

Health Reform Observer - Observatoire des Réformes de Santé

VOLUME 4

| ISSUE 2 |

ARTICLE 3

Developing a Child and Youth Mental Health and Addictions Framework for Yukon as a Foundation for Policy Reform: Engaging Stakeholders Through a Policy and Research Partnership

Gillian MULVALE, *McMaster University, Hamilton, Ontario, Canada*

Stanley K. KUTCHER, *Dalhousie University, Halifax, Nova Scotia, Canada*

Paddy (Patricia) MEADE, *Patricia Meade and Associates, Vancouver, British Columbia, Canada*

27 September 2016

A Provincial/Territorial Health Reform Analysis

RECOMMENDED CITATION: Mulvale G, Kutcher SK, Meade P. 2016. Developing a Child and Youth Mental Health and Addictions Framework for Yukon as a Foundation for Policy Reform: Engaging Stakeholders Through a Policy and Research Partnership. *Health Reform Observer - Observatoire des Réformes de Santé* 4 (2): Article 3. DOI: <http://dx.doi.org/10.13162/hro-ors.v4i2.2898>

Abstract

In April 2015 the Yukon Government released a new child and youth mental health and addictions framework (CYMHAF) to improve territory-wide access to basic mental health care and coordination of services for children and families. Yukon's limited resource base and dispersed population challenges delivery of child and youth mental health and addictions services to small rural communities where needs are often high as a legacy of residential school policies. The objective of CYMHAF is to improve outcomes by identifying and capitalizing on current strengths, and re-allocating existing resources to better meet the mental health needs of Yukon youth and families. Access, coordination and quality problems associated with existing services, growing public awareness of mental health issues, and a new national policy framework designed to assist provinces and territories, led Yukon policymakers to partner with researchers to capitalize on a Canadian Institutes of Health Research strategic grant initiative. CYMHAF was based on extensive stakeholder engagement, best evidence and advice from key informants in other jurisdictions. It offers a cascading model of service delivery through which basic mental health care can be provided by existing health and human service workers in communities. These workers will be trained in child and youth mental health competencies, and will have electronic linkages and support to integrated teams of primary care providers who will be located in regional hubs once fully implemented, and to specialists in Whitehorse and out of Territory. Implementation is underway with some training of frontline Health and Social Service and First Nations workers and a new mental wellness strategy for Yukon founded on CYMHAF that was released in spring 2016. A new Health Accord and improved Federal relationship with indigenous peoples may accelerate implementation.

Le gouvernement du Yukon a promulgué en avril 2015 une nouvelle approche de la santé mentale et des addictions des enfants et jeunes (CYMHAF), dans le but d'améliorer l'accès aux soins de base en santé mentale sur tout le territoire ainsi que la coordination des services pour les enfants et leurs familles. Les ressources limitées du Yukon, ainsi que la faible densité de population, rendent difficile la provision de traitement en santé mentale et addictions dans les petites communautés rurales, dans lesquelles la demande est souvent élevée en raison des suites des politiques passées de placement en écoles résidentielles. L'objectif de l'approche (CYMHAF) est d'obtenir de meilleurs résultats en identifiant et utilisant les forces existantes, ainsi qu'en répartissant différemment les ressources afin de mieux coller aux besoins des jeunes et de leurs familles. La perception de problèmes d'accès, de coordination et de qualité dans les services existants, la réalisation croissante des problèmes de santé mentale dans la population, et une initiative récente de politique nationale visant à aider les provinces et les territoires a conduit les décideurs politiques au Yukon à tirer parti, en partenariat avec des chercheurs, d'une initiative stratégique de financement des Instituts de

