



Yukon Legislative Assembly

Number 204

1st Session

33rd Legislature

HANSARD

Wednesday, April 29, 2015 — 1:00 p.m.

Speaker: The Honourable David Laxton

YUKON LEGISLATIVE ASSEMBLY

SPEAKER — Hon. David Laxton, MLA, Porter Creek Centre

DEPUTY SPEAKER — Patti McLeod, MLA, Watson Lake

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| Hon. Darrell Pasloski | Mountainview | Premier Minister responsible for Finance; Executive Council Office |
| Hon. Elaine Taylor | Whitehorse West | Deputy Premier Minister responsible for Tourism and Culture; Women's Directorate; French Language Services Directorate |
| Hon. Brad Cathers | Lake Laberge | Minister responsible for Justice; Yukon Development Corporation/ Yukon Energy Corporation |
| Hon. Doug Graham | Porter Creek North | Minister responsible for Education |
| Hon. Scott Kent | Riverdale North | Minister responsible for Energy, Mines and Resources; Highways and Public Works |
| Hon. Currie Dixon | Copperbelt North | Minister responsible for Community Services; Public Service Commission |
| Hon. Wade Istchenko | Kluane | Minister responsible for Environment |
| Hon. Mike Nixon | Porter Creek South | Minister responsible for Health and Social Services; Workers' Compensation Health and Safety Board |
| Hon. Stacey Hassard | Pelly-Nisutlin | Minister responsible for Economic Development; Yukon Housing Corporation; Yukon Liquor Corporation |

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| Jim Tredger | Mayo-Tatchun |
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Liberal Party

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| Sandy Silver | Leader of the Third Party Klondike |
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**Yukon Legislative Assembly
Whitehorse, Yukon
Wednesday, April 29, 2015 — 1:00 p.m.**

Speaker: I will now call the House to order. We will proceed at this time with prayers.

Prayers

Withdrawal of motions

Speaker: To start with, the Chair wishes to inform the House of changes that have been made to the Order Paper. Motions No. 56, 129, 394 and 504, standing in the name of the Member for Vuntut Gwitchin, have been removed from the Order Paper as the actions requested in those motions have been taken, in whole or in part.

DAILY ROUTINE

Speaker: We will now proceed with the Order Paper. Tributes.

TRIBUTES

In recognition of National Wildfire Community Preparedness Day

Hon. Mr. Dixon: I rise today on behalf of all members of the Legislature to recognize National Wildfire Community Preparedness Day, which is being celebrated across Canada on May 2, this Saturday.

This is a new national initiative led by FireSmart Canada, the National Fire Protection Association, and their partners to encourage Canadians to work together to protect their communities from risk of wildfire.

Many Yukoners live in the fire-prone boreal forest. While wildland fire is a natural part of the ecosystem and is critical to the overall health of the forest and the endemic and migratory species that rely on it, wildfires can have a devastating effect on Yukon communities.

In Yukon, around many of our communities, elevated levels of deadfall and forest debris have accumulated over the years and as a consequence of the necessary fire suppression efforts of Wildland Fire Management and local fire departments to safeguard communities and residents over the years and, in the event of a major wildfire, these heavy fuel loads could have disastrous consequences.

The Government of Yukon works to reduce wildfire risks nears communities by supporting community-led FireSmart programs on public lands. It also encourages private property owners to safeguard their homes and properties using FireSmart recommended techniques.

Many Yukoners are aware of the territory's FireSmart program, which provides funding and technical expertise to First Nations and municipal governments, registered non-profit organizations, community associations and school councils interested in reducing wildfire risk on public lands around their communities. Much of this work involves hiring local contractors and crews to reduce excessive fuel loads from surrounding forest areas. By removing deadfall and low

branches and increasing spacing between trees, the fire is less likely to spread quickly, providing firefighters with assistance as they work to contain a fire.

FireSmart encourages homeowners to think about protecting their properties based on zones or in concentric rings that extend 100 metres out from their homes. The first and most critical zone for reducing wildfire risk is the 10 metres immediately outside the home. By thinning and pruning, removing fire-prone conifer trees and planting fire-resistant species such as aspen, constructing fuel breaks and cleaning their properties, homeowners can safeguard themselves, their families and their homes.

National Wildfire Community Preparedness Day was created to encourage community members to work together to reduce property loss by taking action within their communities and on their properties. For example, community associations or groups of neighbours might host an educational event or hold a community work event. Neighbours could work together to stack firewood away from homes and buildings, remove lower branches, space out trees and removed deadfall, tall grasses and shrubs from around homes.

As a part of National Wildfire Community Preparedness Day, community groups were invited to submit project applications in late March to win one of 20 national prizes of \$500 to implement neighbourhood FireSmart-related projects. I am pleased to announce that the Yukon Wildfire Management program was selected for a national prize. The \$500 award will be used to fund prizes for an upcoming competition that the program is holding in an effort to get Yukoners to FireSmart their properties.

On Wildfire Community Preparedness Day, Yukoners are encouraged to join communities across Canada and participate in local mitigation projects to help reduce the risk of wildfire damage to their homes and neighbourhoods.

I wanted to take a moment to acknowledge Yukon's wildland firefighters and all that they do to safeguard us and help keep us safe. Yukon's Wildland Fire Management branch protects Yukon communities and infrastructure at risk from unwanted wildland fires and other natural or human-caused disasters.

Its full-time staff and seasonal Yukon government and First Nation contract firefighters help to prevent personal injury, loss of life and property damage by means of preparedness, early detection and rapid response. In addition to managing wildland fires, Wildland Fire Management is also responsible for managing the FireSmart program, for supporting other emergency and non-emergency response events such as flooding, and delivering wildfire prevention education. I want to thank them for being there when we need them the most and for working in demanding circumstances to help keep us, our homes and our communities safe.

On May 2, this Saturday, on National Wildfire Community Preparedness Day, I urge all Yukoners to take time to get together with their neighbours and friends to improve their own properties and their community's preparedness for wildfire. Through a few simple actions, much can be accomplished to reduce risk for wildfire to

neighbourhood homes and the whole community. Yukoners' peace of mind and improved safety is well worth the effort.

Before I conclude, I wanted to ask members to join me in welcoming some of the folks from the Wildland Fire Management branch in the gallery today. We have, first of all, Mike Etches, who is the director of Yukon Wildland Fire Management and who has taken the occasion to wear a tie; Mike Sparks, who is the wildfire operations supervisor; James Kathrein, who is the area protection officer, Southern Lakes; Lorne Harris, who is the manager of aviation and telecommunications; Jennifer Young, who is the wildland fire risk management specialist; and David Milne, who is the planning and science supervisor.

I would ask members to join me in welcoming them.

Applause

In recognition of National Canadian Film Day

Hon. Mr. Hassard: It is pleasure to rise today to pay tribute to National Canadian Film Day, which just so happens to be today.

National Canadian Film Day is an initiative of Reel Canada, a non-profit organization committed to growing audiences and appreciation for Canadian film by bringing those films to high school students, new Canadians and the public in general.

This year it will feature over 150 public and private screening events taking place in every province and territory. From its earliest days, filmmaking has been a powerful form of cultural and artistic expression and a highly profitable commercial enterprise.

From a practical standpoint, filmmaking is a business involving large sums of money and a complex division of labour engaged in three sectors: production, distribution and exhibition. Canadian cinema has existed within an environment where access to capital for production, to the marketplace for distribution, and to theaters for exhibition has been challenging.

Despite these challenges, the 1990s and the first decade of the 21st century has seen increased production of world-class cinema in Canada. The industry as a whole has become a multi-billion dollar business built over 50 years and, despite numerous challenges, it's thriving in many regions in Canada.

Locally, Mr. Speaker, through the Film and Sound Commission, the Government of Yukon supports the industry through training, development, production, marketing and location incentive support to benefit Yukoners and Yukon businesses. The Film and Sound Commission also encourages established film and television production companies to co-produce with Yukoners.

The Government of Yukon continues to work to increase the diversification and sustainability of Yukon's economy by identifying and exploring significant economic development opportunities, and the film and sound industry is an important contributor to that diversification.

This year's Yukon Film and Sound Commission has committed \$3,000 to support National Canadian Film Day to recognize the importance of Canadian cinematic culture and

reinforce the significance of the film and sound industry to Yukon. Screenings of Canadian films will occur in Carmacks, Dawson City, Faro, Old Crow and Whitehorse.

With the help of film lovers and proud Canadians across this country, the second annual National Canadian Film Day is poised to be almost twice the size of last year's inaugural event.

National Canadian Film Day gives us an opportunity to celebrate our country's extraordinary cinematic accomplishments. I encourage all Yukoners to participate by attending a screening or taking advantage of one of the many on-line or broadcasting options available today, April 29.

Mr. Barr: I rise on behalf of the Yukon NDP Official Opposition and the Third Party to pay tribute to National Canadian Film Day. Canada has a proud film history and a great tradition of telling our stories through film. A few days ago, the film *Atanarjuat: The Fast Runner*, by Nunavut director Zacharias Kunuk, was voted the number one Canadian film of all time by film insiders and academics from around the world.

This is my favourite Canadian film. It is a beautiful film shot entirely in Inuktitut and it has won a number of awards, including the best first feature film at the Cannes International Film Festival when it was released in 2001.

I had the great fortune of being involved in a storytelling session at the Beringia Centre with Zacharias Kunuk shortly after the film's release. My stories were told through song, Mr. Speaker, but his movie was preceded by his early childhood stories of being born and raised in the high Arctic. I found him to be a very humble man. As he talked with the audience and shared his story about his childhood, his culture and his traditions, it was very fascinating. He really went on to explain how detail was paid attention to in the making of that film — to the trueness from the clothing that was made by the elders. It was to a T of what would have been worn, with authentic materials. I know that probably a lot of people have seen this, but it is worth a second watch. I have watched it a couple times. It is just great.

Among our vibrant and growing cultural industries in the Yukon, we have filmmakers, film editors, sound technicians, actors and others involved in filmmaking. The non-profit Yukon Film Society has been screening films since 1984 but has evolved to become a professional organization that puts on workshops and training sessions, loans equipment and provides ongoing support to a growing community of filmmakers here in the territory. Max Fraser, Moira Sauer, Dennis Allen, Allan Code, Troy Suzuki, Dwayne Aucoin — just to name a few — and some of them have won several awards.

I would like to make mention that tonight you can see films on-line as the minister opposite just noted, but tonight you can go down to the Yukon Film Society and its screening of the Canadian film *Fido*, a zombie comedy shot in the Okanagan Valley, at the Old Fire Hall in Whitehorse. The tickets are \$10, or \$9 if you are a YFS member, and they are

available at the door and the doors open at 7:30, so maybe we'll see you down there, Mr. Speaker.

In recognition of Yukon Robotics Challenge

Hon. Mr. Graham: I rise in the House today on behalf of all members to pay tribute to the students, educators and volunteers who participated in the second annual Yukon Robotics Challenge. Under the guidance of enthusiastic teachers, students in grade 6 learned to program robots to navigate a competition course. All of the teams start with the same basic kit, and it's up to the students to decide how to arrange the sensors, wheels and robot features. Once they have done that, the real fun begins.

Working in groups of four or five, the teams program the robots to drive, reverse and detect and follow the path as they pick up objects. While they are having fun in hands-on activities, students are also learning the basics of design, mechanical engineering and computer programming. They also present their projects, thereby honing their public-speaking skills and showing confidence and great pride in the work that they have accomplished.

These skills and the applied knowledge will serve students well in this global-knowledge economy. What starts as fun becomes a valuable skill in a world where everything from banking to health care to transportation is being revolutionized by technology. It is essential for students to not just know how to use technology, but how to build and create with it.

The Robotics Challenge highlights the creativity, collaboration, communication and critical-thinking skills focused on in Yukon's 21st-century learning approach. The development of these four skills is crucial for the success of each learner.

I extend my thanks to the Yukon robotics challenge organizers for making this experiential learning opportunity available to students in the territory. I would also like to thank Superintendent Penny Prysnyk and long-time educator Glenna Howard for championing the competition and initiating this now annual Education Week event.

I would also be remiss if I didn't thank the Association of Professional Engineers for providing volunteer judges as they do from time to time and the Porter Creek Secondary School for providing the location.

Teachers from Jack Hulland Elementary School, Elijah Smith Elementary, Takhini Elementary and Whitehorse Elementary also deserve our thanks, because it was these folks who brought robotics into their classrooms in the schools and got their students excited about computer programming. I congratulate also the students on their robot designs, teamwork and spirit of friendly competition.

One of the things I am really quite proud of is the fact that Porter Creek's own Jack Hulland School swept seven of the nine competition entries, with honourable mention going to the Elijah Smith Elementary and École Whitehorse Elementary School teams. Also, special thanks to the Takhini Elementary School group who won the spirit award. All

participants and volunteers deserve our thanks, and I congratulate them all.

In recognition of Cystic Fibrosis Awareness Month

Hon. Mr. Nixon: I am very pleased to rise in honour of Cystic Fibrosis Awareness Month. Cystic Fibrosis is the most common fatal genetic disease affecting Canadian children and young adults. This disease affects mainly the lungs and the digestive system. Therapies have helped to address the malnutrition issues, but the reason for most deaths is related to lung disease. Still today, there is no cure, but with drugs and medical interventions, the outlook is brighter.

A child diagnosed with cystic fibrosis in the 1960s was not expected to live long enough to reach kindergarten. Today, the median age of survival of Canadians with cystic fibrosis is among the highest in the world — around 49 years of age. Almost 4,000 Canadians are battling this fatal genetic disease, and they are counting on research advancement, care and advocacy to improve their lives.

The Government of Yukon is doing just that by advocating on behalf of Yukon families. Last year, with Alberta, we led discussions with the drug company Vertex Pharmaceuticals to find affordable pricing for families needing this particular drug. The negotiations took more than a year, but last June we reached an agreement on the cost of covering Kalydeco. Also, I am pleased to say that since this past December, Government of Yukon has been covering the cost of this drug for a resident, one of about 100 Canadians with a particular mutation of the disease that can be treated with this drug.

Cystic Fibrosis Canada has a Yukon chapter that raises funds for cystic fibrosis research and care as well as promotion and services as a local resource and a support for people with cystic fibrosis and their families. I would like to thank the chapter for their extraordinary work. Together we can make a difference and help to breathe life into the future of Canadians with cystic fibrosis.

In recognition of Food Allergy Awareness Month

Ms. McLeod: I rise today in this Assembly to pay tribute to Food Allergy Awareness Month. I have a little quiz for my colleagues today to name the top 10 things most frequently associated with food allergies and allergic-type reactions. I bet that, like me they can't name all 10.

Most people can't name all 10 correctly, which is why the recognition of May as Food Allergy Awareness Month is so important. Most of us would probably confidently name peanuts or peanut butter as being a strong contender for the top 10 and we would be right. We would likely say eggs, milk, wheat, and maybe seafood or shellfish. Some of us might bet sesame, soy, tree nuts and sulphites, but how many of us would guess mustard? That hot dog topper is among the top 10 food allergens.

It is estimated, based on clinically documented cases, that approximately 1.8 million Canadians may be affected by food allergies. Some studies indicate that these numbers are increasing, especially among children. It is estimated that food

allergies put one in every 13 children at risk. That is two children in every classroom. Most of us as parents are aware of the prohibition on peanut butter sandwiches in school and the banning of any product that could potentially contain peanuts, but there are other just as dangerous allergens.

We need reminding of the importance of allergy awareness. For those individuals with food allergies, severe allergic reactions can occur quickly and without warning and, in fact, can be life threatening for people of all ages, including children. When someone ingests even a tiny amount of an allergen, the symptoms of a reaction may develop quickly and be very serious. So when someone next says, “No thanks, I’m allergic”, we can all be a little more understanding.

In recognition of Yukoners cancer care fund

Speaker: Before moving on, I will take the opportunity to remind everybody that tomorrow, after we finish in the Legislature, we have the Speaker’s reception. It’s a fundraiser for the Yukoners cancer care fund, a fund that helps all Yukoners and their families who are dealing with cancer. Just to note, there have been to date 22 families who have been helped from the communities and Whitehorse out of this fund.

So I look forward to having you all there. Don’t forget to bring your cash, cheques or Visa. We take them all.

Introduction of visitors.

Are there any returns or documents for tabling?

TABLING RETURNS AND DOCUMENTS

Hon. Mr. Dixon: I have for tabling an NDP news release dated February 19, 2015, that outlines concerns with the proposed sports complex in Whistle Bend.

Speaker: Are there any other returns or documents for tabling?

Are there any reports of committees?

Are there any petitions to be presented?

Are there any bills to be introduced?

Are there any notices of motions?

