

Report of the Auditor General of Canada
to the Yukon Legislative Assembly

Mental Health Services in Rural Yukon— Department of Health and Social Services



Independent Auditor's Report | 2021



Office of the
Auditor General
of Canada

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Department of Health and Social Services



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Cat. No. FA3-168/2021E-PDF

ISBN 978-0-660-37640-0

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To the Honourable Speaker of the Yukon Legislative Assembly:

I have the honour to submit herewith my report *Mental Health Services in Rural Yukon—Department of Health and Social Services* to the Yukon Legislative Assembly in accordance with the provisions of section 35 of the *Yukon Act*.

Yours sincerely,

A handwritten signature in black ink, appearing to read "Karen Hogan".

Karen Hogan, CPA, CA
Auditor General of Canada

OTTAWA, 7 June 2021

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Introduction

Background

Mental health in rural Yukon

1. Yukon has a vast geographic area populated by roughly 42,000 people. While almost 80% live in Whitehorse, the rest of the population lives in 17 rural communities across the territory. About 20% of the overall population self-report as being a member of a First Nation. An estimated 8,400 Yukoners (1 in 5) experience mental wellness or substance use issues every year.
2. The 17 rural communities not only are geographically remote (1 is accessible only by plane) but also have distinct challenges in accessing health and social services, which are more readily available in Whitehorse or outside of Yukon. A greater proportion of self-reported First Nations people live in rural communities than in Whitehorse.
3. The mandate of the Department of Health and Social Services is twofold:
 - to protect, promote, and restore the health and social well-being of the people of Yukon in harmony with their physical, social, economic, and cultural environments
 - to facilitate equitable access to quality health and social programs and services
4. The Premier's mandate letter of October 2019 states that the principal responsibility of the Minister of Health and Social Services is to enhance the long-term well-being and quality of life for Yukoners.
5. In spring 2016, the department released Forward Together: Yukon Mental Wellness Strategy 2016–2026. It built the strategy on its review of many documents that dealt with mental health and substance use. Some of these documents identified health care needs for rural communities in Yukon: for example, the need to receive health care services close to home.
6. The strategy was also intended to support the calls to action identified by the Truth and Reconciliation Commission of Canada. The commission was established as part of the Indian Residential Schools Settlement Agreement. Its mandate was to inform all Canadians about what happened in Indian residential schools. Three of the commission's 94 calls to action deal with putting in place measures to address mental wellness and substance use issues that Indigenous people experience.

7. One principle of the strategy is that mental health services and providers of those services be culturally responsive. This includes recognizing Yukon First Nations history, culture, and governance, as well as the impact and legacy of residential schools, in keeping with the commission's calls to action.
8. One of the strategy's objectives is as follows: "Integrate Mental Health Services, Child and Adolescent Therapeutic Services and Alcohol and Drug Services within the Department of Health and Social Services." This integration meant changing how to provide those services.
9. In 2018, the department created 4 Mental Wellness and Substance Use hubs (clinics) to provide more accessible mental wellness and substance use services to rural communities in Yukon (Exhibit 1). The department created the hubs as part of its plan to expand the bundle of services offered, make services more widely available, and increase capacity to deliver services closer to home.
10. Department officials told us that hub services include the following:
- assessments to determine treatment
 - referrals to specialists, such as psychiatrists
 - counselling
 - community education
 - group therapy
 - outreach to difficult-to-reach community members
11. On 11 March 2020, the World Health Organization declared a pandemic because of the rapid spread of the virus that causes the **coronavirus disease (COVID-19)**. Federal, provincial, and territorial governments had to act swiftly to protect Canadians against infection. For the Yukon Department of Health and Social Services, this meant having to adjust the way it delivered mental wellness and substance use services to ensure ongoing support for Yukoners.

Coronavirus disease (COVID-19)—The disease caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2).

Exhibit 1—Four Mental Wellness and Substance Use hubs in Yukon serve 17 rural communities



Focus of the audit

12. This audit focused on whether the Department of Health and Social Services provided Yukoners living in rural areas with mental wellness and substance use services that met their needs. In this report, the term “mental health” refers to mental wellness and substance use, including addictions.

13. We looked at whether the department met its responsibilities for developing and delivering mental health services in the 17 rural communities where services have historically been less accessible

than in Whitehorse. We examined the hub model, which the department introduced under the strategy in 2016 and implemented in early 2018, to determine its impact on mental health services in the rural communities.