Recherche en Santé du Canada. CYMHAF repose sur une large initiative de participation des parties prenantes, ainsi que sur une collection de données probantes et de conseils fournis par des informateurs clés dans d'autres entités politiques. L'approche propose un modèle de provision graduelle de services selon lequel les soins de base en santé mentale peuvent être fournis par les employés des services sociaux travaillant dans les communautés. Ces employés recevront une formation en santé mentale des enfants et des jeunes, et seront reliés électroniquement à des équipes intégrées de soins primaires situées dans des sites régionaux à créer, ainsi qu'à des spécialistes à Whitehorse ou hors du Territoire, qui leur fourniront le support nécessaire. La mise en place de l'approche a commencé par la formation des employés de première ligne du Ministère de la Santé et des Services Sociaux (Health and Social Service) et des Premières Nations du Yukon et la publication au printemps 2016 d'une nouvelle stratégie de bien-être mental pour le Yukon, fondée sur CYMHAF. Elle sera peut être accélérée par un nouvel Accord sur la Santé et de meilleures relations entre le gouvernement fédéral et les populations indigènes.

Key Messages

- A new child and youth mental health and addictions framework (CYMHAF) promises to offer basic mental health care to Yukon children and families in their home communities. Existing health and human service workers will be trained in child and youth mental health competencies and provided with electronic support and linkage to integrated primary care and specialist services in Whitehorse and beyond.
- Growing public awareness of mental health issues, outside pressure, and a political commitment to a new mental health framework encouraged the Yukon government to partner with researchers and capitalize on a Canadian Institutes of Health Research strategic funding initiative.
- Implementation is underway with the training of frontline Health and Social Service and First Nations workers and a new mental wellness strategy founded on CYMHAF that was released in spring 2016. A new Health Accord and improved Federal relationship with indigenous peoples may accelerate implementation.

Messages-clés

- *Une nouvelle approche de la santé mentale et des addictions des enfants et des jeunes (CYMAF) s'engage à offrir les services de base en santé mentale aux enfants et à leurs familles dans leur communauté de résidence. Les travailleurs sociaux et sanitaires seront formés en santé mentale infantile et juvénile et recevront une assistance électronique de la part d'équipes de soins primaires et de spécialistes à Whitehorse et au-delà.*
- *La réalisation croissante des problèmes de santé mentale dans la population et un engagement politique pour une nouvelle approche en santé mentale ont encouragé le gouvernement du Yukon à tirer parti d'une initiative de financement des Instituts de Recherche en Santé du Canada, en collaboration avec une équipe de recherche.*
- *La mise en place de l'approche est en cours, à commencer par la formation des employés de première ligne en services sociaux et de santé ainsi que des Premières Nations et la publication au printemps 2016 d'une nouvelle stratégie de bien-être mental, fondée sur CYMHAF. Elle sera peut être accélérée par un nouvel Accord sur la Santé et de meilleures relations entre le gouvernement fédéral et les populations indigènes.*

1 BRIEF DESCRIPTION OF THE HEALTH POLICY REFORM

In April 2015 the Yukon Government released a new child and youth mental health and addictions framework (Mulvale, Kutcher, Winkup 2014). Like many jurisdictions, Yukon is challenged in delivering services to small rural and remote communities due to a limited resource base and fragmented services. It also has particular needs arising from the legacies of residential school policies.

The framework has five components: core values, common language, mental health needs, comprehensive programming, and a service delivery model tailored to the Yukon context. Figure 1 provides a high level overview of the components of the framework.¹ While these components are represented as distinct they are in fact interconnected. The framework adopts a needs-based approach, prioritizing the most serious/acute mental health care needs. Priority needs and responses are placed at the top of each triangle, regardless of the triangle's orientation. For example, the Component 3 triangle indicates that mental disorders present the most pressing mental health service needs, followed by mental health problems and mental stress. Mental disorders range in severity and are diagnosed by trained health care providers based on internationally accepted criteria. Mental health problems are emotional, cognitive and behavioural difficulties associated with significant environmental stressors such as loss of a loved one, or family disintegration and so on and result in functional impairment. Mental distress is experienced to some degree by everyone in response to usual life stressors and leads to adaptation and resilience.