NOTICES OF MOTIONS

Ms. McLeod: I rise to give notice of the following motion:

THAT this House urges the Government of Yukon to use the 2015-16 budget to invest \$850,000 in funding FireSmart projects across the territory to reduce the risk of wildfires.

I also give notice of the following motion:

THAT this House urges the Government of Yukon to use the 2015-16 budget to increase funding for museums and cultural centres by 20 percent over the next two fiscal years.

Mr. Elias: I rise to give notice of the following motion:

THAT this House urges the Government of Yukon to use the 2015-16 budget to invest \$2.5 million in the Marwell tar pit remediation project.

I also give notice of the following motion:

THAT this House urges the Government of Yukon to use the 2015-16 budget to invest \$11 million in tech infrastructure, including \$4.8 million for e-health initiatives and \$2.1 million for school-based information technology.

Mr. Barr: I rise to give notice of the following motion:

THAT this House urges the Government of Yukon to ensure that all Yukon communities have a runway and operational capability to handle medevac flights in a timely manner.

Mr. Silver: I rise to give notice of the following motion:

THAT this House urges the Government of Yukon to publicly release the mandate for negotiating reconciliation agreements with the Yukon’s three unsigned First Nations.

I also give notice of the following motion:

THAT this House urges the Government of Yukon to take responsibility for:

(1) Yukon having the second worst GDP numbers in Canada for 2014 at minus 1.2 percent;

(2) Yukon being the only place in Canada to record two consecutive years of negative GDP growth in 2013 and 2014;

(3) telling Yukoners in 2013 that economic growth in 2014 would be 8.8 percent; and

(4) telling Yukoners as recently as January 2015 that economic growth for 2014 would be one percent.

Speaker: Is there a statement by a minister?

This then brings us to Question Period.

QUESTION PERIOD

Question re: Economic growth

Ms. Hanson: Clearly the evidence is in; we just heard it. This government has guided Yukon’s economy straight into recession. According to Stats Canada numbers released yesterday, the Yukon’s economy shrank 1.2 percent in 2014. We now have the dubious honour of being the only jurisdiction in Canada with negative growth for two consecutive years.

Last year, the Premier told Yukoners that this negative economic growth was a mere blip in 10 years of annual GDP growth. In truth, this economic recession is the inevitable outcome of this government’s irresponsible management of the economy, which has caused Yukon’s annual economic growth to decline every single year since this Premier took office. This stands in sharp contrast to N.W.T. and Nunavut, which had the highest GDP growth in the country.

Can the Premier explain why he has blocked the tremendous potential of Yukon to the extent where Yukon was once a leader and we are now last in line?

Hon. Mr. Pasloski: This government has stated on many occasions that mining is indeed the cornerstone of this economy. The results of the latest GDP numbers reflect that. Mining affects our entire territory. We also know that, as mining grows, so will this territory prosper. That is why we

are making the investments that we are right now, Mr. Speaker. We are doing the things that we can so that we can be more ready when this downturn in the mining industry will uptake again.

Ms. Hanson: Mr. Speaker, the Premier should read the Standard & Poor's report that he keeps referring to. Those aren't consistent with the facts. Canada is recovering from the 2008 recession and, despite our territory's incredible wealth of land and people and the ever-increasing federal transfer payments, the Yukon is less economically stable today than it was back then.

Since the Yukon Party took office, major indicators of long-term economic well-being and standard of living have fallen or declined. The Premier knows this. That is why he has committed the last quarter of his term to injecting record levels of public money into Yukon's stagnating economy — but this desperate Hail Mary to save face is too little, too late.

Can the Premier tell Yukoners why, despite our incredible natural wealth of land and people, Yukon is not recovering from the 2008 recession as quickly as the rest of Canada?

Hon. Mr. Pasloski: I know it pains the opposition that there is, in fact, a *Taxpayer Protection Act*. The Leader of the Official Opposition continues to quote Standard & Poor's. The result of previous NDP-Liberal governments has created this government putting forward a *Taxpayer Protection Act* to ensure that NDP-Liberal governments don't tax and spend.

We believe that we continue to foster investment in the private sector — that the success of this territory will be in growing the private sector. This government has a vision in the long term that we become net financial contributors to this country. We will continue to do the things that we can do — invest in infrastructure, continue to invest in training and invest in upgrading our regulatory and our permitting to ensure that Yukon, in fact, is a great place to invest.

Ms. Hanson: The Premier seems to be of the same view as Canada's Finance minister — put it off to our grandchildren; put the debt on to them.

The Yukon Party government was eager to take credit for Yukon's economy when the territory was riding high on record commodity prices and record federal transfers, but now that times are tough, it's a who's who of who else is responsible for the recession. It is time for this government to take responsibility for its mismanagement of Yukon's economy.

You know, the Premier may have donned a pair of work boots for his budget speech, but it's really clear that his government is out of touch with how things really are on the ground. During his recent proclamation that this government will make Yukon a net contributor to Canada's economy — that's not true. In reality, the Yukon is more dependent on federal transfers than it was 15 years ago.

Can the Premier explain to Yukoners how his government has mismanaged the economy to the extent that today only 15 percent of Yukon's revenue is self-generated, down from 21

Speaker: Order please. The member's time has elapsed.

Hon. Mr. Pasloski: The Leader of the Official Opposition is wrong. Since the beginning of the 21st century, we have seen our own-source resources as a percentage of our budget continue to increase. We are very proud of the financial management that this government has done. Since coming into power in 2002, almost every year there has been a surplus. Certainly, a surplus isn't the best indicator — really an indicator at all — as to the financial health of a government. It goes to net financial resources.

This territory is truly the envy of this country because we have money in the bank. As other provinces and territories struggle with how they're going to pay the debt that they have and the —

Some Hon. Member: (Inaudible)

Hon. Mr. Pasloski: I'm sorry, I'm trying not to lose my train of thought with the deriding that's coming from the lone Liberal in the House. But we continue to be the envy of this country by having no net debt, allowing us to ensure that we're not mortgaging the future to pay for debts today. Sadly that was the case when the NDP and the Liberals were in government, where they were using the credit card just to pay wages.

Question re: Lobbying legislation

Ms. Hanson: When answering questions on lobbying on Monday, the Premier said — and I quote: "It would become very confusing to enact such legislation." He also said he's concerned people would no longer approach him in the grocery store if we had a lobbying registry. Clearly the Premier is very confused.

Lobbying legislation isn't about restricting anyone's access to government. It also has nothing to do with citizens and non-profit societies. It is simply about making government more transparent by reporting on meetings with private interests. If the Premier has nothing to hide, he shouldn't be concerned about this for a second.

Mr. Speaker, does the Premier understand that lobbying legislation is not about restricting anyone's access to government but simply making government more transparent?

Hon. Mr. Pasloski: Mr. Speaker, I've said it before and I'll say it again: We are not going to make it harder for Yukoners to talk to this government. Our government has excellent access to officials and elected leaders, and we meet with Yukoners on a daily basis, as I said before. We are not here to implement the NDP's election platform.

Ms. Hanson: If the Premier doesn't understand the difference between speaking with constituents at a grocery store and private-interest lobbying, Yukoners do have a reason to be concerned and it is one more good reason why we need a lobbying registry. There is nothing wrong with lobbying as long as it is transparent and Yukoners know who has the ear of this government. It's not a partisan issue. Guy Giorno, Prime Minister Harper's former chief of staff — and I'm sure he's not an NDP supporter — has praised the Yukon NDP's proposed lobbying legislation. The Northwest Territories has recently passed a motion to study the creation of a lobbyist registry, and their Premier has said there is no reason why the

public should not know with whom ministers are meeting and why.

Mr. Speaker, does the Yukon Premier see a reason why the public shouldn't be allowed to know with whom his ministers are meeting?

Hon. Mr. Pasloski: Mr. Speaker, this is a wonderful territory that we live in. We don't have a lot of people here. Yukoners are very engaged. As such, they all wear many hats.

As I've said before, certainly I do believe that, in a large jurisdiction, it is important to have lobbyist legislation because it is very difficult to gain access to the elected officials on the government side. That is just not the case here in the Yukon because we do see people on a daily basis — whether it's at the grocery store or whether it's at the soccer field or whether it's at the hockey rink, or at one of the many cultural events or one of those many fundraising events that members of this side of the House are very well-known to support.

Ms. Hanson: Yukoners are scratching their heads over this comment from the Premier — and I quote: "We don't solve problems, or perceived problems, with legislation and regulations." These talking points sound more at home in the Tea Party and the record shows that the Yukon Party does use regulation and legislation to solve problems. It just picks and chooses. With oil-fired appliance safety and landlord tenants rules, for instance, the public gets new legislation but no regulations that would actually do something about the problem.

The Yukon Party has brought in reams of legislation and bills in the 13 long years in office. Let's not forget that they are the ones who brought in a bill on civil forfeiture and changed Yukon's access to information act to make Yukon one of the most secretive jurisdictions in Canada. Why is the issue of lobbying and being transparent about the corporations that meet with government not a cause worthy of some simple rules to increase the public's right to know?

Hon. Mr. Pasloski: Of course, again, the implication there is that there is a targeted attempt toward corporations. As I walk up and down the offices on a daily basis, I see our ministers and our elected officials meeting with many different people every day, Mr. Speaker. Many Yukoners wear many different hats. It would be very difficult to create exactly what she is looking for, but then again, the opposition always looks to legislation and regulation to solve their problems — put it on a piece of paper and pat each other on the back and say they did a good job. We are focusing on talking to Yukoners and our door is open to all Yukoners.

Question re: Economic growth

Mr. Silver: For many years, the Yukon Party insisted that the upturn in our economy was due to its great management in the territory. This was particularly true of the mining industry. The Yukon Party has also taken credit during the good times. They have been unwilling, however, to accept any blame for the current economic slowdown that we are in. A report yesterday from Statistics Canada shows that our economic growth has stalled under this government. For the

second year in a row, our economy has actually shrunk. In 2014, it shrunk by 1.2 percent. By most economists' definitions, we are now in a recession.

Does the Premier accept responsibility for the fact that our economy has gotten smaller two years in a row, under his government's watch, and that the Yukon is now in a recession?

Hon. Mr. Pasloski: This government is not going to take credit for lower commodity prices. We are seeing it around the world, and there has been a significant reduction in exploration — especially at the junior mining level, which comprises most of the exploration that occurs in this territory. What it does show us is that we are a small economy. Mining has truly been the base of our economy, so while we are dealing with this downturn, we are doing those things that we can to ensure — coming out of it — we are ready: investing in infrastructure like roads and bridges and aerodromes; investing in telecommunications; investing in energy. We are making sure that we're building schools and we're building hospitals, and we are also ensuring that we are looking at training opportunities to make sure that Yukoners are ready, and we're also looking at our permitting and our regulatory process to make sure that Yukon is the place in the world for mining.

Mr. Silver: It wasn't that long ago that the Yukon Party was promising 8.8-percent economic growth for 2014 in one of its forecasts. The minister stood in this House and said in 2014 — and I quote: "So you generally see a positive outlook and a positive trend going forward." According to Statistics Canada the real number for growth in 2014 is minus 1.2 percent. The government was off by 10 percent, and we know from a former Minister of Economic Development that, I guess the numbers don't matter.

Yukon is the only place in Canada to record two consecutive years of negative GDP growth for both 2013 and 2014. Yukon had the second worst GDP numbers in Canada at minus 1.2 percent. We are only one of two places in Canada to go backward last year.

Does the Premier accept responsibility for the fact that Yukon jurisdiction is the only economy to get smaller two years in a row in Canada?

Hon. Mr. Pasloski: It's disappointing, Mr. Speaker, because I guess maybe the Liberal leader doesn't get it. He certainly has asked that question, and the former Minister of Economic Development has articulated many times that we trust and we look at the numbers that are put forward by the economists. Essentially what the member opposite is taking a shot at is those good working people within the Department of Economic Development who put forward those estimates based on the knowledge that they know at that time. Of course it can be volatile when we have an economy as small as we have.

What I will take credit for is the \$5.5 million that is going back into all Yukon taxpayers' pockets this year and the increase in the Yukon child benefit by 35 percent, supporting families with children.

Mr. Silver: Imagine that: the Premier is taking the credit for the good things and the good news but will not take responsibility for the bad news. It is very disappointing to watch this government duck responsibility for having the worst economic performance of any jurisdiction in the country for the last 24 months.

In 2013, the government forecasted 8.8-percent economic growth for 2014 and have instead delivered two straight years of economic contraction. In 2013, the government said this about the forecast — and I quote: "... what they do point to is a direction — direction of growth and what we hope to be further prosperity for this territory." Instead this government has delivered a stalled economy and a recession. The prospects for 2015 look no better with uncertainty hanging over the mining sectors thanks to this government's ongoing court battles with our Yukon First Nations.

In light of the poor numbers released yesterday, can the minister tell Yukoners whether he is still —

Speaker: Order please. The member's time has elapsed.

Hon. Mr. Pasloski: Yukoners are excited and proud that they have a government that looks past the end of its nose.

This is a government that has just tabled the largest capital budget in Yukon's history, putting Yukoners to work, keeping Yukoners at home, investing in infrastructure not only for today but for the long-term, setting the stage, because this government has vision. We're looking to the future, whether it's building regional hospitals in communities or expanding the hospital here, whether it's building new schools or whether it's looking at fibre optics or new hydro.

We are looking for the long term. We are preparing this territory to be ready for what we know will be strong economic growth in the future.

Question re: Pelly Crossing airfield

Mr. Barr: For years, my colleague from Mayo-Tatchun has been asking about the state of the Pelly airfield and its inability to handle medevac flights. At present, patients being evacuated out of Pelly Crossing are taken by ambulance from Pelly Crossing to Stewart Crossing, where they are then transferred to the Mayo ambulance, which takes them to Mayo. From there, they are medevaced to Whitehorse. Stories of families arriving in Whitehorse before the patient gets there by medevac are not uncommon. This is an unacceptable standard for Yukon.

When this question was last asked in the House, the previous minister indicated that he was looking into an interim runway extension that would allow medevac flights to take off and land. What is the status of the interim extension to the Pelly Crossing airfield?

Hon. Mr. Kent: I will look into the specific question asked by the member opposite and get back to him with an update. I can inform the House that HPW, with responsibility for Yukon's airports and aerodromes, strives to protect those who live, visit and work in the territory. We take that responsibility very seriously.

In 2014-15, we committed nearly \$18.5 million to capital improvements at Yukon airports. We are also responsible for managing 25 aerodromes and five airports throughout the territory. We want to ensure that we work hard to provide an appropriate level of maintenance and investment at each one of those aerodromes and airports in consideration of the levels and types of aircraft to facilitate safe operations throughout the territory.

Mr. Barr: We are aware that this government has committed to upgrade the Pelly Crossing airfield, but our understanding is that those upgrades will not be complete until 2018. Pelly Crossing's medevac issue is clearly not a new one and not one that the NDP has been alone in raising. Selkirk First Nation and Pelly community members for many years have been vocal about the need for improved medevacs. Does this government have any plans to improve the medevac service to Pelly Crossing before the runway extension or will Pelly residents be left with the status quo for another three years?

Hon. Mr. Kent: Just to respond to the member opposite, when it comes to the specifics of the Pelly Crossing airport, perhaps we could delve into that in a little bit more detail when we get into the Highways and Public Works debate during budget debate later on in this session.

Again, with expenditures from 2014-15, as I mentioned, we are committing nearly \$18.5 million to capital improvements at Yukon airports. For last year, that included \$18.1 million invested into the Whitehorse airport. There was \$4 million over two years to repave and extend the secondary runway at the airport, which contributed an estimated \$2 million to Yukon's GDP and an estimated 23 jobs for the Yukon's economy; substantial completion of a two-year \$7.6-million project to expand water and sewer systems at the Whitehorse airport. We have made several investments outside of the community of Whitehorse, including investing in Dawson City, as well as the airport at Faro.

As I've mentioned, we manage 25 aerodromes and five airports to ensure that the levels and types of aircraft that operate there are able to operate safely. Again, with respect to the specific question asked by the member opposite, I would be happy to get into further detail during debate, but you can see that we were making substantial investments in our airports and aerodromes last year and we will continue to do so in this budget.

Mr. Barr: Mr. Speaker, Pelly Crossing is not alone in having problems with their airfield for medevac purposes. Last week, I raised the concerns that had been passed on to us about the Beaver Creek airfield and their lack of automated runway lights. In Ross River, if there's an emergency requiring a medevac in the winter, someone has to drive to the airfield and test the snow depth by dipping a credit card into the snow. If it's too high, they then call Highways and Public Works to clear off the runway. However, the response time is not always sufficient and they are often forced to drive their medevac patients to Faro to get them out.

