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COVID-19 RECOVERY

ASSESSING THE IMPACT OF THE
PANDEMIC ON MENTAL HEALTH
FOR LIARD FIRST NATION YOUTH

Prepared For:



Yukon

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Acknowledgement



COVID-19 Recovery: Assessing the Impact of the Pandemic on Mental Health for Liard First Nation Youth would not have been possible without the efforts of many.

The initiative was funded by the Yukon Territory Government through the COVID-19 Recovery and Research Program and Community Foundations of Canada through the Indigenous Peoples Resilience Fund. Thank you for recognizing the intersecting and compounding impacts faced by many First Nations communities in the Yukon and for allowing Liard First Nation the opportunity to hear from the youth in the community. This project has directly resulted in an improved relationship with the Watson Lake Secondary School and the development of a youth-led Peer 2 Peer support group. It has facilitated supporting youth to attend the 2023 Yukon Youth Summit to help develop and drive the new Territorial Youth Strategy, as led by Communities Building Youth Futures Yukon.

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The authors recognize there is no “one” Indigenous group, person, or Nation: the breadth of heterogeneity is vast and complex. There is no implication that any assumption in this research encompasses all Indigenous Nations in Yukon. The authors acknowledge that the land on which we live, work, learn, and play was first touched by the thousands of First Nations, Inuit, and Métis peoples before us.

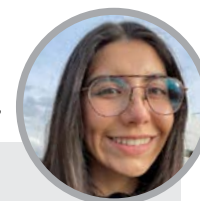


Tara Howse
Research lead
and primary author

I acknowledge I am a white, settler-colonizer descendent and am gracious to Liard First Nation staff and members for allowing me into the community to learn and discuss this sensitive topic. White researchers have taken advantage of, exploited, and capitalized far too often on Indigenous topics. I endeavour to ensure my approaches focus on listening to you and your experiences: I hope you hear your voice throughout this report.

Intergenerational and ongoing trauma continue to perpetuate the health care and colonial government systems. I am privileged to have the opportunity to share your concerns with the Government of Yukon.

Brenda González Córdova
Research assistant and
contributing author



I humbly acknowledge that I am a guest on the lands of the First Nations, Inuit, and Métis peoples who have lived on and cared for this land since time immemorial. I am immensely grateful to Liard First Nation for allowing me into their community to engage with and learn from its wonderful youth. I acknowledge the ongoing impacts of colonialism, and the resilience of Indigenous peoples in the face of these ongoing challenges. I hope that this report will contribute to the conversation about Indigenous youth mental health and will empower youth to raise their voices and advocate for their well-being. I recognize that this work would not be possible without the generous guidance of the Liard First Nation community, and I offer my sincere gratitude and respect.

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Executive Summary



Liard First Nation leadership raised concerns of the impact COVID-19 may have had on their youth's mental health and expressed the need to evaluate the experiences of youth to support them in recovery. This research considered the current needs of youth (ages 12–29) in the Liard First Nation (LFN) community regarding mental health and wellness.

The purpose was to:

- 1 Provide advice to policy and decision-makers to support recovery from the COVID-19 pandemic.
- 2 Provide information for LFN to create strategies that protect and support their youth.
- 3 Improve policies and process of health services and supports for youth.
- 4 Identify resource gaps for mental health supports.

Local engagement and participatory action were key elements of this project. 10 activities were undertaken using facilitated discussions, surveys, and interviews.

Five thematic barriers emerged:

- 1 Telecommunications accessibility
- 2 Lack of jobs or volunteer opportunities for youth
- 3 LFN relationships with other organizations and service providers
- 4 LFN relationships with youth
- 5 Staff training

To address the barriers, literature reviews and wise practices identified opportunities and subsequent actions that LFN and the Government of Yukon can take.

Two levels of opportunities were developed:

- 1 Local - Liard First Nation and
- 2 Systemic - Government of Yukon

The first level of opportunities relates to actions and policies that Liard First Nation can implement.

The opportunities fall into two key themes:

- 1 Relationships and Communications
- 2 Training Opportunities

The actions and policies were aligned with the four key relationship groupings for LFN.

The relationships identified were:

- 1 Youth
- 2 Within LFN
- 3 Intergenerational; and
- 4 Other agencies

The second level recognizes that many issues facing Liard First Nation's youth and their access to mental health resources are systemic and largely a legacy of colonization.

Opportunities to address systemic issues stem from three areas of literature:

- 1 Existing legislation, frameworks, and YG reports
- 2 Auditor General of Canada recommendations
- 3 Structural Inequities

To conclude, COVID-19 highlighted the need for (1) local collaboration to occur to improve service delivery; (2) improved communication strategies for LFN and YG to better engage and support youth in receiving information and services; and (3) increased investment and supports from senior governments to address systemic issues.



Project Background

COVID-19 shed light on and heightened existing inequalities between Indigenous and non-Indigenous peoples experiences and access to various health services. First Nations peoples in rural and remote communities are more vulnerable to experiencing mental health and/or substance use issues, exacerbated by reduced health services. Indigenous children and youth have been disproportionately negatively impacted by issues such as school closures and cancellation of socialization activities and LFN people have not been exempt. As the pandemic progressed, LFN leadership recognized the need to evaluate the experiences of youth to support them in recovery. For this reason, this project focused on investigating where youth receive information about wellness, what barriers they face to accessing effective information and services, as well as exploring how youth define and experience good mental health.

Located in southeastern Yukon, **LFN** is one of four Kaska First Nations with a population of 1,263.¹ LFN's traditional and unceded territory is located in a remote area now known as the Town of Watson Lake, Yukon and Lower Post, British Columbia with the nearest health hub in Whitehorse, a five-hour drive. Pre-COVID-19, LFN people faced multiple barriers to accessing health services in their communities given that most services are only available for limited time frames or individuals need to travel to a main city to access a service. During the COVID-19 pandemic, the ability to travel for care was further complicated and fly-in health service programs were reduced. A lack of culturally safe telehealth care combined with reduced telecommunications infrastructure meant residents were hesitant to use alternative forms of healthcare. In addition to a delay in services for physical health concerns, mental health concerns were exacerbated due to isolation. The LFN Health & Social Department stayed in close communication and collaborated with other agencies whenever possible to deliver services. However, a lack of a clear definition and understanding of what culturally sensitive care means for external service providers meant services were not necessarily being delivered in an optimal or sensitive manner. Shifting health services to be virtual also caused strong concern for LFN that their youth's struggles with mental health issues may have increased while their access to services decreased, particularly for lower income households without internet connections to access information or virtual care.

Purpose

This research considered the current needs of youth (ages 12-29) in the Liard First Nation (LFN) communities regarding mental health and wellness programs.

The purpose was to:

- 1 Provide advice to policy and decision-makers to support recovery from the COVID-19 pandemic.
- 2 Provide information for LFN to create strategies that protect and support their youth.
- 3 Improve policies and process of health services and supports for youth.
- 4 Identify resource gaps for mental health supports.

This research was led by the **LFN Health & Social Department (H&S)** and funded by the **Yukon Government (YG)** through the COVID-19 Recovery & Research Program, and the Community Foundations of Canada through the Indigenous Peoples Resilience Fund. It was designed as a place-based (local knowledge) and participatory action project to amplify the voices of local youth and leaders to dismantle barriers.



The research was carried out in four phases:

- 1 Literature review on Indigenous youth mental health, and environmental scan of LFN and Yukon's policies, programs, and local context.
- 2 Community engagement to embrace Kaska Traditional Knowledge, collect data on major themes related to Youth wellness, and identify potential solutions in conjunction with the community.
- 3 Recommendations and action plan for LFN and the YG to best support LFN and other Indigenous youth.
- 4 Knowledge dissemination through final report and presentation at the Yukon Spring 2023 Forum

The analysis and results of this investigation aim to provide recommendations for local organizations as well as the territorial government to increase access to training opportunities for agencies in remote communities. The research produced a set of opportunities for LFN and the YG to take steps towards better supporting the growth and wellness of Indigenous youth in the Kaska territory.

Report Structure

THIS REPORT IS STRUCTURED INTO 4 PARTS:

Part I

provides the general context for COVID-19 impacts in Canada and the Yukon, and sets the stage for local understanding around Liard First Nation.

Part II

reviews the local engagement activities and thematic barriers to mental wellness.

Part III

reviews wise practices and presents opportunities to address the barriers as identified by the local engagement activities.

Part IV

concludes with limitations and final thoughts.

Framing & Methods

This research was co-developed with LFN H&S to ensure a First Nations health approach to wellness was embedded from the start. This meant a strong focus on listening and engaging with the community and, specifically, youth. The research aligns with the First Nations Principles of Ownership, Control, Access, and Possession (OCAP)² and was grounded in Dene Laws, as set out here:

- | | | |
|--|--|--|
| 1 Share what you have | 4 Be respectful of Elders and everything around you | 7 Young girls and boys should behave respectfully |
| 2 Help each other | 5 Sleep at night and work during the day | 8 Pass on the teachings |
| 3 Love each other as much as possible | 6 Be polite and don't argue with anyone | 9 Be happy at all times |

A mixed-methods form of data collection was proposed to understand issues. As happens in rural research, limited quantitative data was available. This is a combined result of a lack of resources and capacity of rural organizations and governments to collect the data as well as the suppression of numbers in small communities to ensure confidentiality or anonymity. As a result, this research is largely qualitative.

Literature reviews and environmental scans were conducted. Literature included both academic and grey sources and provided background understandings of COVID-19 impacts on First Nations youth, wise practice identification, and local or territorial contexts through documents, resources, and government websites. The reviews were iterative and occurred at various stages throughout the process as themes emerged.

Engagement occurred through various methods and included youth, service providers, Elders, and the general community. To gather the necessary information, the research utilized three collection methods:

Facilitated discussions

Surveys

Interviews

Purposes for data collection included understanding how youth feel about mental health and selecting mental wellness indicators (e.g. future goals, community involvement, and spiritual and cultural health), how youth accessed information and health services, how service and access to services changed throughout COVID-19, and areas of strengths for LFN H&S to focus energies on.

Engagement sessions embraced Participatory Action and were centred around posing strategic questions to community members to discuss and brainstorm ideas about mental health, services, and access to resources and information. A Youth Advisory Committee (YAC) that consisted of 5 to 10 students from grades 8 to 11 with a balance of Indigenous and non-Indigenous provided local, youth feedback and advise on the process.

Surveys were delivered online and in-person, depending on the theme and target audience. Online surveys focused on specific topics and were available to select audiences. In-person surveys were conducted to gather information more broadly and open to all residents. Interviews were conducted remotely through video calls to gather information about health services and resources available to youth from service providers and leaders.

Part I: Understanding COVID-19 Impacts on Mental Health of Indigenous Youth



Recognizing the Issues

This section provides a broad overview of the impacts COVID-19 had on the mental health of Indigenous youth in the Yukon. The review had two key focus areas. The initial focus was to understand the impacts that COVID-19 had on the mental health and mental well-being of Indigenous youth in Canada, ideally with a northern or rural perspective. As the COVID-19 literature is in its emergent stages and impacts continue to be ongoing and evolving, broadening the review was necessary from the outset. This broadening led to the second purpose of the literature review: identifying wise practices related to addressing mental health concerns for Indigenous youth. This part of the review focused on healthy equity studies to provide the context for health inequities related to Indigenous peoples in the Yukon and Canada.

This review is meant as a starting point to understand the health inequities facing Indigenous populations in Canada: in no way does it intend or imply that all Indigenous people are facing these issues or experiencing the pandemic in the same way. While general ideas and themes may emerge and learnings can be applied, these themes and learnings must be adapted to the local context, for this project, that is Liard First Nation.



Canadian Context

In general, the COVID-19 pandemic has had significant negative impacts on the mental health and well-being of young people across Canada.³ Isolation and loneliness, school closures and remote learning, and limited access to health supports were identified by the Mental Health Commission of Canada³ as the top three challenges facing young people. They additionally noted that those in lower income families, including Indigenous youth, faced additional barriers of unstable housing and financial barriers to accessing technology, limiting access to remote schooling methods, and impacting online connections to friends, and health or community services.