Reading across the top of the figure, young people with mental disorders make up the smallest proportion of population needs represented by the narrow top of the triangle in Component 3, and require the most intense and broadest array of clinical programming (mental health services) shown by the broad base of the inverted triangle in Component 4. Within Yukon, these specialized services are geographically concentrated in Whitehorse shown by the narrow top of the triangle in Component 5 and links are also offered to specialty services from out of territory (OOT).² More common mental health problems (middle of each triangle) may require mental health care, which will be delivered in regional hubs and smaller communities. The bottom of each triangle represents the broad population of children and youth who will experience mental distress (Component 3) and will benefit from a narrower range of targeted mental wellness promotion, mental health literacy, and prevention efforts (Component 4) that will be universally offered in communities throughout Yukon (Component 5).³

¹Details of the five components of the framework are beyond the scope of this article and are available from Mulvale, Kutcher, Winkup (2014).

²In Component 4, the phrase "mental health services" refers to the range of specialized services for youth with diagnosed mental disorders. In Component 5 and elsewhere, Mental Health Services (MHS) refers to the agency within the Department of Health and Social Services that delivers these specialized services.

³Service delivery linkages across Yukon are further described in section 5.1.

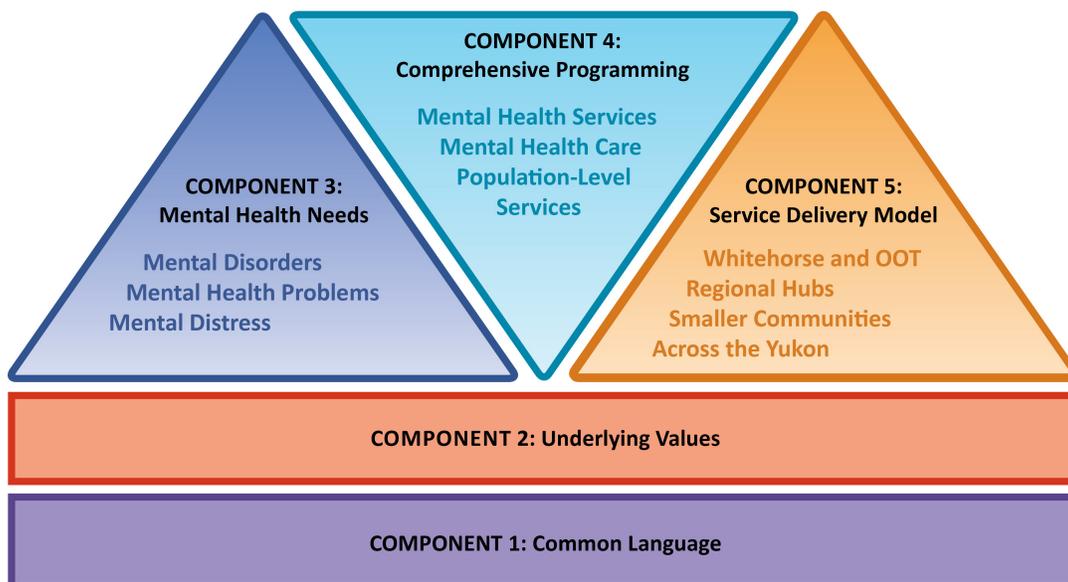


Figure 1: Framework Overview

2 HISTORY AND CONTEXT

More than 70% of Yukon’s approximately thirty-eight thousand residents are concentrated in Whitehorse, with most of the remaining population living in communities of several hundred people (Statistics Canada 2012). The proportion of the population aged 0-14 in Yukon is 17.1%, which is higher than the corresponding proportion of 16.2% for Canada as a whole (Statistics Canada 2015), but the difference is not nearly as large as in other territories.⁴ The need for child and youth mental health services varies considerably, with high needs in many of the smallest and most difficult to reach communities. Child and youth mental health and addictions issues and fear of help seeking can be particularly acute in First Nations communities due to legacies of residential schools.