Again, for a modern jurisdiction, these medevac conditions are not acceptable. What is the government doing

to ensure that all Yukon communities have access to a modern and effective medevac system?

Hon. Mr. Kent: Once again, just to restate, Highways and Public Works protect those who live, visit and work in the territory and we take that responsibility very seriously.

We manage 25 aerodromes and five airports and we work hard to provide an appropriate level of maintenance and investment at each one of those facilities to ensure that the types of aircraft that utilize them are able to operate in a safe environment.

I've mentioned the fact that we invested in 2014-15 \$18.5 million in capital improvements at Yukon airports. There are significant investments being considered for this year, not only at the Erik Nielsen Whitehorse International Airport, but also at the community airports and aerodromes that service the Yukon. We want to ensure that we use the capital dollars that we have assigned to airports and aerodromes effectively to ensure that we can have the best safe operating environment as well as maintenance on those airfields.

Again, it's something that it's important to this government and we continue to invest heavily in transportation infrastructure with over \$60 million being invested in this current budget for this year. We're proud of what we've been able to accomplish and we're even prouder of what is going to be expended in the 2015-16 budget.

Question re: Housing for abused women

Ms. White: Over the last number of days, the conversation concerning vulnerable Yukoners finally seems to have caught up to some of the live realities on the ground.

Officials like Yukon's top policemen are openly discussing how to tackle addictions as the health care problem they are — the justice issues they aren't — and how to ensure that vulnerable people have the resources they need to be as healthy and as safe as possible.

However, Yukon women are in an especially vulnerable position due to the lack of transitional housing for women who are not in immediate danger of violence or abuse. The government has an important role to play in supporting all vulnerable Yukoners.

What is the government doing to ensure that vulnerable Yukon women have a safe place to stay during their time of need?

Hon. Mr. Cathers: I would like to thank the member for the question and note that a number of steps have been taken by government to improve supports for women, particularly those fleeing abusive situations, through a priority within the Yukon Housing Corporation placement and also the investments in second-stage housing through Betty's Haven.

There is of course more work to be done, but as I noted previously in responding to a question from the member's colleague, there have been significant investments by this government in supporting a wide range of services, including the Outreach van and many partners, including women's shelters across the territory. We look forward to continuing to work with all of our partners in this area to take additional steps and continue to improve the system and the supports.

But the latest example of our investments in supporting women accessing the justice system is the new legal advocate position — a partnership between the Women's Directorate and the Department of Justice that will be a further enhancement to help women navigate the legal system and understand their rights and the services that are available to them.

Ms. White: I appreciate the minister's answers, but it doesn't reflect the realities on the ground. The existing spaces in Whitehorse and around the territory can't offer support to women who aren't immediately in danger, like those who have been released from custody and need safe housing to help them get back on their feet. The minister responsible for Yukon Housing Corporation, just like his predecessors, has had trouble adding his voice to those at the United Nations who say that housing is a human right. The lack of halfway housing for women in Yukon is a prime example of how the Yukon Party government is continuing to fail to address this territory's housing crisis.

Will the government commit here today to using their net surplus for the establishment of a halfway house for women that gives vulnerable Yukoners a safe place to stay when they aren't in immediate danger but are still in need of housing?

Hon. Ms. Taylor: I would like to thank the member opposite for her question. Indeed, this government has over the last decade-plus been working on a number of housing initiatives in support of women and children and in support of a whole spectrum of Yukoners, dealing with emergency shelters right through to continuing care.

As my colleague, the Minister of Justice just articulated, we are very proud of the partnership that we were able to generate with Kaushee's Place, the Yukon women's transition home, and coming up with 10 new units of second-stage housing here in Whitehorse. Likewise, in the Town of Watson Lake, we are working with Help and Hope women's shelter, expanding on — for the very first time in rural Yukon — second-stage housing as well. Likewise, I am very proud of the work of the Women's Directorate in being able to champion securing housing for women and children, especially those most vulnerable — that of the Whitehorse family focused housing initiative, which provides 30-some new units of housing for women, particularly geared for single-parent families, the lion's share of which is comprised of women and children.

We are working on new transitional housing through the Salvation Army. We continue to work with Victoria Faulkner Women's Centre on a safe place and many other innovative programs in support of women —

Speaker: The member's time has elapsed.

Question re: Alaska Highway corridor functional plan

Ms. Moorcroft: The minister says that work on the Alaska Highway corridor is needed to address safety issues, congestion and future growth. I have constituents who have lost loved ones in the corridor because of accidents and the

driving public sees the tragic markers where lives have been cut short.

Is increasing safety in the Alaska Highway corridor the number one objective of corridor development work?

Hon. Mr. Kent: I think that is certainly one of the priorities that we are looking at when we are redeveloping the Whitehorse corridor of the Alaska Highway. Of course, members opposite know that we are currently in the public consultation phase for the plan that was released for the Whitehorse corridor. I delivered copies of the functional plan to both the offices of the Official Opposition and the Third Party — I believe it was last week. This past weekend, the open houses were held at the Yukon Transportation Museum with respect to the corridor. I have personally met with a number of the business associations that have concerns with redevelopment of the corridor for economic reasons, which I guess is what they cite as their main concern.

Again, we're listening to the concerns of Yukoners with this and we're engaged in the public consultation process. We look forward to the conclusion of the public consultation process where department officials will make recommendations to me and I will take them forward to caucus, so that we can prioritize what needs to be done within the Whitehorse corridor of the Alaska Highway.

Ms. Moorcroft: I will take the minister's comments to mean that he places a very high importance on making upgrades to the corridor that will result in safer driving conditions. Yes, the public is being asked their views on the Alaska Highway corridor functional plan. The plan is hundreds of pages long and filled with highly technical issues. A traffic safety analysis in the plan lists 14 locations on the highway corridor that are particularly bad. Some of these locations have higher rates of collision; some are where severe collisions have occurred. But the plan in the immediate term would only make changes in two of those 14 locations. The remaining 12 high-collision and severe-collision locations would only see any attention if the population hits certain thresholds.

If increasing safety is so important to this minister, why wouldn't attention be focused first on high- and severe-collision locations?

Hon. Mr. Kent: In 2013, the Government of Yukon retained the services of an engineering firm to develop the functional plan to address safety, traffic efficiency and capacity in accordance with national guidelines and standards. The draft plan establishes a framework to address the community's immediate needs and provides for additional capacity to meet the needs of a growing population in the future.

No decisions have been made with respect to what we're going to do with the Whitehorse corridor of the Alaska Highway. We are currently in the public consultation phase. Again, I encourage all Yukoners, including members of the opposition, to go on-line to fill out the on-line surveys. Each and every Yukon mailbox received one of the summaries — of course, that is why we didn't make the larger piece of the functional plan available, because it is such a huge document

for Yukoners to get. It is available upon request and it is available on-line, but there is a summary document that was put together by the folks at Highways and Public Works as well as our consulting engineer so that we can solicit feedback. I can tell members of the Legislature that the feedback on-line and mailed in has been very strong and we look forward to individuals continuing that for the next two weeks or so.

Ms. Moorcroft: The intersection of the Mayo Road and the Alaska Highway is a dangerous location, as is the intersection of the south Klondike and Alaska Highway at Golden Horn, the Fireweed-Engleman area in Spruce Hill and around McCrae, but these high- and severe-collision locations will only be fixed in the long term, when and if — and it's a big "if" — the population reaches 46,000 people.

Dangerous accident locations in Porter Creek, like Rabbit's Foot Canyon, wouldn't see any attention until the population hits 35,000. The work to be done immediately, in the plan, is to twin the seven-kilometre length of highway between Robert Service Way and Two Mile Hill at a cost of a minimum of \$52 million.

Why would the government decide that twinning the highway between Robert Service Way and Two Mile Hill is a more urgent priority than fixing the high- and severe-collision locations?

Hon. Mr. Kent: I take it from the member opposite's comments that that will serve as the basis for her submission to the Department of Highways and Public Works for the draft consultation that is currently underway.

This is a draft plan and there are a number of issues that the engineering firm used to develop the functional plan — looking at safety, traffic efficiency and capacity in accordance with national guidelines and standards. We're hearing from a number of Yukoners with different perspectives on what they would like to see in the Whitehorse corridor. I would assume from the member opposite's comments that she would like to see more attention paid to the parts of the road where the south Klondike Highway meets the Alaska Highway and where the north Klondike meets the Alaska Highway. I certainly would welcome her submission on that and will add that to the hundreds of other submissions that we're receiving from Yukoners during this consultation phase.

This is a consultation phase dealing with the draft plan. There have been no decisions made yet. We don't have a Management Board submission or a tender document prepared for May 16. We're listening to Yukoners. We're listening to their concerns and we're looking forward to the final results of the public consultation so that we, as legislators, and my caucus and Cabinet colleagues can make an informed decision when it comes to the Whitehorse corridor of the Alaska Highway.

Speaker: The time for Question Period has now elapsed.

We will now proceed to Orders of the Day.

ORDERS OF THE DAY

OPPOSITION PRIVATE MEMBERS' BUSINESS

MOTIONS OTHER THAN GOVERNMENT MOTIONS

Motion No. 893 — *adjourned debate*

Clerk: Motion No. 893, standing in the name of Mr. Silver; adjourned debate, Mr. Silver.

Mr. Silver: As the debate was adjourned with only a couple minutes of debate, I will start again, just for flow and ebb.

On April 2, I raised the issue of mental health services, a topic that I've been hearing a great deal about in my community. I would like to paint the picture here of the timeline.

Back in 2011, the Premier committed to spending new federal money to design a mental health plan. In 2012, a former Yukon Party Health and Social Services minister told a local radio station that the government was planning a mental health strategy as well. In 2014, the former minister told Yukon — and I quote: "We're working on a mental health strategy and when it's available I will be only too happy to present it to this Legislature." As the clock struck 2015, Yukoners had a new Minister of Health and Social Services, but still we await a mental health strategy. We are one of only two jurisdictions in Canada without such a strategy, which shows in my mind where mental health lies on this government's priority list.

In 2013, the government released a needs assessment for the newly built hospitals in Watson Lake and in Dawson. The report said — and I quote: "That the implementation of a territorial mental health prevention and treatment strategy be a priority that includes local support workers who maintain contact with those in need..." A full 18 months after receiving the report, the recommendation has not been acted upon.

Just over a year ago, the government released a report called *A Clinical Services Plan for Yukon Territory*. One of the report's key findings was quite blunt and it said — and I quote: "Mental health services are in a significant deficit outside of Whitehorse." The report went on — and I'll quote again: "Not addressing ... mental health services in Yukon Territory risks failure for a clinical services plan.

"Central to a clinical services plan of value to the residents of Yukon Territory is the expanded resourcing of ADS and mental health services, especially in the communities. There is no greater need."

Finally the report went on to say — and I'm quoting again: "No provider or service interview conducted during the study was silent on the enormity of the problem with, and impact of, the management and challenges of mental health services in Yukon Territory.

"The full spectrum of mental health issues is prevalent and generates a huge burden on available resources and family members."

"...not a single interview during this study was silent on the critical need for expanded and re-tooled..." mental health services "...to be central in service planning."

Mr. Speaker, there has been no response from the government in the year since it received this report — this \$200,000 report on how it plans to address the lack of mental health services in rural Yukon. The overwhelming message from the government's own report is that things need to change. Unfortunately, the new minister stood in this House and continued to defend the status quo. The basic message is that we're putting money here, we're money putting here, everything is fine — and he refused to acknowledge that more needs to be done. Without a plan to implement, it's hard to assess whether or not we're hitting those marks.

I would like to speak to the rural experience for a minute if I can, as I think this is where some of Yukon's biggest deficiencies lie. We need to consider the importance of understanding the reality of rural community living and the opportunities and challenges that are provided, based on this reality. We also need to acknowledge that there are gaps in health and social services to rural communities and that finding solutions to creating equitable services does not necessarily mean looking at our Whitehorse model for guidance. Blanket policies for both rural and urban Yukon are not necessarily working for rural community needs. Again, a comprehensive mental health strategy should be able to address this issue.

I want to talk a bit about the mental health nurses. There are two — two mental health coordinators, two mental health nurses for the rural communities. One is based in Haines Junction, the other one in Dawson. They both have huge areas for which they are responsible. The one in Haines Junction deals with Watson Lake and southern Yukon and then Old Crow. The Dawson coordinator is responsible for Ross River, Mayo, Faro, Carmacks and Pelly Crossing. In each community, the nurses told that the services they can provide are different, based on the additional services that a specific community may have access to. Some communities are fortunate enough to have a Many Rivers counsellor — but not all of them — who can deal with severe mental conditions — Dawson being one of those communities that's extremely fortunate to have the Many Rivers counsellor.

Some Hon. Member: (Inaudible)

Mr. Silver: The minister will get his opportunity. I hear him heckling over on the other side of the House, but I will continue to talk and I will continue with my time while he continues to heckle.

Now, where was I, Mr. Speaker?

In Ross River and Faro, Many Rivers' services are not provided, so the nurses will carry that responsibility. Child abuse treatment services are available, but only if the family signs into the program. Otherwise, in these communities, it's back to the mental health nurses. It gets a little confusing, depending upon what community you're living in, as to who provides what services. Imagine if you moved?

In Dawson and in other communities, depending on the other services available, the mental health nurse is told to only

see patients with severe mental illnesses, such as schizophrenia, and not patients with severe depression or suicidal tendencies, because that would fall under the jurisdiction of the Many Rivers counsellors. The problem is that doctors are referring patients to the mental health nurses, while the department is telling the nurses that they cannot see these patients, because they don't fall within the mental health mandate for the Dawson area.

The Many Rivers counsellors are effective — absolutely — but often become overwhelmed and, sometimes, clients fall through the cracks. Imagine being the mental health nurse who is sitting there listening to the doctors, who are saying, “We need your services”, and then having to say, “Well, my hands are tied.”

If the mental health nurse steps outside of her working hours, or any other minor infraction, to help a patient who may have been self-admitted, they are slapped on the wrist for overstepping their mandate. This confusion over patient responsibility is creating turmoil and preventing patients from receiving the help they need.

So they're being slapped on the wrist in Dawson for a service that they would provide in Faro. You can see how without an actual plan and without a strategy that this gets really confusing, Mr. Speaker.

Policy tends to be developed to prevent these community mental health nurses from building trust within the communities as well. Nurses are being discouraged from speaking too much with the locals when travelling to the communities, when the opposite needs to happen in order to form trust in the relationships to be in place for nurses to effectively help the community. These nurses are being told, “Don't pat the dogs, don't talk to people in the streets; do your job and move, because you have such a schedule.”

It's really hard to gain people's trust if you're not part of the community, and imagine being a travelling rural community nurse, who has to go to Dawson, check in at Dawson with the RCMP and with the caregivers there and, on the same day, to Stewart Crossing, and check in there with care providers, and on the same day to Pelly, and the same day to Carmacks and the same day to — you can see how it's hard enough to develop the trust of the community when you're just dropping in from time to time.

So why not coordinate the services? It doesn't matter who I talk to, Mr. Speaker, whether it is parents who are dealing with mental health issues with their children, or with their young adult children still staying at their homes, or people suffering themselves from anything — like alcohol abuse, and wanting to get into some after-care — or the service providers, or the EMS — it doesn't matter who I talk to, coordination of services is so important. So why not coordinate the services?

Resources should be shared to develop proper implementation of services, based upon need, instead of quotas from the department that dictate the rules based upon administrative ease. Again, we're heeding our information from Whitehorse to deal with the problems in the rural

communities. Too often, these can be very counterproductive and, in some cases, insensitive to the communities' needs.

The second topic that I would like to approach here today is the use of health NGOs to Yukon's communities. Rural communities benefit only marginally from NGOs whose core funding comes from the territorial government to meet the needs of our Yukon population. Since rural Yukoners struggle to be able to access most of the NGOs' services, it might be possible that we need the government to re-evaluate its services in rural communities, taking into consideration the lack of NGO services. When NGO services are available, it has been reported that these services have been essential in supporting individuals who would otherwise have no or little options. When government and/or NGO services are withheld — as in the case of where it takes over six months to a year in some cases to replace essential services like mental health practitioners, counsellors and social workers — this leaves the communities with little to no appropriate preventive or reactive services.

Some of our rural communities have risen to the challenge of limited resources and have come together to support communities. For example, some self-governing First Nations have established programming in rural communities to support positive development in youth. These programs are not limited to First Nation youth. That is one thing that I love about First Nation governments — they don't limit their services to just members of their own First Nation. They support the whole community.

