenges that continue to impact their health and wellness. In this context, mental health and substance use issues continue to be some of the more visible and dramatic symptoms of the underlying challenges” (Health Canada, 2015, p.6).

The *First Nations Mental Wellness Continuum Framework* highlights the importance of prevention and promotion strategies being designed to serve specific communities and will draw on the worldview inherent in the First Nations language, the history of the community, and their connection to land and ancestors. We have heard through our work with Yukon First Nations that we need to take into account the profound inequities in health status between First Nation populations and other populations. This strategy recognizes that culture is an important social determinant of health, and “cultural knowledge is critical to increasing skills and knowledge for living as a whole and healthy person, family, or community” (Health Canada, 2015, p. 14). The components identified in the First Nations perspectives on the social determinants of health that are not seen in the Public Health Agency’s definition include environmental stewardship, justice, heritage, and housing.

First Nations initiatives have demonstrated the importance that culture has on mental wellness. Culture must not only guide work, it must also be understood as an important social determinant of health.

**Figure 1 — Perspectives on Social Determinants of Health**



# Work Within HSS and Other Yukon Government Departments

Mental wellness is “not the concern of the health sector alone. The policies and practices of multiple government departments have a major impact on people’s mental health and well-being. Beyond government, it is clear that workplaces, non-government organizations, the media, and many others all have a role to play” (MHCC, 2012).

People with complex needs often require extraordinary services from more than one Yukon government department and, in many cases, from various providers within the Yukon Health and Social Service system (including primary care physicians and specialists, Yukon Hospital Corporation resources, First Nation programs, social assistance, counselling, family supports, and out-of-territory resources as well as various non-governmental organization service providers).

The Department of Justice, through Yukon Corrections is currently working in collaboration with Yukon First Nations to develop and deliver correctional services and programs that incorporate the cultural heritage of Yukon First Nations Restorative Justice and a broad range of First Nation healing and reintegration to address their offenders’ needs. Specialized programming for individuals with disabilities, including Fetal Alcohol Spectrum Disorder (FASD) and brain injury related to trauma, addictions and life experiences for all forensic populations need to be included.

Justice programs play an important role in the continuum of services as they work to reduce violence and trauma that impact the mental wellness of our communities. Further, the Yukon Community Wellness Court is an innovative therapeutic court designed to contribute to the building of safer Yukon communities through crime reduction. The court targets individuals with addictions, mental health problems, and/or FASD. Holistic and culturally relevant approaches to working with offenders on the underlying issues that lead to their criminal behaviour are required in order for positive changes to occur in Yukon recidivism rates.

The Department of Education has also identified a vision where it is able to incorporate more First Nations traditional knowledge and perspectives into course content in all subject areas. Currently, education has been working with HSS and community mental health providers to ensure there are stronger supports and services available to youth in schools. Following the success of the BC Ministry of Education, Yukon is working towards implementing the FRIENDS program for Grade 6–8 students to teach resiliency in schools across the territory.

Further, HSS Youth Justice Programs have been working to incorporate a more holistic approach to services in the day and after-school programs that strive to promote trust, respect and responsibility in youth at risk and young people in the youth justice system. Several prevention programs have been introduced such as frustration management, alcohol and drug awareness and self-esteem programs. Additionally, Youth Justice has been working with other mental health and addictions services to offer space for service providers to meet with individuals in a location the youth are comfortable with. Training and trauma informed practice has been provided for HSS staff.

# Academic and Jurisdictional Perspectives on Mental Wellness

Many documents were reviewed in the development of the Mental Wellness Strategy. In 2005, Health Canada and the Canadian Centre for Substance Abuse produced the *National Framework for Action to Reduce the Harms Associated with Alcohol and Other Drugs and Substances in Canada*, which set out a process to create an inclusive national approach to substance abuse in Canada. It was updated in 2008 to identify new and emerging priorities and their implementation process. In the same year, an external review of the Yukon Health and Social Services Mental Health Services program was completed (Goldner 2005). It identified priority areas for the system, the majority of which have been addressed and will be enhanced by the strategy.

In 2010, the Mental Health Commission of Canada (MHCC) released *Evergreen: A National Child and Youth Mental Health Framework for Canada* (Kutcher & McLuckie 2010). This work was used in the development of the *A Child and Youth Mental Health and Addictions Framework for the Yukon*, which was released in 2014 by researchers at McMaster University and Dalhousie University (Mulvale et al., 2014) and funded with the support of the Canadian Institute for Health Research Evidence-Informed Policy Renewal Grant. This work provides a foundation to build on for the overall Mental Health Strategy. It is also consistent with the Yukon Clinical Services Plan (Health Intelligence 2014).

In 2012, the Mental Health Commission of Canada released *Changing Directions, Changing Lives — The Mental Health Strategy for Canada*, which identified national strategic directions (**Figure 2**) that were used in the development of the guiding principles for the Yukon Mental Wellness Strategy. The *First Nations Mental Wellness Continuum Framework (2015)* also contributed to the guiding principles. Additionally, *Honouring the Truth, Reconciling for the Future (2015)* that was released through the Truth and Reconciliation Commission with identified Calls to Action influenced the formation of the final actions identified in the strategic priorities section.

***The World Health Organization defines mental health as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.***

**Figure 2 — National Strategic Priorities  
(Mental Health Commission of Canada, 2012)**



Several action plans internal to HSS, as well as *On the Path Together: Wellness Plan for Yukon's Children and Families* (Department of Health and Social Services, 2014), the *Health Behaviours of School-Aged Children Survey: Yukon* (2015) — which had more than 1400 respondents between grades 6 to 10 — have also been incorporated to enhance, address quality and increase collaboration of mental health and substance abuse services within the department and with the Department of Education. During our review of the *Health Behaviours of School-Aged Children Survey*, limitations in the way surveys were administered were noted; given the findings, however, the information is still essential for the development of priorities for this strategy.

Finally, in 2015–2016, a thorough review was undertaken of mental health, child and youth mental health, and substance use strategies, reports and approaches from other Canadian jurisdictions to provide context for the Yukon Mental Wellness Strategy, and to ensure alignment nationally — see Appendix D for more information.

During the development of this strategy, dialogue and sharing sessions were held with the Health and Social Services Council, which simultaneously investigated mental health needs within Yukon. The Council held several discussion about mental wellness in Yukon with a number of selected individuals and organizations including community mental health nurses, Learning Disabilities Association Yukon, Tr'ondëk Hwëch'in First Nation, Second Opinion Society, Mental Health Association Yukon, Child and Adolescent Therapeutic Services, Kwanlin Dün First Nation, Council of Yukon First Nations, Fetal Alcohol Syndrome Society Yukon, Northern Institute of Social Justice, Many Rivers Counselling, and Mental Health Services.

In April 2016, a draft of this strategy was shared with First Nations' partners and community stakeholders across the territory during engagement sessions in various communities. Over 150 people participated in the process. The major themes coming out of these sessions have been incorporated into the final draft of the *Forward Together: Yukon Mental Wellness Strategy*.

# Background/Purpose

The Mental Wellness Strategy is intended as a “living document” to guide the overall direction and principles of access, delivery, and sustainability. In it, we identify initial strategies, recognizing that such a comprehensive need and subsequent system response will be iterative, building on innovative pilots, continued research and successes. Implementation will be multi-faceted, and have variable outcomes, timelines and milestones to reach final system re-design.

The primary objective of the Mental Wellness Strategy will be to increase, seamless mental health, trauma, and substance use services, with equitable access, a full continuum approach that spans the lifetime, cascading and need-appropriate service delivery and service matching, and to be accessible through any entry point or provider in the Yukon system in a cultural competent manner. The success of the Strategy will be determined by the strength of the relationships between government partners and with other stakeholders.

“At the same time, our knowledge of how best to meet the needs of people living with mental health problems and illnesses increases by the day, as does the recognition that everyone can aspire to better mental health and well-being and to a life of meaning and purpose” (MHCC, 2012).

This is a 10-year strategy for mental wellness in Yukon. It sets the overall direction for system response and improvement while allowing for flexibility to respond to changing evidence, practice, successful innovations, and changing demographics.

This strategy recognizes the significant interplay between mental health, addictions, and trauma and recognizes that the most effective treatment response recognizes this interplay. Interventions will take the whole-person approach, recognizing that the mainstream medical model approach alone does not address the social determinants of health, which have an impact on mental wellness. Considering the whole person within the context of family and community is essential to a comprehensive response to needs at all levels. In order to provide whole-person care, individuals need to be seen as part of all dimensions that impact their health and wellness, and not just their presenting issues.

## Foundation of the Strategy: Reports to Reference

- 2010 *Evergreen: A National Child and Youth Mental Health Framework for Canada*, Mental Health Commission of Canada
- 2010 *Yukon First Nations' Community Health Scan Report*, CYFN
- 2010 *Yukon First Nation Mental Wellness Workbook*, CYFN
- 2011 *Yukon First Nation Cultural Orientation and Protocols Toolkit*, CYFN
- 2012 *Changing Directions, Changing Lives — The Mental Health Strategy for Canada*. Mental Health Commission of Canada
- 2014 *Child & Youth Mental Health & Addictions Framework for Yukon*, McMasters University
- 2014 *On the Path Together: Wellness Plan for Yukon's Children & Families*, Yukon Health and Social Services
- 2014 *Yukon Clinical Services Plan*, Yukon Health and Social Services
- 2014–2019 *HSS Strategic Plan*, Yukon Health and Social Services
- 2015 *Health Behaviours of School Aged Children Survey: Yukon*
- 2015 *First Nations Mental Wellness Continuum Framework*, Health Canada
- 2015 *Honouring the Truth, Reconciling for the Future*, Truth and Reconciliation Commission
- 2015 *Building a Path to Wellness: Jackson Lake Land-Based Healing Program Adult Program Model*, KDFN
- 2015 *Health and Social Services Council Annual Report*
- 2015 *Yukon Housing Action Plan*

The Strategy also recognizes the importance of incorporating culture as a foundation to ensure cultural competency. This will include a shift in care delivery to include, but not be limited to, certain dimensions of the person such as income and social status; social support networks; education; employment/working conditions; social environments; physical environments; personal health practices and coping skills; healthy child development; gender; and culture (Public Health Agency of Canada, 2015).

At a National Engagement Initiative for mental illness held in Whitehorse, some priority challenges were identified that focused on access to adequate housing as a major barrier to people with mental health and substance use issues, along with a lack of opportunities for employment and social inclusion. Additional challenges identified were around access to quality care, in particular psychiatry and being able to navigate the mental health-related services, but also across different social services and programs — many of which are not accessible after hours or on weekends, which presents many issues for our emergency departments. A lack of culturally-appropriate service delivery was also noted.

The strategy proposes the coordinated training of departmental front line service providers, First Nation service providers, Yukon Hospital Corporation service providers, and the community in the area of mental wellness. This is in order to expand capacity and access within the system and assist in the appropriate triage and referral within a cascading service spectrum. Capacity building will serve as a tool for change. “Change begins with shifts in beliefs and perceptions that translate into changed behaviours of individuals, groups and systems” (MHCC, 2011). Further, cultural competency training is necessary for all.

Integration of HSS service delivery will allow us to maximize our limited resources to align with individual needs, and enable a team approach in communities. This aligns to the Yukon Clinical Services Plan and will be part of the priorities for the first two years of the strategy.

As a foundation is being built within HSS to ensure successful implementation of the strategy, further work will need to be done to collaborate and co-create initiatives with First Nations partners to influence and frame the strategic focus for the ten years of the strategy. We will also work with partners from across Yukon government as well as community stakeholders.



# Considerations

While the key facts serve as evidence for action, we know that mental health disorders and substance abuse can be mitigated and treated cost-effectively when the **full service continuum** — promotion, prevention, community development and education, withdrawal supports, treatment, after care where required, and research

and evaluation — is provided within an integrated, collaborative, and culturally appropriate health and social system. The development of a collaborative wellness model needs to be inclusive of First Nations perspectives, as well as mainstream perspectives, and inclusive of end-of-life and palliative care.

**Figure 3 — Full Service Continuum**



To this end, Yukon will build on our strengths and employ an evidence-based approach to the development and implementation of strategies and services within the Mental Wellness Strategy. Building on historic and current service delivery — both within Yukon, from our First Nations partners, and from other Canadian and international jurisdictions — and aligning with new evidence and promising practice, we will ensure that our approach incorporates current best practices while remaining open to evolving evidence and approaches.

We recognize that we will never be able to adequately reduce the impact of mental health and substance use problems through treatment alone. As we move forward it will be important to incorporate alternatives to medical model approaches, in particular from Yukon First Nations, to ensure that the future service delivery needs of all Yukon people are being met and align with the rural and remote context in which we live.

In addition, mental health needs and mental wellness terms will be inclusive of substance use, addictions, trauma and co-occurring mental health and substance use needs. Further, the term mental wellness, as referenced in the *First Nations Mental Wellness Continuum Framework*, “is supported by culture, language, Elders, families, and creation, and is necessary for healthy individual, community and family life. First Nations embrace the achievement of whole health — physical, mental, emotional, spiritual, social, and economic well-being — through a coordinated, comprehensive approach that respects, values, and utilizes First Nations cultural knowledge, approaches, languages, and ways of knowing.”

Given the evidence that the onset of most mental illness and mental health problems occurs during **adolescence and young adulthood**, and the fact that almost 36 per cent of Yukon's population is under the age of 29 (Yukon Bureau of Statistics, 2015), implementation of the first two years of the 10-year strategy will focus on children, youth and families as a priority. Early childhood development is important, as are early identification and intervention. As well, ensuring a holistic, individual-driven approach to accessing the services needed in rural and urban environments is important to building the foundations of wellness, especially in children, youth and families. The Mental Wellness Strategy will build, in part, on the approach taken in the *Child and Youth Mental Health and Addictions Framework* (Mulvale et al., 2014) for service delivery for all populations.

We recognize that while historic and current services enjoy some success, they cannot entirely address the growing need for the full service continuum. In order to meet unmet and future needs, the Yukon mental health system needs to remain attuned to current evidence and flexible to evolving practices. Services need to shift to be better aligned with each other in order to allow for greater resource distribution to particular areas that need it most.

**Persons with Disabilities** face a number of unique challenges within mental wellness — a higher incidence of mental health issues, social isolation, a higher incidence of trauma and a need to receive supports in a manner that takes into account their accessibility and accommodation needs. Disability is an umbrella term for impairments, activity limitations and participation restrictions (WHO, 2015) and ranges from minor impact on a person's function to severe complex service needs with more than one identified disability. This includes acquired brain injury and some neurological disorders, as evidence has shown the connection to addiction, trauma, mental health, and changes in a person's brain over the life span. At the same time, these individuals are able to improve functioning when the right supports and services are in place to allow new pathways in the brain to form (neuroplasticity).