Historically complex governance structures have resulted in fragmented service delivery and imbalances in resource allocation across government departments and agencies, the NGO sector and self-governing First Nations communities. Mental Health Services (MHS) receives a low share of overall spending for youth services, in part a legacy of prior federal responsibility for mental health service delivery. MHS had one full-time equivalent child and youth mental health counsellor to provide assessment and treatment for youth with diagnosable mental disorders at the time of the research. Many other areas of Yukon

⁴In Nunavut, the population aged 0-14 is 31.7% and in Northwest Territories it is 21.4%.

Department of Health and Social Services (HSS),⁵ Department of Education and several non-profit organizations also offer youth counselling services in communities and schools. MHS additionally offers an early psychosis intervention program, quarterly psychiatry clinics in Whitehorse, and monthly telehealth consultations by a child and youth psychiatrist from British Columbia. There is no resident child and youth psychiatrist in Yukon.

Counsellors periodically travel from Whitehorse to outside communities to deliver services, weather permitting; however, most youth with serious mental disorders must travel to Whitehorse for treatment. While most First Nations communities do not offer specialized mental health programming, Kwanlin Dun First Nation (KDFN) near Whitehorse receives territorial government funding to offer youth mental health counselling services and “on the land camps” to promote mental health of youth and families.

3 GOALS OF THE FRAMEWORK

The stated objective of CYMHAF is to improve outcomes for children and youth by identifying and capitalizing on current strengths and reallocating existing resources (Yukon Government 2010, Yukon Government 2011). Implicit objectives vary across stakeholders who participated in research to inform the development of CYMHAF. Members of a working group of ten policy advisors from across Yukon Health and Social Services and two First Nations representatives (the Working Group) who partnered with researchers in developing CYMHAF recommended it be used in strategic planning, priority setting and resource allocation, that it address gaps in service delivery, and that content include common language and values along with clinical guidance (Mulvale, Kutcher, Winkup 2014). Participants in a workshop involving clinicians from government agencies, non-profit organizations and in private practice wanted CYMHAF to offer a full continuum of services, culturally grounded interventions, improved communication across services, and improved information on accessing services. Youth and family interview participants called for improved access, particularly in rural communities, easier system navigation, and more holistic services. First Nations interview participants wanted improved access to culturally appropriate promotion, prevention and treatment services for youth and families within communities.

4 FACTORS THAT INFLUENCED HOW AND WHY

4.1 The issue came onto the government’s agenda

The Kingdon model describes how problems, policies and politics streams operate largely independently until they become “coupled at critical junctures” (1995, 78). This is more

⁵These include Children’s Assessment and Treatment Services, Residential Youth Treatment Services, Regional Services, Youth Justice, and Alcohol and Drug Services.

likely when policy entrepreneurs invest their time and energy to prepare solutions in advance, and alternately actively push the issue or wait for the right opportunity to open a policy window.

Feedback from representatives of the general public and from First Nations community representatives pointed to problems of access, fragmentation and duplication in existing Yukon programming. Policy advisors also recognized a need to move upstream to improve mental health and well-being of children, and spoke about disjointed planning, marked language and philosophical differences and turf protection among government departments and service agencies. Youth and family participants identified multiple intakes and repeated assessments as well as limited access as key issues. They also expressed concern about mental health and cultural competencies among providers.

The development of CYMHAF was an evolutionary process, consistent with the “policy primeval soup” described by Kingdon (Kingdon 1995). At the national level, development of Canada’s first mental health strategy was informed by issues and options discussed at a workshop held in Whitehorse in 2009, and ongoing participation by territorial officials in a provincial-territorial working group (Mulvale, Chodos, Bartram *et al.* 2014). In 2010, the Mental Health Commission of Canada released the Evergreen Child and Youth Mental Health Framework, which was designed to assist provincial and territorial leaders in developing their own child and youth mental health frameworks (Kutcher and McLuckie 2010). During 2010 and 2011, managers within HSS met regularly to discuss how to improve coordination and rationalize youth counselling services, but without more formal leadership, limited change resulted (Yukon Government 2010, Yukon Government 2011). Nonetheless, these initiatives built momentum for a formal child and youth mental health initiative.