For Indigenous communities, the pandemic has further exacerbated pre-existing health and social inequities, including limited access to healthcare and mental health services, as well as challenges related to language, telecommunications, culture, and geographical isolation.⁴ Social issues such as inadequate, overcrowded, or unsafe housing, a lack of clean water, and higher rates of poverty or higher costs of living contribute to the spread of communicable diseases.⁵ These health inequities are impacted by generational oppression, violence, and the persistent under-funding and unavailability of culturally appropriate care.⁶ Rural and remote Indigenous communities have fewer services – such as no hospital, no Intensive Care Unit, and no respirators. In response to urban migrants (settlers) fleeing their primary residents, communities implemented checkpoints to prevent and control the spread of COVID-19.⁷ The failure of federal and territorial/provincial governments and associated institutions to invest in disaggregated data collection means there are “very few reliable statistics to support Indigenous leaders’ voiced concerns of pandemic-related crises in their communities”.⁴

Yukon

Finding Yukon-specific information was challenging: during the review for COVID-19 impacts, few polls and published studies did not incorporate Yukon residents, such as the Mental Health Commission of Canada’s *Lockdown Life*³ report cited earlier. The following two studies were chosen due to **(1) their focus on Yukon residents and (2) their recent year of study**. This is not intended as a theoretical proposal correlating certain behaviours or mental wellness for Indigenous populations or LFN. It does highlight the lack of data, particularly for Indigenous populations in the Yukon. This comparison intends to highlight some broader themes that Yukon residents are experiencing. Reviewing two different studies for well-being in the Yukon (one focused on youth; the other on 18 years plus), a rural-urban divide and gendered discrepancies emerge.

*Health and Health-Related Behaviours Among Young People in Yukon*⁸ is part of the crossnational survey designed to analyze risky behaviours of young people. Every four years the survey is implemented and provides trends as it tracks behaviours. In the most recent iteration of 2018, it found that rural students are systematically reporting more health concerns than their urban counterparts. They have more physical and mental health problems, have higher rates of friends engaging in risky behaviours, and experience fewer quality relationships with their family, friends, school, or community. One particular concern arising from this report is rural girls in grades 9-10. This demographic is consistently reporting the most negative overall health and poorest relationships. They have the lowest levels of confidence and face the highest rates of depression and loneliness.

The Canadian Index of Wellbeing⁹ conducted a wellbeing profile for the Yukon for residents over 18 years and found that the rate of good mental health dropped by nearly half during the pandemic: before COVID-19, 62.% of the population reported very good or excellent mental health compared to only 32.9% of the population during COVID-19. This 32% drops further when income or gender is intersected, where less than 20% of women under 35 rated their mental health as very good or excellent. For accessing the quality of mental health services, outside of Whitehorse the ranking drops by approximately 10% with 11.3% rating the quality of mental health services as very good or excellent compared to 20% in Whitehorse.

With limited COVID-19 studies focused on the Yukon, a review of other reports, strategies, and studies that focused on the Yukon was conducted. The following were reviewed:

FORWARD TOGETHER:

Yukon Mental Wellness Strategy 2016-2026

PUTTING PEOPLE FIRST:

The final report of the comprehensive review of Yukon's health and social programs and services

REPORT OF THE AUDITOR GENERAL OF CANADA TO THE YUKON LEGISLATIVE ASSEMBLY:

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



FORWARD TOGETHER: YUKON MENTAL WELLNESS STRATEGY 2016-2026

This 10-year strategy was developed as a “living document” to guide work on mental health in the territory, centring wellness as a holistic balance of mental, physical, spiritual, and emotional health.

Figure 1: The Eight Dimensions of Wellness

Demonstrates the various elements involved in curating mental wellness, recognizing that mental wellness is inclusive of health, mental health, mental disorders, trauma, mental health problems, mental distress, and substance use or abuse issues.



Four Strategic Priorities were developed with objectives, implementation plan, and anticipated outcome results. The priorities are:

- 1 Promotion and Prevention
- 2 Service Delivery
- 3 System Performance and Access
- 4 Innovation and Research

The implementation plan includes a timeline chart of 2 years, 5 years, and 10 years. No update to this plan could be found.

The report emphasizes a community-based, evidence driven approach to care that considers and embeds First Nations participation. The section on First Nations perspectives explicitly recognizes the Truth and Reconciliation report as a roadmap with clear direction on addressing Indigenous health and wellness. Integration, coordination, and capacity building with First Nations are core principles for developing mental health services. While participation with First Nations is clearly identified, it is unsure if that participation includes a co-development model and, subsequently, a co-ownership of data and programming/services or if it is more aligned with a consultation process that the government would continue to have ownership over data and programming/services.

PUTTING PEOPLE FIRST: THE FINAL REPORT OF THE COMPREHENSIVE REVIEW OF YUKON'S HEALTH AND SOCIAL PROGRAMS AND SERVICES

In November 2018, a five-member Independent Expert Panel was formed to lead a comprehensive review of health and social programs and services in the territory. 34 public and government-to-government meetings were held with 27 of those in communities outside Whitehorse. Rural Yukoners said that they required more doctors and nurses, greater access to social and recreational activities to improve interpersonal connections within their communities and their physical health, and a desire that seniors and Elders can stay in community. First Nations experiences included racism and stereotyping from within the system, leading to a deterrence in seeking care. The report noted a general desire of wanting a more culturally safe and welcoming system that includes service providers being trained in the history, traditions, and trauma of the people they are working with.

5 key areas of challenges and opportunities were summarized as:

- 1 Passionate care providers, committed to change.
- 2 Lack of person-centred care.
- 3 Low investment in prevention.
- 4 Lack of a common vision.
- 5 A siloed and fragmented system.



core areas of recommendations were developed. They were:



- 1 **Transforming the health and social system** – a new approach to the delivery of health and social services that is focused on making the best possible use of the resources we have to improve health outcomes for Yukoners along with better client and provider experiences. An intentional, whole-system redesign that requires leadership, vision, passion, successful change management and commitment to success.
- 2 **Putting people first** – reorient the health care system from the current fragmented medical model to a model that focuses on integrated, person-centred care across the health and social services system.
- 3 **Fostering community wellness** – refocusing the health and social system on delivering care as close to home as possible, with a focus on keeping people well, preventing illness, and promoting health and wellness in our communities. Involve Yukoners meaningfully in developing and delivering solutions.
- 4 **Advancing reconciliation** – work closely with First Nations governments to reduce health inequalities for First Nations people in Yukon and improve their ability to access the care and support they need to be healthy and to create a culturally safe health and social system.
- 5 **Closing the gaps for lower-income Yukoners** – reorganize disability services and income support to provide a better fit with Yukoners' needs and make better use of limited financial resources.
- 6 **Creating a high-performing health and social system** – development of a new approach to the delivery of health and social services in the territory, an intentional whole-system redesign.
- 7 **Creating a system that keeps us well** – enable a system-level transition to a population health approach with the ability to assess and understand the health of Yukoners, consider what makes us well and make evidence-based decisions.
- 8 **Ensuring financial sustainability** – create Wellness Yukon, and with it a new vision and model of care, to see financial benefits alongside improvements in health and wellness. Creating this new system will take time and resources. To help support this investment in Yukon's future, we recommend making some changes today.

This report emphasized rural engagement and the need for a whole-of-system change with people-centred care at the core. While there is a strong emphasis on working with First Nations and the need to develop strategies related to ownership and control of data, it is unclear if this approach is intended to streamline a Nation's access to data or to ultimately give control of data to a First Nations-led and developed body.

REPORT OF THE AUDITOR GENERAL OF CANADA TO THE YUKON LEGISLATIVE ASSEMBLY: MENTAL HEALTH SERVICES IN RURAL YUKON – DEPARTMENT OF HEALTH AND SOCIAL SERVICES

The Office of the Auditor General of Canada was engaged to conduct a review on the mental health services in rural Yukon being offered by the Department of Health and Social Services and whether those services met the needs of Yukoners.¹⁰ The review examined relevant legislation, plans, policies, and procedures as well as interviews with key stakeholders, such as the RCMP, the Yukon Department of Justice, the Yukon Hospital Corporation, and the Yukon Housing Corporation. In addition, the team visited the four Mental Wellness and Substance Use hubs in the communities of Carmacks, Dawson City, Haines Junction, and Watson Lake; interviewed several First Nations people to obtain perspectives on the delivery of the services, and participated in a meeting with the Council of Yukon First Nations. Of note, due to COVID-19, extensive consultation with community groups and members was not able to be completed. The report was released in January 2021 with four key recommendations.

In general, the audit confirmed that with the implementation of the Hub services model, mental health services and access to those services did increase in rural Yukon. However, it is unclear whether those services met the needs of residents. The territorial Health and Social Services Department has responded to each of the recommendations and noted their agreement with them, with identified next steps to implement solutions.

The recommendations were:

- 1** 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.
- 2** The Department of Health and Social Services should complete and implement a recruitment and retention strategy for mental health services providers that considers the unique challenges faced by rural communities and propose innovative solutions to address these challenges.
- 3** 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.
- 4** The Department of Health and Social Services should establish, measure, and report on the performance of its mental health services in rural Yukon.

As a part of this research project, the four recommendations were sent out to LFN Chief and Council, staff, and stakeholders for their input on how to best address the recommendations.

About LFN



The Kaska Dena (often referred to as Kaska) is a Dene-speaking people who have lived in southeast Yukon and northwestern British Columbia for thousands of years. Historically, five distinct Kaska Dena groups were identified and named according to the features of the land that they inhabited. Two of them are in the Yukon, the Ross River Dena Council and Liard First Nation, and two are in British Columbia (BC), the Dease River First Nation of Good Hope Lake, and Kwadacha First Nation at Fort Ware. The fifth group, Daylu Dena Council (DDC), is located in the northern-most community in Lower Post, BC. DDC is a sub-council of LFN and represents their citizens in BC due to the colonial-imposed borders dividing LFN's traditional territory.¹¹ Currently, the LFN people inhabit a broad area in southeastern Yukon and Northern BC and live predominantly in and around the present-day Town of Watson Lake, YT and Lower Post, BC with administrative and executive offices in both towns. The current population of Liard First Nation is 1,263 members with 435 living in Watson Lake or the surrounding LFN communities.¹

LFN, like many First Nations in northern communities, embraces the Dene Laws as core teachings for their ways of living. There are 9 to 10 laws that touch on several aspects of living in a community including, how to treat others, how to educate younger generations, and passing on teachings.

The research focused on the LFN communities and services available in and around Watson Lake, recognizing that most of the youth in Lower Post attend school and use the services on the Yukon side. There are four communities in the area to which LFN provides municipal services and maintenance and offers a housing rental program. The four communities are Upper Liard, 2 Mile, Winded Lake, and Albert Creek/Moon Lake. During the 2021 National Census, the only data available is for Upper Liard (the biggest of the four communities), and Watson Lake.

The 2021 census reports Watson Lake has a population of 1,133 with 15% of the population (or 170 people) being between the ages of 15 and 29. The census aggregates the number of people between the ages of 10 and 14 making it difficult to calculate the number of youth as defined by the study (those between 12 and 29 years old).

As of 2021, Watson Lake had a total of 564 private dwellings with an average household size of 2.3. Upper Liard has a total of 64 private dwellings with an average size of 2.4. The average household family size for both Watson Lake and Upper Liard is 2.8, and the average number of children for families with children is 1.7 and 1.8 respectively. Census aggregate data indicates there are 5 native Kaska speakers in Upper Liard and 25 in Watson Lake.