FASD is termed, "the invisible disability" (CSP, 2014), with large numbers of undiagnosed and untreated individuals. Stigmatization is related to under-reporting, and mental health disorders are connected to the absence of an early diagnosis and appropriate supports. Individuals with FASD frequently are unable to access, or benefit from, traditional health and social service supports — often resulting in a higher utilization rates of emergency departments and of the justice/legal system. Within the Government of Yukon a study was released on the prevalence of FASD in Yukon's corrections system looking at challenges linked to FASD, mental health disorders and substance use problems. Preliminary data suggest significant rates of cognitive impairment, addiction and mental health difficulties among this population.

Of particular concern, a 2016 study on people with FASD (Thanh & Jonson, 2016) identified that the life expectancy for someone with FASD (34 years) was 42 per cent lower than that of the general population and that the leading causes of death are often "external causes" (44%), which include suicide, accidents, and drug/alcohol overdoses. Given that FASD has been shown to be caused by, and contribute to, alcohol and drug use as well as other mental health problems, this population needs greater attention and a focused strategy to address more effective prevention and promotion activities.



**Suicide** remains a major public health issue, and is often the outcome of post-traumatic stress disorder (PTSD), depression and other mental health issues. In many First Nations communities, these issues are at crisis levels (Mental Health Commission of Canada, 2016). Training and education is only one part of a solution — the stigma around mental health and substance use must be removed so that Yukon people struggling with mental health and substance use problems feel they can ask for and receive the support they need without fear of social or professional consequences. Further, families of those who suffer from mental health problems, such as PTSD, and substance use problems require support as caregivers.

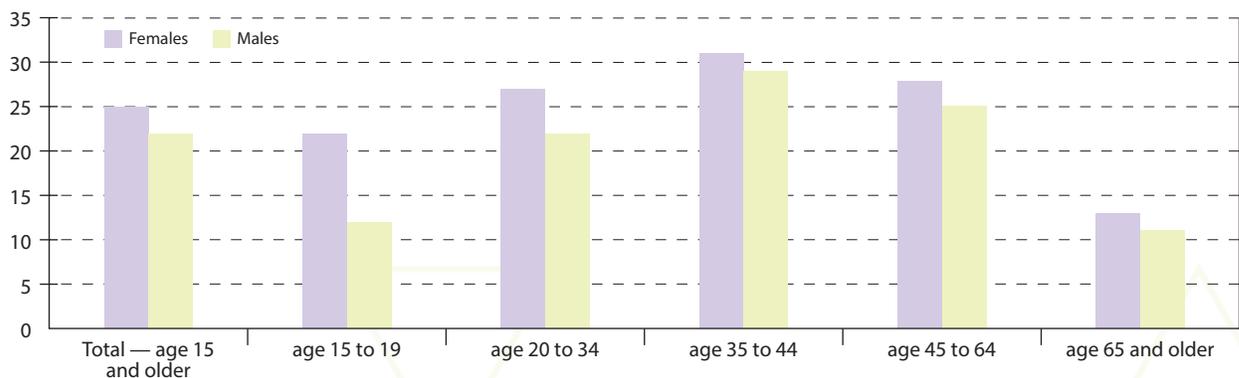
The World Health Organization identifies **gender**, the social experience of living as a man, woman or other, as a critical determinant of health — including mental health and wellness. Gender differences are seen in the rates of common mental health disorders, in particular depression, anxiety and physical symptoms of discomfort connected to their mental health. Generally, these conditions are seen in higher rates among women. This information should be interpreted with caution, as it can further stigmatize men from feeling comfortable talking about their own mental wellness, but still needs to be taken into consideration.

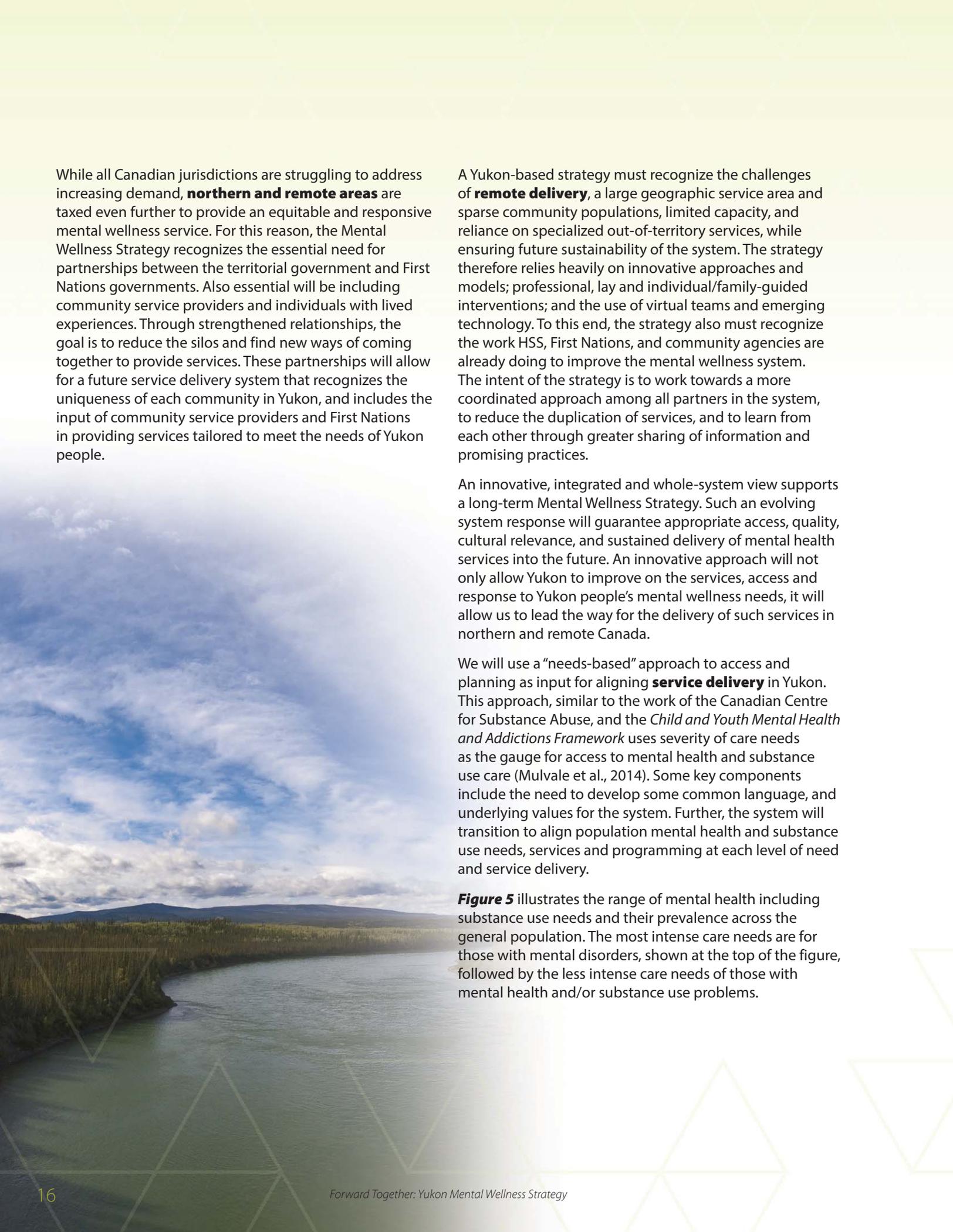
**Figure 4** (Statistics Canada, Canadian Community Health Survey, 2009) highlights that on average women report that most of their days were quite a bit stressful or extremely stressful when compared with men in all age groups.

Further, women who have sought help for trauma and mental health issues often report misdiagnosis, continued suffering and over prescription of anti-anxiety and anti-depressant medication (Turcotte, 2011). The cost can also be significant for service systems when the underlying issue of trauma is not addressed, given women who have been victimized are more likely to over-utilize emergency rooms, mental health inpatient units, and/or end up in the criminal justice system as they manage their symptoms in a context of health and social policies and programs that don't consider differential impacts with regard to gender.

The connection between violence and mental wellness is complex and increases when victimization is undetected or unreported — resulting in costly utilization of health and mental wellness care systems. Even though research has shown that sexual violence is often related to high rates of PTSD, all forms of abuse have long-lasting impacts on health. Victims of abuse frequently end up in other abusive relationships. More research is needed as to some of the underlying root causes; however, unique situations that have greater impact on women need to be mentioned. Gender-based violence, gender bias in diagnosis, income inequality and reproductive health are just a few.

**Figure 4 — Perceptions of Stress by Gender and Age**





While all Canadian jurisdictions are struggling to address increasing demand, **northern and remote areas** are taxed even further to provide an equitable and responsive mental wellness service. For this reason, the Mental Wellness Strategy recognizes the essential need for partnerships between the territorial government and First Nations governments. Also essential will be including community service providers and individuals with lived experiences. Through strengthened relationships, the goal is to reduce the silos and find new ways of coming together to provide services. These partnerships will allow for a future service delivery system that recognizes the uniqueness of each community in Yukon, and includes the input of community service providers and First Nations in providing services tailored to meet the needs of Yukon people.

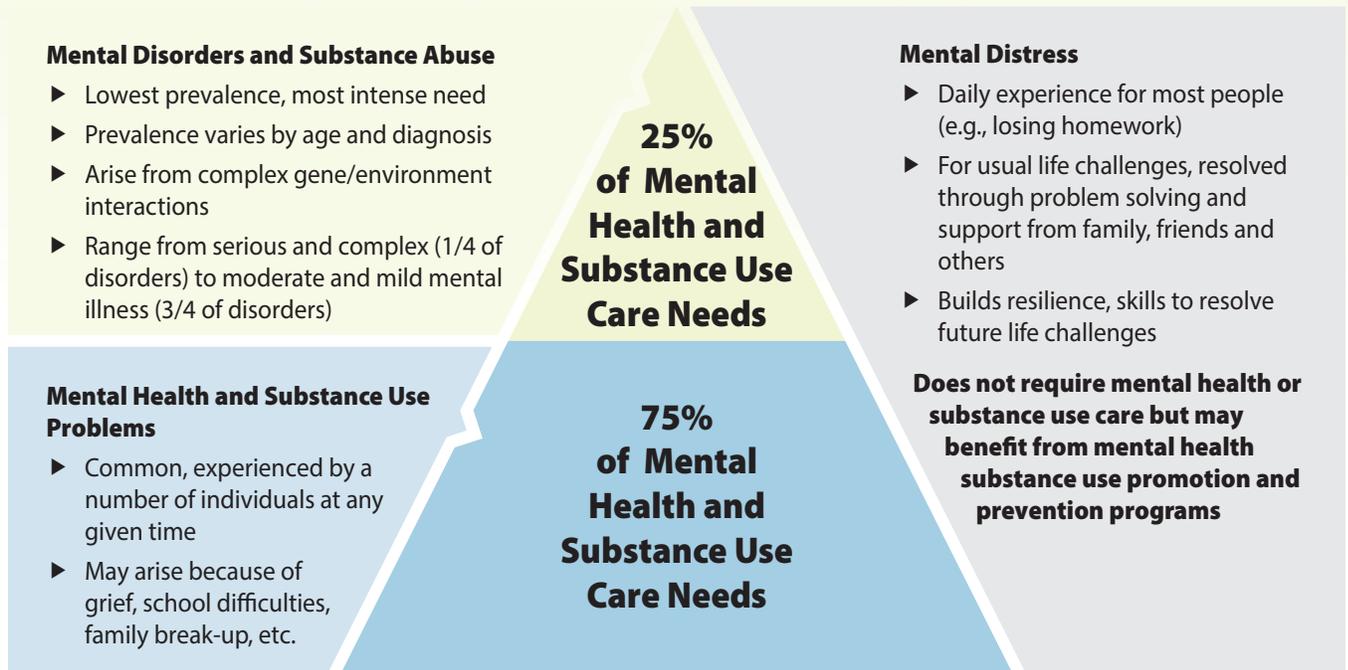
A Yukon-based strategy must recognize the challenges of **remote delivery**, a large geographic service area and sparse community populations, limited capacity, and reliance on specialized out-of-territory services, while ensuring future sustainability of the system. The strategy therefore relies heavily on innovative approaches and models; professional, lay and individual/family-guided interventions; and the use of virtual teams and emerging technology. To this end, the strategy also must recognize the work HSS, First Nations, and community agencies are already doing to improve the mental wellness system. The intent of the strategy is to work towards a more coordinated approach among all partners in the system, to reduce the duplication of services, and to learn from each other through greater sharing of information and promising practices.

An innovative, integrated and whole-system view supports a long-term Mental Wellness Strategy. Such an evolving system response will guarantee appropriate access, quality, cultural relevance, and sustained delivery of mental health services into the future. An innovative approach will not only allow Yukon to improve on the services, access and response to Yukon people's mental wellness needs, it will allow us to lead the way for the delivery of such services in northern and remote Canada.

We will use a "needs-based" approach to access and planning as input for aligning **service delivery** in Yukon. This approach, similar to the work of the Canadian Centre for Substance Abuse, and the *Child and Youth Mental Health and Addictions Framework* uses severity of care needs as the gauge for access to mental health and substance use care (Mulvale et al., 2014). Some key components include the need to develop some common language, and underlying values for the system. Further, the system will transition to align population mental health and substance use needs, services and programming at each level of need and service delivery.

**Figure 5** illustrates the range of mental health including substance use needs and their prevalence across the general population. The most intense care needs are for those with mental disorders, shown at the top of the figure, followed by the less intense care needs of those with mental health and/or substance use problems.

**Figure 5 — Mental Health Substance Use Needs Across the Population**

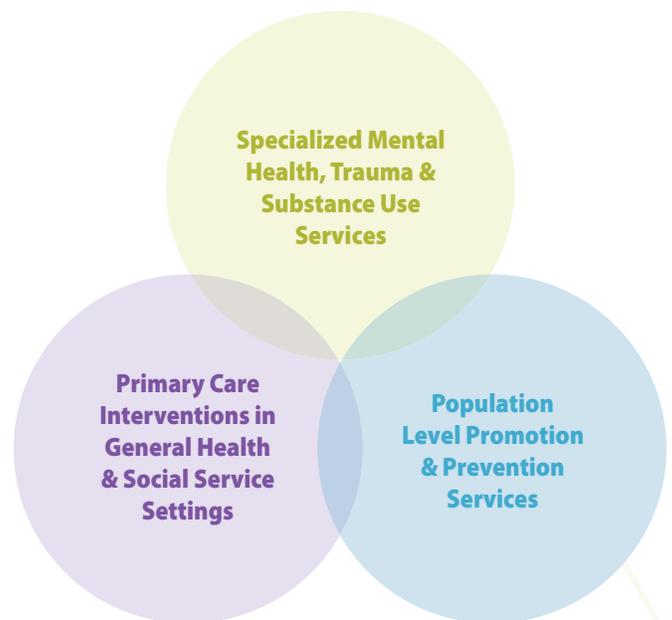


**Figure 6**, represents the broad range of programming required for the small number of people with intense needs, as well as the population-level promotion and prevention activities to benefit the larger community.