External pressure was also building in the political stream. The national mood was changing and placing greater importance on mental health issues. New mental health frameworks and strategies were being developed across the country. Within Yukon, pressures to address the differences in access and resources between Whitehorse and the rest of Yukon, as well as cultural considerations in child and youth mental health were mounting. During the 2011 Yukon territorial elections, all parties promised a mental health strategy for the territory (Robson 2015).

An opportunity for additional funding and research support emerged in 2012 through a strategic grant offered by the Canadian Institutes of Health Research (CIHR). The objective of the Evidence-Informed Health Care Renewal initiative was “to support researchers and decision makers to work together to generate novel and creative solutions, and translate evidence for uptake into policy and practice to strengthen Canada’s health care systems” (Canadian Institutes for Health Research 2015). Mental health was among the priority areas. Policy advisors from Yukon reached out to researchers to jointly develop a research proposal to improve child and youth mental health, with the Deputy Minister of HSS as the decision-maker lead.

4.2 The formulation of the framework

Researchers from McMaster and Dalhousie Universities and the 12-member Working Group developed the framework through a participatory policy research project. Developing the framework through a research project was a unique approach and was intended to serve as a basis for territorial policy formulation, which would ultimately depend on political direction. The participatory approach that was adopted drew upon youth and family engagement recommended in the Mental Health Strategy for Canada, the Evergreen Framework, and approaches used elsewhere according to key informants from other jurisdictions.⁶ In total, the research for CYMHAF was informed by interviews with 98 informants from Yukon, 11 informants from eight jurisdictions facing similar challenges, a Yukon clinician workshop, and a stakeholder dialogue (Mulvale, Kutcher, Randall *et al.* 2015).

Attention to interests, institutions and ideas was integral to the formulation of CYMHAF (Mulvale, Kutcher, Randall *et al.* 2016). By the time the grant was awarded in 2013, Yukon had a new Deputy Health Minister and the government's interest had shifted to creating a system-wide mental health strategy, rather than a framework for children and youth as outlined in the grant proposal. At a kick-off meeting for the research project with the Working Group in Whitehorse, the decision was made that the two initiatives would continue in parallel and inform each other. The participatory nature of the research featured ongoing input from Working Group members and the broader decision-maker community was kept abreast through face-to-face and teleconference meetings at key junctures. Interviews conducted with stakeholder informants located throughout the territory helped to build support among the various interests in a common vision for the framework. Core ideas from the Evergreen framework ensured that framework development involved youth and families, was rooted in best evidence, built upon common values and offered a full continuum of mental health promotion, prevention, intervention and ongoing care, as well as ongoing research and evaluation. The experience of other jurisdictions informed implementation considerations.

5 HOW THE REFORM WILL BE ACHIEVED

5.1 Policy instruments

Figure 2 outlines the cascading service delivery model in more detail. At its core is a competency development approach for existing health and human service workers in communities throughout Yukon, reorganization of service delivery and the use of electronic supports. The model enables community-based providers to address basic mental health care needs in each community, with referral to the next level of care through integrated delivery teams which will be located in regional hubs once a new Clinical Services Plan (Health Intelligence Inc. 2014) is in place, and specialty care in Whitehorse when required. In small

⁶Alaska, Alberta, British Columbia, Hawaii, Manitoba, New Zealand, Norway and Ontario.

communities, existing health and human service workers will be trained in basic child and youth mental health competencies and they will offer basic mental health care. Primary care providers and human service workers will be trained in advanced competencies and will provide on-site consultations and collaborative care for youth referred by communities. In Whitehorse, MHS staff, pediatricians, psychiatrists, family physicians and psychologists will receive enhanced competency training and will offer consultation and treatment for the most serious mental disorders. Existing telehealth capacity, a common data set, facilitated electronic mental health information and a monitored web-based chat capability will provide electronic support to providers across Yukon with a twenty-four hour response time.