In addition, opportunities for inter-agency collaboration and integrated services are high in rural communities. Where there may not be enough work for one individual in one specific government agency, there will become room for that individual to work in two different government agencies to do the same amount of work — again, collaboration of services, Mr. Speaker. Neither government agency is able to provide enough full-time funding for an FTE, but together this might be possible. It is also difficult to provide equitable services when the services are all based in urban settings. In some cases, this is all that is possible, but there are individuals ready and willing to work in rural communities who are not being utilized because the current system does not allow for decentralization of those services. Creating rural hubs for specialty work has also been successful in some of our rural communities. Developing a plan to increase this type of service availability seems to me to be extremely justified and justifiable.

To try to wrap up here on some of the rural issues, there have been hundreds of thousands of dollars commissioned to assessments of health care needs — for example, the McMaster report, the Peachey report and others — all of which have basically come back with relatively the same conclusions — but their suggestions are not being acted upon. Instead of paying workers to travel such distances, there should be improved collaboration between Mental Health, addictions, Many Rivers, et cetera — the stakeholders. Having workers based in more areas, as suggested, would improve support for rural communities and would lessen the anxieties

of the populace and the health workers. Even if employees were hired for part-time work, I am sure that they would be more interested in and able to recruit for other positions.

Mr. Speaker, we are in an interesting situation with our rural mental health nurses, where I am extremely afraid that burnout is going to happen. Imagine — I mean, dealing with one school as a teacher is enough — going to all of these communities and keeping track of not necessarily just the individual people who are suffering from mental health, but the families and the interconnections between the communities. It is amazing.

For a mental health worker to drive from Dawson to Faro to Ross River for one week per month and to pay travel time of eight to 10 hours each way — not including meals, meal breaks and also depending upon road conditions — it doesn't seem like good financial management and could lead to extremely unsafe work conditions. I could only image the stress of thinking that you just cannot be effective enough in these situations and the people who you've missed, or the ones who you should have reconnected with, but don't have the time. It has been suggested to the department that it would be more effective for our rural mental health nurse to do the work trip over a 10- to 14-hour day period to better serve the communities.

Now there is a major lack of semi-independent and supportive living accommodations for people with severe mental health and dual diagnosis in the Yukon. To access such places in Alberta or B.C. is extremely difficult, but there is a serious need, as is obvious by the number of people with mental health, FASD and addictions who end up in the care of the criminal justice system, residing in the correctional facilities. The biggest thing that we can do is work toward the collaboration of services in our communities through shared positions and intergovernmental relationships with different departments and NGOs.

Mr. Speaker, there are a number of issues that I have heard from concerned Yukoners about and I am not going to have the time — I could filibuster away the day with all of these issues if I wanted to, but I really do want to have the debate here today, sir. I would like to highlight a few more areas of concern before I sit down and listen to my colleagues.

By the minister's comments last week, it seems that, in his opinion, mental health services are needed for at-risk people, but mental health is much more complicated than that. One example of this is postpartum depression. According to the Pacific Post Partum Support Society, postpartum affects one in six women and one in 10 men and is likely to strike affluent, well-educated parents. PPD does not discriminate — it can happen to women who have no history of mental health issues, to women who are successful in many aspects of their life and to women who are looking forward to becoming mothers. How are we helping Yukon's new moms?

Another idea I would like to speak to is child services. Mental health does not discriminate by age. Recently there have been parents who have gone public with the issues that they have had in securing an education assistant. When they broke the story, parents from the school in question said that

they did not have enough resources to support the education assistant's needs and the department disagreed with that statement — not to mention the teachers are not prepared to deal with students with mental health issues — or the EAs for that matter. If we want to give everyone the chance at success, then we need to be able to identify these issues early on. We need to ask the question of the education system: What is the secondary school completion rate for students with mental illness? What steps can we take to increase that?

Mr. Speaker, there are a number of other topics and areas that could be addressed by talking about a comprehensive strategy and as I noted with speaking to Education, a mental health strategy should not be limited to Health and Social Services. It should have implications for every department.

Just to sum up here, I would like to go back to something that the Minister of Health and Social Services said last week I believe — I'm quoting here: "*A Clinical Services Plan for Yukon Territory* was released in April 2014, as you know, and sets a long-term plan for the evolution of health and social services delivery in our incredible territory. While the report's recommendations have not been accepted by government, the department continues to utilize the plan as a foundation for innovative, evidence-based decision-making and maximizing system efficiencies."

Mr. Speaker, the point of developing plans and strategies is to look at the recommendations and make smart decisions based on needs identified — not to put them on the shelf or to put a checkmark by a box. I've tried to use my time here to highlight some of the deficiencies in our current health care system. I do not see how a government that has continued to promise a strategy could vote against this motion, although I wouldn't be surprised.

I know the minister will likely respond to tell the House that the government is spending money, and they are. I imagine he will also tell me, as he has before, that I should be ashamed of myself for questioning the services being provided, as this has become his default reaction to this topic this session here in the Legislative Assembly. But the reality is that Yukon still does not have a mental health strategy. It's one of two jurisdictions in Canada without one. A strategy would identify the mental health needs in the territory and give direction to the department on where to spend its money.

It would also — and this is so important — assess that implementation. Isn't that the most important part of any strategy or plan — the assessment? We're all going to make mistakes. We're going to have failures as we try our hardest and then we're going to reassess. We're not going to blame; we're just going to pick ourselves up and we're going to continue down that road — but without a plan, Mr. Speaker.

I guess I'll just end by saying that, as it stands, the minister is spending money and the government does have deep pockets, but by not building a long-term plan, it's so hard — it's so hard for these individual people who are working to get their ideas implemented and to make sure that we have the same access to services in the rural communities as we enjoy here in Whitehorse — not to say that there aren't

problems here in Whitehorse as well, but obviously I'm speaking a lot more on the rural side of things right now.

With that, Mr. Speaker, I thank you for the time here today. I look forward to an open and honest debate about this issue and, for a government that has promised a mental health strategy, I would assume that this would be a great motion for all of us to agree upon — and hopefully amendment-free.

Hon. Mr. Nixon: The question of how the government addresses mental health is one that is of great importance to all of us in this Assembly. This motion calls on us to follow through on a commitment to develop a mental health strategy, so I'm going to respond to the motion in a number of ways.

First, I would like to lay out my game plan for this afternoon. I want to talk about the personal importance of mental health. Second, I'll go over our platform commitments regarding mental health. Then I want to talk about the projects, programs and services that we provide concerning mental health. Fourth, I'll address the government's response to substance abuse. Next, because I believe we should also be talking about healthy, positive alternatives and their impact on mental health, I'm going to spend a little bit of time talking about some health and wellness initiatives. Finally, I'll highlight the child and youth mental health and addictions framework that was just completed in 2014.

I know each and every one of us has a connection to someone for whom this issue is of great importance. One of my good friends and a candidate, who would eventually have to step down as a candidate, in the 2011 election, very courageously shared her story with us. When we talk about mental health, I think of friends who have lost loved ones. Mr. Speaker, this is an issue that we take very seriously.

Some of my own experiences with mental health issues stem from having a son with autism. In fact, the Kelty resource centre out of British Columbia reports that having a child diagnosed with an autism spectrum disorder can be very hard on the whole family, and I can attest to this. Adding mental health problems to the mix can make things a lot harder. There seems to be a huge connection between autism spectrum disorders and other mental health problems. The exact numbers are different from study to study, but researchers find that just under half to about three-quarters of children living with ASD may also be diagnosed with another mental disorder.

Other mental disorders can have a big impact on your child but, as with others without autism, treatment does help. The Kelty Mental Health Resource Centre goes on to say that researchers know that these mental disorders are common, but they can be very hard to diagnose in children living specifically with ASD.

Here are a few reasons why: symptoms of one disorder can look like another disorder; symptoms of one disorder can hide symptoms of another disorder; it may be difficult to tell what your child is feeling; your child may not be able to tell you how they feel; other people may misread your child's symptoms; your child may not think that something is wrong. There are a few guidelines and tests to help professionals

diagnose other mental health problems in children living specifically with ASD.

Also, Mr. Speaker, many studies on mental health and ASD include high-functioning children. These are children who don't have as many intellectual, social or communication problems. This means that there are very few research studies done on the mental health of lower functioning children, such as my son Jack. This doesn't mean that lower functioning children don't have mental health problems. It also doesn't mean you can't find help if you think your child might have a mental health issue.

In speaking about mental health this afternoon, I also believe it's important to talk about substance abuse. Whether you think that substance abuse causes or triggers mental health conditions, or whether you think people abuse substances as a way to cope with their mental health conditions, I think it's fair to say that there is often — not always — a link between substance abuse and mental health. I'm going to talk about a response to the substance abuse when I talk about mental health.

We committed in our "Caring for Yukoners" section of the platform that we would improve Yukoners' access to family doctors, nurses and medical specialists by implementing a new health human resource strategy. We committed to pilot a collaborative care medical practice in cooperation with the health care community.

We committed to allocate funding for a new emergency department at the Whitehorse General Hospital to accommodate the increasing number of visits and reduce pressure on the emergency department staff. We committed to continue to build a new regional hospital in Watson Lake.

We committed to continue to build a new regional hospital in Dawson City. We committed to provide support services for children and adults with severe disabilities such as cerebral palsy, muscular dystrophy and Down syndrome in addition to the services already provided to children with autism. We committed to providing assistance to Yukoners with disabilities to modify their homes to accommodate their disability. We committed to establish a new caregiver tax credit for families caring for a relative with a disability including seniors, adults and children with severe disabilities. We committed to provide additional funding for therapies as well as money for specialized equipment, ramps and lifts to assist children with disabilities through an expanded family support for children with disabilities program. We committed to help seniors stay in their own homes longer by assisting them with minor home repairs and upgrades, and we committed to enhance the home care program including providing more help for respite care of children and dependent relatives.

We committed to these because they matter when it comes to people accessing health care.

As I indicated earlier, I would like to touch on the projects, programs and services we provide pertaining to mental health. On the capital side, the government has committed to rebuild the St. Elias adult group home and has set aside \$4.2 million for its design and construction. The new

facility will continue to prove a safe and supportive group home environment for Yukoners who suffer from cognitive disabilities. The current capacity for residents will increase by 10 spaces. It will have an improved building layout for client safety and security, dedicated programming areas, increased bed capacity and a measure of independence to better meet the needs of those residents, many of whom are dealing with mental health issues.

Yukon has sole sourced the project to Kwanlin Dun under the Yukon asset construction agreement. The expected completion is in the fall of 2015.

The Adult Services branch currently provides group home services to a total of 22 individuals who require significant support and supervision to live safely. Eight clients who cannot be accommodated in Yukon because of extremely complex care needs live in homes outside the territory.

We also committed to the replacement of the Sarah Steele facility, which will enable the delivery of an enhanced continuum of alcohol and drug services. The new building will be purpose-built to include medically supported detox, a separate youth detox unit, youth stabilization and assessment programs, continuous intake for residential treatment and expanded treatment capacity. The expanded space also allows for better integration and collaboration with other service providers, such as First Nation health programs, land-based healing, Mental Health Services and Many Rivers Counselling and Support Services. Approval for the implementation phase was provided on August 12, 2014, with a total targeted cost of \$20.989 million.

The current Sarah Steele Building was built in 1961 and has been updated many, many times in its lifetime. Breaking ground is planned for the spring of 2015 with programming beginning in the new facility planned later in 2016 — by fall. In the current building, detox has 10 beds and in the new building it will have 18. In the current building, there are no transition unit beds; in the new building there will be eight. In the current building, there are 10 in-patient treatment beds; in the new building there will be 20. In the current building, there are no youth treatment beds; in the new building there will be four.

Mental health affects everyone, even seniors. The new Alexander McDonald Lodge is expected to open in Dawson City in early 2016. Replacement of the existing facility was identified as a priority project by the government as part of its supports for seniors. The project team met with the Dawson City Heritage Advisory Committee to ensure compliance with the heritage bylaws and community meetings were held to keep Dawson residents apprised of the work of this particular project. The project was shut down for the winter months and work will resume this month, pending the weather. The existing McDonald Lodge was built in 1970 and currently houses 11 residents. The new building, as you will know, will be a 15-bed facility. The new facility is being built adjacent to the new hospital on the site of the old Dawson centre.

Locally, two needs assessments and a business case conducted for the government and the current patterns of usage of long-term care confirmed the need for a significant

number of new care facility beds in the territory. The government is being proactive in planning for the care needs, including mental health needs, of our seniors and elders and the significant number of individuals who will be living with dementia and mental health issues in the near future. Design and procurement phases are underway with construction set to begin in January of 2016.

The request for qualifications was issued just a few short weeks ago — March 10. Partnerships B.C. is being used to assist Yukon government during the procurement phase of this project. Stakeholder input from key groups will be sought throughout the design phase. Continuing Care representatives spoke before the city council on March 16, 2015 regarding the need for this facility to proceed and how it would fit into the neighbourhood of Whistle Bend. As of February 16, 2015, there were 42 individuals waiting for services in a continuing care facility. The planning is for a 150-bed facility to open in 2018. There is the option for expansion, when and if needed.

You will know that this government has invested in an interim continuing care facility in the downtown area of Whitehorse to assist seniors with complex care needs, including mental health issues. Residential property on Sixth Avenue has been purchased and will be renovated for use as a small interim continuing care facility. This will provide 10 more beds for seniors/elders care and will be opened later this fall. These beds will address the immediate need and the growing waitlist of numbers of individuals waiting for long-term care in the hospital.

Once the first phase of the new Whistle Bend long-term care facility is completed, Health and Social Services have other residential needs for the Sixth Avenue building, which will transition to meet the needs of perhaps a different population. That building, as you are well aware, is known as the Oblate Centre, the former retirement home for Oblate priests. Mr. Speaker, here is an interesting fact about that centre. The purchase of the property actually had to be approved by the Vatican. I found that quite interesting.

When I was preparing for debate today, I found it interesting to learn that in the 10 years from 2004 to 2014, Yukon's population increased by 19.7 percent. In 2014, Yukoners 65 years and older made up 10.7 percent of our population. In the next 10 years, the same age group will almost double, as the current Yukon population has 19 percent in the age group of 55 to 69. In correlation to population, the Canadian Mental Health Association reports that mental illness indirectly affects all Canadians at some time through a family member, a friend or a colleague. Twenty percent of Canadians will personally experience a mental illness in their lifetime. Mental illness affects people of all ages, education and income levels and cultures. Approximately eight percent of adults will experience major depression at some time in their lives. About one percent of Canadians will experience bipolar disorder or manic depression.

They also reported that schizophrenia affects one percent of the Canadian population. Anxiety disorders affect five percent of the household population, causing mild to severe impairment. Suicide accounts for 24 percent of all deaths

among 15- to 24-year-olds and 16 percent among 25- to 44-year-olds. Suicide is one of the leading causes of death in both men and women from adolescent to middle age. The mortality rate due to suicide among men is four times the rate among women.

It is known that a complex interplay of genetic, biological, personality and environmental factors cause mental health illnesses. Almost one-half — 49 percent — of those who feel they have suffered from depression or anxiety have never gone to see a doctor about this problem. Stigma or discrimination attached to mental illness presents a serious barrier, not only to diagnosis and treatment, but also to acceptance within their community.

It is also known that mental illness can be treated effectively. “The economic cost of mental illnesses in Canada for the health care system was estimated to be at least \$7.9 billion in 1998 - \$4.7 billion in care, and \$3.2 billion in disability and early death. An additional \$6.3 billion was spent on uninsured mental health services and time off work for depression and distress that was not treated by the health care system. In 1999, 3.8% of all admissions in general hospitals (1.5 million hospital days) were due to anxiety disorders, bipolar disorders, schizophrenia, major depression, personality disorders, eating disorders and suicidal behavior.”

“It is estimated that 10-20% of Canadian youth are affected by a mental illness or disorder — the single most disabling group of disorders worldwide. Today, approximately 5% of male youth and 12% of female youth, age 12 to 19, have experienced a major depressive episode. The total number of 12-19 year olds in Canada at risk for developing depression is a staggering 3.2 million. Once depression is recognized, help can make a difference for 80% of people who are affected, allowing them to get back to their regular activities. Mental illness is increasingly threatening the lives of our children; with Canada’s youth suicide rate the third highest in the industrialized world. Suicide is among the leading causes of death in 15-24 year old Canadians, second only to accidents; 4,000 people die prematurely each year by suicide. Schizophrenia is youth’s greatest disabler as it strikes most often in the 16 to 30 year age group, affecting an estimated one person in 100. Surpassed only by injuries, mental disorders in youth are ranked as the second highest hospital care expenditure in Canada.”