System interventions for substance abuse, mental disorders, trauma and mental health problems must meet the needs of individuals in Yukon and their families, for those who have and include family in their lives. Mental health care and mental wellness services need to align with the full range of mental health and substance use needs in Yukon.

This strategy builds on the solid foundation of previous work in Yukon as well as what we have learned from Yukon First Nations and other Canadian jurisdictions. It moves us towards a whole-system view and integrated future approach in addressing mental wellness. It recognizes the role and importance of First Nations partners, as well as key service providers and stakeholders, individuals, family and community in addressing mental wellness in Yukon. It also identifies some important links across departments, with First Nations, and with primary care, hospital, and chronic disease support programs as ultimately better mental health means better health for Yukon.

**Figure 6 — Comprehensive Programming**



# Draft Vision — Where to Start

Mental Wellness is a central component of individual, family and community wellness that is fully supported by a comprehensive continuum of services building on the strengths and capacities of communities. The responsiveness at all levels take into account the determinants of health throughout the life span.

The Mental Wellness Strategy aligns with HSS's vision: Healthy Communities — wellness for all.

The Strategy, and the ongoing process that will be put in place during the implementation, will help develop a stronger commitment to a shared vision for mental wellness in Yukon. For successful implementation, key stakeholders and partners must take action within their existing resources and collaborate with other partners. Achieving the envisioned whole systems approach to mental wellness will require effective leadership and sustained commitment, collaboration and partnership.



# Forward Together

We know moving forward will require sustained commitment, leadership at all levels of the system, and a commitment to evidence-based, cultural and mainstream practice. It will also require new thinking, innovation, integration and partnerships across the system. Coordinated changes to our system will benefit from, and provide for, continued input from those who experience mental health and addiction problems, their families, caregivers and community members. Together we can build capacity, create support and move to an accessible and high quality system.

The strategy sets us on the road to the future we want to see. It is one of increased and seamless mental health and substance use services, equitable access, a full continuum approach that spans the person's lifetime, cascading and need-appropriate delivery, and service matching that are accessible through any entry point or provider in the Yukon system.

This 10-year strategy will continue to evolve to ensure the system is responsive to individuals, family, caregivers and communities. The use of data, evidence, and feedback loops — including individuals' voices — with ongoing evaluation, revision and adjustment is required. This includes, in partnership with First Nations, establishing measurable goals to identify and reduce the gaps in health outcomes between First Nations and non-First Nations communities. The Mental Health Commission of Canada recently released *Informing the Future: Mental Health Indicators for Canada* (2015) that includes a comprehensive set of indicators to allow jurisdictions to measure progress in transforming the system and improving outcomes over time. The "indicators cover a broad range of topics, providing information on access and treatment, caregiving, diversity, economic prosperity, housing and homelessness, population wellbeing, recovery, stigma and discrimination and suicide" (MHCC, 2015). Additional indicators highlighting the mental health of First Nations are set to be released at a later date, and will be included moving forward.

We also recognize that there are limits to system design capacity, change and human resource capacity. Not all strategies and actions can be implemented at the same pace or priority level. Regular input, and ongoing consultation with stakeholders and partners will help inform an evolving implementation plan. Priorities have been identified for the first two years of the strategy to build the foundation for the way the system will work together in the future.

An integrated approach to mental wellness services will enable the cascading of services to fit individual needs. Furthermore, an integrated system approach will support successful transitions between services and providers, as well as improve communication and partnerships. As people age, they become increasingly sensitive to the effects of alcohol, and for seniors, symptoms of substance abuse can resemble symptoms of some chronic diseases. This illustrates the importance of continued links between mental wellness programs and primary and acute care, and health service settings.

Informing the Future  
Mental Health Indicators  
for Canada

The strategy acknowledges the need to enable greater collaboration across government departments, with First Nations partners, and with community stakeholders. Further, the strategy recognizes the importance of collaborating and involving the Yukon Hospital Corporation, physicians, and other private contracted health and social service providers. Critical to the strategy is a partnership with the Department of Education and the Department of Justice to increase awareness and integrate system support, to address resilience, early identification, intervention and formal supports for individuals with mental health and substance use problems.

In order for the strategy to be successful, we need to bring all our partners and care providers together to focus on health and wellness on Yukon people. We also must

recognize the complexity of a mental wellness system and the different partners and perspectives in that system. It will require all service organizations to do their part to enable a future of true collaboration. This strategy recognizes a “Four-Dimensional Approach” to system improvement — each corner representing a unique model, perspective, and contributor to service delivery, and the space in-between as the place for collaboration and strengthened partnerships.

Given Yukon’s population and current capacity, we will continue to rely on out-of-territory resources for some complex and high-risk individuals. The goal is for better transition between Yukon and out-of-territory resources and supports as well as from Whitehorse back to the community.

**Figure 7 — Four-dimensional Approach**



# The Mental Wellness Strategy Components

## Principles

**The values and principles will guide the strategy and its implementation and are based on the *Child and Youth Mental Health and Addiction Framework; Changing Directions, Changing Lives — The Mental Health Strategy for Canada; and The First Nations Mental Wellness Continuum Framework.***

### 1. Person-Centered (individual, family, community)

Person/Community-Centered is an approach that includes the people using health and social services as a contributing partner in planning, developing and monitoring of care to ensure that it meets their needs. This includes acknowledging that the person, family, or community, is an expert in their own wellness — and their desires, values, family situation, social circumstances, cultural background, and lifestyles need to be considered. Programs and services should be designed around the person, family or community.

### 2. Culturally Responsive

Services and providers strive to consider an individual's culture and ideals, and respect the diversity within Yukon. All services and providers support cultural safety and expression, recognize Yukon First Nation history, culture and governance, as well as the impact and legacy of residential schools, in keeping with the Truth and Reconciliation Commission's Calls to Action — in particular, but not limited to, Call to Action number 22 that calls on health care systems to recognize the value of First Nations healing practices and consider them in the treatment of First Nations individuals in collaboration with First Nations healers and Elders where requested.

### 3. Integrated and Coordinated

Integrated services will enable entry at any point in the system, and allow coordination of the right service at the right time through a cascading model of service to fit needs (**Figure 3**). The goal is to fully coordinate service delivery with First Nations, key stakeholders and providers across the integrated departmental delivery system. It also requires departmental service providers to take a multidisciplinary approach to response and service.

### 4. Builds Capacity

The focus is on developing and increasing capacity of all system front line providers to ensure increased access, increased support in communities, and appropriate matching of services with individual needs. The importance of First Nations partnerships in delivery systems and the role of First Nations within communities are recognized as fundamental to building increased front line and community capacity. Capacity also requires the increased development, identification of, and linkage to specialized resources to support front line providers, provide consultation, and assist with interventions. The use of technology will be of growing significance to support programs as we maximize capacity and resource efficiency. Training and knowledge exchange are also important to capacity building.

## 5. Full Continuum

It includes promotion, prevention, community development and education, early intervention, assessment and treatment planning, trauma-informed treatment, long-term intensive treatment, after care, end of life, palliative and research/evaluation. A greater focus is placed on capturing those “at risk” before intensive services are required and reducing re-admissions to higher levels of care. This aligns with providing a continuum of services matched to individual needs (**Figure 3**). It will also require streamlining of processes to ensure the right amount of support at the right time.

## 6. Evidence-Based Design and Practice

The move to evidence-based design and practice, evolution and system transition requires increased use of data as an important tool to ensure the ongoing delivery of the highest quality of care. Yukon will support evidence-based innovation, practice and service delivery models. It is essential that any evidence used, along with lived experience and practice-based evidence be relevant and appropriate within a First Nation context.

## 7. Accountable and Ongoing Evaluation

Outcome measures will be identified for the individual, community, populations, and for system performance. Ongoing evaluation will allow the strategy to evolve and remain flexible to recognize and support evidence-based decision-making, interventions and evolving best practice. It is a living document and will allow decision-making to change service delivery as new and emerging evidence becomes available; best practice is recognized; evaluations are used; and individual needs emerge. System performance must consider the contributions made by all partners and service providers. The feedback loops and accountability framework will include reporting back to First Nations.

## 8. Across the Life Span

We will review and adjust our mental wellness services and supports to ensure a focus on collaborative and integrated delivery and capacity development, and to ensure service delivery across a continuum of promotion, prevention, assessment, intervention, aftercare and self-support throughout the life span. This includes prenatal, child, youth, families, adults, seniors, palliative, and bereavement.



## Strategic Priorities

The strategic priorities are identified as the overall direction and key focus. Within each strategic priority, more specific activities have been identified, as well as preliminary key results. Additional activities, and possible strategic priorities will evolve over time. We recognize that a small jurisdiction such as Yukon must implement change in a gradual manner, using pilots, trials, research, key priorities and communities... not all can be addressed at once.

The strategic priorities will require linkages with other Yukon frameworks, strategies, and plans — i.e., Yukon Housing Action Plan — and initiatives to address the determinants of health and enable us to ensure we consider the whole person and not just their condition in isolation.

### Strategic Priority # 1: Promotion and Prevention

**Objective 1.1** Create opportunities to promote wellness across the life span with a key focus on prenatal and early childhood development, seniors' wellness and at-risk areas, and life span transition points.

#### How we will achieve this:

1. Enhance awareness through integration of promotion and prevention initiatives within community, First Nations and primary care, which includes providing materials that promote positive living to providers, individuals, caregivers and public.
2. Work across Yukon government departments to embed messaging in government promotion and prevention material as well as within Yukon government employee training as appropriate to ensure HSS system providers include promoting health and wellness as part of their job descriptions. This includes ensuring messaging is available in French.
3. Build on *Yukon Wellness Action Plan* and, working with the Department of Education, Community Services, First Nations and municipalities, identify innovative ways to expand mental wellness for children and youth in schools and through other places and activities frequented by youth.
4. Continue to support efforts to raise awareness and prevention of FASD as well as other disabilities, including acquired brain injuries.

#### Key Results:

- ▶ Yukon people experience an enhanced or greater sense of mental wellness
- ▶ Percentage of the population requiring formalized mental health and addiction care will reduce
- ▶ Increase in prevention and promotion activities in languages other than English
- ▶ Increased number of partnerships addressing promotion and prevention of mental illness, trauma and addictions

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**Objective 1.2** Raise awareness and compassion for those individuals, families and care givers experiencing mental health disorders, substance abuse issues and mental health problems and distress.

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**How we will achieve this:**

1. Collaborate with First Nations and Health and Social Development Commission (HSDC), other government departments, and service providers to embed wellness and promotion in all initiatives.
2. Partner with the Department of Education and First Nation Education Commission (FNEC) to enhance school-based programming for children and youth to address promotion, prevention, increased resilience and positive mental health, taking into account special needs such as disabilities and FASD.
3. Partner with the Women’s Directorate to increase awareness around gender differences in rates of mental health conditions, and explore gender-specific programming, which may include women impacted by violence.
4. Develop multi-year anti-stigma messaging while partnering with national and local business organizations — including key non-governmental organizations such as Mental Health Association Yukon — and linking to national campaigns while ensuring Yukon-specific focus. Expand delivery and linkages with best practice programs demonstrated to reduce stigma. This requires partnership with Yukon First Nations and HSDC as First Nations are often affected due to the combined impacts of stigma and racism.
5. Implement a harm reduction approach to prevention, engaging individuals and providing support to individuals making changes. This focus could also bridge individuals from prevention and support into treatment services.

**Key Results:**

- ▶ Mental health and addiction-related stigma will be reduced
- ▶ Increase in number of anti-stigma campaigns provided in Yukon — in particular in communities outside of Whitehorse
- ▶ Increase in awareness of gender-specific mental health and substance use issues

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**Objective 1.3** Decrease suicide rates in Yukon

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**How we will achieve this:**

1. In partnership with First Nations and other government departments, review evidence-based practices and develop a system-wide approach to suicide prevention in Yukon.
2. Work with CYFN, Yukon First Nations, and Kwanlin Dün First Nation in developing and implementing crisis plan, call out for emergencies, and increasing access to counselling.

**Key Results:**

- ▶ Decrease in emergency department visits related to intentional self-harm
- ▶ Decreased rates of suicide among youth and other population groups in Yukon

## Strategic Priority #2: Service delivery

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**Objective 2.1** Continue to move the system culture to an individual and family focus, and align programs to the need of the community and to provide seamless access and transitions by individuals throughout the system.

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### How we will achieve this:

1. Establish a cross-departmental committee of deputy ministers to ensure a coordinated, cross-governments approach to mental wellness. Reporting to the Minister of Health and Social Services, the committee would include Health and Social Services (chair), departments of Education, Justice, Community Services, Yukon Housing Corporation and the Public Service Commission. The committee will establish working groups to address service coordination, capacity building, shared individuals and system innovation.
2. Work with physicians, community nurses and other service providers to identify areas of need and improve access to maternal mental health and substance abuse supports.
3. Increase coordination with First Nation partners, non-governmental organizations and community programs that provide parenting supports and resources — including foster and out-of-home care providers.
4. Work in collaboration with Kwanlin Dün Health Centre and Kwanlin Dün First Nation's Jackson Lake Healing Centre, building on coordinated-training opportunities, staff exchanges and shared individual interventions.
5. Implement provider information sharing as appropriate, initially within Health and Social Services and subsequently within whole system.

### Key Results:

- ▶ Cross-departmental Committee, First Nations Partners Committee, and working groups established
- ▶ Increased access of maternal and mental health and substance abuse supports
- ▶ Decreased # and rate of emergency room visits by people presenting with a mental or behavioral disorder related to harmful alcohol use

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**Objective 2.2** Develop needs-based cascading service delivery, based on the *Child and Youth Mental Health and Addictions Framework*, to provide wrap-around mental health, trauma, and addictions services and social supports in schools and communities for those children and youth with complex service needs.

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**How we will achieve this:**

1. Pilot integrated approaches in Whitehorse and rural communities based on high-need groups (e.g., youth, complex needs individuals, gender specific, seniors).
2. Collaborate with Department of Education, First Nations and key providers to enhance early childhood learning initiatives.
3. Explore innovative, cost-effective ways to support school counsellors, teachers, and students; assess and triage; and provide access for schools and students to mental wellness, prevention, assessment and support resources, and integrated services for those youth with a mental health diagnosis and complex needs.
4. Adopting more preventative and harm reduction approaches to ensure the continuum of services and supports.