14. Although we typically do extensive consultation, including in-person meetings, as part of our audits, the COVID-19 pandemic negatively affected our ability to consult. As a result, the views that we included in this report may not present a complete picture of the experiences and perspectives of all Yukon First Nations.

15. This audit is important because mental health is a central component of individual, family, and community life that must be supported by services that meet the needs of communities. The 17 rural communities have historically had fewer amenities and supports than are typically available in an urban environment. The availability of and accessibility to mental health services is vital for people living in these communities to live healthy lives: mentally, physically, socially, and spiritually.

16. This audit is also important because Canada has committed to implementing the United Nations' 2030 Agenda for Sustainable Development and its Sustainable Development Goals. One of those goals is to ensure healthy lives and promote well-being for all and at all ages. This includes the mental health of rural Yukoners.

17. More details about the audit objective, scope, approach, and criteria are in **About the Audit** at the end of this report (see pages 18–20).

Findings, Recommendations, and Responses

Overall message

18. Overall, the Department of Health and Social Services successfully increased access to mental health services in rural communities. The department established a permanent presence of mental health services by implementing Mental Wellness and Substance Use hubs in 4 key rural communities. These hubs were also responsible for providing services to the remaining surrounding rural communities, making mental health services more accessible to rural Yukoners. However, because the department did not measure and report on its efforts, it did not know if the services being provided through these hubs were meeting the needs of Yukoners.

19. The department did engage and consult with many stakeholders to identify the mental health service needs of rural residents, though some of these consultations took place after the hub model was developed. Ongoing engagement with stakeholders as well as measuring and reporting on the services currently being offered will help the department adjust its service model as needed to better meet client needs.

20. Though the department has increased access to mental health services, it has struggled to recruit and retain staff to deliver these services. This is a challenge in northern communities, and more so in rural and remote areas. The department will need to address this challenge to fully realize the potential benefits of providing mental health services in rural Yukon through its hubs.

Identifying needs

The Department of Health and Social Services identified the mental health service needs of rural Yukoners

What we found

21. We found that the Department of Health and Social Services conducted research and consultations with various stakeholders to identify and understand the mental health service needs of rural residents. However, some of these consultations took place after the new hub service delivery model was developed. Also, the department could not demonstrate how it integrated feedback into the model's development.

22. The analysis supporting this finding discusses the following topic:

- Needs-based service delivery model created

Why this finding matters

23. This finding matters because the department must understand what rural residents need so it can fill gaps in mental health services. Because of the unique needs and cultural diversity of Yukon communities, the department must understand the extent and types of services needed in each community to be able to provide services to meet those needs.

Context

24. Under the *Health Act*, the Minister of Health and Social Services is required to submit to the legislature a comprehensive report on the health status of Yukoners at least once every 3 years. The preamble of the act states that improvements in health and social services, including assessments of community health status and needs, require the cooperative partnership of governments, professionals, voluntary organizations, Indigenous groups, communities, and individuals.

25. The preamble also states that equitable access to quality health and social services is critical to protecting, promoting, and restoring health. It further recognizes that policies and systems for providing

health and social programs and services must be sensitive and responsive to the cultural diversity in the community.

26. Under Forward Together: Yukon Mental Wellness Strategy 2016–2026, the department is committed to working with partners, including First Nations, and with community stakeholders. Consulting with partners and stakeholders makes it more likely that their concerns will be considered in the design and delivery of mental health services. It also helps to build trust and increase the likelihood that rural Yukoners are comfortable using the services offered.

27. Meaningful consultation requires giving notice of a matter to those being consulted in an appropriate form. They need to receive detailed information and enough time to prepare and present their views. Also, their views need to be given full and fair consideration.

28. For the department to provide the services that rural Yukoners need, it is important to understand their needs. Needs can include services or support for substance use, child and youth trauma, depression, domestic violence, and mental illness.

29. The need for services for these issues has been greater in rural areas, where historically services have been less accessible. The extent of mental health service needs is difficult to gauge. Stigma around mental health issues means that not all those in need will self-identify.

Recommendation

30. Our recommendation in this area of examination appears at paragraph 38.

Analysis to support this finding

Needs-based service delivery model created

31. The department began developing the hub service delivery model for rural communities before the strategy was released in spring 2016. We found that the department’s model incorporated research on approaches from jurisdictions across Canada with the results of its previous needs assessments and consultations.

32. We also found that the department worked with Yukon First Nations, stakeholders, and other community members in developing its hub model. The department engaged with stakeholders and conducted community visits between June 2016 and January 2018 to identify the mental health service needs and gaps in care for Yukoners living in rural areas. It had discussions with clinical specialists and staff, department personnel, and Yukon First Nations.