Mr. Speaker, about a month ago, I had the opportunity to travel to Dawson to tour the new hospital and the existing McDonald Lodge. I also had the opportunity to see the construction of the new McDonald Lodge. During that time, I had the opportunity to make a very special announcement. Yukon is one of 15 sites and the only northern territory that was chosen to participate in a national antipsychotic reduction initiative funded by the Canadian Foundation for Healthcare Improvement.

Since beginning the project, the use of antipsychotic medications has decreased by approximately 50 percent at the special care unit in Copper Ridge Place. The goal is to reduce the use of antipsychotic medications among continuing care

residents by 15 to 20 percent of current use — as of August 2014 to September 2015.

The project will now roll out to other continuing care facilities in Yukon where that program will be appropriate. The majority of residents in continuing care facilities have a diagnosis of dementia. Dementia syndromes have different symptoms — not just memory problems — and changes in thinking, behaviour and personality are all important to pay attention to. Many individuals with dementia display behavioural challenges that make their care challenging, and antipsychotics have sometimes been used to manage those behaviours. There is an increasing recognition that antipsychotics are not the best way to manage these behaviours due to significantly increased risk of morbidity as well as mortality when these medications are used in this population.

This project is a shared initiative with the Canadian Foundation for Healthcare Improvement, an organization committed to maximizing the efficiency in health care spending, providing a more coordinated approach to complex health care needs, as the Member for Klondike had indicated, and improving patient- and family-centred experiences and outcomes through innovative and collaborative practices.

Similar projects have been launched across the Winnipeg Regional Health Authority and through Alberta Health. Across these jurisdictions, rates of antipsychotic medication use were significantly decreased without significant increase in complex behaviours by those residents with dementia.

We have been looking at greater use of telehealth and other technologies — the role and options for both psychiatry and telepsychiatry. In addition, we’ve consulted with our provincial and territorial colleagues and reviewed their work in this area, some of which are now updating and expanding their strategies. We’re aligning with new capital projects and have changed some internal roles to ensure greater integration of mental health and addictions, resulting in an increased capacity and responsiveness. For example, a new community addictions program has been developed to address some of the gaps that were identified. The community addictions program will provide supports within the community, including prevention, pre-treatment, counselling and after-care supports.

There has been ongoing consultation with communities, First Nations and other key stakeholders on alcohol and drug services as part of the Sarah Steele Building redesign. This discussion included programming gaps and limitations, and we have planned changes based on this feedback as well as research. It will also provide those who have completed the in-patient treatment program with additional supports and services after they leave treatment to help them maintain sobriety and wellness in their home community.

As part of the department’s move to client-centred collaborative care, the community outreach model will collaborate with existing services with First Nation health programs to provide a broader range of substance use programming in communities, including prevention, pre-treatment, supportive counselling and after-care.

Dawson City and Watson Lake, as identified by previous needs assessments and the clinical services plan, are priority areas for innovation and delivery. We're looking to boost capacity also in Haines Junction.

I would like to extend a thanks to Many Rivers, which was contracted by Health and Social Services, for their extraordinary work. They have made significant improvements in wait times for services.

All jurisdictions and systems are challenged with meeting the needs of the population in the area of mental health and addictions. We're certainly looking at innovative and sustainable options to support the communities as well as integration across the system. We will continue to innovate and adapt our delivery, but this does not happen overnight. Many of the initiatives we are doing link together and this work on mental health addictions is supported by the wellness focus. As we know, exercise and activity are important in both prevention and during intervention.

Our focus on seniors also includes a mental health focus, including mental wellness as well as dementia.

We have introduced mental health services for continuing care clients under the direction of a clinical psychologist. We are placing a greater focus on child and youth needs through our policies, structures and youth mental health services. This will continue under the mental health and addictions strategy. Most will know that Yukon has access to a child psychiatrist.

We're continuing to seek opportunity for participation in national research such as the CIHR grant work on child and youth mental health and the current CFHI initiative on antipsychotic reduction in long-term care.

The other day I had a constituent share with me that they have a parent living in one of our facilities. They talked about the change they have seen in their parent since we began the project addressing the use of antipsychotic medications in long-term care. As an example, we're working with the Yukon Mental Health Association regarding potential training based on a B.C. Mental Health Association model for those with mild to moderate depression and anxiety.

We're still in the early stages for our strategy, which we will continue to implement, revise and address based on changing needs, evidence and best practice. I talked before about another example I would like to share.

We've partnered with Yukon Housing Corporation for the fiveplex and we are working now to secure an NGO partner to operate this new program of transition housing for clients who have been diagnosed with mental health issues. Health and Social Services will provide supportive transitional housing for individuals with mental health conditions in that fiveplex that is owned by Yukon Housing Corporation. Although led by Health and Social Services, an NGO will be selected through the request for proposals to partner with Health and Social Services in providing that type of therapeutic transitional living environment for homeless or under-housed persons with persistent mental health challenges.

As you'll recall, a sprinkler system was installed to ensure the safety and well-being of staff and residents of this complex. Yukon Housing Corporation and Health and Social

Services are sharing the cost of this, with Yukon Housing Corporation putting up \$130,000 and Health and Social Services putting up \$50,000. The building will be staffed on a 24/7 basis for five to 10 transitional clients at any given time. In conjunction with Community Services supports, daily operations will be managed by the Health and Social Services-employed mental health practitioner assisted by the NGO-hired team lead residential support worker and general residential support workers.

The focus will be twofold: stabilization, increased mental health support through treatment, counselling and medication adjustments and skill development — cooking, finances, cleaning — for a realistic reintegration into independent living situations. Referrals will come through a range of service providers such as Whitehorse General Hospital, Health and Social Services, Mental Health Services and community-based NGOs, but will likely not include Yukon Review Board clients, due to supportive housing providers in place for that clientele group already. Individual length of stay will range from six months to two years depending on the individual mental health needs, life skills, general progress and adherence to treatment plans. We will report back to government in two years on this program. We anticipate that this program will result in less admission and readmission to the Whitehorse General Hospital emergency department for acute inpatient mental health episodes and decreased ambulance transport associated with less emergency department presentation and an overall reduced use of associated acute health and social interventions for clients and an increase in community involvement to support individual stabilization and integration into safe, long-term housing.

I think it is fitting to speak about some of the assistance available for people who want to talk about their challenges. Second Opinion Society launched a distress and support line in November of 2014. The concept for this program was spearheaded by the Second Opinion Society, independent of government. Funding for this program has come primarily from private industry. Yukon government has contributed \$8,100 to assist with operations for the first six months of this initiative. The toll-free line operates each day from 7:00 p.m. to 3:00 a.m. and is staffed by a group of 32 volunteers who take turns taking shifts at the call centre.

Effective March of 2015, Many Rivers Counselling assumed the responsibility of the support call line. This decision is supported and endorsed by the Second Opinion Society, which will use this opportunity to focus more on its core service delivery. The distress and support line provides phone crisis distress support and information about where people can go for additional services for their mental health issues. This line is available through a toll-free number sponsored by Northwestel and Bell Canada, making it accessible throughout the territory. The phone line is open for calls nightly, as I indicated, from 7:00 p.m. to 3:00 a.m.

The administration, training and overseeing of the distress and support line is now managed by Many Rivers Counselling under an agreement with SOS. We know that phone line volunteers were recruited through various means, including

outreach to other community agencies, Yukon College and Volunteer Yukon. Each potential volunteer was interviewed to determine if they were a fit for the distress and support team. This was assessed through demonstration of personal interest, responses to situational questions, willingness to commit to a week-long training session, evening and nighttime availability, and the dedication of at least one year volunteering on that line.

Funding to date on particularly this program has been from the following sources: Northwestel, \$15,000 a year of value-in-kind services for phone, Internet installation, phone Internet use and advertising; the City of Whitehorse for free city-wide advertising in city facilities and on transit; Kobayashi & Zedda Architects for one year of rent-free office space; CHON-FM for 450 free radio advertisements; Yukon College for free computer systems; The Brick for free furniture; Northwestel for \$10,000 cash contribution; and Bell for a \$30,000 cash contribution. I want to thank each of our community contributors for their extraordinary donations. Yukon government Health and Social Services also donated, as I indicated, \$8,100 in cash donations for the first six months of the project.

Mr. Speaker, the fourth point I would like to address this afternoon is the Yukon Party government's response and our commitments to substance abuse. We committed to continue to implement the *Substance Abuse Action Plan*, which focuses on education and prevention, harm reduction, enforcement and treatment. Mr. Speaker, we have delivered.

We committed to continue to provide resources directly to NGOs assisting Yukoners with substance abuse and addictions issues, and we have delivered. We committed to replace the Sarah Steele detox centre with a larger, more modern facility that incorporates an after-care program, and we are delivering. We committed to continue to work with First Nations to explore opportunities for land-based treatment of substance abuse, and we have delivered. We committed to support an alcohol and drug services addiction counsellor for the Community Wellness Court.

My colleague, the Minister of Justice, can talk more about the very positive results we're seeing from the Community Wellness Court. As former Minister of Justice, I continue to be impressed by the Community Wellness Court and the community wellness centre itself. This Yukon Party government committed to review current programs for adults and youth with substance abuse and mental health issues to determine how to better address their specific needs. We committed to protecting and supporting the family. We believe supporting families with children in difficult situations can go a long way in preventing mental health issues later in life.

We committed to coordinate responses with the RCMP through the Domestic Violence and Sexual Assault Coordinating Committee and develop a domestic violence response team. We have again delivered on our commitments to Yukoners. We committed to invest in second-stage housing for Kaushee's Place in Whitehorse. This Yukon Party government committed to working with the Government of

Canada to continue counselling services to children in homes where there have been incidents of violence. We committed to continue to work with the Northwest Territories and Nunavut to develop a made-in-the-north solution to domestic violence.

We committed to continue to engage the Government of Canada in exploring creative solutions to respond to violence against women in the north. We committed to improve the services offered to families engaged with the justice system and we have delivered. Those are our commitments.

Now let me provide an update on the strategic program redesign at Alcohol and Drug Services and operational changes that are now underway. Our government made a number of changes to Alcohol and Drug Services recently to address gaps and improve integration. ADS continues to collaborate with key stakeholders and partners on the redesign of ADS programs to ensure that enhancements address identified needs and identified gaps. It also continues advancing the medically supported detox model to provide safe withdrawal services. A new program outlines all of the programs to be offered through the new Sarah Steele facility, including a community addictions program.

As I have mentioned, the new Sarah Steele Building will begin construction this spring and it is slated for occupancy in summer 2016.

In spring 2012, Health and Social Services began working on an alcohol and drug services initiative aimed at improving services and programs for our Yukon citizens struggling with substance abuse issues. The initiative integrates several separate streams of activities. Delivery of service is greatly restricted to the current building and the new Sarah Steele Building will provide a larger environment, which will certainly improve withdrawal management and in-patient services.

ADS programming uses a trauma-informed care approach and it recognizes the potential for concurrent addiction and mental health disorders. As a result, program enhancements include a combined mental health and addiction approach to delivering services, including collaboration with mental health and formal protocols with Whitehorse General Hospital and the Department of Justice. Key activities include: transition from a social detox to a medically supported detox, which has resulted in a number of key changes; implementation of a new staffing model with additional staff, including front-line LPNs to provide medication to support clients' withdrawal; an RN to oversee quality assurance and risk-management practices; and a social worker to assist in case planning, community liaison and all necessary clinical training.

There was a decreased use of emergency services at Whitehorse General Hospital, purchase of new medical equipment, supplies and medicines, training of new staff and implementation of pharmacological protocols by nursing staff for when and how medications can be administered to clients going through acute withdrawal and for determining when clients must be sent to the Whitehorse General Hospital emergency room.

Key activities also include support services and protocol agreements that are being developed with service providers to

formalize appropriate and timely information sharing, clarity of roles and responsibilities, and responsibilities and service coordination. The focus has been on developing agreements with the Salvation Army, Whitehorse General Hospital emergency room, RCMP and the Department of Justice. Key activities also include ADS's work with the Northern Institute of Social Justice in consultation with Council of Yukon First Nations, Yukon College's First Nations initiatives program, the Department of Justice and RCMP, to develop training on Yukon First Nations cross-cultural awareness and the impact of trauma on addictions. This training is mandatory for all ADS staff and has been taken by many other departmental staff.

The design of the new purpose-built Sarah Steele facility will offer further enhanced programming that includes continuous intake into in-patient services, better withdrawal management, better services to youth requiring detoxification and treatment and the transitional living unit for pre- and post-treatment.

It's important to note that since 2011, Health and Social Services has seen a 58-percent reduction in the number of referrals from detox to the ER as a result of the medically supported detox within ADS.

I would like to provide you with a bit of an update on services provided by ADS for youth and families. Mental health and addiction services for youth and their families is a collaborative process within the department and work is ongoing to ensure effective integration of supports. Alcohol and Drug Services offers a range of services to support youth and families to prevent and/or reduce the harm associated with substance abuse and improve health and well-being.

The new Sarah Steele Building will have a space dedicated to family and youth counselling, which in the past has been limited. ADS will continue to work collaboratively with other government and community partners to provide effective mental health and addiction programming for youth and their families. Health and Social Services' Alcohol and Drug Services' outpatient services operates a youth counselling program that provides specialized services for youth and their families here in Whitehorse. With the new Sarah Steele facility, ADS will offer a youth stabilization and assessment program. This program will assist youth and their families in obtaining appropriate treatment options.

ADS youth counsellors also provide services in three of the high schools here in Whitehorse. Work is underway in Health and Social Services to develop a broad, integrated case management approach across the spectrum of care. For example, ADS has worked collaboratively with Family and Children's Services to ensure that substance abuse treatment services are integrated for youth and parents. Similar work is underway with Mental Health Services to ensure a cohesive service. Youth services are being delivered throughout the patient counselling program at ADS in the form of the provision of youth and family counselling at F.H. Collins, Porter Creek Secondary and Vanier Secondary schools. Support is provided to the students who reside in the

Gadzoosdaa student residence and counselling services are offered at the Sarah Steele Building.

The new Sarah Steele facility will include detoxification services specifically for youth that are separate from the adult detox program, and enhanced program space for our youth and their families. The majority of these youth are already receiving support from the department.

I would also like to provide an update on the community addictions program provided by ADS that the Member for Klondike touched on. The department has been collaborating with key partners and stakeholders — including First Nation health programs, Mental Health Services, Many Rivers, Community Health as well as the Department of Justice — to identify the gaps in services, particularly in these communities. Community needs assessments were completed in Watson Lake and Dawson City, and subsequently a clinical service plan was developed. This information has been very helpful in reframing and directing service planning.

A new community addictions program has been developed to address the gaps that were identified. The community addictions program will provide supports within the community including prevention, pre-treatment, counselling and after-care supports. It will also provide those who have completed the in-patient treatment program with additional supports and services after they leave treatment to help them maintain sobriety and wellness in their home communities. That was part of the department's move to client-centred collaborative care. The community outreach model will collaborate with existing services and First Nation health programs to provide a broader range of substance use programming in communities including prevention, pre-treatment, supportive counselling and after-care.

Alcohol and Drug Services offers a range of services to support individuals, families and communities to prevent and/or reduce the harms associated with substance abuse and to improve their health and well-being. The bulk of after-care programming is provided here in Whitehorse, as you'll know, Mr. Speaker. Detoxification, in-patient and outpatient services provide after-care support to Yukoners who have substance use issues, but this is almost exclusively available in the city.

I will note that the department is aware that First Nations and others have identified the lack of community-based after-care services as a significant barrier to maintaining sobriety once clients leave treatment. Other self-help forms of after-care include AA or Narcotics Anonymous and SMART Recovery. I know AA is available in Dawson City, Watson Lake, Carcross and Teslin as well as Whitehorse. All communities have access to telehealth AA meetings every Friday, I believe, at 1:30 p.m.

ADS is realigning its prevention and outreach programs to more effectively deliver services in a collaborative manner with other agencies. I can advise the members opposite that we will be undertaking more with respect to this program in the near future.

I spoke earlier about the correlation between autism and mental health issues. It is not uncommon for people living with other types of developmental disabilities to also suffer

from mental health issues. The services to persons with disabilities, or the SPD program, currently serves approximately 160 adults with cognitive and developmental disabilities. In the past year, the department has collaborated with service providers to enhance residential and day-programming services.

In 2014, the department also enhanced stakeholder input by creating an advisory committee comprised of adults with disabilities, families of children and adults with disabilities, and department officials. Services to persons with disabilities continues to collaborate efforts across the department in transition planning for youth with disabilities aging into the adult support system. The new services to persons with disabilities program component of the adult assessment team and FASD diagnostic clinic developed over the past year is currently taking referrals for adults who will be assessed during this spring.