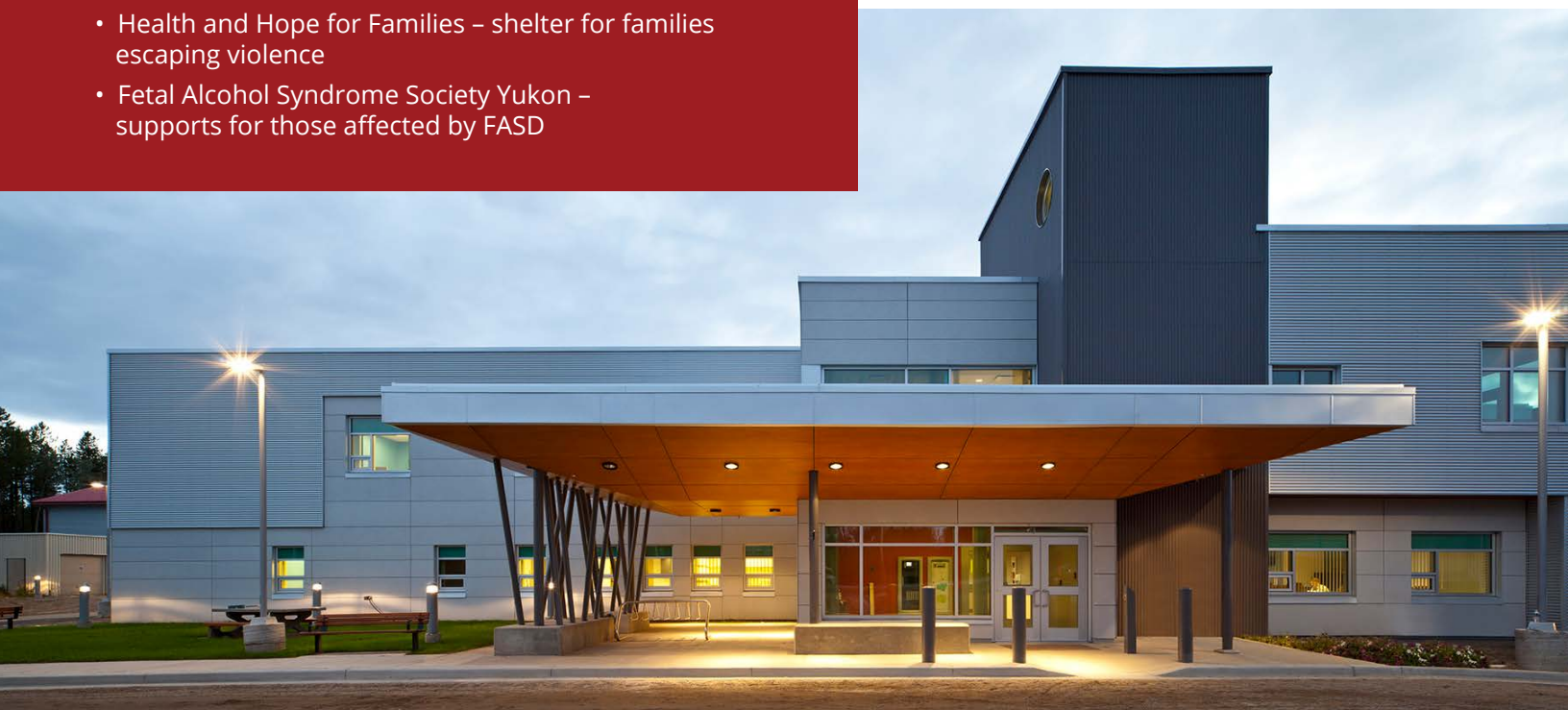
Services Available

Watson Lake is the second largest town in the Yukon¹² and has one of three hospitals in the territory. The Watson Lake Community Hospital has a 24hr emergency department, an inpatient unit with six beds, and offers ambulatory care. They also have a First Nations Health Program that supports patients from Yukon First Nations by helping with travel arrangements and advocating for their needs.¹³ LFN, non-governmental organizations, and the YG offer several health and social services and programs in the community to support mental wellness and healthy living. The LFN H&S department offers services supporting mental health, addiction prevention and aftercare, at-home care, maternal and child health, healthy eating, and chronic disease control. Additionally, the department hosts advocacy and educational programs to promote physical activity, oral care, and nutrition. The LFN Justice Department provides legal assistance and offers after-care reintegration and prevention programs.¹⁴

Other services offered in Watson Lake include:

- Mental Wellness and Substance Use program – one child and youth counsellor; three counsellors for 19+.
- Health Centre – diverse array of services.
- Victim Services – crisis support and resources to navigate justice processes.
- Liard Aboriginal Women's Society – advocacy, support, and programs for young women and girls.
- Health and Hope for Families – shelter for families escaping violence
- Fetal Alcohol Syndrome Society Yukon – supports for those affected by FASD

Many specialized services and treatments, including dentistry, physiotherapy, and substance use treatments, require travel to Whitehorse (5-hour drive) or Vancouver (5-hour drive to airport plus 2-hour flight). Despite the efforts of local organizations to provide dedicated youth programming for mental health and wellness, the recurrence of such programs is often hindered by a lack of financial and human capacity.



COVID-19 Timeline



The impact of the COVID-19 pandemic differed for Watson Lake and Whitehorse due to its remote location and limited access to healthcare services. Table 1 offers a high-level comparison between Whitehorse and Watson Lake of key events from the COVID-19 pandemic.

Table 1: COVID-19 timeline comparison | Whitehorse vs. Watson Lake

DATE	WHITEHORSE	WATSON LAKE
March 18, 2020	School suspension	School suspension
March 19, 2020	Respiratory assessment centre opens at Yukon Convention Center	5 hr drive to the Yukon Convention Centre
April 7, 2020	Face to face classes suspended for the rest of the school year	Face to face classes suspended for the rest of the school year
July 23, 2020	Health and safety guidelines to return to school were released	Health and safety guidelines to return to school were released
October 7, 2020	Swish, spit and gargle testing option for kids announced to be coming soon. Yukon is allocated 10 Abbott ID NOW rapid molecular test machines	Unclear if it was accessible in Watson Lake.
October 23-26 2020	—	Exposure notification in Watson Lake: active cases
October 30, 2020	—	First YT COVID-19 death in Watson Lake
November 13, 2020	CIRNAC circulates definition of remote and isolated communities to prioritize vaccination clinics.	
January 18, 2021	—	First YT Vaccination clinic in Watson Lake
May 12, 2021	YG announces Youth vaccination program	Schedule for rural communities
May 21, 2021	Youth vaccination clinics begin	Temporary clinics for youth (limited opportunity to get vaccinated)
July 19, 2021	YFN releases data from YG showing — outbreak disproportionately affects First Nations in Yukon with 52% of all cases since June 1, 61% of hospitalizations, 62% of medevacs; 75% of deaths;	
September 20 2021	—	Outbreak in grade 4 class, Watson Lake

The Watson Lake RCMP detachment provided statistics on criminal charges for youth (under 18 years old). This data provides us with a snapshot understanding of the activities youth were involved in, contributing to understanding risk behaviours and whether or not those behaviours were impacted by the pandemic. Figure 2 provides a timeline comparison of the data provided.

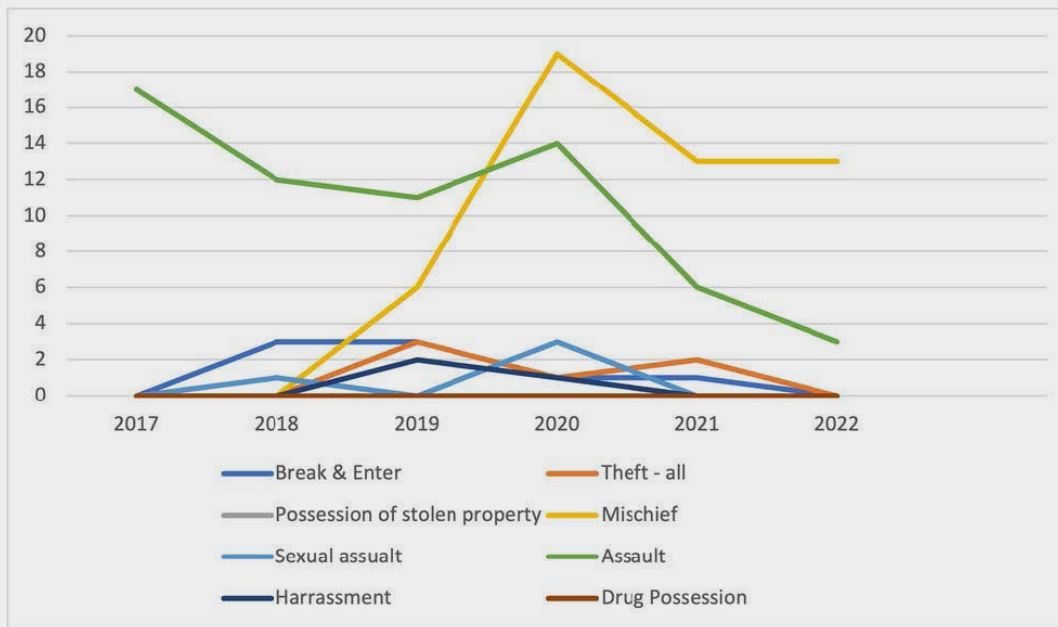


Figure 2: Selection of youth criminal charges, 2017-2022

A note of caution is required regarding the interpretation of the criminal statistics. Data collection and refinement may occur across timelines or the reclassification of an offensive while an investigation is ongoing may occur. Particularly for youth, alternative options or conflict resolution processes may divert some people from having charges. Other social factors may also play a role in increased or decreased numbers. For example, mischief charges increased substantially from 2019-2020. This number may reflect an increase in those activities or it could be a result of people being at home due to COVID-19 closures and able to witness and then report on those activities more readily.

While statistically valid conclusions may not be developed from this data, the benefit of reviewing this data is that it raises questions for potential areas of further investigation, correlation, or areas for corroborating other data. Assaults experienced a small spike in 2020 and then followed by a decrease between 2020-2022. In this timeframe, a youth counsellor was hired in a position that had previously been empty. Referral data was not available for review, but further investigation could indicate a correlation between increased counselling services and lower rates of assault.

Environmental Scan: COVID-19 and Youth Mental Health Resources with Liard First Nation

An initial scan of publicly available COVID-19 resources was conducted on LFN and the Government of Yukon to understand the resources available and targeted for youth. With limited data available to youth-specific COVID-19 resources, a secondary scan occurred to understand youth mental health resources more broadly within both governments.



Website and Documents

A review of the website, internal proposals for funding, and the public 2023-2025 Strategic Plan was conducted. On their website, LFN Health Services has a publicly published goal for the department. It reads:

The LFN Health Department's mission is to provide support to all LFN members and to advocate for healthy living among all members. Our vision is to have a healthy community where our youth excel and our members are productive members of society at large.

The 2023-2025 Strategic Plan states their vision as:

Empowering a healthy Kaska Nation through Indigenous healthcare that reflects the knowledge, wisdom and traditions of our Elders to gather strength from their past to guide the next generations into the future.

Their strategic priorities are:

1. Healthy People in Healthy Communities
2. Coordinated and Accessible Services
3. Quality
4. Our People
5. Communications, Technology, and Infrastructure



Table 2: Gaps analysis of website and documents

ANALYSIS	GAPS
<p>There is a mix of a mission and a vision statement within the goal on the website. There is a lack of definition around what “healthy living” means or what a “productive member of society” may be. Vision, mission, and goal statements are important as they create a sense of cohesion and clarity for staff. In departments that are constantly in crisis mode due to underresourcing, these statements can often go under-developed.</p> <p>This has been addressed in their 2023-2025 Strategic Plan with the development of a clear vision.</p>	<p>Website requires updating to align with updated plan and improve public communication.</p> <p>Lack of staff/capacity to update website as needed.</p>
<p>A lack of internal communications resulted in Research Lead not being aware of, involved in, or consulted during the development of this Strategic Plan to share resources and data. Plan was brought to the attention of Research Lead while writing final report</p>	<p>Mental health is not identified or recognized.</p> <p>Two Spirit and LGBTQI+ is not identified or recognized.</p> <p>Gendered needs are not identified or recognized.</p> <p>Intergenerational focus is not identified or recognized.</p>

Programming & Capacity

The LFN Health & Social Department implements and provides several programming options for the community. Programs are advertised through the newsletter, the website, on Facebook, and posters in the community. Workplans for funding proposals demonstrate a wide variety of programs that focus on and incorporate cultural values and traditional teachings.

During the height of the pandemic, all programming was shut down aside from the food programs, medical driving, and shifted focus to isolation support services to members, which included delivery of food, medication, and homework. An emergency on-call phone line was implemented.

When full, the department has a roster of 26 staff, including the Director, with the majority employed as permanent, full-time status, although casual and temporary positions exist. They are presently hiring for 2 staff and report enough work to accommodate a roster of 35 staff positions.

Multiple visits and tours of the department offices occurred. The Health & Social team is highly motivated and has strong visions for future programming however, many of their ideas are deferred, scaled back, or cancelled due to a lack of staff and training available. Most training opportunities for service providers in the community require either staff or training providers to travel which increase costs significantly. Capacity and training are common challenges for service providers in the community due to its remote location. Table 3 provides a gaps analysis of the programming and capacity levels.