33. However, some of these consultations took place after the new service model was developed. For example, the department conducted

more than half of its community visits and other engagements after senior managers of Mental Health Services, Child and Adolescent Therapeutic Services, and Alcohol and Drug Services proposed the hub model to decision makers in March 2017.

34. Furthermore, under the strategy, a community advisory committee was planned to ensure broad representation in working groups. The committee was also to ensure that initiatives included rural and remote issues and First Nations cultural perspectives. However, this committee did not become operational.

35. These gaps meant that key stakeholders, including youth, families, elders, and persons with lived experience of mental health and addiction issues, might not have been fully consulted. Furthermore, the department could not provide records of how the feedback it gathered was integrated into the model's development.

36. The consultations that the department did carry out helped it to identify the following problems and consider better ways of delivering services using the new hub model:

- There was a lack of continuity of counsellors and full-time support based in communities.
- Communities received different levels of service.
- Services were hard to find.
- Mental health service providers needed improved cultural awareness and education.

37. At the end of the audit period, the new model of mental health service delivery in rural Yukon had been in place for around 2.5 years. It is our view that with time, the department is likely to be better able to identify what has worked well and which areas need improvement. Continuing to engage with stakeholders will be important for the department to adjust its model as needed to better meet client needs.

38. **Recommendation.** The Department of Health and Social Services should regularly consult with a broad representation of residents of rural communities to identify and implement adjustments and improvements so that the department provides the mental health services that are most needed.

The department's response. *Agreed. Yukon's rural communities each have their unique needs for these services and the Department of Health and Social Services will work in partnership with them to provide the mental health and substance use services they require. The Mental Wellness and Substance Use Services Branch will continue to seek to adjust and improve its services in rural communities by working with community partners and residents in the following ways: regularly scheduled meetings with First Nations health directors and other community representatives; involvement of local First Nations health*

directors in the hiring of Mental Wellness and Substance Use Services Branch staff for their communities; quarterly client satisfaction surveys; regular meetings with the Council of Yukon First Nations; and participation in trilateral processes with Yukon First Nations and the Government of Canada, such as the quarterly meetings of the Trilateral Table on Health and the identification of community needs through Administration of Justice Agreement negotiations.

Delivering mental health services

The department increased access to rural mental health services

What we found

39. We found that the Department of Health and Social Services increased access to services by creating 4 Mental Wellness and Substance Use hubs in rural communities. The hubs gave rural Yukoners access to services offered by mental health service providers in their communities or in closer proximity than what was available in the past.

40. We also found that the department increased access to mental health services by integrating 3 separate services into 1 overall service. By combining the services for mental wellness, children and adolescents, and alcohol and drug use within 1 branch, the department created a “one-stop shop.”

41. With respect to the department’s response to the COVID-19 pandemic, we found that the department, including mental health service providers in the hubs, worked to identify new mental health needs created by the pandemic and adjust its delivery of care in rural communities.

42. The analysis supporting this finding discusses the following topics:

- Increased access through Mental Wellness and Substance Use hubs
- Adjusted services during the COVID-19 pandemic

Why this finding matters

43. This finding matters because roughly 20% of the Yukon population deals with mental health issues each year. Mental health issues have an impact on families, education and employment opportunities, social integration, and financial stability.

44. Having accessible services as part of a permanent local structure makes it easier for people who could benefit from services to get the help they need when they need it.

Context

45. In the past, the department's mental health services for rural communities had no permanent presence. Instead, mental health service providers based in Whitehorse spent some of their time travelling to the rural communities to provide services.

46. An objective of Forward Together: Yukon Mental Wellness Strategy 2016–2026 was to increase access to mental health services so that people would receive timely and appropriate services as close to home as possible. To do this, the department had to make major changes to the way it delivered its services in rural Yukon.

47. Between 2016 and 2018, the department integrated Mental Health Services, Child and Adolescent Therapeutic Services, and Alcohol and Drug Services to form the new Mental Wellness and Substance Use Services Branch. At the same time, the department created a hub service delivery model for rural Yukon.

48. In 2018, the department opened Mental Wellness and Substance Use hubs in 4 rural communities: Watson Lake, Haines Junction, Carmacks, and Dawson City. The department selected the hub communities on the basis of several factors, including their population and their geographic proximity to surrounding communities.

49. As a result of the COVID-19 pandemic, the Government of Yukon used mandatory self-isolation orders, border restrictions, physical distancing rules, and business closures to try to contain the spread of the virus. The pandemic and responses to it are expected to have an impact on Yukoners' mental health.