The department is in the process of hiring a manager to oversee the continued redefining and the expansion of the services to persons with disabilities program. I am given to understand that there are 65 individuals in residential programs, 53 individuals in supportive independent living programs, and 26 individuals in day programs.

The services to persons with disabilities unit provides or funds a range of different services for adults with cognitive and developmental disabilities, including mental health issues. There are case management services — collaborating with clients and advocating on behalf of clients within a variety of systems, information and referral services. There are the residential care services — so both in-group residents or approved caregiver homes — and the supported independent living — or commonly referred to as SIL — services. There is also day programming, I know, at Teegatha'Oh Zheh, Helping Hands and Aspen. There are employment supports for adults with disabilities through Challenge — Disability Resource Group. There is respite care to families caring for adult relatives with developmental disabilities. New in 2015 is the adult assessment team and FASD diagnostic clinic.

Services to persons with disabilities has hired a new adult assessment coordinator to oversee Yukon's new local assessment and diagnostic clinic. Effective this spring, assessments and diagnostic clinic for adults with FASD and complex care needs began taking referrals. That was in February of this year. Services to persons with disabilities is working internally and interdepartmentally to enhance transition planning to ensure a seamless transition into adult programming.

I would also like to note that a new approved caregiver home fee structure was developed in 2013 to more accurately reflect levels of care provided by these contracted homes. It was implemented on January 1, 2014. Caregivers now receive vacation pay and funding for respite care.

Having a son with a severe disability, I know the benefits of respite care. Recently I read an article on how respite care provides the opportunity for parents to take time away from the pressures of parenting in order to recharge their batteries, allowing them to return to their family feeling refreshed and

ready to continue down that journey. The article went on to say that if you look into the possibility of using respite care, it in no way means that you are a bad parent. In fact, it indicates quite the opposite. Respite is meant to give you a rest, a break, so that you can be a better parent. It is important to remember that respite care is neither a punishment nor a reward for your child. It's really about you as a parent and, as I understand it, an opportunity for the parents to take care of their mental health needs. Parents who seek respite services are not punishing their children by sending them away; rather they are asking for time to recharge and rest so they can be the parent that their child deserves.

It says: "Nor is respite care a reward for children with challenging behaviors. Yes, children in respite care may be spending recreational and enjoyable time with adults who are not their parents, but the purpose of respite care is to allow everyone some time away from the pressures of family so that, when they come back together, they are better able to move forward."

On improving mental health: "Respite is not only for families in crisis." The article I read recommends "...that parents take a regular respite break rather than wait until a crisis builds. Regularly scheduled respite care can give you the strength to strive forward knowing that a rest/break has been planned. It can also be a time that your child looks forward to."

Moving along, Mr. Speaker — the Yukon Party government remains committed to providing social work services through qualified staff who reside in rural Yukon. I'm pleased to see that we are working with Yukon First Nations and with Yukon College to support students by offering practicum opportunities in rural Yukon, that we're also actively promoting regional social work positions as a rewarding career opportunity to Yukon social work graduates, and that we are providing housing for practicum students in a few select communities.

As part of the discussions today, I would like to talk about homelessness in Whitehorse, housing vulnerable persons and some of the challenges we face when trying to help people with difficult mental illnesses. Addressing homelessness is a challenge faced by many jurisdictions across Canada, and our government remains committed to ensuring housing needs for Yukoners are addressed. This is why Health and Social Services continues to work with Yukon Housing Corporation and other community partners to provide long-term housing solutions and support services for vulnerable Yukoners, particularly persons who are homeless or at risk of homelessness.

We don't know how many people in Yukon are truly homeless; however, we do know that there are individuals without shelter. The Yukon Party government contributes over half a million dollars annually, through Health and Social Services, for the operation and maintenance of costs of the new 14-unit Options for Independence complex on Fourth Avenue. Health and Social Services continues to partner with the Salvation Army to support the development of a new, larger facility in the Whitehorse area.

In March of this year, the Premier, Salvation Army Lieutenant-Colonel Jim Champ and I announced the construction of the Salvation Army Centre of Hope in downtown Whitehorse. The Premier acknowledged that the Salvation Army has a long history of serving and supporting vulnerable populations in Yukon, and we are extremely pleased to be working in partnership with them to build this new facility.

The Salvation Army Centre of Hope will provide a range of support services and will feature a 25-space emergency shelter, drop-in space, increased dining room capacity and 22 transitional housing units. It will replace the Salvation Army's aging facility at the corner of Fourth and Black Street.

During the announcement, Mr. Champ said, "The Salvation Army greatly appreciates the support and partnership with the Yukon government so that we can continue to serve some of the most vulnerable in this community and be a transforming influence."

He also went on to say they "...look forward to the day that we can open the doors of this new facility so that those who need it will have a safe place to live and the supports they need."

Earlier this year, the Yukon government purchased three lots bordering Fourth Avenue and Alexander Street as the future site of this centre. I've seen first-hand the many ways the Salvation Army serves people with complex needs. They are important contributors to the health and well-being of our community. My colleagues and I are so pleased to continue to support this organization.

In total, the Yukon government is contributing over \$10 million for the lot purchase, design development and construction of this centre. The Salvation Army will work closely with the departments of Health and Social Services and Highways and Public Works, which will provide a project manager as well as technical expertise and project oversight to deliver the facility on time and on budget. The Salvation Army plans to sell its existing facility once it has moved its operations into the new building.

Mr. Speaker, the NDP-Liberal strategy to deal with homelessness in Yukon is to destroy the economy and to drive Yukoners away. The unemployment rate was high and no one needed a home here because they all left to work someplace else. This government is proud to deliver on our commitment to replace and to expand the homeless shelter in Whitehorse. I'm proud that we have rebuilt the economy.

I've already talked about our transitional housing for persons with mental health issues, so I won't go over that material again. But for my fifth point this afternoon — because I believe that we should also be talking about healthy, positive alternatives — I'm going to spend a little bit of time talking about some health and wellness initiatives. Health and wellness initiatives have been proven effective in decreasing mental health issues. The Yukon Party government is supporting sports and recreation. We've worked with communities to access funding for improvements and upgrades to recreational facilities. We've rebuilt the Ross River arena. We've invested in the improvements to

recreation infrastructure in Dawson. We've assisted the City of Whitehorse to host the 2012 Arctic Winter Games, including financial support for the upgrades to Mount Sima. We've provided funding for Softball Yukon to assist them in hosting the 2012 Women's World Fastpitch Championships. We've renewed the active living strategy. We've continued to support Yukon athletes and coaches in the pursuit of excellence.

I think it's important to drive people to the department website, as there are a number of very helpful links for wellness. There is far too much information about health and wellness to discuss here this afternoon on the floor of this Legislature and I am mindful of my time, although I've got a lot of content that I want to get into this debate.

Let me summarize some of the comments on our wellness webpage: Wellness grows in communities that are safe and inclusive, and provide cultural, sport and recreational opportunities for people of all ages and abilities.

Goodness knows that we have done our part to create safe and inclusive communities. We have worked to provide cultural opportunities. We are working to create sport and recreational opportunities for people of all ages and abilities. Wellness includes curiosity and lifelong learning that begins in the home and is nurtured in schools, workplaces and the community at large. Wellness is supported when there are employment opportunities for all. Wellness is about eating healthy foods and being physically active. Ideally, activities that promote wellness are a part of our everyday life, allowing us to live, work, play and raise a family in one of the most incredible places in the world.

It is important to pay attention to all aspects of well-being. The government provided funding when the federal THAF ended and, as a result, Health and Social Services will be increasing rural mental health nurses from two to three, as well as support workers as required in communities on a case-by-case basis. They will also be working in collaborative practice with the rural community addiction workers.

Part of the new federal funding is for chronic disease. We know that with complex chronic disease, there is a risk of depression. The system focus will include identification and transition to the mental health supports from the chronic disease group.

We are also building on the work we did with the Canadian Institutes of Health Research, which will ensure we are moving ahead based on the best practices and the best evidence. We are involving stakeholders and First Nations, through CYFN, in this work.

The new Whistle Bend care facility includes a dedicated mental health unit that will provide specialized services for those seniors with complex mental health issues. Our focus and that of our partners is on addressing access. Already we are seeing significant improvements — Many Rivers Counselling, a significant partner of the overall system, has reduced wait times in Whitehorse from two or three months to two or four weeks. In regional communities, the wait-list is typically a week. Urgent needs are seen earlier as a priority.

To provide better intake and counselling services for postpartum depression, two Many Rivers' counsellors undertook specialized training. Postpartum depression individuals are seen on very short notice.

We are now taking those learnings to see how we can spread the innovation within addiction services and Mental Health Services. Health and Social Services and Yukon Housing Corporation are also jointly addressing the issue, and I have already noted the role with the new fiveplex transitional housing. On a case-by-case basis, Mental Health Services support workers are providing support to identified residents in the Yukon Housing Corporation accommodations to assist in ensuring management and ongoing housing. This may include dealing with persons whose mental illnesses result in hoarding behaviours, difficulties with neighbours, or other issues that create issues in their housing.

Lastly, Mr. Speaker, I want to spend some time talking about the very good work that the Department of Health and Social Services has been doing with stakeholders, particularly around the child and youth mental health and addictions framework for the territory that was just completed last year. This framework was developed through a partnership of researchers from McMaster and Dalhousie universities and a working group from across Yukon — Department of Health and Social Services, and Education department, KDFN and CYFN.

The framework incorporates feedback from interviews and focus groups with nearly 100 people in Yukon, including the voices of young people with mental disorders, families, services providers and policy-makers from Whitehorse and rural Yukon that identified strengths and gaps in services.

Key informants from elsewhere in Canada and other countries share their approaches and advice with our territory. General support and suggestions on a draft of the framework were received at a policy dialogue held in May 2014, which brought together young people with mental health disorders, service providers, policy-makers and individuals from First Nation communities. The proposed child and youth mental health framework espouses a needs-based approach that uses severity of mental health care needs as the metric for access to mental health care and for designing a framework to meet those needs.

The starting point for all components of the framework is to address the most serious acute mental health care needs and then continue down the spectrum of needs. The framework was based on the best available evidence on what works when it comes to meeting the mental health and addictions needs of children and youth combined with the experience and wisdom of practitioners, service recipients, program managers and policy-makers in Yukon.

It lays out a vision for a comprehensive continuum of mental health and addictions care programming across the domains of promotion, prevention, treatment and ongoing care, and research and evaluation tailored to the Yukon context. It recognizes the importance of promoting mental well-being, preventing and providing care for mental health

problems, and providing evidence-based treatments for mental health disorders.

It adopts an integrated approach to mental health and substance use disorders. Youth who present with substance abuse disorder should be assessed for mental disorders and treated — vice versa for youth with a mental disorder. It is made up of several components — core values, common language, mental health needs, comprehensive programming, service delivery model — and is informed by Evergreen, Canada's national child and youth mental health policy framework.

This framework is intended to assist decision-makers in strategic planning, priority setting and resource allocation. It emphasizes the need for collaborative processes across government departments, First Nation communities, agencies and the private sector as they work toward common goals. It is built upon and supports the notion that young people and their families must help shape all mental health and addiction care activities. A system of care must be based on and responsive to their needs.

It recognizes the importance of strengthening child and youth mental health services in all Yukon communities. It allows children, youth and their families to receive care in their home communities to the greatest extent possible and establishes a rationale and efficient means of ensuring that children and youth with more complex needs are able to access care from the most appropriate and specialized service providers.

Located in Whitehorse, the most specialized mental health services for children and youth with severe and persistent mental disorders and complex needs will be provided by existing MHS staff with linkages to out-of-territory child and youth psychiatrists and specialists. In addition, mental health staff, pediatric and psychiatric physicians, private psychologists and other practitioners and interested family physicians will receive enhanced competency training in the area of child and youth mental health. This creates a pool of providers who can provide consultation to health and human service providers across our territory. An expanded Mental Health Services will supervise training and mental health competencies, as discussed further in the report.

Regional hubs — mental health care will be provided in primary health care settings by existing primary care providers and/or by human service workers with advanced competency training. The hub-located mental health services providers will be available on-site for consultations and provide collaborative care for youth referred by communities. Each hub would be supported by a telehealth consultation service from Whitehorse and will be able to refer to Whitehorse for more complex mental health needs.

There are also community-based providers who will receive basic competency training and will provide basic mental health care. Depending on interest, availability and skill set, advanced training may also be offered. Youth health centres in schools enable young people to easily access a range of services, including primary health, public health

services and basic mental health care. Integrating mental health services can also play a role in reducing stigma.

Universal and targeted promotion and prevention programs will be offered by a range of primary health and human service providers with appropriate training across all of these sites and within schools. With basic competency training, teachers, student support and administrative staff in schools, and youth service organization workers connect as gatekeepers to identify and refer children and youth who require mental health care.

Peer mental health educator programs for youth are recommended. Peer mental health literacy education programs can be useful, but peer support or mentoring or peer counselling programs were not recommended in the report.

The following options for enhanced treatment services and supports were also identified. Out-of-territory support can be enhanced by developing a network of specialists to offer support augmented by rotating residency placements in Whitehorse. Also, a three-bed community crisis intervention centre could be established in Whitehorse on a trial basis with the possibility of being replicated in individual communities, depending on its success. The purpose of that would be to stabilize young people in crisis and conduct an initial assessment, provide a step-down option from the hospital and provide respite for parents. This strategy is expensive and we need to look at it very carefully. It would require considerable development and planning, additional staff and additional staff training.

During basic competency training, community-based providers will be assisted to develop community-specific plans for responding to an individual family crisis. The purpose of a mobile crisis team would be to use community-based resources to manage crises before they escalated to a level requiring a crisis bed or hospitalization in another community, where possible.

Housing needs were also recognized: supportive housing for youth with severe and complex mental disorders and substance abuse; also crisis, short-term and stable housing for at-risk youth who do not have a stable housing situation; and stable housing options for young people more generally. I know there has been a considerable amount of work done already in this area. There were also suggestions, including options for enhanced prenatal and parenting programs, on-the-land First Nation programming, and school-based as well as family support programs.

Dialogue participants prioritized supports for children and families from infancy through high school years as follows: first, support for parents to improve mental health of infants and preschoolers up to age five, which was seen to be particularly important in First Nation communities; second, social and emotional learning in schools for middle-school children; third, mental health literacy for young people in secondary school.

School-based programming would be adapted to realities in different communities and supplement existing programs. These promotion and prevention measures should be

consistent with the wellness plan for Yukon's children and families.

The group was in agreement about the importance of establishing a consistent approach to evaluating programs' effectiveness and setting standards across all mental health care services as enhancements to the framework recommendation of a common data set. Emphasis was placed on the importance of selecting a small number of mental health care indicators and creating an annual score card on how well these indicators have been achieved. Note that suicide rates should not be chosen as an indicator of effectiveness of mental health care, as they reflect upon complex factors beyond the provision of mental health care.

This framework is a basis for the joint planning of child and youth mental health care in our territory. It supports collaborative actions, setting goals, managing budgets, conducting evaluations and research and transparent reporting. Mental health care must be easily accessible and available through the entire health and human services systems, not compartmentalized within Mental Health Services if it is to meet the needs expressed by Yukon stakeholders.

Children, youth and families in every community will have expanded programming to promote early childhood development, socio-emotional learning, mental health literacy, self-help resources and more timely and appropriate responses to mental health and substance abuse problems and disorders.

Mr. Speaker, this approach will require transformative thinking, participant understanding of an adherence to a new way of working and the establishment of structural and funding approaches that don't fit existing frameworks.

All mental health care activities must be shaped and co-directed by young people and families to help develop a system of care that is based on, aligned with, and responsive to their needs. This will require meaningful participation of young people and families in all aspects of planning, delivery and evaluation. Adherence to best available scientific evidence to guide all interventions and ongoing evaluation will continuously determine what is working well and what is not working well. The willingness and mandate to change what is delivered as new and better evidence becomes available as an evaluation results become known is required to make this framework a living document.

A general consensus on both the overall direction of the reforms needed to achieve these goals and a willingness to look at existing self-interest and traditional ways of operating among people and organizations that currently are involved in the delivery of health and human services is needed. Priorities and timelines will need to be set, new and existing programs require development and evaluations of expected outcomes must reflect economic, cultural and socio-political realities.