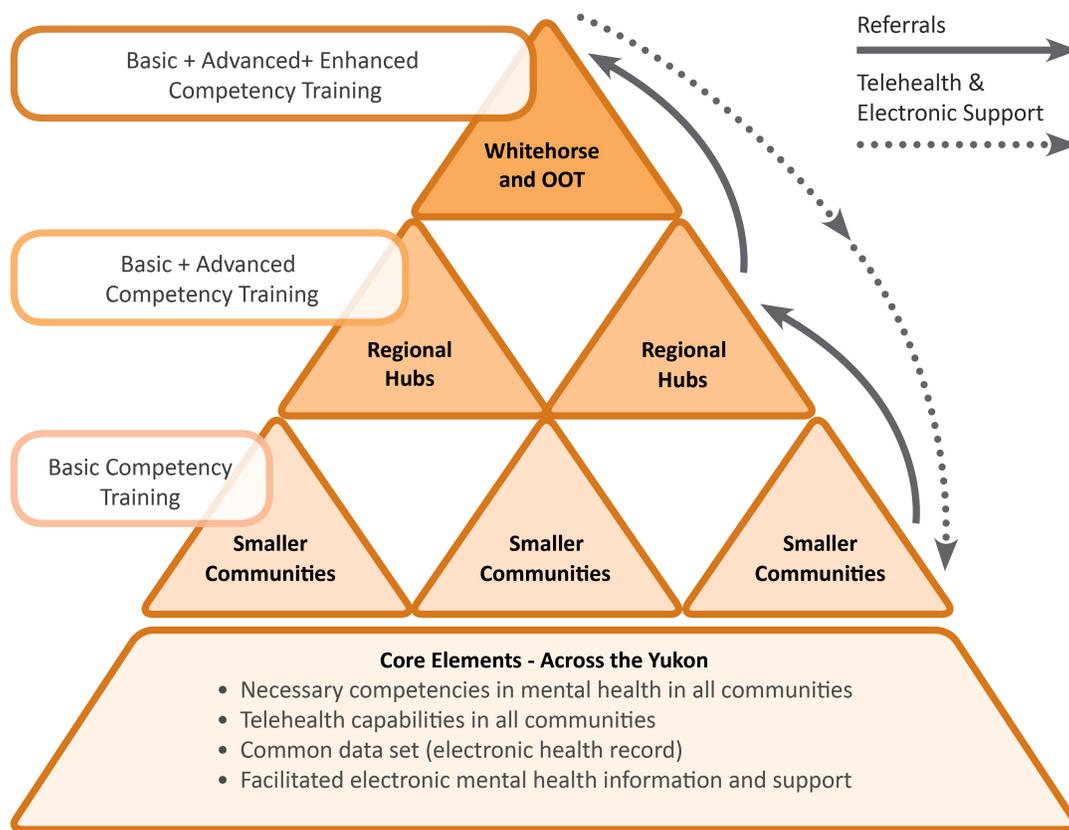


Figure 2: Component 5 – Cascading Delivery Model

A draft version of the framework was presented for feedback and refinement at a stakeholder dialogue in May 2014, where realistic expectations were set with respect to the time required to achieve such transformative change. The framework received strong support

and was revised to reflect participant feedback.

5.2 Implementation plan

Within Yukon, the Deputy Minister was an essential policy entrepreneur, building support across related government departments, and at the political level establishing a climate for change. At the same time, the research team was directed to design a framework that could operate within the existing budget. Every effort was made to capitalize on existing health and human service resources in designing CYMHAF, however, additional funding will be required for child and youth competency development. To date some training has been initiated, but it is limited with respect to child and youth mental health and addictions competency development. The election of a Federal government that has pledged the negotiation of a new Health Accord with the provinces and territories, priority to mental health, and a new relationship with indigenous people creates a potential window of opportunity to secure federal funding to accelerate framework implementation.