**Key Results:**

- ▶ Increased access of mental health and addictions services and supports in schools and communities for children and youth with diagnosed severe and complex mental disorders
- ▶ Increased number of pilots and initiatives for high-need groups
- ▶ Decreased self-injury hospitalization rate

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**Objective 2.3** Strengthen partnership between HSS, First Nations, Yukon Hospital Corporation, and community agencies to ensure access to a continuum of services and supports available to Yukon people, and ensure transitions are seamless.

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**How we will achieve this:**

1. Establish a First Nations Partners Committee to work with Executive Sponsors to set direction and make decisions on the strategy.
2. Establish a Community Advisory Committee with representation from Yukon Hospital Corporation inclusive of First Nations Health Programs, Yukon Medical Association, a non-governmental organization stakeholder, First Nations departments, a person with lived experience with mental wellness issues, a caregiver representative and a public member as part of implementation and ongoing monitoring of the strategy.
3. Partner with Yukon First Nations, Council of Yukon First Nations, Health and Social Development Commission for coordinated approach and shared resources as appropriate in the community to co-create initiatives that address their community members' needs.
4. Work with Yukon Hospital Corporation and service providers to address acute system access, maximum use of acute resources, future programming within broader Health and Social Services system, and alignment of resources and services to needs.
5. Partner with Whitehorse General Hospital to align, coordinate and explore innovative ways to ensure comprehensive services, including out-of-territory resources for specialized services for severe and complex mental health and substance abuse disorders.
6. Work with the Yukon Housing Corporation and seniors' housing groups to address issues, ensure supports for seniors to maintain independence and community living as long as possible and to ensure formalized co-case management for at-risk seniors with mental health and substance use issues.
7. Collaboratively address gaps and supports required for after-hour hospital discharge, community follow-up requirements and inter-agency discharge planning processes as appropriate.

**Key Results:**

- ▶ Inter-agency partnerships and departmental wellness advisory committee established and working on identified initiatives
- ▶ Inter-agency discharge planning processes established
- ▶ First Nation Partners Committee works with Executive Sponsors to monitor results

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**Objective 2.4** Increase capacity to address mental health and addiction needs of seniors, initially through a focus on long-term care and home care staff training.

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**How we will achieve this:**

1. Review jurisdictional approaches and training formats for addictions assessment and support for persons with disabilities and for seniors. Include mental health, addictions, trauma, and substance misuse by seniors in front line training.
2. Work with communities, seniors' non-governmental groups and First Nations to raise awareness and local supports for seniors to address social exclusion of seniors. In collaboration with providers, address specialized withdrawal and treatment needs of seniors.
3. Raise awareness and knowledge of older adults, their caregivers, service providers, families and communities regarding late onset alcohol and substance misuse by seniors and support seniors and their families through late life transitions.

**Key Results:**

- ▶ Increased capacity of care providers to address mental health and addictions needs of seniors
- ▶ Increased awareness (amongst older adults, caregivers, service providers, and families) of alcohol and substance misuse by seniors

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**Objective 2.5** Ensure system has capacity and expertise to address the full continuum of child, family, adults and seniors.

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**How we will achieve this:**

1. Build enhanced front line capacity of Health and Social Services and First Nations, and include a mix of professionals, lay people, family caregivers, peer supports and other key community organizations and leaders.
2. Expand training to include community and key stakeholders using Mental Health First Aid for First Nations training.
3. Increase use of innovation, system and community capacity development, use of Telehealth and other technologies.
4. Increase use of technology for self-management, peer support, online prevention, self-care and treatment supports. Research and introduce as appropriate online clinical supports for anxiety and depression. Pilot cognitive behavioral therapy, response-based approaches, and culturally appropriate interventions through technology and online application.

**Key Results:**

- ▶ Increased front-line capacity
- ▶ Increased access of technology for self-management, peer support, online prevention, self-care and treatment supports

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**Objective 2.6** Increase access to specialized psychiatric supports.

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**How we will achieve this:**

1. Work with Yukon Hospital Corporation to review psychiatric services and other provider needs and supports to acute, primary and community care.
2. Increase use of technology to link specialist and acute care providers with other system providers for consultation and case support, prevention, assessment, intervention, service delivery and enhanced system capacity.
3. Increase use of tele-psychiatry, tele-mental health and addictions counselling. Explore and pilot use of other technology to support/monitor youth with clinical diagnosis.
4. Explore options with BC and Alberta Ministries of Health and medical groups to establish psychiatric and other support to Whitehorse General Hospital Emergency Department physicians, access to psychiatric services out of territory, training and other capacity-building partnerships.
5. Explore partnerships to provide forensic supports for Yukon Review Board individuals, individuals involved with the justice system, and aftercare for individuals leaving forensic treatment facilities out of territory.

**Key Results:**

- ▶ Increase in access to psychiatry services closer to communities in which individuals live
- ▶ Decrease in travel costs associated with accessing psychiatry
- ▶ Increase in support related to forensic psychiatry

## Strategic Priority #3: System performance and access

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**Objective 3.1** Increase access to ensure that individuals with mental health and/or addictions receive timely and appropriate service, and as close to home as possible.

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### How we will achieve this:

1. Integrate Mental Health Services, Child and Adolescent Therapeutic Services and Alcohol and Drug Services within the Department of Health and Social Services.
2. Ensure the plans for integration include collaboration with First Nations service delivery organizations and providers.
3. Implementation of cascading delivery model to maximize resource sustainability and increase access. Right service, at the right time, from the right agency.
4. System and providers implement innovative solutions to address system gaps and transition points. Where appropriate, consider system-wide clinical pathways.
5. Move to a common intake, assessment, and case management approach within the department with focus on outcomes. Case management approaches will link with First Nations case management mechanisms as needed. This includes discharge planning and aftercare/transition protocols and tools.
6. Explore changes to practices to reduce wait times, increase access and align service to need.
7. Perform system review and link delivery design with chronic disease pathways and formalize referral between mental health and substance abuse and other chronic disease programs and services.
8. Ensure services will be responsive to diversities including gender, sexual orientation and disabilities. Front line training will ensure providers are aware of issues faced by diverse population subgroups; this will increase appropriate system response and support.
9. Partner with First Nation programs to enhance culturally founded program design and practices throughout Yukon.

### Key Results:

- ▶ Cascading delivery model implemented
- ▶ Common intake, assessment, and case management approach implemented internally, and collaboratively with key external agencies
- ▶ Reduced Mental Health Services, Child and Adolescent Therapeutic Services and Addiction Services wait times

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**Objective 3.2** Move to a system culture where all practice and service delivery decisions will be based on best-available First Nations traditional knowledge, scientific knowledge and practices.

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**How we will achieve this:**

1. Establish system performance measures, including benchmark for wait times to measure access.
2. Review and incorporate the principles of the First Nation Mental Wellness Continuum Framework.
3. Review and incorporate appropriate indicators from the Mental Health Commission of Canada: Informing the Future: Mental Health Indicators for Canada (2015).
4. Review data needs and knowledge exchange processes, increase research partnerships with Canadian researchers and academic groups to develop real-time evaluation tools, data capacity and support for evidence-based practice, decision-making and use of evolving technologies.
5. Implement the use of common data sets and a common approach to evaluating program effectiveness to support the long-term strategy and its implementation.

**Key Results:**

- ▶ Performance measures established, data collected and analyzed, and information utilized when making program/service decisions

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**Objective 3.3** Increase community capacity, access, and culturally safe services through cross-training and maximum use of integrated front line delivery; this includes partnerships with First Nations.

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**How we will achieve this:**

1. Continued work with the Council of Yukon First Nations and Health and Social Development Commission on cultural competencies through all front line and system areas will continue with Health and Social Services and its contractors (Many Rivers Counselling and Support), using the Yukon First Nation Cultural Orientation and Protocols Toolkit.
2. Adapt resources such as *One Focus; Many Perspectives: A Curriculum for Cultural Safety and Cultural Competence Education* and *Holding Hope in Our Hearts: Relational Practice and Ethical Engagement in Mental Health and Addictions* into knowledge exchange activities for front line providers.
3. Build front line and community capacity to increase support for at risk individuals, reduce the need for future intensive services and re-admissions, and reduce the risk of decreased mental health. Partnerships with the acute care systems, Yukon Hospital Corporation and out-of-territory services, as well as integrated discharge planning and community supports, are critical.
4. Access the role of 811 Health Line (24-hour toll-free line operated by nurses) in support of after-hour access and transition supports.

**Key Results:**

- ▶ Increased capacity of front line care providers to deliver culturally safe services

## Strategic Priority #4: Innovation and Research

**Objective 4.1** Position Yukon as leader for northern, remote and First Nation innovation and service delivery change most suited to northern and remote mental wellness programs.

### How we will achieve this:

1. Seek opportunities to be part of research into evidence-based approaches for northern and remote delivery of mental health and substance abuse services.
2. Seek opportunities for collaboration specific to remote delivery.
3. Health and Social Services, along with system providers, will continue to explore national research partnerships and opportunities to pilot and test evidence-based delivery innovations.
4. Establish an innovation fund for First Nation and community organizations to test models of delivery that address supports on the life span continuum.
5. Work with First Nations locally and nationally to learn from promising practice-related research and program development.
6. Partner with local and national programs to learn from promising practices and research related to gender, mental health and substance use.
7. Partner with local and national programs to learn from promising practices and research related to persons with disabilities, and mental health and substance use, and program development.
8. We will build on work done, i.e., anti-psychotic research with Canadian Foundation for Healthcare Improvement, Canadian Institute for Health Research, and with CIHR-funded research, i.e., McMaster University on child and youth mental health.
9. Seek opportunities to partner with national researchers and other jurisdictions for evidence-based delivery and use of innovation to increase access, integration and service.

### Key Results:

- ▶ Innovation fund established
- ▶ Innovative, evidence-based approaches for northern and remote delivery of mental health and substance services identified

# Next Steps

Yukon is not alone in facing increasing demands and expectations for mental health and substance abuse services. The direction we are taking requires a community approach: engaging all citizens, multiple governments, departments and service providers to address mental wellness. It requires prioritization and commitment to evidence-based practice. Implementation has begun on many fronts and will continue with evolving knowledge and practice and service delivery adjustments.

The Mental Wellness Strategy provides overarching guidance and encourages broad participation, innovation and hope in the ability to grow a future that embraces mental wellness for all its citizens.

We know that Yukon people value their lifestyle and the importance and beauty of family, community and land. By going Forward Together, we can create the communities and territory where all Yukon people can reach their full potential.



# Taking Action to Demonstrate We Are Going Forward Together:

## Implementation Plan

### Purpose

This section outlines a high-level implementation plan for the *Forward Together: Yukon Mental Wellness Strategy*. The purpose of the implementation plan is to enable the partnership between Yukon government and First Nations, to carry out the strategic priorities and services outlined in the Mental Wellness Strategy. The implementation plan identifies priority areas for the first two years, and establishes the foundation for an integrated services delivery model to achieve effective care delivery for Yukon people.

The development of activities and priorities will be based on evidence; after the first two years, activities will be modified, if needed, to continually align the system with trends and promising practices, and with data collected from the first two years of activities. Close working relationships with partners and stakeholders will be required to continually align activities with the needs of all Yukon people.

### Methodology

The first two years of the implementation plan will focus on children, youth and families, increasing access through the integration of mental health and addictions programs, and capacity building.

These foundational initiatives are necessary for establishing an integrated service model for mental health and addictions services. The initiatives will ready HSS care providers to move to a whole-system approach in addressing the full continuum of mental wellness services across the life span. Laying the groundwork of the Mental Wellness Strategy in the first two years will position the department to strengthen partnerships and to achieve the goals of the strategy by 2026.

The four strategic priorities reflected in the Mental Wellness Strategy, will provide the overall direction for implementation activities.

Committees, First Nations, and individuals working on implementing the action plan initiatives will work with these principles and priorities in mind. Particular attention will always include individuals with complex needs and high risk populations such as children, youth and families, and seniors, as well as continually building capacity.

## Implementation Governance Structure

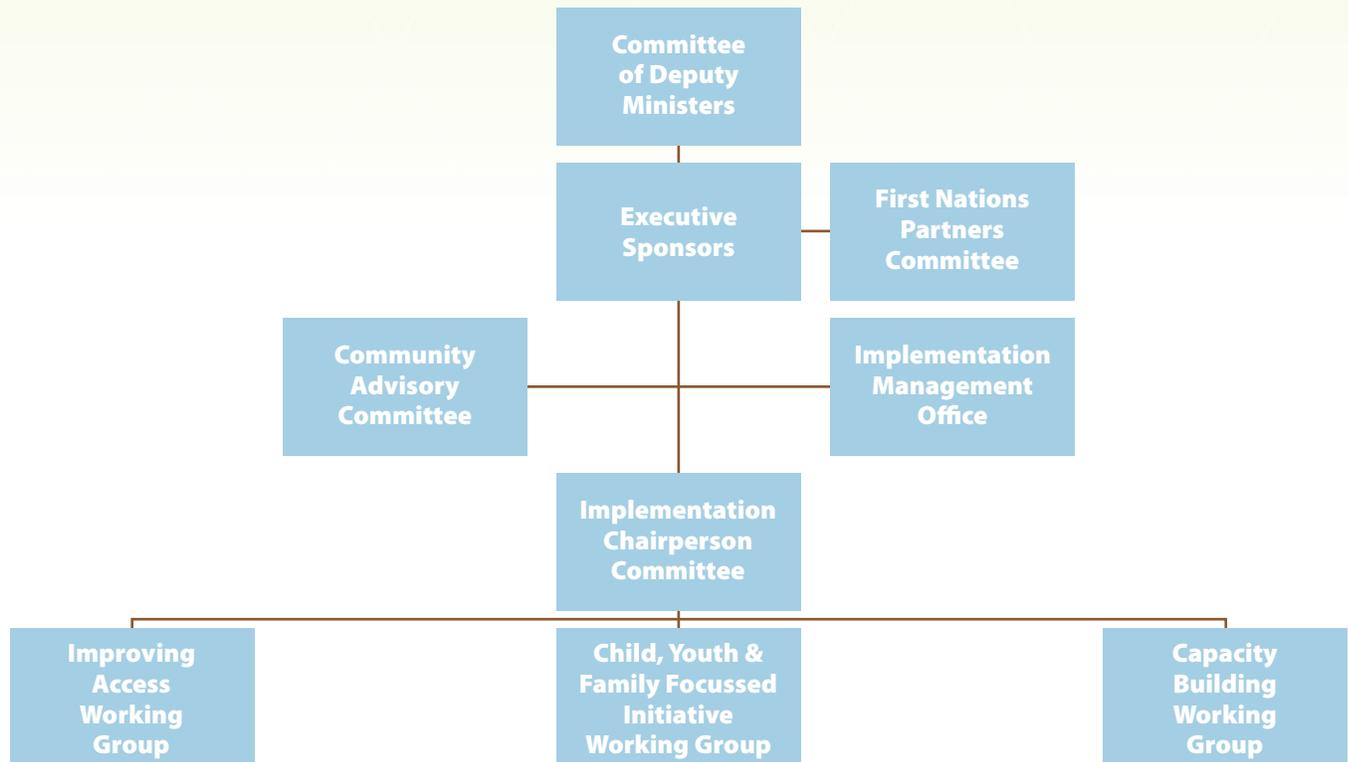
A cross-departmental committee of deputy ministers will oversee the actions and provide guidance for the work involved. The committee will respect the Yukon government commitment to the Yukon First Nation leaders that decisions related to the implementation of the Truth and Reconciliation Calls to Action will be led by Yukon First Nations. The HSS Deputy Minister's Committee has identified the Assistant Deputy Minister of Health and Assistant Deputy Minister of Social Services as executive sponsors. The executive sponsors will work closely with a First Nations Partners Committee to share in the decision making process to provide direction on implementation activities. Implementation project manager(s) identified from existing positions within HSS will oversee the sub-committees and working groups in collaboration with Yukon First Nations representatives.