Table 3: Gaps analysis of programming & capacity

ANALYSIS	GAPS
The department provides a fulsome events calendar for LFN members, including Elders and children, and embeds cultural and traditional teachings.	Targeted activities with youth (approximately aged 13-18).
Anecdotal input from staff indicated low attendance rates.	<p>Low attendance indicates (1) inadequate communication and/or (2) program not meeting the needs/wants of the community.</p> <p>No metrics on how/where people hear about events.</p>
<p>Event/training/programming scheduling conflicts, overlaps, last-minute changes, or inadequate scheduling occurs. Some changes occur last minute beyond control (e.g., illness; death). Examples relayed of scheduling conflicts:</p> <ul style="list-style-type: none"> • External trainers cancelling last minute. • Overlap/conflict of internal department events. • Lack of long-term/strategic planning. • COVID-19 saw programs cancelled, focus shifted, and high-level of collaboration between other agencies: • Homework deliveries required collaborating with schools and youth. • Food or medical deliveries required collaborating with grocery and pharmacy. 	<p>Internal communications within the department contribute to scheduling conflicts.</p> <p>Limited staff/resources to cover last-minute adjustments.</p> <p>Lack of long-term planning creates last-minute or rushed events.</p> <p>New 2023-2025 Strategic Plan may alleviate some of this.</p>
<p>COVID-19 saw programs cancelled, focus shifted, and high-level of collaboration between other agencies:</p> <ul style="list-style-type: none"> • Homework deliveries required collaborating with schools and youth. • Food or medical deliveries required collaborating with grocery and pharmacy. 	Anecdotal reports indicate that the level of collaboration has dropped off post-COVID-19.
Departmental offices are old, experience infrastructure issues, cramped, and contribute to silo-ed work spaces.	<p>Offices require energy upgrades, storage, improved work, and staff flow.</p> <ul style="list-style-type: none"> • Department is in the process of moving to new office space.
The department experiences high staff turnover and un- or under-qualified individuals.	<p>Systemic issues related to inadequate housing, substance use, family care, or illnesses contribute to limitations on employability of local members.</p> <p>Department under-staffed for crisis needs (e.g., trained counsellors)</p> <p>Department under-staffed for administrative or programming demands</p>

COVID-19 Youth Mental Health Information

LFN maintains a website, Facebook, Instagram, and Twitter account. Telecommunications limitations constrained a social media review to Facebook and website review. A review of their Facebook page found 77 COVID-19 related posts. Of these posts, three had specific for youth focus or mention:

1. A notice related to distance education.
2. A government payment for students and families with children.
3. COVID-19 supports for youth mental wellness.

An additional post may have had an intended audience for youth as it related to myths of social media and COVID-19 information.

On the LFN website, a review of website posts and newsletters was conducted for the dates of March 2020-December 2022. There are several informative posts related to COVID-19 (e.g., health updates, fact sheet, vaccine information). Aside from the above noted Facebook posts, no specific content that targeted youth, mental health, and COVID-19 was found. Table 4 provides a gaps analysis of social media and website posts.



Table 4: Gaps analysis of social media and website posts

ANALYSIS	GAPS
An estimate as to the reach or efficacy of these posts was not conducted.	No available metrics of the views or unique clicks on the website or Facebook page.
<p>Of the four posts, one was explicitly targeted for youth (COVID-19 supports for youth mental wellness) and the others were information to parents/guardians.</p> <ul style="list-style-type: none"> Post was a 13-page, heavily texted, PDF document developed by the Government of Yukon that relied on youth (1) actively seeking or searching this post; (2) downloading or printing the document; and (3) reading it. 	<p>Youth noted the post was not effective as they were unaware of it.</p> <p>Accessing and downloading posts would have been cumbersome or not possible to print.</p> <p>Reading 13 pages of text would be a near zerolikelihood.</p>

Part II: Local Engagement



Youth, Staff, and Community

This section outlines the key engagement activities undertaken. A summary of themes identified is provided. Table 5 outlines the ten engagement activities that were completed. In total, approximately 50 youth were engaged throughout the cycle of the project, with additional youth participating in multiple points (e.g., Youth Advisory Committee). While engagement was initially targeted at LFN youth members, as the project progressed, the need to work across agencies and with organizations that served more than only LFN youth emerged, such as the high school. As a result, most engagement activities included both LFN and non-LFN members.

Table 5: Engagement and activities

FORMAT	TARGET	FOCUS AREA	OUTCOME
In-person, drop-in	Community youth	Access to Information: <ul style="list-style-type: none"> • Knowledge of available mental health services • Preferred method of service delivery • Preferred method for sharing information 	Limited knowledge or awareness of available services Family and friends were primary means of information sharing Online, email, text, or phone call is preferred method of service delivery and access to information For some, internet/cell access was a barrier to accessing information and services
Online survey	High school youth	Understanding mental health: <ul style="list-style-type: none"> • Evaluation of wellbeing indicators, such as risk behaviours, community involvement, cultural activities • Knowledge, ability, and confidence in accessing counselling services • Perceptions of COVID-19 impacts 	Recognition that mental wellness includes emotional, physical, and cultural components Most reported 'neutral' for feeling left out and lacking friendships Majority indicated comfort with knowing how to receive and receiving counselling services About half indicated that COVID-19 impacted future education or career
Questionnaire	Youth Advisory Committee	Community involvement: <ul style="list-style-type: none"> • Understanding interests, motivators, and barriers for volunteering • Sharing perceptions of YG mental health services during COVID-19 	Strong interest and diversity in areas youth would like to volunteer (from social justice, animal rescue, to working with Elders) Most reported interest in volunteering to help others in the community and gain experience for the future. Majority felt there were very few or no opportunities to volunteer/get involved in the areas that interest them.

FORMAT	TARGET	FOCUS AREA	OUTCOME
Interviews, virtual	Service providers	Service availability and process: <ul style="list-style-type: none"> • Understand gaps • Identify solutions • Consider what good mental health and culturally appropriate care means 	High level of collaboration during the pandemic – has tapered off Received ample PPE; have storage issues Staff issues: need more youth counsellors; administrative help Cultural training desired Internet/cell a barrier, particularly for low-income
Survey, in-person	LFN communities	Internet access: <ul style="list-style-type: none"> • Costs • Access • Reliability 	Most public buildings do not have free Wi-Fi Many households do not have internet or cell at home Internet costs between \$100-\$200 for one or two devices Top internet issue is reliability; 2 nd is cost
Facilitated discussion, in-person	Youth Advisory Committee	Mental health definition: <ul style="list-style-type: none"> • Collectively build a definition of mental health 	Hired Communities Building Youth Futures Yukon to facilitate session Mental wellness is different for everyone. It can have good and bad sides. It affects your physical body and having access to resources is important.
Facilitated discussion, in-person	High school youth	Mental health definition: <ul style="list-style-type: none"> • Future plans • Role models in community • Information sources 	Many have plans and look forward to future, including school and work Those without immediate summer plans had no long-term plans Lots of role models and adults exist in community Top information source was local Facebook page, 2 nd parents; 3 rd school
Facilitated discussion, in-person	Elders	Empowering youth: <ul style="list-style-type: none"> • Understand barriers or issues to youth mental health • Understand local options to improve services, programs, or access 	Supports for substance use Programs for healing Intergenerational learning Cultural training for service providers On-the-land activities

FORMAT	TARGET	FOCUS AREA	OUTCOME
Kick-off meeting; in-person	Youth Advisory Committee + other interested youth	Peer support program: <ul style="list-style-type: none"> • Interest & logistics in developing program • Understanding strengths of community 	Strong desire to start program; school counsellor identified and confirmed to run Strengths of community include strong networks, role models/leaders available, and an empathetic community
Online survey + paper copy	Stakeholders	Feedback: <ul style="list-style-type: none"> • Gaps, strength, and opportunities Priorities for LFN • Preliminary recommendations input 	Confirmed mental health definition for LFN Clarified 'culturally appropriate care' for LFN Desire for service providers to collaborate and communicate, as seen during COVID-19

Thematic Summary of Engagement

At the outset of this project, LFN's Health & Social departmental vision was to support their youth in excelling in the community. This statement provided the grounding for identifying barriers that are preventing the vision from being realized. Through the engagement processes, five barriers related to achieving mental wellness were identified. The barriers identified were:



These barriers were returned to the community for validation and asked for input on solutions. A review of these barriers includes a COVID-19 lens impact analysis and ideas for addressing the issue.

TELECOMMUNICATIONS ACCESSIBILITY

OVERVIEW	COVID-19 IMPACT	SOLUTIONS
At the outset of the pandemic, fibre optic cable was not available in the area and, to date, areas outside the immediate Watson Lake municipality do not have the infrastructure, such as the surrounding LFN communities. For youth to do homework, both pre-COVID-19 and today, data is purchased, and cell phones are used as hot spots. Service providers noted that internet access for low-income families was cost prohibitive and impacted their ability to access mental health services when those services went virtual.	Accessing remote/virtual options: <ul style="list-style-type: none"> Youth had difficulty doing homework if only one computer was available in a household with multiple children requiring that use. Lack of privacy for counselling sessions due to overcrowding (youth and adults). 	<ul style="list-style-type: none"> Improved telecommunications infrastructure, including addressing its high cost Improved housing

LACK OF JOBS OR VOLUNTEER OPPORTUNITIES FOR YOUTH

OVERVIEW	COVID-19 IMPACT	SOLUTIONS
Few jobs and volunteer opportunities exist in the Watson Lake area for youth. For those in surrounding LFN communities, transportation and family care responsibilities create additional barriers for the few jobs available. A lack of jobs or volunteer opportunities impact youth's future employability or educational skills.	Youth future plans <ul style="list-style-type: none"> Youth have limited immediate (summer) plans Youth have limited long-term (post high school, career) goals 	<ul style="list-style-type: none"> Engage youth to identify types of volunteer and job opportunities they want Develop accessible volunteer and job opportunities for youth that take into consideration transportation and familial responsibilities

LFN RELATIONSHIPS WITH OTHER ORGANIZATIONS AND SERVICE PROVIDERS

OVERVIEW	COVID-19 IMPACT	SOLUTIONS
There is a misalignment with the perception of the strength of relationships that exist between LFN and other organizations. This misalignment exists externally and internally. The public's perception of those relationships is lower than what organizations are rating those relationships. Organizations have varying levels of the strength of that relationship with LFN. All reported a desire to have stronger relationships that focused on collaborating to provide services to their clients.	Increased collaboration <ul style="list-style-type: none"> Organizations and agencies came together, regardless of jurisdiction or scope Increased communication between organizations and agencies 	<ul style="list-style-type: none"> Support interagency meetings Develop improved communication between organizations, departments, agencies, and service providers

LFN RELATIONSHIPS WITH YOUTH

OVERVIEW	COVID-19 IMPACT	SOLUTIONS
There is a misalignment with the perceived strength of relationships between LFN and youth in the communities. Youth reported no relationship exists and pointed to being unaware of various programs or events that occur, advertising/communications is not occurring where they would see it, or that resources for mental health are not being developed with them. LFN H&S has a youth worker.	Resources not accessed <ul style="list-style-type: none"> Youth not aware of resources available (locally, territorial, or federally) Youth not approached/asked to co-develop resources, events, or programs 	<ul style="list-style-type: none"> Engage youth with a targeted strategy Meet youth where they are Support youth-led initiatives Identify youth needs

STAFF TRAINING

OVERVIEW	COVID-19 IMPACT	SOLUTIONS
A lack of trained staff exists for LFN and for outside agencies. This impacts availability and access to certified mental health or social professionals, skilled workforce to assist with office and administrative work, and lowered cultural awareness for external LFN agencies.	Staff burnout <ul style="list-style-type: none"> Some positions empty throughout COVID-19 (e.g., no youth counsellor; RCMP shortage) Service providers required to take on administrative burden to do additional outreach to reach clients Service providers required to take on administrative burden to collaborate service needs between agencies Community volunteers (untrained/non-mental health support workers) required to act as 'on-the-spot' counsellors if delivering food/medicine/homework 	<ul style="list-style-type: none"> Add more counselling or social work positions within LFN and external agencies Increase counselling/self-care awareness for staff Increase training opportunities for administrative-type positions Develop local cultural awareness training for external hires Develop language (Kaska) services and training Develop training for volunteer and community members, both to support self-care and to address emergency support needs.

Service Delivery Gap: Two Spirit and LGBTQI+

A prominent gap in reviewing resources of LFN, local agencies, and Government of Yukon resources is a lack of recognition for Two Spirit and the LGBTQI+ communities. Understanding terminology is required, particularly as it relates to the "rainbow alphabet"¹⁵. For this report and recommendations, the term LGBTQI+ is used to represent a demographic that may commonly be known as 'queer', although not all individuals appreciate this term and, for some, it can be derogatory. "Queer refers more to civil-society and social movement politics than to institutional and electoral policies."¹⁶ Gender, gender-expressions, and gender-diversity are separate from sexual orientation and they are not interchangeable. Caution should be used when applying the LGBTQI+ acronym to a demographic as not all will identify with it¹⁷. The following is a brief overview of specific Two Spirit and LGBTQI+ concerns and considerations.