Recommendations

50. We made no recommendations in this area of examination.

Analysis to support this finding

Increased access through Mental Wellness and Substance Use hubs

51. We found that the department's integration of 3 separate mental health services into 1 made services more accessible and more efficient. This approach allows clients to go through a single intake process and explain their situations once instead of having to go through several services and explain their situations to different mental health service providers. The new approach can reduce clients' trauma of disclosing difficult experiences and reduces confusion and redundancy in the process.

52. We also found that creating the 4 hubs increased access to mental health services through their permanent physical presence in these communities. Another positive impact of having the 4 hubs is that because the mental health service providers who work in the hubs live

in or near the communities, they have shorter distances to travel to the other communities they serve. This means they have less travel time and more time to provide services.

53. The hubs also offer an opportunity for improved relationships with local communities. Service providers who live in or near the communities can take part in community activities more easily.

54. We found that hub users' views of services were mixed. Some users of the hub services told us that services were more stable under the hub model. More stable services helped clients to build trust with counsellors. Also, clients could access services in the community more quickly than before because they did not have to wait for a mental health service provider to travel from Whitehorse. Other users told us that although services were more accessible than they were before the hubs were set up, some smaller communities where hubs did not exist still lacked easy access to services.

Adjusted services during the COVID-19 pandemic

55. We found that the department and other agencies worked together to maintain access to mental health services while managing the many effects of the pandemic in rural communities. They identified new mental health service needs created by the pandemic, such as the emotional impact of imposed isolation. Also, they developed solutions for the identified needs. For example, they offered services by telephone or online while continuing to provide limited in-person services.

The department struggled to recruit and retain human resources to deliver mental health services

What we found

56. We found that it was difficult for the Department of Health and Social Services to attract and retain the human resources it needed to provide mental health services in rural communities. From the time the hubs opened in 2018, there were staff vacancies. A lack of available housing was a factor in recruitment and retention challenges.

57. The analysis supporting this finding discusses the following topic:

- Vacant positions and lack of housing

Why this finding matters

58. This finding matters because vacancies in human resources put pressure on existing staff and have a negative impact on the level of service the hubs are able to provide. Such vacancies also negatively affect continuity of care, which is an important factor in establishing trust between clients and mental health service providers.

Context

59. Recruiting and retaining human resources in Yukon has been a challenge for many years. It is even more difficult for rural communities because they do not have the availability of housing, amenities, and services offered in Whitehorse.

60. The remoteness of the rural communities can make recruitment difficult. Most of the communities are sparsely populated. The 2 largest rural communities are Dawson City, with a population of about 1,850 residents, and Watson Lake, with about 1,550 residents. All other rural communities have populations of fewer than 1,000. The smallest is Burwash Landing, with about 90 residents.

61. Each rural community also has its own cultural environment and healing traditions that need to be respected. Providing a culturally safe environment where clients feel comfortable is essential if the department's services are to be used. For this reason, it is important that the department recruit and train staff who are aware of this diversity and adapt to it.

Recommendation

62. Our recommendation in this area of examination appears at paragraph 68.

Analysis to support this finding

Vacant positions and lack of housing

63. We found that the department was unable to fill all mental health service positions in rural communities. The department had planned to have 33 resident staff members in the communities. As of August 2020, the department had 26 staff members in the communities. These vacancies put additional pressures on existing staff members to deliver services.

64. We also found that a lack of housing in many rural communities made it difficult for the department to recruit mental health service providers. For example, the department was unable to hire a successful candidate for the community of Watson Lake because no housing was available.

65. In 2018, the Yukon government appointed an independent expert panel to conduct a review of health and social services in the territory. In April 2020, the panel's report, entitled *Putting People First*, identified a lack of housing as a key barrier to recruiting and retaining rural primary care providers. The report noted that rural residents were concerned about the impact this situation had on continuity of care and the overall sustainability of health care services in their communities.

66. Even when the department was able to recruit candidates, it had difficulty retaining them. There were various reasons for staff turnover. For example, some might have found living in remote communities challenging. Mental health service providers that we interviewed felt that there was a lack of administrative support in the hubs. They also felt that the physical space in the hubs was not always conducive to providing confidential services.

67. When there is a shortage of or high turnover in service providers, it is difficult for providers to establish a relationship of trust and care with community members. Also, the departure of a provider could disrupt an existing relationship and lead to the risk that a client would not receive follow-up care as planned. When clients experience a lack of continuity in their care, there is a risk that they will lose confidence in the mental health service system and no longer use the services offered.