An implementation chairperson committee — made up of the executive sponsors, First Nations partners committee, implementation project managers, and the chairpersons from each of the working groups — will provide oversight for implementation activities. This committee will work closely with a community advisory committee, to ensure accountability of the mental wellness system.

The community advisory committee will consist of representation from First Nations, community non-governmental organizations, and individuals with lived-experience with mental health and addictions.

The working group for each priority area will be responsible for developing implementation plans to meet the goals of the first two years of the Mental Wellness Strategy. In subsequent years, the sub-committees or working groups will change to adapt to evolving strategic priorities and implementation activities.

## Roles and Responsibilities for Committees and Working Groups



Each working group will have terms of reference (TOR) (see **Appendix B**) outlining membership, responsibilities, timelines, and deliverables. The working groups will develop action plans, and the implementation chairperson committee will determine priorities to achieve the long-term goal of the strategy. Activities and focus areas will evolve over time as changes to the system are implemented. The executive sponsors and First Nations partners committee will allocate funds and resources to support the action plans of each working group. These funds will flow through the implementation management office.

The strategy clearly states that innovation and research are priority, and that the system will establish benchmarks, key implementation milestones and outcome measures to support and monitor implementation of the strategy. To ensure that each of the priority areas meets this criteria, and that we are working from an evidence-based approach, a quality improvement framework will be applied to all activities in the implementation action plan. All action plans will have measures in place to ensure goals are being met, as well as to identify necessary adjustments.

## Forward Together — The First Years

The Mental Wellness Strategy defines four strategic priorities for the next ten years:

- ▶ Promotion and Prevention
- ▶ Service Delivery
- ▶ System Performance and Access
- ▶ Innovation and Research

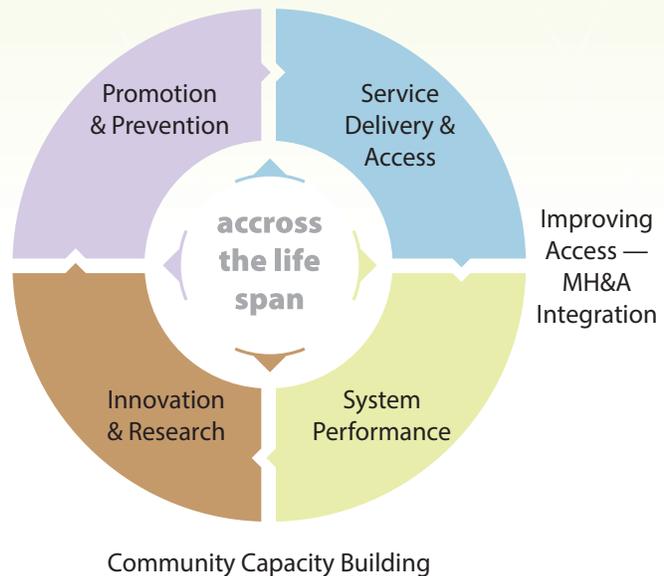
Within these strategic priorities, objectives have been set. Three working groups have been identified to meet specific objectives with the priorities as the system moves towards an integrated approach to mental health and substance use disorders. A key priority of implementation will focus on children, youth and families. In order to achieve a full continuum of seamless access to comprehensive programming, services need to be integrated.

The three focus areas that will form the working groups are: improving access through the integration of services; child, youth and family focused initiatives; and community capacity building.

These three identified working groups will address the interconnectedness of all four strategic priorities and will enable HSS to align the system to maximize capacity and resource efficiency. The three identified working groups represent the focus for the first two years of implementation, and will evolve as the system evolves. A staged approach to implementation will allow greater access to services through the integration of the department's services to fit Yukoner's needs. System capacity building and a continued focus across the life span will remain an ongoing and evolving process over the next ten years and will require greater networking with First Nations and community stakeholders.

Working groups, as described above, will be established with staff and program area representatives, as well as with First Nations and community stakeholders directly connected to the three priority focus areas. These groups will perform activities that meet several strategic priorities.

Child, Youth & Family Focussed Initiatives



The Child, Youth and Family Focused Initiative will look more closely at the links between prevention, promotion, and service delivery. Integration of Mental Health, Trauma, and Addiction (MH&A) services will focus on service delivery to increase access and system performance priorities, while Capacity Building will strengthen the connection between innovation, research and system performance. All activities will take a collaborative approach to ensure cultural competency while working towards alignment with the Calls to Action of the Truth and Reconciliation Commission.

All implementation activities will align with the principles and four strategic directions identified in the Mental Wellness Strategy. Activities for the first two years are key priorities that build upon previous work and research, and incorporate new initiatives to move toward an integrated approach to addressing mental wellness. Initial activities have been identified to continue to create a future of increased and seamless mental health and substance use services.

Essential to successful implementation is the recognition of the challenges of remote delivery and a large geographic service area. Implementation of activities that build towards a responsive system will require innovative approaches and models, and strengthened partnerships with First Nations and community stakeholders.

**The working groups that will be set up to initiate include:**

**1. Improving Access — Mental Health, Trauma and Addiction (MH&A) Integrated Services**

This group reflects the need to integrate Mental Health Services (MHS), Alcohol and Drug Services (ADS), and Child and Adolescent Therapeutic Services (CATS), as outlined in the strategy. This will provide increased access, better individual care, better use of resources and seamless transitions for Yukon people. This focus will also provide the foundation for future work to ensure comprehensive services and access to services across Yukon.

► Initial activities:

- Integrate Mental Health Services, Child and Adolescent Therapeutic Services and Alcohol and Drug Services into one division within HSS.
- The integration will support collaboration with First Nation delivery agencies.
- Implement common core functions, which will include a shared intake, assessment, treatment planning, case management, discharge process, aftercare and transition protocols and tools based on best practice.
- Develop a new structure for a Mental Health and Addiction Services division, including roles, program focus and a change management plan, with timelines, on how to achieve integrated services.
- Build upon existing work to locate clinical staff and services in more communities outside of Whitehorse.
- Continue work on the development of new programming for the new Sarah Steele building to ensure an integrated approach to services.
- Build upon existing work to develop information-sharing protocols to aid in building stronger connections with First Nation and community partners and other key stakeholders.
- Identify a common individual information management system and develop a common data set and approaches to evaluating program effectiveness that supports the long-term strategy.

- Apply lessons learned from other organizations, such as Many Rivers, to decrease wait times, increase access, and ensure individuals move seamlessly through the treatment process. This includes developing a quality improvement plan, including ways to enhance culturally appropriate services.
- Continue to strengthen relationships with First Nations and programs such as Jackson Lake Healing Centre, to incorporate more culturally appropriate services and supports.
- Move the system culture to individual- and family-centered, and align services for seamless access and transitions by individuals through the system, while focusing on the full continuum of child, family and seniors.

**2. Child, Youth and Family Focused Initiative**

This group supports the work that was initially done through the *A Child and Youth Mental Health and Addictions Framework for the Yukon* in 2014. It addresses a priority population and will serve as a pilot to demonstrate a collaborative, holistic approach to delivering a continuum of services based on the need of a population. This includes prevention as well as early intervention, and seamless access to treatment services.

► Initial activities:

- Continue work with Education, First Nations and municipalities to identify innovative ways to expand mental wellness for children and youth in schools and through other places and activities frequented by youth.
- Implement a harm reduction approach to prevention, engagement and providing support to youth making personal changes. This focus will also bridge individuals from prevention and support, into treatment services.
- Pilot an integrated centre to identify an effective service delivery model that can be replicated in other parts of Yukon.
- Identify care providers to be involved in an integrated centre, and how they will work together to provide service within existing reporting structure.
- Develop ways to include non-government programs in the range of services offered through an integrated centre.

- Implement *A Child and Youth Mental Health and Addictions Framework for the Yukon* cascading delivery model to maximize resource sustainability and increase access to the right provider at the right time.
- Build upon working relationships that have been established in communities outside of Whitehorse to deliver child and youth services, closer to where youth live.
- Build upon existing initiatives with First Nations that link youth with land-based services.
- Adapt resources such as *One Focus; Many Perspectives: A Curriculum for Cultural Safety and Cultural Competence Education* and *Holding Hope in Our Hearts: Relational Practice and Ethical Engagement in Mental Health and Addictions* into knowledge exchange activities for front line providers.
- Work together to improve service delivery to forensic populations.
- Build upon current pilot initiatives testing the use of technology to increase capacity of the system to offer services to individuals across Yukon. This includes developing promising practices and recommendations for future system implementation.

### 3. Capacity Building

This group will develop a good foundation for further implementation of the strategy and ensure providers in Yukon are able to respond the mental health and addiction needs of Yukon people, increasing access and support in communities. This includes common values and language, a focus on key populations across the life span, and models for working with complex cases.

#### ► Initial activities:

- Develop a culturally informed, evidence-based basic mental health care that can be offered in every community across Yukon. This includes mental health promotion, prevention, supportive counselling and problem-solving, identification of disorders and providing referrals to advanced mental health care.
- Build upon the work that has been done to collaborate with First Nations, Health and Social Development Commission, Council of Yukon First Nations, government departments, and service providers to embed mental wellness and promotion in all initiatives.
- Partner with Education, and First Nations Education Commission to enhance school-based programming.
- Establish stronger links between HSS system improvement work, Yukon Housing Action Plan, Homeless Partners, and Vulnerable Persons' Initiatives (KDFN, City of Whitehorse, Yukon government) to ensure the whole person perspective is considered.
- Ensure system has capacity and expertise to care for full continuum of child, family, and seniors. This will require increased innovation, system and community capacity development, use of Telehealth and other technologies, and a mix of professionals and other caregivers.
- Continue with work to link system review, and delivery design, with chronic disease pathways and formalize referral between mental health and substance abuse and other chronic disease programs and services.
- Continue initiatives focused on front line training and knowledge exchange to ensure providers are aware of issues faced by diverse population subgroups and to increase appropriate system response and support. This includes establishing core competencies required to meet the needs of Yukon people with mental health and addiction issues, and a tiered training model to support a cascading service delivery model.
- Collaborate with Yukon Education, First Nation Partners, First Nation Education Commission and Health and Social Development Commission and community stakeholders to implement the FRIENDS program in communities outside of Whitehorse.
- Build upon work done with Regional Services to establish a rural focused model for work with complex case management.

## Performance Measures and Evolving Action Plans

The initial working group membership and scope will evolve as action plans grow over the years. Capacity building will continue as a focus over the course of the strategy. As data is received from performance measures, it will become clear what additional activities are required to support the Mental Wellness Strategy. Lessons learned through pilot projects from each focus area will inform future action plans and system design. The executive sponsors, First Nations Partners Committee, and the implementation management office will determine what new activities and working groups will be needed to fully implement the strategy.

Monthly reporting will be provided through the implementation chairperson committee, and more formal activity reports will be submitted quarterly to the Deputy Minister's Committee through the executive sponsors, and at the end of each fiscal year. Reports will outline progress on activities, the linkages to the strategic plan, and performance measure outcomes. As implementation moves forward, there will be opportunities to work with other interest groups, strengthen relationships, have ongoing engagement sessions with partners and stakeholders across the territory, as well as develop research initiatives.

## Communication Plan

The implementation management office and chairperson committee will develop a communication strategy to keep HSS staff, First Nations Partners, key stakeholders, and the public informed about ongoing progress and changes to the mental wellness system. This will include communication feedback loops to allow for greater input from providers and Yukon people.

As an initial activity, a mental wellness forum will be planned for June 2016 to highlight initiatives for the first two years of focus, as well as the feedback from community engagement sessions.

## Timelines and Reporting

A high level timeline has been established to ensure implementation of the Mental Wellness Strategy moves towards system redesign. Individual timelines for each focus area will be determined by each working group, and approved by the implementation chairperson committee.

| Milestone  | Date           | Progress    |
|--|----------------|-------------|
| <b>YEAR 1</b>  |                |             |
| Pre-consultation with internal, external and cross-department stakeholders, plus a minimum of five communities | April 2016     | Completed   |
| Yukon Mental Wellness Strategy Announcement  | May 2016       | Completed   |
| Establish implementation chairperson committee and prioritize/sequence activities for working groups           | May 2016       | In progress |
| Establish FN partners and working groups. Set first meeting.   | May 2016       | In progress |
| Mental Wellness Forum  | June 2016      |             |
| Community advisory group meets to review implementation activities   | June 2016      |             |
| Working groups develop action/work plan for upcoming year  | July 2016      |             |
| Quarter 2 progress report and identify links for collaboration between working groups                          | September 2016 |             |
| Quarter 3 progress report  | December 2016  |             |
| Year-end progress report   | March 2017     |             |
| Proposed work plans for year 2   | April 2017     |             |
| <b>YEAR 2</b>  |                |             |
| Quarter 1 progress report  | June 2017      |             |
| Quarter 2 progress report  | September 2017 |             |
| Quarter 3 progress report  | December 2017  |             |
| Year End progress report   | March 2018     |             |
| Evaluation of priority focus and identify new working groups   | April 2018     |             |
| Establish working groups and set first meeting   | April 2018     |             |
| Working groups develop action/work plan for next year  | June 2018      |             |

## Working Group Terms of Reference

Each working group will draft their own terms of reference (TOR), listing activities and deliverables for each year. The TOR template (see Appendix B) will be used by each group to ensure consistency and alignment with the implementation plan.