OVERVIEW

Health equity studies routinely demonstrate that the LGBTQI+ community is ostracized.¹⁸ Other social determinants of health, such as income and houselessness, demonstrate intersecting vulnerabilities.^{19,20} In rural and remote areas with few – if any – safe spaces to gather, this absence of space has a negative impact on individuals' perceptions of safety and impacts their mental wellbeing.²¹ Additional rural and remote considerations include the lack of training: one may be a rural physician or counsellor's "first" Two Spirit or LGBTQI+ patient.¹⁵

Nearly half (47%) of post-secondary students witnessed or experienced discrimination based on gender, gender identity, or sexual orientation.²² In the Second National Climate Survey on Homophobia, Transphobia, and Biphobia in Canadian Schools,²³ 64% of all participants reported hearing homophobic comments daily or weekly at school, 57% of trans respondents experienced rumours or lies spread, and 30% of Two Spirit and LGBTQ respondents reported cyberbullying, compared to 8% of cisgender heterosexual respondents. In rural schools, the usage of homophobic, biphobic, and transphobic language was more frequent and more prevalent than their urban counterparts.

TWO SPIRIT BACKGROUND AND CONSIDERATIONS

Two Spirit is another term that requires greater understanding and awareness from individual Nations as well as from settler-colonizer society and governments. Recently, there has been a shift to putting 2S at the front of the acronym (i.e., 2SLGBTQI+) to recognize the unique relationship Indigenous peoples have with government institutions as well as a direct response to combating the co-opting of the term Two Spirit from non-Indigenous people. As efforts of reconciliation move forward in Canada, there may be a need to further separate out Two Spirit from the acronym to better reflect the unique constitutional relationships Indigenous people and Nations have. The authors have intentionally separated Two Spirit from the acronym to allow space to discuss specific aspects related to reconciliation and decolonization within the healthcare system.

No story or history related to Two Spirit for LFN could be found so the following information comes with a note of caution about essentializing and homogenizing Two-Spirit understandings and Indigenous culture. The breadth of variations across Nations means that no one definition of Two Spirit can adequately encapsulate every interpretation or experience that exists. This section is intended to allow Liard First Nation, the Government of Yukon, and partner organizations a starting point for a conversation on health, Two Spirit, and LGBTQI+ communities. It is also important to note that an individual who identifies as Two Spirit may not identify with the LGBTQI+ spectrum: a person can be Two Spirit but not necessarily LGBTQI+.

To date, the bulk of research and resources on gender and sexuality have been conducted from a settler colonial perspective: decolonizing these understandings have been peripheral.²⁴ The gender binary concept was not the norm in Indigenous cultures²⁵ and, prior to colonization, genders “were as diverse as Indigenous cultures themselves.”²⁶ Of the 200 native languages in North America, two-thirds have words to describe people who are neither men nor women.²⁶ Pre-colonization, Two-Spirit people were held in esteem, included and loved by their communities,²⁷ and held various roles related to mediation, healing, visioning, match-making, and parenting.²⁸

Both gender and racial categorizations are central to the Canadian settler colonial project, which sought the erasure of Indigenous peoples and continues to this day as a political structure and system.^{24,29} Legal avenues, such as the Indian Act, forced people to identify as either male or female. Studies and analyses of power and governance in Indigenous communities reinforce the gender binary by reducing it to male or female roles, ultimately erasing those who do not identify as either/or.²⁶ Residential schools inflicted homophobic and transphobic ideologies²⁵ into young children as well as prescribed appropriate gender presentations and roles, such as boys having short hair and girls wearing dresses.²⁴ By separating boys and girls into different schools or dorms, residential schools also imposed sexualities onto children, denying the varied traditional roles that existed across many Nations.²⁶ The religious values and beliefs systems condemned any diversity of sexuality or gender identification resulting in Two-Spirit people being killed, forced to assimilate, or to go into hiding.²⁸

Settler colonial views of the gender binary are a disruptive reality for Indigenous peoples today. By redefining gender and imposing settler colonial views of gender, expression, and sexuality on Indigenous peoples and their Nations, the settler colonial project maintains a system of erasure on Indigenous culture, beliefs, and values²⁴. Through the insertion of strict views of gender and unrealistic social and sexual expectations, Two-Spirit people continue to be pushed further to the margins of society³⁰ and many Two-Spirit teachings have been lost.²⁵

The term ‘Two-Spirit’ emerged in the 1990s from a meeting of Indigenous activists and scholars in Winnipeg, as part of a broader movement to include and frame Indigenous sexualities differently than had been occurring.¹⁷ Two-Spirit was developed by, and is reserved for,²⁸ Indigenous peoples.²⁶ It embodies a deep and complex connection to spirituality, culture, gender roles, and gender and sexual diversity in Indigenous cultures,²⁸ including varied understandings and roles of Two-Spirit people across Nations.²⁷ Two-Spirit people continue to be misunderstood and face discrimination and harassment, contributing to greater mental health issues and a 10% higher suicide rate than other Canadians.²⁵ They face increased rates of violence, homelessness, poverty, and lack of access to healthcare services.³⁰ As Indigenous Peoples reclaim their culture, and settler society simultaneously takes meaningful steps towards decolonization efforts that are aligned with the Truth and Reconciliation Recommendations, United Nations Declaration on the Rights of Indigenous Peoples, and the Murdered and Missing Indigenous Women and Girls Calls to Action, Two-Spirit teachings are coming back. Youth, in particular, are pushing the movement by asking questions of their Elders, trying to bring that knowledge to the forefront.²⁵ As Jack Saddleback states²⁵, there are literal lives to lose if Two-Spirit people continue to be silenced: “it’s violence against our own people... it’s violence against our own future generations”.

Part III: Wise Practices & Opportunities



First Nations Wellness and Service Delivery

This section reviews the literature and resources related to best practices of mental health service delivery. It highlights Indigenous-led and developed work with a focus on traditional healing practices, community-based interventions, and culturally safe approaches. This is not a comprehensive list and new tools, frameworks, or opportunities are being developed. Additionally, none of these have been developed specifically for Kaska Dene or Liard First Nation: adaptation is required. Wise practices were drawn on to develop opportunities for action.



Equity Concerns in the Context of COVID-19, Canadian Child Welfare Research Portal

A research brief was developed to focus on COVID-19 impacts on First Nations, Métis, and Inuit peoples and communities in Canada, grounding recommendations in the realities of current inequities being a result of systemic discrimination and the continued legacies of colonization. Table 6 outlines best practices to address COVID-19 risk factors, as presented in the brief⁵.

Table 6: Risk factors identified in First Nations, Inuit, and Métis communities and examples of strategies to begin addressing them

HEALTH INEQUITIES

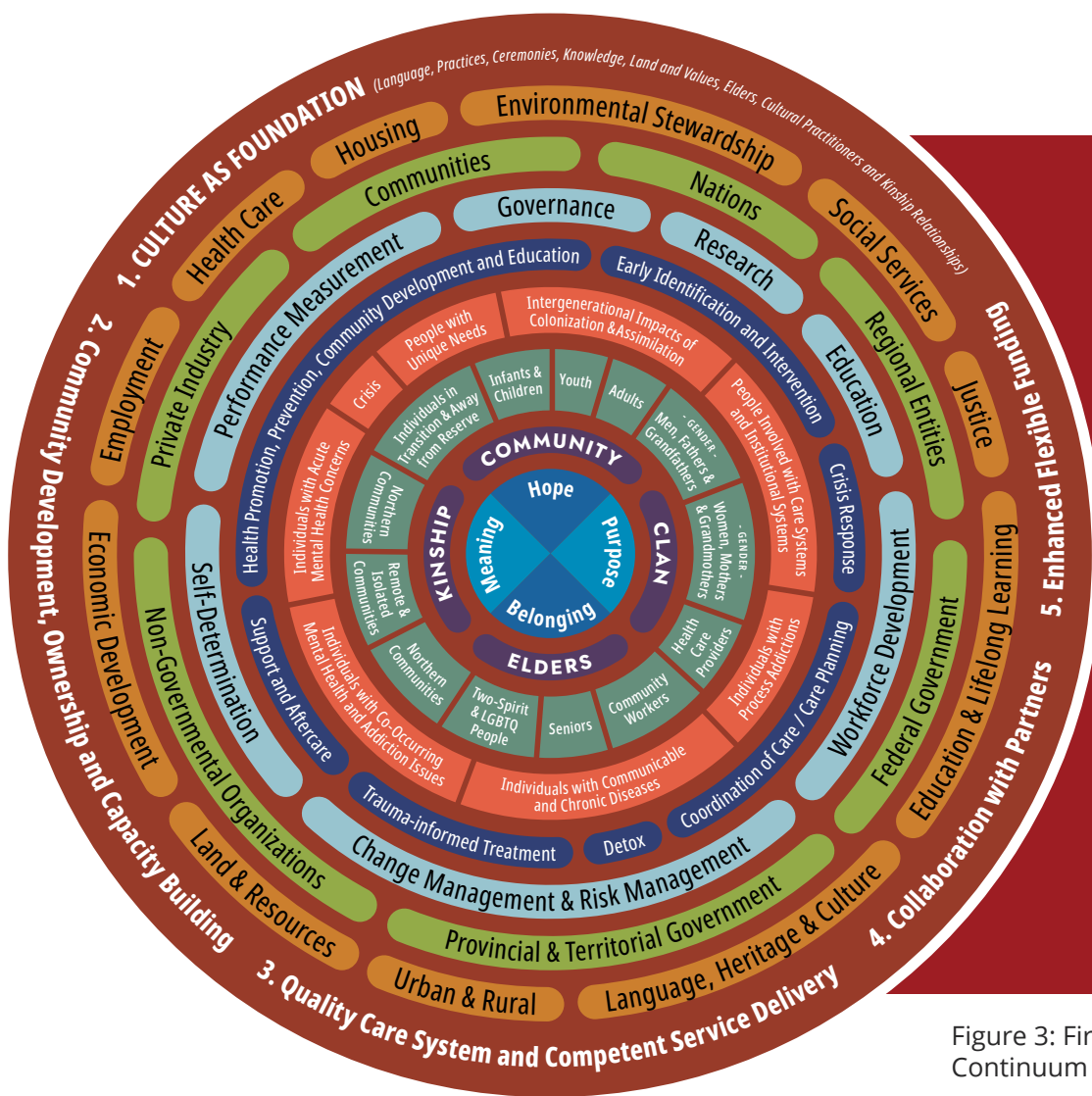
COVID-19 RISK FACTORS IDENTIFIED	EXAMPLES OF TEMPORARY SOLUTIONS	EXAMPLES OF PERMANENT SOLUTIONS
Overcrowding on reserve and in northern regions that prevents self-isolation	Temporary housing supports of repurposing of public spaces to permit self-isolation	Adequate government funding for housing construction on-reserve Explicit and adequate government action to address poor housing conditions
Lack of access to clean water in some remote Indigenous communities and for homeless urban Indigenous populations	Increased production and distribution of hand sanitizers Installation of handwashing stations in public spaces	Adequate government funding to construct and/or repair water distribution and decontamination facilities Explicit government policy that guarantees access to clean and safe water and proper sanitation systems for all
Increased presence of underlying health conditions in certain Indigenous communities	Prioritization of health resources to those identified as being most at risk	Adequate government funding across public services to address factors such as overcrowded or inadequate housing and food insecurity that contribute to development of health issues Systemically record ethnicity in health registries to track overrepresentation and identify populations most at risk
Difficulties accessing medical supplies and treatment in remote communities	Creation of resource stockpiles that are easily accessible locally Promote the use of local traditional medicines that help alleviate symptoms of COVID-19	Adequate government funding to improve transportation infrastructure to remote communities and address higher costs related to remoteness Ensure substantive equitable allocations of medical supplies and equipment, and pharmaceuticals for remote communities

COVID-19 RISK FACTORS IDENTIFIED	EXAMPLES OF TEMPORARY SOLUTIONS	EXAMPLES OF PERMANENT SOLUTIONS
Distrust in health structures experienced by Indigenous populations	<p>Outreach and educational activities</p> <p>Train available practitioners in the provision of culturally competent care and equitable practices</p> <p>Protection of the right of Indigenous communities to hold traditional healing ceremonies during COVID-19</p>	<p>Explicit government policy to increase the number of Indigenous health practitioners and to integrate Indigenous worldviews into health practices</p> <p>Implement reforms to eliminate systemic racism in health care provision</p> <p>Adequate measures from government to assist Indigenous communities in preserving and enriching the cultural and linguistic experiences of community members</p>
Lack of public health information available to communities for whom English is not their first language	<p>Translation and dissemination of clear and culturally appropriate information on COVID-19 into local Indigenous languages</p>	<p>Explicit government policy that requires all public health information to be translated into each Indigenous language</p> <p>Support Indigenous communities to design and implement public health education programs</p>

SOCIO-ECONOMIC DISRUPTION

COVID-19 RISK FACTORS IDENTIFIED	EXAMPLES OF TEMPORARY SOLUTIONS	EXAMPLES OF PERMANENT SOLUTIONS
Limited access to food in remote Indigenous communities	<p>Reliance on networks of traditional harvesting</p> <p>Provision of school lunches to low-income families</p>	<p>Explicit government policy to reinstate access to traditional foods and allow for traditional hunting and fishing practices</p> <p>Government subsidies for healthy food options and other necessities in communities</p>
Limited availability of computers and internet to access education during confinement for remote Indigenous communities	<p>Service providers supplying additional internet or hot spots to low-income families</p> <p>Schools' provision of computers/tablets to students or physical take-home materials that do not require internet or computers</p>	<p>Adequate government funding to develop reliable digital communications infrastructure</p> <p>Funding to ensure IT platforms are responsive to Indigenous languages and cultures</p>

Programs and services to address mental wellness are not always developed in a culturally aware or safe manner. This framework was jointly developed by the First Nations and Inuit Health Branch, the Assembly of First Nations, and Indigenous mental health leaders from First Nations non-profit organizations. As seen in Figure 3, the continuum model recognizes that the complex layers involved in wellbeing are rooted in culture. The centre of the model reinforces the need for interconnection of mental, physical, spiritual, and emotional behaviours and the need to balance these elements for optimal mental wellness.