68. **Recommendation.** The Department of Health and Social Services should complete and implement a recruitment and retention strategy for mental health service providers that considers the unique challenges faced by the rural communities and propose innovative solutions to address these challenges.

***The department's response.** Agreed. Since the completion of the audit, the Department of Health and Social Services has put a focus on recruitment and retention. The department has been developing a robust recruitment and retention strategy for positions in rural communities across Yukon, including a focus on mental health service positions in the Mental Wellness and Substance Use hubs. Implementation started in fall 2020. The Recruitment and Retention Advisory Council, with representatives from the Mental Wellness and Substance Use Services Branch, Community Nursing, Yukon Hospital Corporation, and First Nations Health Programs, has worked with human resource professionals to develop and begin implementation of the strategy. The initial focus will be on hard-to-fill positions, including nurses, social workers, mental health nurses, and clinical counsellors. Going forward, the department will take innovative approaches to recruit for these hard-to-fill positions and then to retain the employees, including flexible work arrangements.*

The department's mental health services were not always culturally responsive

What we found

69. We found that the Department of Health and Social Services had taken some steps to deliver services in a culturally responsive manner. However, some Yukon First Nations told us that they did not think the services reflected and respected their culture.

70. The analysis supporting this finding discusses the following topic:

- Limited cultural responsiveness

Why this finding matters

71. This finding matters because a guiding principle for implementing Forward Together: Yukon Mental Wellness Strategy 2016–2026 is that mental health services and the providers of those services must be culturally responsive. A system that is culturally responsive can help clients of the system to feel culturally safe. If the clients do not experience cultural safety, there is a risk that they will not seek the help they need.

Context

72. Cultural safety is about fostering a climate where the unique history of Indigenous peoples is recognized and respected. In this way, services can be provided in an equitable and safe way, without discrimination.

73. A strictly clinical approach to providing mental health services is not always conducive to a culturally safe environment. For clients to feel safe, a relationship of trust must exist or be developed.

74. To deliver culturally safe services, service providers must be open to clients' cultural realities and environments. Those providing services must also be aware of their own world views and attitudes toward cultural differences.

Recommendation

75. Our recommendation in this area of examination appears at paragraph 82.

Analysis to support this finding

Limited cultural responsiveness

76. We found that the department had taken steps to deliver services that are culturally responsive to First Nations. For example, it

- included First Nations representatives on the First Nations Partners Committee, an oversight and decision-making committee for the strategy
- followed the advice of Yukon First Nations health directors to allocate some communities to different hubs on the basis of community preferences
- included local First Nations members on the hiring panel for new Yukon government employees going into a community

77. We also found that the department made efforts to deliver culturally safe services in the hub communities. For example, department officials told us that they encouraged mental health service

providers to meet with clients outside of the hub offices, so that First Nations clients might feel more comfortable. Officials also told us that they encouraged service providers to attend local cultural activities when local First Nations people invited them. This was one way to develop more trusting relationships with people in the communities.

78. However, we found that the department did not deliver on some of its plans to improve cultural safety. For example, it had intended to develop a quality improvement plan to include ways to enhance culturally responsive services, but this plan was not developed.

79. We found that only about 60% of service providers had taken a required course intended to develop their understanding of and appreciation for Yukon First Nations history. We did note, however, that the department had been working to obtain Yukon-specific Indigenous cultural safety training for providers. Also, in February 2020, the department created and filled a position for a cultural counselling coordinator to offer resources and training to providers.

80. We heard from some Yukon First Nations members that they did not feel the services reflected and respected their culture. For example, they would like to see more outreach activities so that providers can better understand the culture of their communities.

81. The government-appointed independent expert panel that conducted a review of health and social services also noted this sentiment. The report, *Putting People First*, released in April 2020, found that Yukoners did not always feel that services were tailored to their unique needs and circumstances and did not always feel that they were culturally safe. The panel also heard that for some Yukon residents, cultural safety was a barrier to seeking and receiving proper care.

82. **Recommendation.** The Department of Health and Social Services should develop and implement a plan to work with First Nations to improve cultural safety in service delivery on an ongoing basis.