## Implementation Work Plan

| Recommended Action                 |  | Anticipated Time Frame |                     |                    |
|------------------------------------|--|------------------------|---------------------|--------------------|
|                                    |  | Short<br>(2 years)     | Medium<br>(5 years) | Long<br>(10 Years) |
| <b>1. PROMOTION AND PREVENTION</b> |  |                        |                     |                    |
| 1.1                                | <b>Create opportunities to promote wellness across the lifespan with a key focus on prenatal and early childhood development, seniors' wellness and at-risk areas, and life span transition points</b>   |                        |                     |                    |
| 1.1.1                              | Enhance awareness through integration of promotion and prevention initiatives within community, First Nations and primary care, which includes providing materials that promote positive living to service providers, individuals, caregivers and public.  |                        |                     |                    |
| 1.1.2                              | Work across Yukon government departments to embed messaging in government promotion and prevention material as well as within Yukon government employee training as appropriate to ensure HSS system providers include promoting health and wellness as part of their job descriptions. This includes ensuring messaging is available in French. |                        |                     |                    |
| 1.1.3                              | Build on Yukon Wellness Action Plan and, working with the Department of Education, Community Services, First Nations and municipalities, identify innovative ways to expand mental wellness for children and youth in schools and through other places and activities frequented by youth.   |                        |                     |                    |
| 1.1.4                              | Continue to support efforts to raise awareness and prevention of FASD, as well as other disabilities, including acquired brain injuries.   |                        |                     |                    |
| 1.2                                | <b>Raise awareness and compassion for those individuals, families and care givers experiencing mental health disorders, substance abuse issues and mental health problems and distress.</b>  |                        |                     |                    |
| 1.2.1                              | Collaborate with First Nations and Health and Social Development Commission (HSDC), other government departments, and service providers to embed wellness and promotion in all initiatives.  |                        |                     |                    |
| 1.2.2                              | Partner with Department of Education and First Nation Education Commission (FNEC) to enhance school-based programming for children and youth to address promotion, prevention, increased resilience and positive mental health, taking into account special needs such as disabilities and FASD.   |                        |                     |                    |
| 1.2.3                              | Partner with the Women's Directorate to increase awareness around gender differences in rates of mental health conditions, and explore gender specific programming, which may include women impacted by violence.  |                        |                     |                    |

| Recommended Action                             |  | Anticipated Time Frame |                     |                    |
|--|--|------------------------|---------------------|--------------------|
|  |  | Short<br>(2 years)     | Medium<br>(5 years) | Long<br>(10 Years) |
| <b>1. PROMOTION AND PREVENTION — continued</b> |  |                        |                     |                    |
| 1.2.4  | Develop multi-year anti-stigma messaging while partnering with national and local business organizations — including key non-governmental organizations such as Mental Health Association Yukon — and linking to national campaigns while ensuring Yukon-specific focus. Expand delivery and linkages with best practice programs demonstrated to reduce stigma. This requires partnership with Yukon First Nations and HSDC as First Nations are often affected due to the combined impacts of stigma and racism. |                        |                     |                    |
| 1.2.5  | Implement a harm reduction approach to prevention, engaging individuals and providing support to individuals making changes. This focus could also bridge individuals from prevention and support into treatment services.   |                        |                     |                    |
| 1.3  | <b><i>Decrease suicide rates in Yukon.</i></b>   |                        |                     |                    |
| 1.3.1  | In partnership with First Nations, and other government departments, review evidence-based practices and develop a system-wide approach to suicide prevention in Yukon.  |                        |                     |                    |
| 1.3.2  | Work with CYFN, Yukon First Nations, and Kwanlin Dün First Nation in the process of developing and implementing crisis plan, call out for emergencies, and increasing access to counselling.   |                        |                     |                    |

| Recommended Action         |  | Anticipated Time Frame |                     |                    |
|----------------------------|--|------------------------|---------------------|--------------------|
|                            |  | Short<br>(2 years)     | Medium<br>(5 years) | Long<br>(10 Years) |
| <b>2. SERVICE DELIVERY</b> |  |                        |                     |                    |
| 2.1                        | <b><i>Continue to move the system culture to an individual and family focus, and align programs to the need of the community and to provide seamless access and transitions by individuals throughout the system.</i></b>  |                        |                     |                    |
| 2.1.1                      | Establish a cross-departmental committee of deputy ministers to ensure a coordinated, cross-governments approach to mental wellness. The committee will establish working groups to address service coordination, capacity building, shared individuals and system innovation. |                        |                     |                    |
| 2.1.2                      | Work with physicians, community nurses and other service providers to identify areas of need and improve access to maternal mental health and substance abuse supports.  |                        |                     |                    |
| 2.1.3                      | Increase coordination with First Nation partners, non-governmental organizations and community programs that provide parenting supports and resources — including foster and out-of-home care providers.   |                        |                     |                    |
| 2.1.4                      | Work in collaboration with Kwanlin Dün Health Centre and Kwanlin Dün First Nation's Jackson Lake Healing Centre, building on coordinated-training opportunities, staff exchanges and shared individual interventions.  |                        |                     |                    |

| Recommended Action                     |  | Anticipated Time Frame |                     |                    |
|--|--|------------------------|---------------------|--------------------|
|  |  | Short<br>(2 years)     | Medium<br>(5 years) | Long<br>(10 Years) |
| <b>2. SERVICE DELIVERY — continued</b> |  |                        |                     |                    |
| 2.1.5                                  | Implement provider information sharing as appropriate, initially within Health and Social Services and subsequently within whole system.   |                        |                     |                    |
| 2.2                                    | <b><i>Develop needs-based cascading service delivery, based on the Child and Youth Mental Health and Addictions Framework, to provide wrap-around mental health, trauma, and addictions services and social supports in schools and communities for those children and youth with complex service needs.</i></b>   |                        |                     |                    |
| 2.2.1                                  | Pilot integrated approaches in Whitehorse and rural communities based on high-need groups (e.g., youth, complex needs individuals, gender specific, seniors).  |                        |                     |                    |
| 2.2.2                                  | Collaborate with Department of Education, First Nations and key providers to enhance early childhood learning initiatives.   |                        |                     |                    |
| 2.2.3                                  | Explore innovative, cost-effective ways to support school counselors, teachers, and students; assess and triage; and provide access for schools and students to mental wellness, prevention, assessment and support resources, and integrated services for those youth with a mental health diagnosis and complex needs.   |                        |                     |                    |
| 2.2.4                                  | Adopt more preventative and harm reduction approaches to ensure the continuum of services and supports.  |                        |                     |                    |
| 2.3                                    | <b><i>Strengthen partnership between HSS, First Nations, and Yukon Hospital Corporation, community agencies to ensure access to a continuum of services and supports is available to Yukon people, and ensure transitions are seamless.</i></b>  |                        |                     |                    |
| 2.3.1                                  | Establish a First Nations Partners Committee to work with Executive Sponsors to set direction and make decisions on the strategy.  |                        |                     |                    |
| 2.3.2                                  | Establish a Community Advisory Committee with representation from Yukon Hospital Corporation inclusive of First Nations Health Programs, Yukon Medical Association, a non-governmental organization stakeholder, First Nations departments, a person with lived experience with mental wellness issues, a caregiver representative and a public member as part of implementation and ongoing monitoring of the strategy. |                        |                     |                    |
| 2.3.3                                  | Partner with Yukon First Nations, Council of Yukon First Nations, Health and Social Development Commission for coordinated approach and shared resources as appropriate in the community to co-create initiatives that address their community members' needs.   |                        |                     |                    |
| 2.3.4                                  | Work with Yukon Hospital Corporation and service providers to address acute system access, maximum use of acute resources, future programming within broader Health and Social Services system, and alignment of resources and services to needs.  |                        |                     |                    |
| 2.3.5                                  | Partner with Whitehorse General Hospital to align, coordinate and explore innovative ways to ensure comprehensive services, including out-of-territory resources for specialized services for severe and complex mental health and substance abuse disorders.  |                        |                     |                    |

| Recommended Action                     |  | Anticipated Time Frame |                     |                    |
|--|--|------------------------|---------------------|--------------------|
|  |  | Short<br>(2 years)     | Medium<br>(5 years) | Long<br>(10 Years) |
| <b>2. SERVICE DELIVERY — continued</b> |  |                        |                     |                    |
| 2.3.6                                  | Work with the Yukon Housing Corporation and seniors' housing groups to address issues, ensure supports for seniors to maintain independence and community living as long as possible and to ensure formalized co-case management for at-risk seniors with mental health and substance use issues.  |                        |                     |                    |
| 2.3.7                                  | Collaboratively address gaps and supports required for after-hour hospital discharge, community follow-up requirements and inter-agency discharge planning processes as appropriate.   |                        |                     |                    |
| 2.4                                    | <b><i>Increase capacity to address mental health and addiction needs of seniors and persons with disabilities.</i></b>   |                        |                     |                    |
| 2.4.1                                  | Review jurisdictional approaches and training formats for addictions assessment and support for persons with disabilities, and for seniors. Include mental health, addictions, trauma, and substance misuse by seniors in front line training, home care and long-term care.   |                        |                     |                    |
| 2.4.2                                  | Work with communities, seniors' non-governmental groups and First Nations to raise awareness and local supports for seniors to address social exclusion of seniors. In collaboration with providers, address specialized withdrawal and treatment needs of seniors.  |                        |                     |                    |
| 2.4.3                                  | Raise awareness and knowledge of older adults, their caregivers, service providers, families and communities regarding late onset alcohol and substance misuse by seniors and support seniors and their families through late life transitions   |                        |                     |                    |
| 2.5                                    | <b><i>Ensure system has capacity and expertise to address the full continuum of child, family, adults and seniors</i></b>  |                        |                     |                    |
| 2.5.1                                  | Build enhanced front line capacity of Health and Social Services and First Nations, and include a mix of professionals, lay people, family caregivers, peer supports and other key community organizations and leaders.  |                        |                     |                    |
| 2.5.2                                  | Expand training to include community and key stakeholders using Mental Health First Aid for First Nations training   |                        |                     |                    |
| 2.5.3                                  | Increase use of innovation, system and community capacity development, use of Telehealth and other technologies  |                        |                     |                    |
| 2.5.4                                  | Increase use of technology for self-management, peer support, online prevention, self-care and treatment supports. Research and introduce as appropriate online clinical supports for anxiety and depression. Pilot cognitive behavioral therapy, response-based approaches, and culturally appropriate interventions through technology and online application. |                        |                     |                    |
| 2.6                                    | <b><i>Increase access to specialized psychiatric supports</i></b>  |                        |                     |                    |
| 2.6.1                                  | Work with Yukon Hospital Corporation to review psychiatric services and other provider needs and supports to acute, primary and community care.  |                        |                     |                    |

| Recommended Action                     |  | Anticipated Time Frame |                     |                    |
|--|--|------------------------|---------------------|--------------------|
|  |  | Short<br>(2 years)     | Medium<br>(5 years) | Long<br>(10 Years) |
| <b>2. SERVICE DELIVERY — continued</b> |  |                        |                     |                    |
| 2.6.2                                  | Increase use of technology to link specialist and acute care providers with other system providers for consultation and case support, prevention, assessment, intervention, service delivery and enhanced system capacity.   |                        |                     |                    |
| 2.6.3                                  | Increase use of tele-psychiatry, tele-mental health and addictions counselling. Explore and pilot use of other technology to support/monitor youth with clinical diagnosis.  |                        |                     |                    |
| 2.6.4                                  | Explore options with BC and Alberta Ministries of Health and medical groups to establish psychiatric and other support to Whitehorse General Hospital Emergency Department physicians, access to psychiatric services out of territory, training and other capacity-building partnerships. |                        |                     |                    |
| 2.6.5                                  | Explore partnerships to provide forensic supports for Yukon Review Board individuals, individuals involved with the Justice System, and aftercare for individuals leaving forensic treatment facilities out of territory.  |                        |                     |                    |

| Recommended Action                      |  | Anticipated Time Frame |                     |                    |
|---|--|------------------------|---------------------|--------------------|
|   |  | Short<br>(2 years)     | Medium<br>(5 years) | Long<br>(10 Years) |
| <b>3. SYSTEM PERFORMANCE AND ACCESS</b> |  |                        |                     |                    |
| 3.1                                     | <b><i>Increase access to ensure that individuals with mental health and/or addictions receive timely and appropriate service, and as close to home as possible.</i></b>  |                        |                     |                    |
| 3.1.1                                   | Integrate Mental Health Services, Child and Adolescent Therapeutic Services and Alcohol and Drug Services within the Department of Health and Social Services.   |                        |                     |                    |
| 3.1.2                                   | Ensure the plans for integration include collaboration with First Nations service delivery organizations and providers.  |                        |                     |                    |
| 3.1.3                                   | Implementation of cascading delivery model to maximize resource sustainability and increase access. Right service, at the right time, from the right agency.   |                        |                     |                    |
| 3.1.4                                   | System and service providers implement innovative solutions to address system gaps and transition points. Where appropriate, consider system-wide clinical pathways.   |                        |                     |                    |
| 3.1.5                                   | Move to a common intake, assessment, and case management approach within the department with focus on outcomes. Case management approaches will link with First Nations case management mechanisms as needed. This includes discharge planning and aftercare/transition protocols and tools. |                        |                     |                    |
| 3.1.6                                   | Explore changes to practices to reduce wait times, increase access and align service to need.  |                        |                     |                    |
| 3.1.7                                   | Perform system review and link delivery design with chronic disease pathways and formalize referral between mental health and substance abuse and other chronic disease programs and services.   |                        |                     |                    |