More information on the continuum can be found here:
<https://bit.ly/43D4eT4>

Figure 3: First Nations Mental Wellness Continuum Framework



Native Wellness Assessments

Two assessment tools were developed to understand how cultural interventions can affect a person's wellness (one for the participant, one for the observer/practitioner). In contrast to colonial/Western measures of health assessment that focus on deficits and weaknesses, these tools use a strengths-based approach that focuses on the whole person. They are free to use and access. Modification may be required to support Kaska and Liard First Nations teachings.

Available for download here: <https://bit.ly/3A1WBrS>

Life Promotion

The Youth Action Group for Life Promotion is a collective of Indigenous youth who developed a toolkit, Strengthening Our Connections to Promote Life. This toolkit is a youth-led response to suicide, mental wellness, and substance use in Indigenous communities.

It is free and available for download:
<https://bit.ly/41a1cEr>



When confronting obstacles in our lives, we have always turned to Elders for guidance. Through storytelling and knowledge transfer, we have collected the tools and strength to overcome the hardships that we may face. This toolkit was developed in response to our communities who desired to implement life promotion initiatives. As the first step to suicide prevention, life promotion aims to build on the intergenerational strength of our relations who came before us. This toolkit aims to restore Hope, Belonging, Meaning, and Purpose to our Indigenous young people. By relying on our stories and wise practices, we work to empower our communities and ensure that intergenerational resiliency can be passed on from our ancestors to the present and the future. Life promotion encourages people to strengthen a connection to land, community, self, and spirit, equipping them to live a long prosperous life.



Ambassadors of Hope

We Matter is an Indigenous youth-led organization focused on Indigenous youth support, hope, and life promotion. The We Matter Campaign was a national multi-media campaign that brought together Indigenous role models, youth, and community members to share stories, art, and videos sharing their experiences of overcoming hardships. There are multiple toolkits and resources available for youth, teachers, and support workers to access. Ambassadors of Hope is a one-year program that offers mentorship, learning, and training to youth to break mental health stigmas and promote life and healthy communities.

Information on Ambassadors of Hope can be found here:
<https://bit.ly/3KBEH4h>

Youth Action Councils, various

Youth Action Councils or Young Adult Councils provide interested youth or young adults to take action and lead initiatives, programs, or decision-making opportunities within their community. They can take many forms, including being integrated within local government structures or being independent of those councils and working with organizations or schools. Common features include focusing on traditional values of family, care, respect, and culture; embracing strengthbased approaches; building and fostering relationships; and being youth-led.



First Nations Health Authority

Health through wellness

First Nations in Canada that delivers services to over 200 communities in British Columbia. The governance structure includes political representation and advocacy through the First Nations Health Council and technical support through the First Nations Health Directors Association. Collectively, this structure works in partnership and collaborates with the provincial Ministry of Health, Regional Health Authorities, and the Government of Canada to integrate health programs and services. 7 Directives were developed to guide their work.

They are:

- 1 Community-Driven, Nation-based
- 2 Increase First Nations Decision-Making and Control
- 3 Improve Services
- 4 Foster Meaningful Collaboration and Partnership
- 5 Develop Human and Economic Capacity
- 6 Be Without Prejudice to First Nations Interests
- 7 Function at a High Operational Standard

Opportunities

COVID-19 highlighted that agencies can come together to deliver services during a pandemic in an effective way. There is a desire to continue doing this level of collaboration in service delivery. External service providers are also keen to learn and improve their awareness of cultural safety. Youth expressed a desire to participate in various activities, including cultural and intergenerational learning. YG has taken steps to recognize mental health and the need for rural and Indigenous engagement. This leads to the development of opportunities available with the overall goal of facilitating youth in achieving their optimal mental wellness.

There are two levels of opportunities:

1
LOCAL



2
SYSTEMIC

Yukon

The first level of opportunities relates to actions and policies that Liard First Nation can implement. These are opportunities that are within the jurisdiction of a First Nation council, albeit with recognition that additional or outside resources may be required to address them. For example, training may be supplied by an external resource and funding may be required to implement that training but it can be initiated, explored, and potentially developed locally. The second level of opportunities is in recognition that many issues facing Liard First Nation's youth and their access to mental health resources – and indeed, many Indigenous people across the Yukon Territory and Canada - are systemic and largely a legacy result of colonization, including intergenerational trauma, systemic and widespread racism, and inadequate funding. These factors reach beyond the local and must be incorporated into policies, decisions, and programs at the higher policy, funding, or decision-making level from senior levels of government³¹.



Local – Liard First Nation

Liard First Nation – like many rural and/or remote communities in Canada – faces issues of limited resources, staffing, and distances to centres for essential goods³². Drawing from wise practices of rural development and incorporating the place-based data collection process heard from youth, LFN staff, and stakeholders in the community, opportunities have been grouped into two primary themes: **(1) Relationships and Communications** and **(2) Increased Training Opportunities**. These opportunities were developed to address immediate and actionable opportunities that build on existing strengths of LFN. These are not meant to be exhaustive nor are intended to be looked at in a vacuum. Youth mental health is a complex issue that requires complex and ecosystems-type thinking to acknowledge the multiple inputs that both cause poor mental health but also how good mental wellbeing can be enhanced.


Relationships & Communications

Rural and remote communities have unique relationships that can be used as a source of strength and positive opportunity. Often referred to as social capital, it refers to the networks and existing relationships that tend to naturally occur in small communities.³² There is a stronger sense of interdependence in rural and remote communities. For example, a local government councillor can often be found volunteering for other programs, be locally employed in another role, and is easily accessible at the grocery store.

Conversely, this easy access and multiple roles can contribute to burnout. Burnout or exhaustion may be amplified in rural communities due to compounding effects of fewer skilled or available staff (staff shortages), fewer resources to address staffing issues (e.g., housing, training opportunities), longer distances to travel to access specialized care (i.e., 5-hour drive to Whitehorse), and that social capital of being

accessible all of the time. Interviewees were recorded as stating, and anecdotal comments were heard, about high rates of burnout in schools and counselling positions in the community. Burnout will affect relationship development and communications if adequate staff are not in place to facilitate new relations or to ensure information sharing. For example, the Watson Lake RCMP detachment has struggled with staffing shortages having no higher rank than corporal throughout the height of COVID-19. This impacts the ability of the RCMP to reach out and improve relationships with departments, such as Health and Social, when more immediate needs are requiring attention.

Reflecting on the LFN H&S goal for the department, and recognizing that LFN H&S is underresourced, this project aimed to provide clarity surrounding mental health and wellness definitions. Youth, LFN staff, and stakeholders were asked to define good mental health. The following is proposed to provide a mission statement for the priority of mental health:



Good mental health is a balance of the spirit, body, and mind that allows a person to learn coping skills to live a fulfilling life and ride the positive and negative stressors in life. Mental health looks different for everyone and access to individualized resources is important.

Secondly, to align with best practices of First Nations health that focuses on culturally appropriate care, the following goal statement is proposed to support LFN in embedding culturally appropriate care into their programs and policies:

- 1** For LFN services, culturally appropriate care means incorporating learnings, traditions, teachings, and values to provide guided care that ties in the stories and histories of land and place.
- 2** For non-LFN service providers, culturally appropriate care means undertaking training and improving listening to allow for a collaborative approach amongst LFN members and their service providers.

Throughout the project, a common barrier to accessing data or running an engagement came down to stressed relationships and subsequently limited communications. This was evidenced by low attendance at engagement events due to a lack of awareness, low attendance at other LFN hosted events, limited response rates from staff and stakeholders to surveys or feedback, or conflicting events occurring in the community that were being hosted by LFN H&S staff. While conducting a relationship analysis was beyond the scope of this project, including analyzing the root cause(s) of limited communications, there are relationships that either need repair or need to be developed. These relationships can be leveraged in a positive way to improve access to information, collaboration, and the development and execution of programming, ultimately delivering programs that are effective, needed, and with fewer resources due to time and costsharing opportunities. For example, there is the existence of an interdisciplinary stakeholder group in Watson Lake that meets to share information. In other communities, this type of group has proven to improve inter-agency collaboration and communication, allowing an easy way to share information about upcoming projects or programs as well as distribute the burden of work to support other events, while simultaneously reducing scheduling conflicts. This role has not been formalized for any one agency or individual to manage or guide the organization of this meeting and has resulted in sporadic meetings with no structure to ensure follow-ups are actioned.

Youth

- Although an LFN staff position exists for youth engagement, there is no clear strategy for engagement or integrating projects such as this with their work.
- The high school proved willing and eager to develop this relationship for the project. As a result of these efforts, a Peer 2 Peer wellbeing support group has been developed and is being implemented.

Intergenerational

- Elder engagement was limited throughout the project with no clear Elder engagement strategy to interact with Elders in this type of work.
- Elders stressed the desire to have greater intergenerational opportunities, including reviving a program at the high school that brought Elders in.
- Mental health concerns for Elders were flagged with isolation being a concern, particularly as it related to COVID-19. An informal 'tea time' to conduct mental wellness checks where youth would visit Elders for 1-2 hours on a set schedule was suggested.

Within LFN

- There is ample programming available for LFN members but the internal communication strategy is unclear, which is limiting the ability to share events, programming, and resources.
- Clear communications between departments, staff, and Chief and Council can facilitate greater engagement and participation in events as well as ensure programs and events are what the community wants or needs.

With other agencies

- COVID-19 proved the ability of all agencies to come together to meet the community's needs, regardless of jurisdiction. Processes have been returning to 'pre-COVID-19' realities with siloing of roles and responsibilities.
- Supporting a regular, multi-disciplinary team meeting can improve relationships and communications, identify service gaps, and integrate services.

Increased Training Opportunities

Training was routinely heard from youth, LFN staff, and other agencies. They spanned the desire from youth to have adequate skills to enter the job market or higher education, to staff shortages and needing to hire individuals who require skills upgrading, to service providers wanting to improve their cultural awareness and sensitivity.

Youth

There are limited employment opportunities for youth in Watson Lake and it was noted as a gap from service providers and youth. Youth were keen to want a job to earn money; service providers noted that not having the opportunity for a job impacts employability for the future. While training could be in the form of volunteer opportunities, incentives are required to consistently engage the youth. As evidenced by low applicant rates for youth jobs or low participation in events, there is a low rate of youth engagement for LFN. Low engagement is not to be confused with apathy: reasons for not attending events included overlapping responsibilities (e.g., caring for other family members), lack of awareness about programs/events/job postings, or no transportation to attend.

Supporting job creation that aligns with youths' interests (that is, beyond the service sector), allows flexibility in hours to support other responsibilities, and considers transportation limitations is required. This includes partnering with other organizations to develop youth-led initiatives, such as a Peer 2 Peer program at school, a youth representative for a territorial organization, or creating opportunities for LFN communities to alleviate transportation demands, such as youth ambassadors supporting wellness checks with Elders for 'tea time'. As important to developing engaging and flexible jobs is ensuring youth are aware of the job posting, which will require posting and meeting youth where they are. For example, within the high school, at the rec centre/Laurie's, or on the Sunshine Facebook page.