The department's response. *Agreed. The Department of Health and Social Services sees client-centred care as foundational to therapy and to the mental health and substance use services provided. The Mental Wellness and Substance Use (MWSU) Services Branch works with each Yukon First Nation to determine what the most suitable, culturally relevant training is for MWSU staff in their community, whether that is a formal course, land-based training, learning from First Nations elders, or other ways specific to each First Nations community. The MWSU Services Branch will develop and implement a plan over the next 2 years in partnership with Yukon First Nations that describes how cultural safety is addressed in service delivery through Yukon First Nations-directed training for MWSU staff and how MWSU staff use the knowledge and understanding of the local context to increase cultural safety in the delivery of mental health and substance use services.*

Measuring and reporting on performance

The department did not complete its measuring and reporting on the performance of mental health services as planned

What we found

83. We found that the Department of Health and Social Services did not have a clear picture of how effective the delivery of mental health services was in rural Yukon. It did not adequately monitor the performance of these services and had not identified the performance indicators it would use to monitor and measure services on an ongoing basis. As a result, the department could not know whether the mental health services were meeting Yukoners' needs.

84. The analysis supporting this finding discusses the following topic:

- Limited data collection and no performance indicators

Why this finding matters

85. This finding matters because monitoring and measuring the performance of the mental health service system is required to know how well the system is working. Without this information, the department cannot know where to make changes to improve services to rural Yukoners.

Context

86. Historically, the Government of Yukon has not had a comprehensive central system of performance indicators. The Department of Health and Social Services is nonetheless responsible for developing and reporting on its performance in providing health services.

87. Under Forward Together: Yukon Mental Wellness Strategy 2016–2026, the First Nations Partners Committee and a team responsible for implementing the strategy were to determine what new activities and working groups would be needed for implementation. For measuring and monitoring results, monthly reporting was to be completed. More formal activity reports were to be submitted quarterly and at the end of each fiscal year to the deputy minister's committee. Reports were to outline progress on activities, links to the strategic plan, and performance outcomes.

Recommendation

88. Our recommendation in this area of examination appears at paragraph 94.

Limited data collection and no performance indicators

89. We found that the department had not developed results-based performance indicators. Department officials told us that for the past few years, their focus was on integrating fragmented services and creating hub services for rural communities.

90. In 2018, the department began to gather data on wait times. However, as there was no historical information to compare current data with, it was not possible to determine whether services had improved.

91. We found that the department reported on activities conducted under the Territorial Health Investment Fund. This consisted of 4 annual activity and financial reports for the territory (the 2014–15 to 2017–18 fiscal years). These reports provided information mostly on training given to mental health service providers and how the fund was spent but not on the effectiveness of mental health services.

92. In March and April 2019, the department did a review of the hubs after their first year of operation. However, the department had not yet evaluated the outcomes of services or the extent to which services were having an effect on rural Yukoners over time.

93. Therefore, we found that the department could not assess whether the creation and operation of the hubs met the commitments it made under the strategy to respond to the mental health service needs of rural Yukoners.

94. **Recommendation.** The Department of Health and Social Services should establish, measure, and report on the performance of its mental health services in rural Yukon.

The department's response. *Agreed. The Department of Health and Social Services concurs that this is an area in which the department can strengthen and improve on the use of information and data in relation to the performance of mental health and substance use services in rural Yukon. The Mental Wellness and Substance Use Services Branch is in the first year of using a new electronic medical record (TREAT), which enables the department to gather data more efficiently and across a greater spectrum than was possible previously. The Mental Wellness and Substance Use Services Branch will work with the department's newly established Population and Public Health Evidence and Evaluation Branch over the next year to determine appropriate performance measures and reporting for mental health and substance use services.*

Conclusion

95. We concluded that the Department of Health and Social Services established Mental Wellness and Substance Use hubs in rural communities and that it integrated services, making mental health services more accessible to rural Yukoners. However, because the department did not measure performance, it was unable to demonstrate whether it provided Yukoners living in rural areas with mental health services that met their needs.

96. With time, the department is likely to be better able to identify what has worked well and which areas need improvement. Ongoing engagement with stakeholders will be critical for the department to adjust its model as required to better meet client needs. Also, for the department to fully realize the potential benefits of providing mental health services in rural Yukon through its hubs, it will need to address the challenges it faces in recruiting and retaining human resources.

Subsequent Events

97. The audit covered the period from 5 May 2016 to 1 September 2020. In subsequent months, the Department of Health and Social Services did the following:

- The department continued its efforts to contain the spread of the virus that causes COVID-19. Although this put additional pressure on the department's ability to deliver mental health services, it continued to provide these services.
- The department created the Population and Public Health Evidence and Evaluation Branch. This branch plans to collect and analyze data in collaboration with communities and stakeholders to monitor and understand health and social services events and trends across Yukon. At the time of reporting, it was too early to assess the impact of the branch's work.