| Recommended Action                                  |  | Anticipated Time Frame |                     |                    |
|---|--|------------------------|---------------------|--------------------|
|   |  | Short<br>(2 years)     | Medium<br>(5 years) | Long<br>(10 Years) |
| <b>3. SYSTEM PERFORMANCE AND ACCESS — continued</b> |  |                        |                     |                    |
| 3.1.8   | Ensure services will be responsive to diversities including gender, sexual orientation and disabilities. Front line training will ensure providers are aware of issues faced by diverse population subgroups; this will increase appropriate system response and support.  |                        |                     |                    |
| 3.1.9   | Partner with First Nation programs to enhance culturally founded program design and practices throughout Yukon.  |                        |                     |                    |
| 3.2   | <b><i>Move to a system culture where all practice and service delivery decisions will be based on best-available First Nations traditional knowledge, scientific knowledge and practices.</i></b>  |                        |                     |                    |
| 3.2.1   | Establish system performance measures, including benchmark for wait times to measure access.   |                        |                     |                    |
| 3.2.2   | Review and incorporate appropriate indicators from the Mental Health Commission of Canada: <i>Informing the Future: Mental Health Indicators for Canada</i> (2015).  |                        |                     |                    |
| 3.2.3   | Review data needs and knowledge exchange processes, increase research partnerships with Canadian researchers and academic groups to develop real-time evaluation tools, data capacity and support for evidence-based practice, decision-making and use of evolving technologies.   |                        |                     |                    |
| 3.2.4   | Implement the use of common data sets and a common approach to evaluating program effectiveness to support the long-term strategy and its implementation.  |                        |                     |                    |
| 3.3   | <b><i>Increase community capacity, access, and culturally safe services through cross-training and maximum use of integrated front line delivery; this includes partnerships with First Nations.</i></b>   |                        |                     |                    |
| 3.3.1   | Continued work with the Council of Yukon First Nations and Health and Social Development Commission on cultural competencies through all front line and system areas will continue with Health and Social Services and its contractors (Many Rivers Counselling), using the Yukon First Nation Cultural Orientation and Protocols Toolkit.   |                        |                     |                    |
| 3.3.2   | Adapt resources such as One Focus; Many Perspectives: A Curriculum for Cultural Safety and Cultural Competence Education and Holding Hope in Our Hearst: Relational Practice and Ethical Engagement in Mental Health and Addictions into knowledge exchange activities for front line service providers.   |                        |                     |                    |
| 3.3.3   | Build front line and community capacity to increase support for at risk individuals, reduce the need for future intensive services and re-admissions, and reduce the risk of decreased mental health. Partnerships with the acute care systems, Yukon Hospital Corporation and out-of-territory services, as well as integrated discharge planning and community supports, are critical. |                        |                     |                    |

| Recommended Action                |   | Anticipated Time Frame |                     |                    |
|-----------------------------------|---|------------------------|---------------------|--------------------|
|                                   |   | Short<br>(2 years)     | Medium<br>(5 years) | Long<br>(10 Years) |
| <b>4. INNOVATION AND RESEARCH</b> |   |                        |                     |                    |
| 3.3.4                             | Access the role of 811 Health Line (24-hour toll-free line operated by nurses) in support of after-hour access and transition supports.   |                        |                     |                    |
| 3.3.5                             | Increase options available to provide services in languages other than English (e.g. French).   |                        |                     |                    |
| 4.1                               | <b><i>To position Yukon as leader for northern, remote and First Nation innovation and service delivery change most suited to northern and remote mental wellness programs.</i></b>   |                        |                     |                    |
| 4.1.1                             | Seek opportunities to be part of research into evidence-based approaches for northern and remote delivery of mental health and substance abuse services.  |                        |                     |                    |
| 4.1.2                             | Seek opportunities for collaboration specific to remote delivery.   |                        |                     |                    |
| 4.1.3                             | Health and Social Services, along with system providers, will continue to explore national research partnerships and opportunities to pilot and test evidence-based delivery innovations.   |                        |                     |                    |
| 4.1.4                             | Establish an innovation fund for First Nation and community organizations to test models of delivery that address supports on the life span continuum.  |                        |                     |                    |
| 4.1.5                             | Work with First Nations locally and nationally to learn from promising practice related research and program development.   |                        |                     |                    |
| 4.1.6                             | Partner with local and national programs to learn from promising practices and research related to gender, mental health and substance use.   |                        |                     |                    |
| 4.1.7                             | Partner with local and national programs to learn from promising practices and research related to persons with disabilities, and mental health and substance use, and program development.   |                        |                     |                    |
| 4.1.8                             | Build on work done, i.e., anti-psychotic research with Canadian Foundation for Healthcare Improvement, Canadian Institute for Health Research, and with CIHR-funded research, i.e., McMaster University on child and youth mental health. |                        |                     |                    |
| 4.1.9                             | Seek opportunities to partner with national researchers and other jurisdictions for evidence-based delivery and use of innovation to increase access, integration and service.  |                        |                     |                    |

# Appendix A

## Committee Roles and Responsibilities

### **Cross-departmental Committee of Deputy Ministers**

- ▶ Address issues of cross-government coordination, capacity building, shared individuals and system innovation
- ▶ Guide and address service delivery gaps, duplication, and transition issues
- ▶ Ensure a coordinated cross-government approach to mental wellness

### **Assistant Deputy Ministers — Executive Sponsors of Deputy Minister's Committee**

- ▶ Work closely with First Nations Partners Committee in decision-making process
- ▶ Provide direct oversight for implementation management office, and working groups responsible for implementation, which includes addressing obstacles to implementation
- ▶ Allocation of existing resources, financial and human, to ensure implementation of Yukon Mental Wellness Strategy priorities
- ▶ Responsible for approving the activities identified in work plans drafted by each working group, and providing direction on departmental priorities
- ▶ Take ownership, provide leadership and guidance to champion the Yukon Mental Wellness Strategy and ensure priorities are met
- ▶ Evaluate implementation progress and make decisions based on milestones and outcome measures to ensure implementation of strategy meets timelines.
- ▶ Identify chairperson(s) for each working group

### **First Nations Partners Committee**

- ▶ Work closely with Executive Sponsors in decision making process
- ▶ Recognize the importance of First Nations' representatives remaining accountable to First Nation leadership
- ▶ Provide oversight for working groups responsible for implementation, which includes addressing obstacles to implementation
- ▶ Allocate existing resources, financial and human, to ensure implementation of Yukon Mental Wellness Strategy priorities
- ▶ Ensure that the Truth and Reconciliation Calls to Action are addressed in work plans
- ▶ Responsible for approving the activities identified in work plans drafted by each working group, and providing direction on First Nations priorities
- ▶ Take ownership, provide leadership and guidance to champion the Yukon Mental Wellness Strategy and ensure priorities are met
- ▶ Evaluate implementation progress and make decisions based on milestones and outcome measures to ensure implementation of strategy meets timelines.

### **Community Advisory Committee**

- ▶ Provide a consultative role for the implementation management office, and the chairperson committee focused on system improvement and integration of mental wellness programs throughout Yukon
- ▶ Represent a broad cross-section of stakeholders, and persons with lived experiences to ensure implementation activities remain aligned with the overall principles and include a whole person approach, as outlined in the strategy
- ▶ Ensure initiatives include rural and remote perspectives, and incorporate First Nation cultural perspectives in activities

### **Implementation Project Managers (Implementation Management Office)**

- ▶ Manage communication and reporting between the working groups and executive sponsors
- ▶ Develop action plan for the Yukon Mental Wellness Strategy
- ▶ Provide regular, monthly status updates to executive sponsors regarding implementation performance, obstacles and conflicting priorities
- ▶ Provide leadership, support and act as champions for the Yukon Mental Wellness Strategy
- ▶ Provide clarity and guidance to working groups, including acting as a resource for identifying innovative approaches, troubleshooting, and strategies to accomplish tasks.
- ▶ Coordinate funds and resources required by the working groups to achieve implementation activities

### **Implementation Chairperson Committee**

- ▶ Determine implementation priorities, activities, sequencing, and timelines for each working group
- ▶ Monitor, evaluate and report on working group action plans to ensure completion of implementation milestones
- ▶ Identify working group participants, ensuring a broad cross-section of departmental programs
- ▶ Develop a communication plan, in collaboration with implementation management office, to keep HSS staff and the public informed of changes to the mental wellness system

### **Working Groups (see Appendix B: Terms of Reference)**

- ▶ Develop recommendations around proposed changes to services in order to meet the priorities of the Mental Wellness Strategy
- ▶ Develop action plans to meet specific activities within the strategy, including a performance measurement framework to track implementation milestones
- ▶ Identify resources needed to implement working group action plans
- ▶ Execute approved implementation plans, and provide regular progress reports
- ▶ Meet with working group members on a regular basis, and work in a collaborative way to support and implement action items
- ▶ Act as change champions, and leaders, for the integration of services to support the Mental Wellness Strategy

# Appendix B

## Terms of Reference: Template for Working Groups

### Wellness Strategy Mission

To work collaboratively to challenge one another to develop new skills and leverage existing skills and perspectives to ensure the delivery of high quality services.

### Overarching Principles

- ▶ Person-centered (individual, family)
- ▶ Culturally responsive
- ▶ Integrated and coordinated
- ▶ Capacity building
- ▶ Full continuum approach
- ▶ Evidence-based design and practice, accountable and ongoing evaluation and innovation
- ▶ Life span
- ▶ Ongoing evaluation

### Goals

*Specific to working group as defined by the implementation chairperson committee.*

### Purpose

The \_\_\_\_\_ working group will provide a consultative role for the Deputy Minister's Committee on the implementation of the *Forward Together: Yukon Mental Wellness Strategy*. The working group will promote and support the implementation of strategies identified in the *Forward Together: Yukon Mental Wellness Strategy*, which includes the development of an action plan and an implementation timeline.

This is to be achieved collaboratively, where possible, with Yukon First Nations, Health and Social Services, Yukon Hospital Corporation, key non-governmental organizations, and individual/family representatives to ensure mental wellness system improvements are responsive to the needs of Yukon people.

### Objectives/Activities

1. To create a detailed action plan and timeline, with milestones to .... (working group goal)
2. To ensure a process for ongoing monitoring and evaluation of both program and system level impacts.
3. ....(working group-dependent — and approved by the implementation chairperson committee)

### Work Plan

The working group will develop an annual work plan to achieve these objectives. The work plan will list activities and tasks as well as identify leads and assign responsibility. The work plan will focus on the implementation, and monitoring of the \_\_\_\_\_ group's activities and must reflect practical realities relating to resources available. The committee may, from time to time, set up sub-committees or work groups for specific purposes that will report back and make recommendations. Participation in these groups may be broad-based and involve program staff and staff of partner organizations as well as individuals, their family members, other community members or organizations, as appropriate.

The work plan will be developed by June, 2016 and receive approval from the executive sponsors and implementation project managers. A new work plan will be submitted each year the working group is in effect.

### **Administrative Support, Budget and Coordination**

Implementation project managers will help coordinate meetings, provide clarity and guidance to the working group — including acting as a resource for innovative approaches, troubleshooting, and strategies to accomplish tasks — and assist in reporting information to executive sponsors and the Deputy Minister’s Committee.

Funds to support action plans will be provided through the implementation management office with approval from the executive sponsors and First Nation partners. All contracted services will be set up through the implementation management office. Executive sponsors will allocate funds and other resources as appropriate.

### **Reports**

The working group will report through its chairperson directly to the executive sponsors and implementation project managers. The committee will produce monthly reports to:

- ▶ Identify progress and milestones completed;
- ▶ Identify obstacles and proposed mitigation strategies — including questions to seek direction and support from executive sponsors;
- ▶ Identify any foreseeable obstacles in the near future; and
- ▶ Identify money expended and committed for specific projects.

### **Accountability and Deliverables**

The \_\_\_\_\_ working group was formed in May 2016 and will deliver:

- ▶ To be determined by each working group

The working group chair will present the recommendations of the working group and seek direction from the executive sponsors. Executive sponsors, as representatives of the Deputy Minister’s Committee, will make final decisions on activities.

### **Meetings**

There will be a minimum of 12 meetings per year at dates scheduled at least two weeks in advance. Meetings may also be held at the call of the Chair as necessary to conduct business deemed appropriate by the working group. If an individual is unable to attend a meeting, they are encouraged to delegate a colleague from their respective area to attend on their behalf.

### **Quorum**

Meetings require two-thirds of members (or designate) in attendance. Meetings may still be held with fewer members in attendance, recognizing that decisions would need to be deferred.

### **Decision-Making and Conflict Resolution**

The working group will generally operate based on a consensus (see Appendix C). Any member may request that a recorded vote be taken for any decision. There must be at least two-thirds of members in favour of a decision for it to be accepted. Each member will have one vote.

### **Record of Meetings**

A record shall be kept for each meeting including a list of attendees and decisions made. Minutes of the meeting will be sent to the working group, as well as to executive sponsors and implementation project managers, within five business days. The note taker will rotate each meeting, or be determined by the working group.

### **Term**

Membership and the terms of reference will be reviewed annually. If a member leaves the working group, an alternate representative from their respective area will be sought. The appointments are informal. For government/corporation employees, there is no remuneration for this work.

### **Membership**

TBD

### **Chair**

Chair and co/vice-chair will be appointed by the executive sponsors for an annual term that can be renewed.

The chair will ensure that they have clear understanding of the Yukon Mental Wellness Strategy vision and be responsible for articulating this to the working group. The chair will manage the logistics of the project including assisting in ensuring the working group remains aligned on the strategic priorities and sending out monthly updates on the implementation initiatives to all members.

### **Note Taker**

This person is responsible for recording key discussion notes and action items at each meeting that takes place throughout a project. This person is also responsible for sending out meeting minutes to the team after each meeting.

## **Membership Requirements**

Members should have an understanding of Yukon's health and social services system and have an interest in a collaborative approach to system improvement and integration in mental wellness. Members are responsible for informing their respective supervisors of working group activities and progress where appropriate.

All major decisions will be made through full team consensus. Even if compromises must be made, the team will strive to have agreement from all members on all decisions.

Each working group member is heard and valued equally on all projects. Each working group member will identify any conflicts with timelines as early as possible. Working group members agree to help each other when needed; however, all members also agree that it is not acceptable to miss a deadline without any warning. There will be transparency within the group.

Working group members will share the responsibility of keeping projects on task and reinforcing adherence to the TOR.

# Appendix C

## Decision-Making by Consensus

Consensus means more than merely broad agreement. In fact, when we're aiming for true consensus we're less concerned about generating agreement than generating wise solutions that take into account all the relevant needs and perspectives. Once we have taken into account the full picture, agreement usually follows naturally — and it's not a reluctant, conditional agreement.

### Guidelines:

- ▶ Trust each other. This is not a competition; no one should be afraid to express their ideas and opinions.
- ▶ Make sure everyone understands the topic/problem. While building a consensus make sure everyone is following, listening to, and understanding each other.
- ▶ All members should contribute their ideas and any knowledge related to the subject.
- ▶ Stay on the task.
- ▶ You may disagree; that is OK and healthy. However, you must be flexible and willing to give something up to reach an agreement.
- ▶ Do not assume that someone must win and someone must lose when discussion reaches a stalemate. Instead look for the next-most-acceptable alternative for all parties.
- ▶ Separate the issue from the personalities. This is not a time to disagree just because you don't like someone.
- ▶ Spend some time on this process. Being quick is not a sign of quality. The thought process needs to be drawn out sometimes.