Moving forward, we'll be looking at this report to establish an implementation committee that includes Yukon government, First Nations and NGOs, private practitioners, family members and service recipients. We'll look at reallocation and expand existing training resources toward mental health competency development through the health and human service workforce, under the guidance of an

expanded mental health service, as follows: just looking at basic competency development, working with communities outside of Whitehorse to identify health and human service workers in each community who would be best placed with appropriate training to deliver mental health care; also advanced competency development for existing primary health care and health and human service workers in selected regional hubs in the territory; child and youth mental health treatment for mental health clinicians, pediatricians, psychologists, psychiatrists, and interested family physicians within Whitehorse; also reviewing existing telehealth capacities in communities throughout the Yukon to offer rapid mental health consultation between communities, regional hubs and specialized services in Whitehorse and other outlying communities; pursue research to develop elements for a common dataset tailored to Yukon circumstances to develop a web application to offer specialized support to families, children and health and human service providers throughout the territory in line with the framework recommendations; and review of the out-of-territory placements for youth with behavioural disorders and interventions offered to this population.

We also need to consider the development of cost-effective, in-territory, evidence-based interventions and modify the use of resources for out-of-territory placements based on this review.

Those were just some comments from the child and youth mental health and addictions framework for the Yukon that, as I said, was completed in 2014, but as this motion speaks to Motion No. 893 — that this House urges the Government of Yukon to follow through on its commitment to develop a mental health strategy — that is exactly what this government is doing.

Ms. Stick: I want to thank the Member for Klondike for bringing forward Motion No. 893. It is an important one and it's one that the NDP Official Opposition has been asking questions about in this House for many years now — a mental health strategy.

In 2012, a committee came here to Whitehorse to launch the national strategy on mental illness and mental health, entitled *Changing Directions, Changing Lives* — and that was the Mental Health Commission of Canada that came here. This was the first stop; this is where they launched quite a thick document that really looked across Canada at all the territories, provinces, age groups and our diverse populations, and came up with a strategy.

Its aim was to help improve the mental health and well-being of all people living in Canada and to create mental health systems that could truly meet the needs of people living with mental health problems and illnesses and support their families. There were over a hundred recommendations. I won't read those off, but I will speak to the six strategic directions that to me were critical and were important.

The first one was to promote mental health across the lifespan of people in homes, schools and workplaces and prevent mental illness and end suicide wherever possible. The

second one was to foster recovery and well-being for people of all ages living with mental health problems and illnesses and, importantly, to uphold their rights. The third one was to provide access of the right combination of services, treatments and supports when and where people need them. The fourth one was to reduce disparities, risk factors and access to mental health services, and strengthen the response to the needs of diverse communities and northerners. That one strategic direction spoke to northerners. They recognized that our needs were different, given the breadth of our areas and the smallness of the populations. The fifth strategic direction was to work with First Nations, Inuit and Métis to address their mental health needs, acknowledging their distinct circumstances, rights and culture. The sixth was to mobilize leadership, improve knowledge and foster collaboration at all levels.

This was to be the foundation of how Canada, the provinces and territories could move forward in developing their own mental health strategies. This covered about three days, I believe, and I attended the last day. I distinctly remember hearing from the members of the commission who came, who travelled here — I listened to them give their commitment to come back to the Yukon to help. It was their desire to assist the Yukon in coming up with a strategy.

When I say the Yukon, I don't mean just the Yukon government. There were a lot of people there, Mr. Speaker. There were community nurses, mental health workers, social workers, early childhood educators, teachers, Justice staff, Department of Health and Social Services staff — the list goes on. They came, they participated, they came up with their own goals for the Yukon and they were eager — eager to get on with it, to get on with the work of coming up with not just a strategy, but implementing a strategy that would address the mental health needs of all Yukoners in all communities.

That was three years ago. This government should be well aware of the need for a mental health strategy. They have their own reports, their own assessments — many that have been done over the years — saying this is what we need. I'll only go back as far as 2008 — a report that came out from the Department of Health and Social Services called the *Yukon Health Care Review*, which identified mental health as one of the top four areas needing attention and programming for all Yukoners.

Another report, entitled *Improving Treatment and Support for Yukon Girls and Women with Substance Use Problems and Addictions*, spoke to the need for collaboration and working together with different units, organizations and governments, including mental health. We have the *Kids Count* report, the *Social Inclusion and Poverty Reduction Strategy*, we have the *Health and health-related behaviours among young people in Yukon* and we have the clinical services plan. We do have a wellness strategy, Mr. Speaker, that talks about our need to be sure that we're eating the right foods, we're getting the exercise, that we have early childhood education, and all those things that will lead us to wellness — and it's all on-line.

If you're a family living in poverty, if you're a single parent, you don't have time to be looking up wellness strategies. Your stressors are: How are you going to feed your kids? How are you going to pay next month's rent? How is that heating bill going to be paid? Those are the stressors, Mr. Speaker, and those stressors can lead to mental health problems. A wellness strategy is good, but it needs to meet the needs of everyone.

The clinical services plan was, for me, a call to action. It was released in March 2014 — just over a year ago — and the information in it is striking. They spoke to health care professionals across this territory in all communities. They talked to social workers. They talked to First Nations. They talked to physicians. Over and over, recommendations came back about mental health in the Yukon and about the need for a strategy that takes into account our population, our diversity, our many small communities, our health care costs and, finally, our lack of coordinated and collaborative mental health care and services.

The Member for Klondike read this report into the record, but I think it bears repeating. I think that these findings need to be listened to and reacted to, and a strategy completed. In that report we read — and I quote: “Mental health services are critically deficient outside of Whitehorse...” It goes on: “...not a single interview...” — not one. They spoke to people in every community and “not a single interview during this study was silent on the critical need for expanded and a re-tooled mental health service” — critical, expanded and re-tooled mental health services. It went on and talked about access to care — to a psychiatrist. A psychiatrist — limited supply and certainly not able to get to all of the communities. It talked about wait times for mental health services for children and youth and mentioned that it would take up to one year, although many were triaged on an urgent basis. I imagine that every parent who has a child who is suffering — or for whom they have concerns about their mental health — is not okay with the wait, is not okay with the triage that says, “Not critical — you will have to wait.” I can't think of one parent who would think that is okay.

It talked about referrals and access to mental health services being impeded by the requirement of a diagnosis, which brings us right back to a limited number of psychiatrists. Lower functioning groups of patients who would benefit from care continue to be underserved. We hear talk about dual diagnosis, whether it is autism, a person with a cognitive disability or anything else — dual diagnosis. They are underserved. An increasing amount of mental health assessment and treatment is being sent out of the territory, generally at a significant cost to government. I imagine it is always a significant cost to government to send people away.

I'm sure the treatment out there is great, but you are taking them away from their family, you're taking them away from their communities and you're expecting them to come back and family is to understand everything that has happened. It's not a great way for people to be treated. The other great way not to treat people is to hold them in jail. That is not appropriate and it happens. It happens.

One of the other statements in this was that social and support services are the largest deficit in rural and remote Yukon Territory. We talk about wanting collaborative care and mental health nurses working with social workers and with other individuals in the communities, but if our social and support services are the largest deficit in rural Yukon, that makes it difficult.

Rural access to mental health services is described as deficient by local caregivers and, right now, we have two great workers in the communities, both mental health psychiatric nurses. Good news: we're getting a third. I'm sure they would appreciate that, because they are working in very difficult circumstances. They are on the road. They are expected to drive to communities and back in one day. They're being asked to go for one day, provide what support they can and leave, even if that's not what that community needs at that time or on that day.

The division between Many Rivers and mental health nurses is very fuzzy. I think the Member for Klondike described that very well. I've heard the same. A person in a crisis, suicidal, in a hospital or in a community — it doesn't usually happen between 9:00 a.m. and 5:00 p.m. — most often not. When they are in crisis is when they need the support. Not tomorrow. And there shouldn't be this debate about whose job it is to provide support. Many Rivers is in many of the communities and that's a good thing. But not every Many Rivers counsellor has that training to do psychiatric counselling or crisis counselling. They do good jobs. I am not criticizing anyone. But it's a hard job.

Having been in a community where you see a mental health worker maybe once or twice a month, if you're a family member trying to care for somebody who might be in crisis and is not doing well, once or twice a month might not be enough support for you. It might not.

There are just a couple things I can't leave out. One of them is children and youth. We have heard from parents — I have heard from parents, school administrators and teachers concerned about children with mental health concerns and not enough supports for them. Sometimes the only coping mechanism for a school is to have to send the child home, leaving parents struggling. How do they cope? How do they manage their work? What if they're a single parent? They are not receiving the support they need.

Let's talk about people medevaced to Whitehorse with a mental health crisis only to be discharged back to their community without a plan for the individual or for the community. Let's look at what the coroner said: “The scope of services for chronic, serious, persistent mental health conditions is inconsistent across Yukon. Management of serious mental health issues in rural Yukon can be dependent on the scope and experience of local service providers. Limitations in scope may exist where staff is not as experienced, familiar and/or comfortable...”

The coroner made recommendations to the department of Health and Social Services: “Implement a policy requiring that rural Yukon service providers working to support clients with serious, chronic mental health issues consult with Mental

Health Service clinicians to collaborate on management and support options...Develop a protocol for follow-up when an individual has been released from hospital to a rural community following a suicide attempt. Steps should be taken to ensure communication regarding short- and long-term treatment planning and crisis intervention strategies... Ensure that all people of Yukon have access to consistent to mental health services.”

Mr. Speaker, we don't have that now and we need it. We need a strategy that brings everyone together. People are waiting. First Nations and organizations want to work collaboratively to come up with a good mental health strategy; a strategy that will see our wait times decrease and that will see our suicide rates come down, because I do think that's critical.

It should be a strategy with clear timelines, clear measurements. Are we doing it right? Are we meeting peoples' needs? What have we got wrong? How can we improve it? What are our numbers? It should be a strategy that invites everyone to be a part of this. We're not asking the government to do this in isolation, because it won't work. There are First Nations out there now trying to provide the best. Everyone would benefit from working together, but we need a strategy and it's long overdue — long overdue.

The reports have been in. This department has had them. It's about mental health, whether it is children, our youth, our coworkers, individuals, our neighbours, our family members. Mental health does strike all of us in one way or another and it's important that we take this information that has been gathered and, rather than just look at it and go off in another direction, we create a strategy that is going to work for the Yukon. We are 36,000 people. We should be able to be creative and implement something that is amazing, that works and that meets the needs of the many individuals in the Yukon — their families, their neighbours, the people who support them — because we all need that.

Thirty-six-thousand people — we should be able to come up with something that's amazing. We should be able to lead this country and show it how it can be done, instead of delaying, with pieces of mental health services here and there.

I support this, Mr. Speaker. It's important for all Yukoners.

Hon. Mr. Istchenko: It is a privilege for me to stand in the House and speak to this motion. I want to thank the Member for Klondike for bringing this motion forward, and for the comments from my fellow colleagues on both sides of the House here.

This is of great importance. This was an issue — a conversation piece — that I had when I was on the campaign trail and something that has been near and dear to my heart, Mr. Speaker, and to my constituents'. This motion calls on us to follow through on a commitment to develop a mental health strategy.

Some things have been said in the House today, and I just want to clarify for my riding — I hope that the constituents of my riding and the hard-working health professionals out there

have this opportunity to hear this and maybe read it in Hansard.

We know that Dawson City and Watson Lake have been identified by previous needs assessments and clinical services plans, and are priority areas for innovation delivery, but we're also — this government's looking to boost the capacity in Haines Junction.

I would be remiss if we didn't talk about Many Rivers, which is contracted by Health and Social Services. Many Rivers is in my community, and they do a great job when it comes to improvements on wait times. They're always challenged with meeting the needs and population of the area when it comes to mental health and addiction.

I know we're looking at innovative and sustainable options to support our communities, as well as innovation across the system, and we'll continue to innovate and adapt our delivery. But when I say I would be remiss if I didn't thank Many Rivers, I also would be very remiss if I didn't thank our community nurses and the doctors who go out there; also our home care workers, the RCMP and all those who work within the First Nations. A key element is our elders and our seniors in our community and in the society we have, and some of the guidance we get from them.

There are many initiatives we are doing all linked together — this work on mental health/addiction. It's supported by the wellness focus as well. We know exercise and activity are important in both prevention and during intervention.

I'm happy to see that we're placing a greater focus on child and youth needs through our policies, our structures, our youth mental health services, and this will continue under the mental health and the addictions strategy. Most will know the Yukon has access to a child psychiatrist.

We're still early in the stages of our strategy, which we'll continue to implement and revise and address, based on the changing needs, the evidence and, of course, best practices. We know that Many Rivers counselling assumed responsibility for the support call line, and this is important. I do mention this to my constituents. The distress and support line provides a phone for crisis — it's distress, and it supports this information about where people can go for additional services for mental health. I think that's important for rural Yukoners.

Our Yukon Party government committed to review current programs for adults and youth with substance abuse and mental health issues to determine how better to address their needs. Of course, through this, they have been collaborating with the key partners and stakeholders, including our First Nation health programs, and that is the stuff that we have in our communities — Mental Health Services, Many Rivers, Community Health and Justice to identify the gaps in services, particularly in the communities.

When I first got elected, one of the things I heard on the doorsteps was the fact that the THAF had ended and this was federal money. I know how busy our mental health worker in Haines Junction was. I had the opportunity to speak with her on more than one occasion about this. The department was

looking — and I worked — and I do want to thank my fellow colleague. He is now the Minister of Education, but he was the Minister of Health and Social Services. I went to him and I want to thank him for the work that he did in being able to increase our rural mental health nurses from two to three — we kept our position out there in Haines Junction — as well as the support that he put toward the workers and the communities on a case-by-case basis.

It was really important for me to have these conversations with my fellow colleague, and I thank the new Minister of Health and Social Services. He and I have already had this conversation when it comes to mental health.

It's a collaborative practice with the rural community addiction — this works and it's working, and I think we're doing a good job. I am happy that the Member for Klondike brought this motion forward. I do believe that mental health — it is important that we address the issues with it and that we support it, and I think we're doing it on this side. Is there more work to be done? There is more work to be done in Education, and there is more work to be done in Health and Social Services, in Highways and Public Works, and Environment and everywhere else, but I am just glad to be able to give a little bit of a rural perspective — and the work that happened collaboratively on this side — but it is nice to also see the interest from the members opposite on that side.

Ms. Moorcroft: I am pleased to rise in support of Motion No. 893, which the Member for Klondike has introduced and we're debating this afternoon, and thank him for bringing it forward. I also want to thank my colleague, the Member for Riverdale South, who is the health critic for the Official Opposition and who has been asking questions about a mental health strategy for many years now.

She spoke about the Mental Health Commission of Canada, which came to Whitehorse in 2012 to launch the national strategy on mental illness and mental health, which is called *Changing direction, changing lives*. The Mental Health Commission of Canada is working to help improve mental health and well-being for all people living in Canada and to make sure that our mental health system takes a broad approach to meet the needs of not only people living with mental health problems and illnesses, but also their families.

The strategic directions of that national mental health strategy, I think, would be important to inform a mental health strategy for the Yukon. First would be to promote mental health across the lifespan, so that is in homes and workplaces and in schools, and, I would include, in correctional facilities — and I will speak more about that later — in order to prevent mental illness and suicide whenever possible.

The second is to uphold the rights of people with mental health problems and illnesses and foster their recovery and well-being, no matter what their age is.

The third strategic direction was to make sure that access is provided in the right combination of treatments and supports when and where people need them.

The fourth was reducing disparities in risk factors and access to mental health services and strengthening the

response to the needs of diverse communities and northerners. Here we are northerners, and we also have many diverse needs in our communities, which are so different — between Old Crow in the far north and Watson Lake in the southeast.

The fifth direction was working with First Nations, Inuit and Métis to address their mental health needs and acknowledge their distinct circumstances, rights and cultures.

The sixth they identified as a strategic direction to mobilize the leadership to improve knowledge and to foster collaboration.

It seems to me that those strategic directions could be applied to any number of issues that governments face, but certainly they are important to mental health.

The government has a number of reports that have been done over the years in looking at what services are currently offered. My colleague spoke about the Yukon health care review and how it identified that mental health is one of the top four areas needing improvement in health care. We also have a critical level of substance abuse and addictions in our communities. There is a need for collaboration, as the strategic directions that I just spoke to addressed, and a need for working with First Nations. This is an area where the impacts of colonialism and the need for things like residential school curriculum to educate not only youth but the adult population about what has occurred in the past is critical.

I want to see the government addressing implementation of its *Social Inclusion and Poverty Reduction Strategy* as they turn to developing a mental health strategy.