About the Audit

This independent assurance report was prepared by the Office of the Auditor General of Canada on mental health services in rural Yukon. Our responsibility was to provide objective information, advice, and assurance to assist the Yukon Legislative Assembly in its scrutiny of the government's management of resources and programs, and to conclude on whether the Department of Health and Social Services complied in all significant respects with the applicable criteria.

All work in this audit was performed to a reasonable level of assurance in accordance with the Canadian Standard on Assurance Engagements (CSAE) 3001—Direct Engagements, set out by the Chartered Professional Accountants of Canada (CPA Canada) in the CPA Canada Handbook—Assurance.

The Office of the Auditor General of Canada applies the Canadian Standard on Quality Control 1 and, accordingly, maintains a comprehensive system of quality control, including documented policies and procedures regarding compliance with ethical requirements, professional standards, and applicable legal and regulatory requirements.

In conducting the audit work, we complied with the independence and other ethical requirements of the relevant rules of professional conduct applicable to the practice of public accounting in Canada, which are founded on fundamental principles of integrity, objectivity, professional competence and due care, confidentiality, and professional behaviour.

In accordance with our regular audit process, we obtained the following from entity management:

- confirmation of management's responsibility for the subject under audit
- acknowledgement of the suitability of the criteria used in the audit
- confirmation that all known information that has been requested, or that could affect the findings or audit conclusion, has been provided
- confirmation that the audit report is factually accurate

Audit objective

The objective of this audit was to determine whether the Department of Health and Social Services provided Yukoners living in rural areas with mental health services that met their needs.

Scope and approach

The scope of the audit included the department's planning of, provision of, and reporting on mental health services in the 17 rural communities of Yukon.

We examined the relevant legislation, plans, policies, and procedures related to mental health services. We interviewed officials within the department as well as those in organizations implicated in mental health services, such as the Royal Canadian Mounted Police, the Yukon Department of Justice, the Yukon Hospital Corporation, and the Yukon Housing Corporation.

We visited and interviewed officials in the 4 Mental Wellness and Substance Use hubs in the communities of Carmacks, Dawson City, Haines Junction, and Watson Lake. We also visited and interviewed officials from the Dawson City Community Hospital, the Watson Lake Community Hospital, and the Sarah Steele facility in Whitehorse.

We also interviewed several First Nations people to obtain their perspectives on the delivery of mental health services and participated in a meeting of the Council of Yukon First Nations to further obtain their perspectives on the department’s delivery of mental health services in the rural communities.

We did not examine any planning of, delivery of, or reporting on mental health services provided in Whitehorse.

Criteria

Criteria	Sources
<p>We used the following criteria to determine whether the Department of Health and Social Services provided Yukoners living in rural areas with mental health services that met their needs:</p>	
<p>The Department of Health and Social Services has developed mental health services on the basis of the needs of Yukoners living in rural areas.</p>	<ul style="list-style-type: none"> • <i>Health Act</i> • Forward Together: Yukon Mental Wellness Strategy 2016–2026, Yukon Department of Health and Social Services • Health and Social Services Strategic Plan 2014–2019: Healthy Communities—Wellness for All, Yukon Department of Health and Social Services • Minister Pauline Frost’s Mandate Letter, Government of Yukon, 2017
<p>The Department of Health and Social Services has increased mental health services for Yukoners living in rural areas and provided equitable access to those services.</p>	<ul style="list-style-type: none"> • <i>Health Act</i> • Forward Together: Yukon Mental Wellness Strategy 2016–2026, Yukon Department of Health and Social Services • Health and Social Services Strategic Plan 2014–2019: Healthy Communities—Wellness for All, Yukon Department of Health and Social Services • Minister Pauline Frost’s Mandate Letter, Government of Yukon, 2017

Criteria	Sources
We used the following criteria to determine whether the Department of Health and Social Services provided Yukoners living in rural areas with mental health services that met their needs:	
The Department of Health and Social Services has made mental health services for Yukoners living in rural areas accessible through any entry point or provider in the Yukon system in a culturally appropriate manner.	<ul style="list-style-type: none"> • <i>Health Act</i> • Forward Together: Yukon Mental Wellness Strategy 2016–2026, Yukon Department of Health and Social Services • Health and Social Services Strategic Plan 2014–2019: Healthy Communities—Wellness for All, Yukon Department of Health and Social Services • Minister Pauline Frost’s Mandate Letter, Government of Yukon, 2019
The Department of Health and Social Services measures and reports on the performance of its rural mental health services.	<ul style="list-style-type: none"> • <i>Health Act</i> • Financial Administration Manual, Government of Yukon • Forward Together: Yukon Mental Wellness Strategy 2016–2026, Yukon Department of Health and Social Services

Period covered by the audit

The audit covered the period from 5 May 2016 (the release date of Forward Together: Yukon Mental Wellness Strategy 2016–2026) to 1 September 2020. This is the period to which the audit conclusion applies.