Success will require continued efforts of a committed policy entrepreneur and the political will to support implementation, which will take 8 to 10 years to fully realize the CYMHAF vision. Strong leadership within HSS will also be required to bring physicians on board, to reallocate resources, and create a culture shift that breaks down silos and enhances information sharing across government departments. The government will also need to engage rural communities to enhance existing resources. Lessons from other jurisdictions suggest that a strong parent lobby could create the necessary political pressure to sustain momentum over time. Without funding support and committed leadership, the framework is expected to provide a blueprint for more incremental and opportunistic implementation.

6 EVALUATION

CYMHAF serves as the foundation for an implementation plan and calls for the development of an evaluation framework that will involve a small number of simple to apply, yet valid process and outcome indicators as a next step. These measures will be essential for ongoing evaluation of the success of the framework against the social, political and economic realities of Yukon.

7 STRENGTHS, WEAKNESSES, OPPORTUNITIES AND THREATS

Table 1: SWOT Analysis

STRENGTHS	WEAKNESSES
<ul style="list-style-type: none"> • Founded on broadly based stakeholder input, best evidence and experiences of other jurisdictions • More children, youth and families will receive care in home communities. • Children and youth with complex needs will be referred to specialized services and providers. • Capitalizes on existing resources and minimizes additional costs 	<ul style="list-style-type: none"> • Limited involvement of local physicians throughout the process • Minimal existing capacity for evaluation and measurement
OPPORTUNITIES	THREATS
<ul style="list-style-type: none"> • Linkages to broader mental wellness strategy for Yukon • Consistent with Clinical Service Plan • Aligns with current Federal government priorities • Stakeholder support can be leveraged for implementation. 	<ul style="list-style-type: none"> • Buy-in of physicians and private psychologists in Yukon is unclear. • Limited territorial funding commitment • Leadership effort to maintain the momentum necessary for multi-year transformative change may be difficult to sustain. • Redistribution of resources from Whitehorse to regional hubs and rural communities may meet strong resistance.

8 POSTSCRIPT

Since the submission of the original version of this article, the Yukon government has released a ten-year Mental Wellness Plan for the territory, entitled *Forward Together* (Yukon Health and Social Services 2016). *Forward Together* is an implementation plan that draws on both the processes and content of CYMHAF.

From a process perspective, *Forward Together* continues the tradition of engagement

used in the development of CYMHAF, by calling for sustained stakeholder engagement through partnerships and spelling out strategic priorities and how these will be achieved. The focus of the first two years will be on children, youth and families, and on implementing a cascading approach to service delivery as suggested in CYMHAF. *Forward Together* also describes the need for continued use of “data, evidence and feedback loops” with “ongoing evaluation, revision and adjustment in implementation processes” as called for in CYMHAF (Yukon Health and Social Services 2016, 19).

From a content perspective, *Forward Together* is broader than CYMHAF because it is a mental wellness strategy for all ages including children and youth. *Forward Together* adopts the CYMHAF guiding principles, with an additional principle of “across the lifespan”. It also adopts CYMHAF’s needs-based approach to access and planning, “so that the system will transition to align population mental health and substance use needs, services and programming at each level of need and service delivery” (Yukon Health and Social Services 2016, 24). *Forward Together* also calls for common language, and underlying values for the system, which are the foundation of CYMHAF.

From a service delivery and capacity development perspective, the document endorses the CYMHAF approach and directly cites it. This includes coordinated training of departmental frontline service providers, First Nation service providers, Yukon Hospital Corporation service providers, and the community in the area of mental wellness in order to “expand capacity and access within the system and assist in the appropriate triage and referral within a cascading service spectrum” (Yukon Health and Social Services 2016, 14).

In summary, *Forward Together* recognizes the research conducted to develop CYMHAF as “a foundation to build on for the overall Mental Health Strategy” (Yukon Health and Social Services 2016, 17) and points to the importance of the Evergreen Framework, and the funding provided by CIHR for the research to support the development of CYMHAF, as a unique approach to developing mental health policy and service delivery in the territory.