LFN Staff & Other Agencies

LFN staff and service providers from other agencies both said they desired training. Training was broken down into professional development to meet the demands of their clients and cultural competency or cultural safety training for service providers.

For professional development needs, a gap that was identified during the environmental scan of existing services and programs is gendered, Two Spirit, and LGBTQI+ awareness and services. LFN H&S presently have no statement related to gendered impacts nor the needs of the Two-Spirit and LGBTQI+ communities. Similarly, service providers outside LFN do not have training regarding those needs.

Professional development also refers to new tools, frameworks, or workshops offered for service providers to ensure they are employing the most effective strategies in their line of work. Additionally, working with other partners and agencies to bring in trainers to the community can reduce the amount of out-of-community travel that is required when training is only offered in Whitehorse.

Related to cultural safety, this is a need that has been identified by the Government of Yukon Health and Social Services Department. While this is also addressed at the systemic level, LFN can take an active role in developing training or opportunities to learn (e.g., workshops) for service providers in Watson Lake.

Community/general public

Service providers commented on the need for skills development/training/upgrading to support hiring local staff. Skills included technical or office-based skills (e.g., computer, typing, management) as well as education certificate upgrades (e.g., conflict management, social services). While training may be available in Whitehorse, working collectively with other agencies could provide the opportunity to bring training to Watson Lake.

Looking at the systemic reasons behind retaining employment, hiring local is complicated by the realities of substance abuse issues individuals experience. With a lack of wrap-around services available in the immediate area, an individual may be vulnerable and struggle with consistent employment demands. Investing in culturally appropriate wrap-around services and care is not possible without support from federal and territorial funding.

Forward Together

YUKON MENTAL WELLNESS STRATEGY

2016-2026

Systemic – Government of Yukon

Opportunities to address the systemic issues and recognized gaps broadly stem from three areas of literature:

- 1 Existing legislation, frameworks, and YG reports
- 2 Auditor General of Canada recommendations
- 3 Structural Inequities



The Government of Yukon has taken steps to identify and address health service and programs as well as efforts to advance reconciliation. For the latter, the development of the Yukon Forum in 2005 established government-to-government relations and has a specific priority area related to health and social services. Several reports have also been commissioned by the government in recent years on health and are relevant to this research, such as **Forward Together: Yukon Mental Wellness Strategy, 2016-2026**³³ and **Putting People First**³⁴, a review of the health and social services that are offered through the government. In 2021, the Auditor General of Canada assessed Mental Health Services in Rural Yukon and identified four thematic recommendations that were included during feedback from LFN and other stakeholders and have been incorporated as opportunities for this report.

Gaps were identified and these gaps provide areas of improvement to better embed efforts of reconciliation and improving services of the Government of Yukon Health and Social Services workings, particularly as it relates to indigenizing mental health services.

Health & Social Services: Department and Ministry Mandate Review

As the research progressed, a fulsome environmental scan of all Government of Yukon policies, strategies, or documents was not feasible. However, additional contextual information provides guidance for areas of improvement. Thus, a brief review of the Health & Social Services Department and the Minister's Mandate letter provides examples of the importance of embedding legislation, frameworks, and policies from the top-down. Without these broader statements and explicit efforts to address the inequities in the health system for Indigenous peoples, reconciliation efforts can be minimized or ignored.

There is little on the Health and Social Services department's website that explains the Health and Social Services department's vision, strategic purpose, or other work or action plans. There is no mention of specific Indigenous frameworks or legislation that can either be implemented or, at minimum, guide health services efforts. While these documents may exist, they are not transparent nor accessible for the public to view. A statement on the department's website reads¹⁰:

To promote, protect and enhance the well-being of Yukoners through a continuum of quality, accessible and appropriate health and social services.



In March 2023, new mandate letters were developed for the Premier's cabinet. Minister Tracy-Anne McPhee, in their role as Minister of Health and Social Services, received new directions that included reference to YG's Missing and Murdered Indigenous Women, Girls, and Two-spirit+ People³⁵ (MMIWG2S+) report and noted that the YG's "work on reconciliation has established the Yukon as leaders". Additionally, references to the Substance Use Health Emergency, which requires a full span of prevention through a treatment approach, and **Putting People First**, a report on the health system that promotes a people-centred approach to healthcare, were included. The following actions of the mandate letter explicitly relate to First Nations and rural communities' health:³⁶

Continue to support First Nation partners with funding to develop and implement rural, on-the-land mental health and substance use treatment options for Yukoners.

While it was noted that reconciliation efforts are making the Government of Yukon leaders in reconciliation, except for the Yukon's initiative to develop their own plan on MMIWG2S+ actions, no examples of what reconciliation efforts are being implemented are explained. No mention of the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) or what actions from the Truth and Reconciliation (TRC) Calls to Action were found in the mandate letter or on the Health and Social Service Department. A review of news releases on the government website yielded no announcement related to adopting UNDRIP. These frameworks form the first major theme for recommended actions the Health and Social Service Department, and the Government of Yukon as a whole, should be framing and grounding mental health efforts.

Existing legislation, frameworks, and reports: Awareness and reconciliation

No notice could be found indicating that the Government of Yukon has adopted UNDRIP and little evidence exists indicating that the TRC Calls to Action are being implemented. Given the nation-to-nation Yukon Forum, it is possible that the Government of Yukon has accepted and is implicitly working on UNDRIP frameworks or legislation, TRC Calls to Action, Jordan's Principle supports, and MMIWG actions. However, without explicit statements, legislation, or policies to guide staff and departmental efforts, these concepts or frameworks can be lost and result in reconciliation or indigenization of services as an afterthought instead of embedding these concepts from the start to facilitate systemic changes.

For example, in the two noted Government of Yukon Health and Social commissioned reports (**Forward Together** and **Putting People First**), while there is recognition and/or a section on indigenizing healthcare, there is no mention of UNDRIP or Jordan's Principle in either report: both of which are well-recognized and known concepts in the Yukon and throughout Canada, and are aligned with a number of TRC Calls to Action and MMIWG actions. A review of these concepts with associated principles follows.

Of note, and misaligned with UNDRIP and TRC Calls to Action, is that the Government of Yukon is the sole entity that controls and holds all health data and health information on First Nations peoples. Health records for Indigenous individuals are only accessible by government-employed physicians, creating barriers to individuals in accessing their medical records and potentially a gap in service delivery.

UNDRIP and Healthcare

British Columbia was the first jurisdiction in Canada to adopt UNDRIP with the **Declaration on the Rights of Indigenous Peoples Act** and, in 2021, released its five-year action plan. It has since been adopted federally in 2021³⁷, with a process underway to develop a federal action plan. UNDRIP can be applied to health services by promoting principles of self-determination, cultural safety, and meaningful engagement of Indigenous peoples in decision-making processes related to health services.

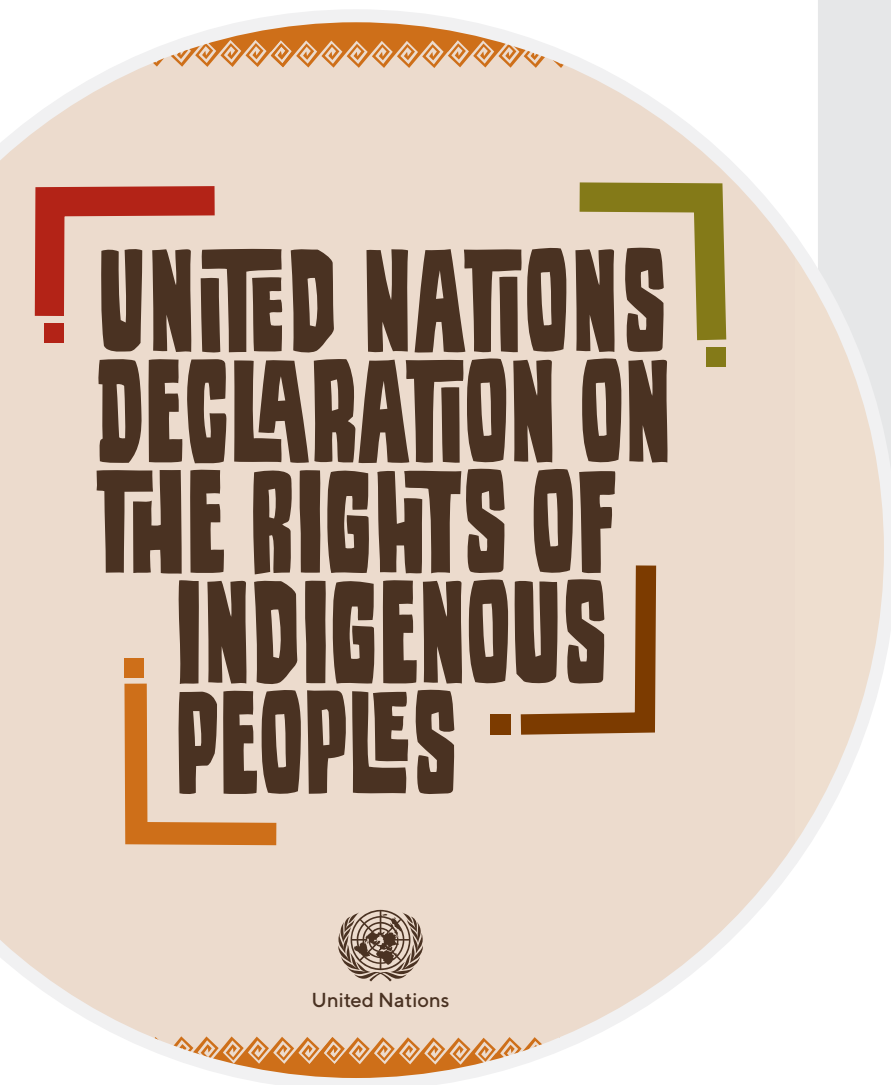
Self-determination means that Indigenous peoples have the right to determine their own priorities, policies, and strategies for the provision of health services in their communities. This includes the right to participate in the design, implementation, and evaluation of health services.

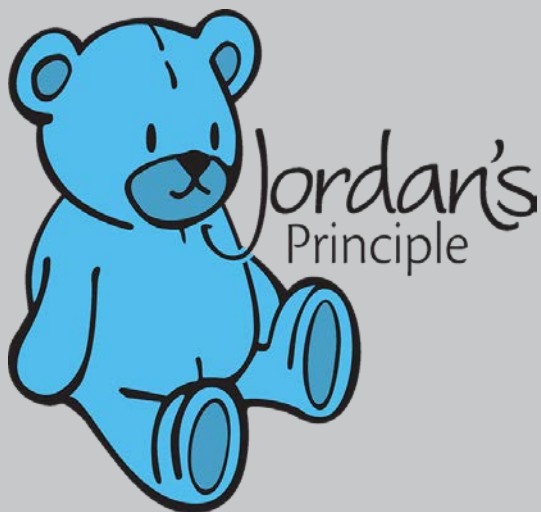
Cultural safety means that health services should be provided in a manner that is respectful of the cultural values, beliefs, and practices of Indigenous peoples. This includes the recognition of traditional healing practices and the provision of culturally appropriate care.

Meaningful engagement of Indigenous peoples in decision-making processes for healthcare means that Indigenous people have a say in the policies and strategies that affect their health and well-being. This includes the development of collaborative partnerships between Indigenous communities, health service providers, and government agencies.

Truth and Reconciliation Calls to Action

There are several actions related to health services delivery, inequities, and access in the TRC. A review and assessment of each related call is beyond the scope of this report. However, as noted in the mandate letter, there is a claim that the Government of Yukon is a leader in reconciliation efforts. Aside from a 2016 report³⁸ detailing the status of where the government is at for TRC, no update on the completed calls could be found.





Report of the Auditor General of Canada to the Yukon Legislative Assembly: Mental Health Services in Rural Yukon – Department of Health and Social Services

This report was chosen for opportunity framing due to **(1)** the scope of the report clearly aligned with the scope of this research (rural mental health services, including Watson Lake) and **(2)** the publication date was the most recently released report. The report concluded that while services did increase, a lack of data collection has resulted in unclear results on the efficacy of meeting the needs of residents. Summarizing the recommendations, the Department of Health and Social Services is to:

- 1** Consult with rural communities to identify the mental health services needed.
- 2** Complete and implement a recruitment and retention strategy for mental health services providers that address local, and rural realities.
- 3** Develop and implement a plan to work with First Nations to improve cultural safety in service delivery on an ongoing basis.
- 4** Establish, measure, and report on the performance of its mental health services in rural Yukon.