Date of the report

We obtained sufficient and appropriate audit evidence on which to base our conclusion on 29 January 2021, in Ottawa, Canada.

Audit team

- Principal: Glenn Wheeler
- Director: Tammy Meagher

- Josée Couture
- Ruth Sullivan
- Leendert Van Beerschoten
- Durriya Zaidi

List of Recommendations

The following table lists the recommendations and responses found in this report. The paragraph number preceding the recommendation indicates the location of the recommendation in the report, and the numbers in parentheses indicate the location of the related discussion.

Recommendation	Response
<p>Identifying needs</p>	
<p>38. The Department of Health and Social Services should regularly consult with a broad representation of residents of rural communities to identify and implement adjustments and improvements so that the department provides the mental health services that are most needed. (31–37)</p>	<p>The department’s response. Agreed. Yukon’s rural communities each have their unique needs for these services and the Department of Health and Social Services will work in partnership with them to provide the mental health and substance use services they require. The Mental Wellness and Substance Use Services Branch will continue to seek to adjust and improve its services in rural communities by working with community partners and residents in the following ways: regularly scheduled meetings with First Nations health directors and other community representatives; involvement of local First Nations health directors in the hiring of Mental Wellness and Substance Use Services Branch staff for their communities; quarterly client satisfaction surveys; regular meetings with the Council of Yukon First Nations; and participation in trilateral processes with Yukon First Nations and the Government of Canada, such as the quarterly meetings of the Trilateral Table on Health and the identification of community needs through Administration of Justice Agreement negotiations.</p>
<p>Delivering mental health services</p>	
<p>68. The Department of Health and Social Services should complete and implement a recruitment and retention strategy for mental health service providers that considers the unique challenges faced by the rural communities and propose innovative solutions to address these challenges. (63–67)</p>	<p>The department’s response. Agreed. Since the completion of the audit, the Department of Health and Social Services has put a focus on recruitment and retention. The department has been developing a robust recruitment and retention strategy for positions in rural communities across Yukon, including a focus on mental health service positions in the Mental Wellness and Substance Use hubs. Implementation started in fall 2020. The Recruitment and Retention Advisory Council, with representatives from the Mental Wellness and Substance Use Services Branch, Community Nursing, Yukon Hospital Corporation, and First Nations Health Programs, has worked with human resource professionals to develop and begin implementation of the strategy. The initial focus will be on hard-to-fill positions, including nurses, social workers, mental health nurses, and clinical counsellors. Going forward, the department will take innovative approaches to recruit for these hard-to-fill positions and then to retain the employees, including flexible work arrangements.</p>

Recommendation	Response
<p>82. The Department of Health and Social Services should develop and implement a plan to work with First Nations to improve cultural safety in service delivery on an ongoing basis. (76–81)</p>	<p>The department’s response. Agreed. The Department of Health and Social Services sees client-centred care as foundational to therapy and to the mental health and substance use services provided. The Mental Wellness and Substance Use (MWSU) Services Branch works with each Yukon First Nation to determine what the most suitable, culturally relevant training is for MWSU staff in their community, whether that is a formal course, land-based training, learning from First Nations elders, or other ways specific to each First Nations community. The MWSU Services Branch will develop and implement a plan over the next 2 years in partnership with Yukon First Nations that describes how cultural safety is addressed in service delivery through Yukon First Nations–directed training for MWSU staff and how MWSU staff use the knowledge and understanding of the local context to increase cultural safety in the delivery of mental health and substance use services.</p>
<p>Measuring and reporting on performance</p>	
<p>94. The Department of Health and Social Services should establish, measure, and report on the performance of its mental health services in rural Yukon. (89–93)</p>	<p>The department’s response. The Department of Health and Social Services concurs that this is an area in which the department can strengthen and improve on the use of information and data in relation to the performance of mental health and substance use services in rural Yukon. The Mental Wellness and Substance Use Services Branch is in the first year of using a new electronic medical record (TREAT), which enables the department to gather data more efficiently and across a greater spectrum than was possible previously. The Mental Wellness and Substance Use Services Branch will work with the department’s newly established Population and Public Health Evidence and Evaluation Branch over the next year to determine appropriate performance measures and reporting for mental health and substance use services.</p>