The following figure presents an overview of a consensus model. When specific proposals are presented to the group, a "consensus check" is taken. If all members signal agreement with the proposal, it is considered accepted with the group, and the decision is implemented. The figure identifies additional options and consequent next steps. Members may signal:

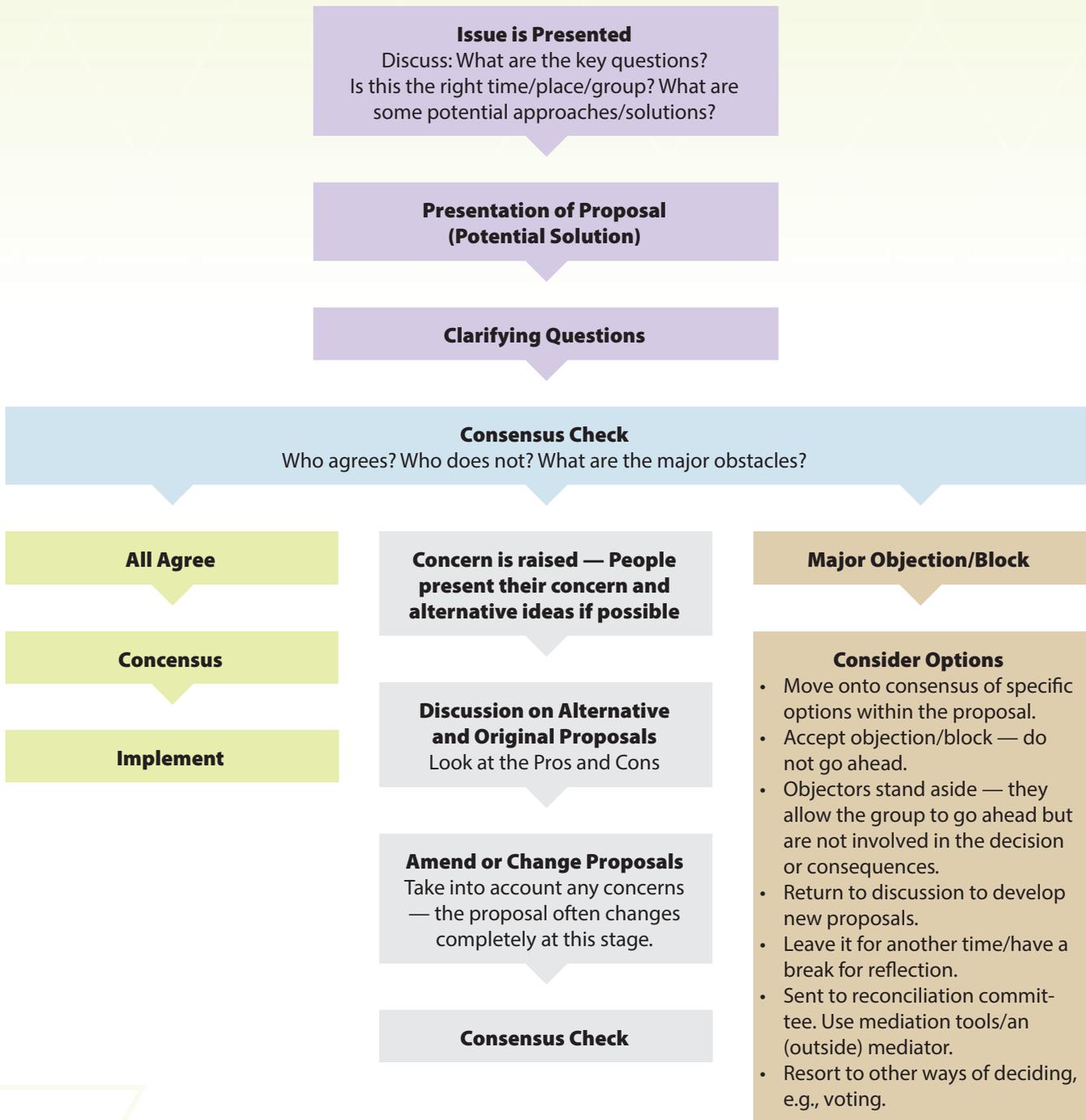
*Major Objection/Block* — In true consensus model, it blocks the proposal from passing.

- ▶ It is a fundamental disagreement with the core of the proposal (I cannot live with the proposal and here's why...) and not just a general dislike (I liked the other idea better).
- ▶ It is recorded within meeting minutes.

*(Strong) Concern* — It does not block the passing of a proposal, but it is a public statement of why you dislike it. All strong concerns are written in the minutes of the meeting or otherwise recorded by the group note taker.

*In the case where concerns are raised, and the discussion seems to be going on forever without the possibility of resolution, the group can, for example:*

1. Decide to drop the proposal;
2. Move onto consensus on specific elements within the proposal; or
3. Send the proposal to a 'reconciliation committee' — or perhaps the original author — for rewriting to work out the objections.



Source: Adapted from the consensus model used by the Provincial End-of-Life Care Network.

# Appendix D

## Reports on Mental Health and Addictions

| <b>Province/<br/>Territory/<br/>Federal</b> | <b>TITLE</b> — <i>Titles in italics are translations of strategies that are not available in English</i>                              | <b>Organization</b>   | <b>Year</b> |
|---|---|---|-------------|
| Alta.                                       | Creating Connections: Alberta's Addiction and Mental Health Strategy  | Government of Alberta   | 2011        |
| Alta.                                       | Creating Connections: Alberta's Addiction and Mental Health Action Plan 2011–2016   | Alberta Health Services   | 2011        |
| Alta.                                       | Positive futures — Optimizing Mental Health for Alberta's Children & Youth: A Framework for Action (2006–2016)                        | Alberta Health and Wellness   | 2006        |
| Alta.                                       | Children's Mental Health Plan for Alberta: Three Year Action Plan (2008–2011)   | Government of Alberta   | 2008        |
| Alta.                                       | Alberta Aboriginal Mental Health Framework  | Government of Alberta   | 2006        |
| B.C.  | Healthy Minds, Healthy People: A Ten-Year Plan to Address Mental Health and Substance Use in British Columbia                         | British Columbia Government   | 2010        |
| B.C.  | A Path Forward: BC First Nations and Aboriginal People's Mental Wellness and Substance Use Ten Year Plan                              | First Nations Health Authority  | 2013        |
| Man.  | Rising to the Challenge: A strategic plan for the mental health and well-being of Manitobans  | Government of Manitoba  | 2011        |
| N.B.  | The Action Plan for Mental Health in New Brunswick 2011–18  | Government of New Brunswick   | 2011        |
| N.L.  | Working Together for Mental Health: A provincial policy framework for mental health & addiction services in Newfoundland and Labrador | Government of Newfoundland and Labrador                               | 2005        |
| N.W.T.                                      | A Shared Path Towards Wellness: Mental Health and Addictions Action Plan 2012–2015  | Northwest Territories: Health and Social Services                     | 2012        |
| N.S.  | Together We Can: The plan to improve mental health and addictions care for Nova Scotians  | Government of Nova Scotia   | 2012        |
| Nunavut                                     | Nunavut addiction and mental health strategy<br>Not available on the web  | Government of Nunavut   | 2002        |
| Ont.  | Open Minds, Healthy Minds: Ontario's Comprehensive Mental Health and Addictions Strategy  | Ontario Government  | 2011        |
| P.E.I.                                      | PEI: Currently developing a provincial mental health strategy   | Government of Prince Edward Island                                    | N/A         |
| QC  | <i>Québec's mental health action plan: the strength of ties</i>   | Gouvernement du Québec. Ministère de la Santé et des Services sociaux | 2005        |

| <b>Province/<br/>Territory/<br/>Federal</b> | <b>TITLE</b> — <i>Titles in italics are translations of strategies that are not available in English</i>                        | <b>Organization</b>   | <b>Year</b> |
|---|---|---|-------------|
| Sask.                                       | Saskatchewan: Commitment to develop a mental health and addictions action plan  | Saskatchewan  | N/A         |
| Federal/<br>Aboriginal<br>Peoples           | Alianait Inuit Mental Wellness Action Plan  | Alianait Inuit-specific<br>Mental Wellness Task<br>Group  | 2007        |
| Federal                                     | Evergreen: A child and youth mental health framework for Canada   | Mental Health<br>Commission of Canada   | 2010        |
| Federal                                     | Toward Recovery and Wellbeing: A Framework for a Mental Health Strategy for Canada  | Mental Health<br>Commission of Canada   | 2009        |
| Federal                                     | Improving the Health of Canadians: Exploring Positive Mental Health   | Canadian Institute for<br>Health Information  | 2007        |
| Federal                                     | Out of the Shadows at Last: Transforming Mental Health, Mental Illness and Addiction Services in Canada. (Michael Kirby, chair) | Standing Senate<br>Committee on Social<br>Affairs, Science and<br>Technology                                  | 2006        |
| Federal                                     | Mental Health for Canadians: Striking a Balance   | Minister of National<br>Health and Welfare  | 1988        |
| Federal                                     | The Human Face of Mental Health and Mental Illness in Canada 2006   | Government of Canada  | 2006        |
| Federal                                     | Mentally Healthy Communities: A Collection of Papers  | Canadian Population<br>Health Initiative  | 2008        |
| Federal                                     | Mentally Healthy Communities: Aboriginal Perspectives   | Canadian Institute for<br>Health Information  | 2009        |
| Federal                                     | Return on Investment: Mental Health Promotion and Mental Illness Prevention   | Canadian Institute for<br>Health Information/<br>Canadian Policy Network                                      | 2011        |
| Que.  | Contextual study of Mental Health Services in Nunavik   | Institut national de santé<br>publique du Québec  | 2008        |
| Que.  | <i>Science advisory report on effective interventions in mental health promotion and mental disorder prevention</i>             | Institut national de santé<br>publique du Québec  | 2008        |
| Ont.  | Connecting the dots: How Ontario Public Health Units are Addressing Child and Youth Mental Health                               | Centre for Addiction and<br>Mental Health; Ontario;<br>Public Health Ontario;<br>Toronto Public Health        | 2013        |
| Federal                                     | Schools as a Setting for Promoting Positive Mental Health: Better Practices and Perspectives                                    | Pan-Canadian Joint<br>Consortium for School<br>Health   | 2010        |
| Man.  | Reclaiming Hope: Manitoba's Youth Suicide Prevention Strategy   | Government of Manitoba  | 2008        |
| N.B.  | Connecting to life: Provincial Suicide Prevention Program   | New Brunswick Health  | 2007        |
| Nunavut                                     | Nunavut Suicide Prevention Strategy   | Government of Nunavut;<br>Nunavut Tungavik Inc.;<br>Embrace Life Council;<br>Royal Canadian Mounted<br>Police | 2010        |

| <b>Province/<br/>Territory/<br/>Federal</b> | <b>TITLE</b> — <i>Titles in italics are translations of strategies that are not available in English</i>  | <b>Organization</b>   | <b>Year</b> |
|---|---|---|-------------|
| Nunavut                                     | Nunavut Suicide Prevention Strategy: Action Plan  | Government of Nunavut;<br>Nunavut Tungavik Inc.;<br>Embrace Life Council;<br>Royal Canadian Mounted<br>Police | 2011        |
| Que.  | Help for Life: Québec's strategy for preventing suicide   | Gouvernement du<br>Québec   | 1998        |
| Que.  | <i>Science advisory report on the prevention of suicide among youth</i>   | Institut national de santé<br>publique du Québec  | 2004        |
| Federal                                     | Acting on What We Know: Preventing Youth Suicide in First Nations   | Health Canada   | 2003        |
| Federal                                     | National Suicide Prevention Strategy (Second Release)   | Canadian Association<br>for Suicide Prevention  | 2009        |
| Federal                                     | National Aboriginal Youth Suicide Prevention Strategy   | First Nations Inuit<br>Health Branch  | 2005        |
| B.C.  | Model Core Program Paper: Mental Health Promotion and<br>Mental Disorders Prevention  | British Columbia<br>Government, Health  | 2009        |
| B.C.  | Model Core Program Paper: Prevention from Harms Associated<br>with Substances   | British Columbia<br>Government, Health  | 2009        |
| B.C.  | Promote, Protect, Prevent: Our Health Begins Here: BC's Guiding<br>Framework for Public Health  | British Columbia<br>Government, Health  | 2013        |
| Que.  | <i>Québec Public Health Program 2003–2012</i>   | Ministère de la Santé et<br>des Services sociaux  | 2003        |
| First Nations                               | The Transformative Change Accord: Tripartite First Nations Health Plan  | First Nations Leadership<br>Council/Government of<br>Canada/BC Government                                     | 2007        |
| Federal                                     | The Chief Public Health Officer's Report on the State of Public Health<br>in Canada 2008: Addressing Health Inequalities                        | Health Canada   | 2008        |
| Federal                                     | The Chief Public Health Officer's Report on the State of Public Health<br>in Canada 2009: Growing Up Well — Priorities for a Healthy Future     | Health Canada   | 2009        |
| Federal                                     | The Chief Public Health Officer's Report on the State of Public Health<br>in Canada 2010: Growing Older — Adding Life to Years                  | Health Canada   | 2010        |
| Federal                                     | The Chief Public Health Officer's Report on the State of Public Health<br>in Canada 2011: Youth and Young Adults — Life in Transition           | Health Canada   | 2011        |
| Federal                                     | The Chief Public Health Officer's Report on the State of Public Health in<br>Canada 2012: Influencing Health — The Importance of Sex and Gender | Health Canada   | 2012        |
| Federal                                     | Public Health Agency of Canada's Innovation Strategy  | Public Health Agency<br>of Canada   | 2007        |
| Federal                                     | PHAC 2007–2012 Strategic Plan   | Public Health Agency<br>of Canada   | 2007        |
| Federal                                     | Changing Directions, Changing Lives: The Mental Health<br>Strategy for Canada   | Mental Health<br>Commission Canada  | 2012        |
| Federal                                     | Opening Minds   | Mental Health<br>Commission of Canada   | 2009        |

| <b>Province/<br/>Territory/<br/>Federal</b> | <b>TITLE</b> — <i>Titles in italics are translations of strategies that are not available in English</i>                                  | <b>Organization</b>                        | <b>Year</b> |
|---|---|--|-------------|
| Federal                                     | At Home   | Mental Health Commission of Canada         | 2012        |
| Federal                                     | Psychological health and safety in the workplace — Prevention, promotion and guidance to staged implementation                            | Mental Health Commission of Canada         | 2013        |
| Federal                                     | Psychological Health and Safety: An Action Guide For Employers  | Mental Health Commission of Canada         | 2012        |
| Federal                                     | Improving Mental Health Services for Immigrant, Refugee, Ethno-Cultural and Racialized Groups: Issues and Options for Service Improvement | Mental Health Commission of Canada         | 2009        |
| Federal                                     | Turning the Key: Assessing Housing and Related Supports for Persons Living with Mental Health Problems and Illness                        | Mental Health Commission of Canada         | 2011        |
| Federal                                     | The Aspiring Workforce — Employment and Income for People with Serious Mental Illness   | Mental Health Commission of Canada         | 2013        |
| Federal                                     | Mental Health Strategy for Corrections in Canada  | Federal-Provincial-Territorial Partnership | 2012        |

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