9 REFERENCES

- Canadian Institutes for Health Research. 2015. Evidence-informed health care renewal. <http://www.cihr-irsc.gc.ca/e/43628.html>, as of 12 September 2016.
- Health Intelligence Inc. and Associates 2014. A clinical plan for Yukon Territory: final report. <http://www.hss.gov.yk.ca/pdf/yt-csp-final-report.pdf>
- Kingdon JW. 1995. *Agendas, alternatives and public policies*. New York: Longman.
- Kutcher S, McLuckie A. 2010. *Evergreen: a child and youth mental health framework for Canada*. Calgary, AB: Mental Health Commission of Canada.
- Mulvale G, Chodos H, Bartram M, MacKinnon MP, Abud M. 2014. Engaging civil society through deliberative dialogue to create the first Mental Health Strategy for Canada:

- Changing Directions, Changing Lives. *Social Science & Medicine* 123: 262-268. <http://dx.doi.org/10.1016/j.socscimed.2014.07.029>
- Mulvale G, Kutcher S, Randall G, Wakefield P, Longo C, Abelson J, Winkup J, Wishart J. 2015. Final research report: a child and youth mental health and addictions framework for the Yukon. Hamilton, ON: McMaster University. <http://www.degroot.mcmaster.ca/files/2012/08/FINAL-YUKON-CHILD-AND-YOUTH-RESEARCH-REPORT-reduced-size.pdf>
- Mulvale G, Kutcher S, Randall G, Wakefield P, Longo C, Abelson J, Winkup J. 2016. Do national frameworks help in local policy development? Lessons from Yukon about the Evergreen Child and Youth Mental Health Framework. *Canadian Journal of Community Mental Health* 34 (4): 111-128. <http://dx.doi.org/10.7870/cjcmh-2015-011>
- Mulvale G, Kutcher S, Winkup J. 2014. A child and youth mental health and addictions framework for the Yukon. Hamilton, ON: McMaster University. <http://www.hss.gov.yk.ca/pdf/mentalhealthaddictionsframework.pdf>
- Robson J. 2015. Government still working on Mental Health Strategy. Yukon News. 1 May. <http://yukon-news.com/news/government-still-working-on-mental-health-strategy/>
- Statistics Canada. 2012. Population Estimates, Age Distribution and Median Age as of July 1, 2012, Canada, Provinces and Territories (Table). 91-215-X. Ottawa: Statistics Canada.
- Statistics Canada. 2015. Annual Demographic Estimates: Canada, Provinces and Territories, Population by Age and Sex, 91-215, Text Table 2.1. Retrieved 28 August 2016, <http://www.statcan.gc.ca/pub/91-215-x/2012000/t583-eng.htm>.
- Yukon Government. 2010. Child and youth mental health: a synthesis report of the children's mental health study group 2009-2010. Department of Health and Social Services.
- Yukon Government. 2011. Report to Deputy Minister's Committee. Children's Mental Health Study Group.
- Yukon Health and Social Services. 2016. *Forward together. Yukon mental wellness strategy 2016-2026*. Whitehorse, YK: Yukon Government.

10 FOR MORE DETAIL

- Mulvale G, Kutcher S, Randall G, Wakefield P, Longo C, Abelson J, Winkup J, Wishart J. 2015. Final research report: a child and youth mental health and addictions framework for the Yukon. Hamilton, ON: McMaster University. <http://www.degroot.mcmaster.ca/files/2012/08/FINAL-YUKON-CHILD-AND-YOUTH-RESEARCH-REPORT-reduced-size.pdf>

Mulvale G, Kutcher S, Winkup J. 2014. A child and youth mental health and addictions framework for the Yukon. Hamilton, ON: McMaster University. <http://www.hss.gov.yk.ca/pdf/mentalhealthaddictionsframework.pdf>