Jordan's Principle

Although Jordan's Principle³⁹ is a federal policy, the elements of the principle are relevant for any high-level policy or government development. The goal of Jordan's Principle – named after Jordan River Anderson, a child from Manitoba who passed away while waiting for provincial and federal governments to determine jurisdiction – is to ensure that First Nations children receive timely, equitable, and appropriate services, regardless of jurisdictional disputes between governments. The elements can form a foundation for delivering services and developing policies. The elements are:

Child-first approach:

To ensure the needs of the child come first.

Equity:

That all First Nations children are entitled to receive services and support that meet their needs, regardless of place of residence, status under the Indian Act, or eligibility for other government-funded services.

Timeliness:

That services and supports are provided in a timely manner, without delay or disruption to the child's care.

Comprehensive:

That services and supports should be comprehensive and address the child's physical, emotional, and spiritual needs.

Culturally appropriate:

That services and supports respect and reflect the child's cultural identity and heritage, including supporting intergenerational relationships and the recognition of the impacts of intergenerational trauma.

Collaborative:

That providers and organizations work together to ensure the child's needs are met.

Accountability:

That the government and service providers have a responsibility to be accountable for providing services and supports to First Nations children.

Structural Inequities

Structural Inequities emerge from existing literature demonstrating the inequities that exist for Indigenous peoples within the healthcare system and contribute to the experiences of LFN youth during the pandemic. These inequities include physical infrastructure (such as housing or telecommunications) as well as the need to invest in locally developed mental health systems (such as data collection and ownership or increased staffing).

For example, when COVID-19 began, fibre optic lines had not yet been installed in the Watson Lake area. Youth and families were reliant on purchasing data, which is expensive, and it prevented the ability to access online resources or look up needs, such as a number to a hotline. This speaks to two issues: **(1) the need to invest in this infrastructure, which has started, and (2) ensuring that resources are relevant and locally developed.** In other words, the government should be developing and providing resources that are adaptable and scalable for communities to use. This can only be accomplished through consultation efforts with communities.

Investments in staffing and the systems that surround the implementation of rural programming are also required. While changing how health transfers are made from the federal government to the territory and First Nations is beyond this scope, the YG and LFN do have control over how those dollars are allocated and, specifically, how decision-making occurs. Embedding a needs-based approach to decision-making – as noted in both the Auditor General report and **Forward Together** – will provide for a more equitable investment in rural health programming and support reconciliation efforts, particularly related to First Nations' decision-making authority. For youth mental health, meeting youth where they are is paramount to providing service: providing easy access to certified counsellors and investing in teachers' knowledge of mental health and wellbeing is paramount for youth to receive timely care.

In parallel with investing in additional staffing positions is the need to address factors related to hiring and retention, both local and external. Addictions and substance use continue to be a major health concern for First Nations and is compounded by a lack of wrap-around services available for rural and remote communities. While there is a desire to hire a local member, in a variety of capacities, a person staying in their home community without adequate supports may be vulnerable. Investing in culturally appropriate wrap-around services and care, including employment training, can contribute to a larger pool of staffing options in the longer term. For external hires, limited housing and poor/older available housing stock creates a barrier for hiring and retaining people. External hires also require additional supports to improve cultural awareness, including language and reconciliation training.



Opportunities for Action





The purpose of this project was to:

- 1 Provide advice to policy and decision-makers to support recovery from the COVID-19 pandemic.
- 2 Provide information for LFN to create strategies that protect and support their youth.
- 3 Improve policies and process of health services and supports for youth.
- 4 Identify resource gaps for mental health supports.

There are several actions that both Liard First Nation and the Government of Yukon can take to support the broad goal of improving youth mental health. When presenting actions for opportunities, they become presented in a linear format, which can minimize or conceal the overlap and interrelationships that need to exist. Drawing on the positive experiences expressed by the community coming together to serve the needs of LFN members during COVID-19, there is a desire to return to that level of interagency cooperation. Opportunities should be interpreted holistically and emphasize the need to collaborate amongst agencies.

Table 7 provides actions for LFN

They are grouped by the two key themes of 1) Relationships and Communications and 2) Training Opportunities and have been associated with how they assist in building the four key relationships.

RELATIONSHIPS AND COMMUNICATION				
	Youth	Intergenerational	Within LFN	Other Agencies
Adopt mission for good mental health			X	X
Adopt goal statement of culturally appropriate care			X	X
Support Peer 2 Peer Group at school	X			X
Support LFN integration with Peer 2 Peer group	X			X
Integrate Elder element into Peer 2 Peer group	X	X		X
Develop LFN-wide youth engagement strategy	X		X	
Develop LFN-wide Elder engagement strategy		X	X	




Assess internal comms strategies and policies, including calendar integration, across H&S and full LFN			X	X
Dedicated youth ambassador to Council	X	X	X	X
Support Youth for Dignity, intergenerational learning with school	X	X	X	X
Develop youth-Elder 'tea time'	X	X	X	
Dedicated multi-disciplinary position to assist with meetings, calendars reviews, and info sharing	X	X	X	X
Research, learn, and share Kaska history of Two Spirit understandings	X	X	X	X
Conduct relationship analysis with outside agencies, not limited to: <ul style="list-style-type: none"> • RCMP • Queer Yukon Watson Lake • LAWS • High school • Hospital 			X	X

INCREASED TRAINING OPPORTUNITIES				
	Youth	Intergenerational	Within LFN	Other Agencies
Collaborate and cost-share with other agencies to: <ul style="list-style-type: none"> • Conduct gendered analysis of services offered • GBA+ on services needed • Provide Two Spirit and LGBTQI+ competency training for staff and agencies • Identify training needs to be brought in 	X	X	X	X
Learn and share traditional stories for training related to mental health and youth wellness	X	X	X	X
Share online training resources list with other departments and agencies			X	X

Develop statements on Two Spirit, LGBTQI+, and gendered inclusion	X		X	
Investigate job creation opportunities with territorial youth organizations	X		X	X
Investigate on-reserve job creation opportunities for youth	X	X	X	
Meet youth where they are: • Sunshine Facebook page • Rec Centre • School	X		X	X
Investigate wrap-around service models			X	X

Table 8: Actions for Government of Yukon

This table looks to address, mitigate and repair the systemic inequalities that exist. They are aligned with the noted themes.

RECOMMENDED ACTION	 Existing legislation, frameworks, and YG reports	 Auditor General of Canada recommendations	 Structural Inequities
Adopt UNDRIP for the entirety Government of Yukon	X		
Immediately undertake work on an UNDRIP Action Plan to align policies and legislation with adopted legislation	X		X
Compile, track, complete, and publish the status of the Calls to Action	X		X
Initiate programs based on best practices to better support First Nations' ownership of health priorities and data (e.g., First Nations Health Authority Model)		X	X

Support Nations and their service providers in how to develop indicators, collect, share, and store data		X	X
Embed Jordan's Principles in Health and Social Department Delivery	X		X
Ground all research with UNDRIP, Jordan's Principle, and relevant Calls to Action	X		X
Develop a rural consultation committee with appropriate resources to support staff or members to participate		X	X
Develop a newsletter for stakeholders and councils to share updates and initiatives		X	X
Invest and develop housing for workforce and staff		X	X
Implement a training bonus for new staff service providers		X	
Invest in training for administrative and other support staff to manage offices and collaborate across organizations		X	
Invest in additional full time, permanent counselling positions in schools		X	X
Co-develop and deliver cultural safety education and awareness that incorporates youth and Elders	X	X	X
Invest in local youth and Elders to provide training for newcomers and service providers	X	X	X
Invest in locally developed and youth-led mental health resources	X		X
Invest in telecommunications services			X
Invest in locally developed wrap-around services			X

Limitations & Final Thoughts

The purpose of this research was to understand the impacts of COVID-19 on mental health for Liard First Nation's youths. As the research unfolded, it became clear that a lack of available data would prevent the project from conducting a comparative analysis of pre-, during, and post-COVID-19 related mental health factors and indicators. This shifted the research focus to (1) understanding the efficacy of communications from both the Government of Yukon and Liard First Nation about COVID-19 to youth and (2) a local analysis of the status of youth mental health and services for Liard First Nation youth. The purpose for the research remained the same and sought to:

- 1**
Provide advice to policy and decision-makers to support recovery from the COVID-19 pandemic.
- 2**
Provide information for LFN to create strategies that protect and support their youth.
- 3**
Improve policies and process of health services and supports for youth.
- 4**
Identify resource gaps for mental health supports.

Additionally, overworked staff from across all sectors and their ability to contribute to this research created a limitation. Staff energies are focused on reacting to daily emergencies and while a desire to participate was expressed, the realities of the day-to-day demands limited that ability. This created confusion during some of the data collection and means the interpretation of these findings outside the immediate, local context is cautioned. Deeper findings, accessing raw data, and setting and maintain clear definitions or parameters were hindered due to staff and providers unable to participate fulsomely.

For the first focus of this research on the efficacy of communications, both levels of government relied on posting information online, however, those posts were not targeted to their audience and a youth strategy could not be found. Territorial information for youth was buried under tabs or required keyword searches to find. LFN relied on their Facebook page and provided three postings to share information with youth. Neither of these approaches reached youth, indicating the need for improved relationships and communications to better understand how and where youth are accessing information.

For the second point on the status of youth mental health and services, there is ample research that demonstrates the inequities of the healthcare system experienced by Indigenous peoples in Canada, and these same inequities exist for LFN members. This research contributes to that understanding in a localized manner. Compounding factors related to intergenerational trauma, racism, and chronic underfunding have created the current reality of limited services and various social determinants of health factors, such as inadequate housing. Locally, service providers and their support staff (e.g., administration) are under-staffed and under-trained. They are unable to meet the demands that youth require, a sentiment that was echoed by youth involved in the emerging Peer 2 Peer program as they want faster and more efficient access to counsellors.

Turning to overall thoughts of service delivery during the height of COVID-19, staff, community members, and service providers from all varieties of agencies came together to provide support. Bureaucracies and jurisdictions were temporarily relieved as emergency services popped up to assist those in need, such as delivery of homework, filling and picking up prescriptions, or on-the-spot mental health support while delivering a meal to an Elder. This collaboration was spoken of highly however, as both Liard First Nation and Watson Lake staff and service providers return to pre-COVID-19 operations, this collaboration seems to have disappeared; and yet, community members and stakeholders both held this collaboration in high regard. This element of coming together is common in rural and remote communities. It speaks to the importance of ensuring service delivery has a local focus – is not just a top-down approach from a major centre – as well as the importance of cross-collaboration training opportunities, for service providers as well as the general community. It requires shared resources, strong relationships, and continued communication between all agencies and levels of government. Given service providers continue to speak highly of this collaboration, there is a great opportunity to revive these relationships and coordination in a more formalized structure, such as inter-agency meetings.

An area of omission – both locally and systemically – relates to Gendered, Two Spirit, and LGBTQI+ services, policies, training, and statements. Particularly as it relates to Indigenous youth, there is a resurgence of reclaiming traditional concepts of gender and orientation. In a broader societal view, youth are embracing diverse views on gender and orientation. The health sector is recognizing the gendered and racial differences in treatments, care, and experiences. Staff, service providers, and family units need to recognize this and how it impacts youth mental health.

Liard First Nation Health & Social Department has motivated and passionate staff that are continuing to develop, build, and improve relationships. Community members and external agencies have a strong desire to ensure culturally appropriate and safe care for their clients.

There is a desire across sectors and agencies to strengthen communication lines and collaborate to improve training and needs-based services. Ultimately, all levels of governments (First Nations and colonial); departments, agencies, and service organizations need to come together to put the needs of youth first through a de-siloing of efforts. The COVID-19 pandemic demonstrated that local collaboration is possible.

To conclude, COVID-19 highlighted the need for:

- (1) local collaboration to occur to improve service delivery;
- (2) improved communication strategies for LFN and YG to better engage and support youth in receiving information and services; and
- (3) increased investment and supports from senior governments to address systemic issues.

Lastly, that colonial governments have failed – and continue to fail – First Nations youth across Canada is not a new finding. The mental health of Indigenous youth is dire. Senior governments need to adopt UNDRIP, implement and track the TRC Calls to Action, and provide Indigenous governments with decision-making and data ownership powers. It is clear that local agencies can cooperate on programs and events, but without investments in health services, housing, and telecommunications infrastructure from senior governments, Indigenous youth will not be able to achieve optimal wellness.

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