I want to refer to the clinical services plan, which was released in March of 2014 — so only just over a year ago — because that was a real call to action. In its own review of mental health services, the clinical services plan said that mental health and addictions are major forces in Yukon Territory — being impacts on the social system, the health care system and the criminal justice system. The full spectrum of mental health issues is prevalent and generates a huge burden on available resources and family members. Care for mental health issues and addictions requires, at a minimum, mental health infrastructure, professional services and a patient not only seeking care, but also initiating the care when the time is right for the individual. The foundation of treatment is a team-based care with multidisciplinary providers working together in organized roles. As the clinical services plan and as other members of this House have mentioned, the community-based providers of care are Many Rivers Counselling and Support Services and Blood Ties Four Directions centre. I am not going to reiterate what others have said about the important services that they offer, but I do think that we need to remember the gaps in services.

There are only two mental health nurses presently in the rural communities of the Yukon, based in Dawson City and Haines Junction. We have many more communities than those where the need is high.

There is also an obvious gap in the relative absence of mental health promotion and early intervention. The clinical services plan concluded that, as currently resourced and structured, the available mental health services are not able to

meet the need in the territory. In its summary, the clinical services plan laid out the evidence that, in its view, compels an imperative for change.

Inadequate housing, as a determinant of health, is a major factor in the incidence and prevalence of mental health disorders in Yukon. Addressing this fundamental challenge crosses many departments of government and carries with it substantial financial implications. Unfortunately, failure to resolve the housing inadequacy will perpetuate the failure to resolve the mounting pressures and consequences of mental illness.

Access to care by a psychiatrist is limited by supply and geography. There are currently two psychiatrists for adult referral in the territory. A child psychiatrist provides four clinics annually of approximately three days each. Psychiatric care at the jail, with a high-risk population, is limited to two hours weekly. Wait-list times for mental health services for children and youth are up to one year in the Yukon Territory, although many are triggered on an urgent basis.

I've spoken to many constituents in my riding and to people across the Yukon about how difficult it is to have a child with a need for mental health services and to not be able to get the help for their child that he or she needs. This needs to be addressed.

The referral access to mental health services is impeded by the requirement for a diagnosis. This is a barrier for those in need but without a diagnosis. If it takes months or years before you can get a diagnosis and you can't get treatment and services without a diagnosis, then you're just left to suffer. We have seen far too many suicides in this jurisdiction, and child suicide remains a problem, as does any suicide, whether it's a youth or an adult.

In general, the lower functioning group of patients who would benefit from care continue to be underserved. Some health centres reported to the clinical care study that developed the clinical services plan that an increasing amount of mental health assessment and treatment was being sent out of the territory, generally at a significant cost to government. We should be putting the money into offering the services here in the Yukon.

The final statement in the summary of the evidence from the clinical services plan was that there is a significant absence of employment coaches to assist a return to the workplace for those with mental health disorders. Unemployment and all of the financial consequences tend to perpetuate the illness or lead to exacerbation.

As the Justice critic for the Official Opposition, I would be remiss if I did not also speak about the *Mental Health Strategy for Corrections in Canada*, which was developed as a federal-provincial-territorial partnership and which Yukon participated in, but here too we see that there are many needs not being addressed.

The framework of the *Mental Health Strategy for Corrections in Canada* sets out priority areas for work over the next five years for all jurisdictions to improve their performance in the areas of knowledge generation and sharing, enhanced service delivery, improved human resource

management and building community supports and partnerships.

There are many elements that are crucial for a comprehensive mental health strategy for corrections in Canada. I'm not sure how much time I have left, but I want to outline the preliminary scans of the data and the themes that were highlighted by the *Mental Health Strategy for Corrections in Canada*. The first was on screening and assessment. There's a need for adequate screening and assessment, as illustrated by the number of offenders who are placed with the general population without mental health services. This was a concern for everyone who was consulted. I doubt if the comprehensive mental health assessments needed for the population at Whitehorse Correctional Centre are being done, notwithstanding the current survey at the Correctional Centre, dealing with both fetal alcohol spectrum disorder and other mental health needs.

Treatment services and support are crucial as well. Individualized mental health treatment plans are important for the mental health and well-being of individuals with mental health problems and/or mental health illnesses. The treatment offered in correctional systems should be equivalent to community standards. Substance abuse, psychological, psychiatric and emergency services are all important aspects of mental health treatment.

Again, suicide and self-injury prevention and management is crucial. That can be addressed through intake screening, assessment and treatment of mental health problems and/or mental illnesses, and it should include suicide and self-injury identification and prevention. This is something where front-line staff need and want suicide prevention training, and safe and therapeutic housing is essential for the management of those who are at risk for suicide and self-injury.

I must say that using separate confinement that houses an inmate for 23 hours of a day in a small cell without human interaction is not appropriate housing for the management of people at risk of suicide and self-injury. It is not safe and it is not therapeutic housing.

Transitional services and supports are part of a mental health strategy for corrections. Fostering a seamless continuity of care from the community to the correctional systems and back to the community is essential for mental health and well-being of those requiring mental health services.

In fact, many of the people consulted in this national project thought that this principle of the transition back to the community from the correctional system was one of the most important aspects of the *Mental Health Strategy for Corrections in Canada*. What is being done to improve having a transition plan in place and having a mental health discharge plan as a helpful resource for the offender, for the family members and for the community?

Education, training and support are essential for mental health treatment according to everyone who was consulted. Support for those who work with mental health problems, particularly those who are in correctional facilities, is viewed as a significant gap according to correctional stakeholders.

The correctional systems should provide a full continuum of mental health services consistent with community standards, and those standards include education, training and support.

Finally, the *Mental Health Strategy for Corrections in Canada* identifies community supports and partnerships to be fostered and developed between correctional, government and non-governmental partners. This strategy would help to contribute to a more integrated mental health system for people who have come in contact with the law and who have mental problems and/or mental health illnesses.

We know that in our correctional system there are many people held who should have access to health services and to mental health services. We often see the criminalization of people who struggle with addictions or who have health problems.

I would like to turn to the Yukon's responsibility — in particular, the Justice department's role in the Yukon implementation of the mental health strategy. The Yukon government has said that it is committed to the approach identified in the *Mental Health Strategy for Corrections in Canada* and that it is working to implement the seven elements of the strategy. I'm hopeful that the Minister of Justice will engage in this debate this afternoon and will indicate what progress Yukon corrections has made in the seven elements of the strategy.

The first is mental health promotion and that's about having an effective delivery of mental health services that promote wellness, reduce stigma and prevent illness. This can be accomplished in part by providing information and resources to individuals within the correctional system, including the clients and staff. What training has the Yukon government offered recently and what training is offered regularly for all staff who work at the Whitehorse Correctional Centre to give them information and resources about mental illness as part of their basic training and to reduce the stigma associated with mental illness and produce meaningful interaction with the population?

I have spoken already about screening and assessment and the need for ongoing evaluation conducted on a regular basis by qualified practitioners.

The two-hours-weekly service of a psychiatrist at the Correctional Centre with a high-risk population does not meet that need for adequate screening and assessment and for the treatment services and supports. The Yukon's implementation document said that the Corrections branch has access to qualified practitioners for treatment planning and treatment and that clients have access to appropriate medication through a medical doctor and psychiatrist and are housed in an environment that offers the appropriate level of care and support. Again, an appropriate level of care and support is not found in separate confinement.

Suicide and self-injury prevention and management are critical needs and a comprehensive approach to the prevention and management of suicide and self-injurious behaviour is essential for managing the increased risk among people in corrections. Baseline training and engagement with people who are at risk are essential in order to have effective

institutional protocols about suicide and self-injurious behaviour. I have heard that this is a concern among the population at Whitehorse Correctional Centre, and I urge the government to address it as a priority.

Finally, in supporting this motion before us, I would close by saying that we need to see government offering transitional services and supports, staff education, training and support and community supports and partnerships, not only in the correctional system but for the Yukon population as a whole.

Mr. Tredger: I rise in support of Motion No. 893 which the Member for Klondike has brought forward, and I want to thank him for this motion. I also want to thank those who spoke on this and who had a lot to offer on this subject.

Mental illness touches us all. People who suffer from mental illness often fall through the cracks. As a society, we are just learning how devastating that can be, not only to the person involved, but to their families and to their communities. It affects their self-esteem; it affects their ability to work in community, to contribute.

Often people who are suffering from a mental illness are hard to reach. They are not easy clients. They fear being stigmatized. They don't know how to access the services and, quite often, they have been very reluctant to come forward. As a society, we are only now coming to grips with this. We are learning the true cost to our society, to our members, to our children, to our friends and to our community members — whether it's in schools, whether it's on the playground, whether it's in our workplace or in our correctional institutions — but we are learning and we are, as a society, coming to grips with this.

It's not easy; there are no pat answers. I want to give a little bit of a perspective as an educator, from my community and from my experiences as a friend and as a family member. I want to talk about the importance of having an overall strategy, especially for our communities and especially for our citizens who are suffering, or dealing with, or hiding mental illnesses.

In 2012, a committee of the Mental Health Commission of Canada came to Whitehorse to launch a national strategy on mental illness and mental health — *Changing direction, changing lives* — and that was a challenge to each and every one of us. It was up to us to develop a strategy to improve the mental health and well-being of all people. Their focus was Canada; our focus is Yukon and our communities — Whitehorse, outlying communities.

To create a mental health system that can meet the needs of people living with mental health problems and illnesses, and to help their families, there were many recommendations. As a society, I believe that we want to help our neighbours and our friends.

There are many good ideas out there. When I look through what the Yukon Department of Health and Social Services is doing, what Community Services is doing, what we're doing in Education, what we're doing in Justice, we're doing many, many good things. There are people — our public servants — who are working very hard to address the

needs of those in front of them, the people they encounter each day.

What is lacking is an overall strategy, a plan for people to plug into. I've quoted the Auditor General a number of times and his Education report, but what he has to say applies to Education and all our departments. Strategic planning is a management tool that helps us set priorities and goals and develop a plan to meet those goals. It also helps us to assess how resources are to be allocated and it gives it the scope to adjust its direction in response to a changing environment.

A strategic plan allows us to set targets, to evaluate those targets and to change them to work toward continuous progress — that is what we would call it in education. But if there isn't a plan, if it's a series of wonderful ideas that are not connected, we're doing ourselves and our clients a disservice.

In the communities it's especially important, because many of our service providers are not there long term. The turnover rate for our community nurses is astounding. Many of them are in for three months or six months. I know that in the time I was in Pelly Crossing, there were over 23 nurses. There was a lack of continuity. I know the social workers have changed on a regular basis.

What does that mean? It means that we need a strategy, something that they can plug into so when they come, there's a plan in place. What does it mean to the visiting mental health worker from Dawson, who may get there maybe once a month or more likely once every six months? If there's a temporary nurse and a temporary social worker, there isn't the context, there isn't the continuity.

Who does she see? Who does she talk to, especially when we are dealing with clientele with mental illness? I have mentioned that they may be reluctant to seek services. They may not even know how to achieve that service. They may not be able to get on the Internet, fill out a form that goes to the mental health nurse. They may talk to the local nurse if they develop a relationship — or to the visiting doctor or social worker — but given the clientele, many, many people are falling through the cracks. We need the consistency of a mental health strategy so people can know where to plug in. What does it mean without a mental health strategy for the communities or for the First Nations' directors who are working with the individuals and their families? Lacking a strategy, they don't know where their input is. They don't where to plug in.

Many of our programs that are designed to serve mental health needs are funded for three years or funded for two years and, if we are lucky, five years — then the funding goes and the program changes. We are not sure how it fits in, where it fits in or why it fits in. It was doing wonderful work and it's gone. What happens often in the community is that visits are rare enough that we lack that continuity. We don't have the services in the community to be able to bring that together to help break down some of the silos so that when somebody comes back from incarceration, perhaps with a mental illness or an addiction or an inability or difficulty in procuring employment, or maybe all three — when they come to our community, there is no after-care, or very little.

They can go to Jackson Lake if they want to leave the community again, and some of them may be accepted. I know the Northern Tutchone in Carmacks, Pelly and Mayo are working very hard to develop an after-care program. They are developing programs at Ethel Lake, Tatlain Lake and Airplane Lake. The three Northern Tutchone First Nations are working together to do that.

How much easier would it be if we had a mental health strategy, where they can say: "This is where it plugs in. This is where we can work. These are the resources that are available." Lacking a strategy, what happens is they have to do proposals to various funding agencies. When that proposal is done, should they get funding for one, two or three years, then they have to start over again, lacking the continuity.

Our workers in our communities have a hard enough job. Many of them are struggling with burnout, dealing with trauma, lack of time to do their job, lack of time to develop relationships within the community. Not having a strategy, but rather having a series of proposals and projects, makes it that much more difficult. Many Rivers comes to our community on a regular basis and if we're lucky, we get someone who comes to the community often enough to get known and to develop a relationship, but we need a strategy because that is not always the case. We need a place for people to plug into.

We need a strategy that addresses the transitions and changes in supports for children — from what I see, the children in education — but also adults, when people pass through life events. We need a strategy that works in our daycares. We need a strategy that helps children transition from the Child Development Centre to school; from school to adulthood; or from our communities to the city — the big city of Whitehorse.

We need a strategy that addresses moving from school to work. We need a strategy that helps people returning from incarceration. We need a strategy. We need to be able to look, when somebody comes to me, and know where they can fit in and where they can receive service. When a teacher, working with their grade 1 children or grade 3, sees a child coming to school hungry — we used to say a lot of times kids come unavailable for learning because of what they witnessed the night before or because of maybe a lack of food — circumstances beyond their control.

We need counsellors in our schools — not ones who tell you that you should take math 10, 20 and 30, but ones who are social counsellors, who can help our young teenagers transition to adulthood.

I am in favour of this motion. We've talked about it before. There are wonderful programs out there. There are people working in the field — working, working, working — some to the point where they're burning out, whether they are community members or workers from Yukon government or from the First Nations. We need to develop in our strategy a support system for them so they can be available, so they can deal with the trauma and the stress that they see when they're working with those with mental illness, so they can feel good about themselves, so their clients can feel good about themselves, and so that we, as a territory, as friends and

neighbours, can know that we have this strategy that has been evaluated and tested, and we're going to work with each other and achieve successes. It will be hard. There will be struggles, but we can do it.

Thank you to the Member for Klondike for bringing forward this motion. I wholeheartedly support it.

Mr. Barr: I rise to thank the Member for Klondike for bringing forward Motion No. 893. There has been a lot said in regard to mental health and how it affects us in our communities, how it affects our families. I must first of all say that those working in the field — whether it's at ADS or the social workers or the mental health workers or the countless volunteers I know of who are just out there, lending a helping hand, giving someone who doesn't have a place to stay or who are hard to house, doing whatever they can, in their own small way, whether it's leaving your cart at Superstore with a loonie in it so it can be found by somebody, to give them 50 cents, or taking somebody for a meal — it always, over the years, keeps coming back to mind that that's my sister or my mother or my grandmother. It's our family. It's our family who is out there dealing with these sometimes life-and-death situations.

When I think back over the years of my involvement in working with people with mental health issues, with addictions and how the crossovers of that — the sexual abuse, the countless numbers of men with whom I have walked with sexual abuse — women. When I think over the years of my work at CAIRS Society — that's what I did before I came to the Yukon. I worked with emotionally disturbed adolescents in a huge treatment facility — to know that, as I think back, the onus is put on the person with the problem, that there's something wrong with them, which only compounds that sense of low self-esteem, which then in turn doesn't make it easy to come forward and say, "I need help."

I mean, I used to drink, Mr. Speaker, and to ask for help — you just didn't do that — the stigma that is attached — even when you know that it should be okay. Today, at least we pay attention to breaking down the stigma, but we need a lot more. We are so far behind, we think we're first sometimes. That's a true statement. The lack of the strategy to know that the millions of dollars that governments spend — municipal governments, local and territorial governments, the federal government. What we spend on the lack of opportunities for people with mental health issues is astronomical.

We are not giving anybody a fair shake to have two mental health workers in the territory. That's insane. If you have finally come to at a point where you want to even ask for some help — we talked about resiliency moments in this field. The windows of opportunity for that happen very few and far between. The opportunities for people to be face-to-face in the communities with someone — let alone, are we tracking it? It's not happening. It's not happening to where we need it.

People are sleeping in late October at the end of Main Street when it is getting below freezing. You have to call the RCMP to force situations — to lock them up at night. We hear about this woman — 118 days because there is no place —

and how affordable housing fits to people who are struggling with this. When I worked at Northern Cultural Expressions Society, there were so many horror stories out there of people in survival mode. Four youth, sleeping in an abandoned building, night after night at 40 below, huddling together to be able to get through the night so they could get to the Salvation Army in the morning — some of them going to school from that situation, some of them coming to Northern Cultural Expressions Society, and people breaking the rules out there, breaking the law to try to help these kids. That is what is going on out there.

We don't have a strategy and we're allowing that to happen — every one of us in here who has the opportunity to actually do something meaningful as legislators, and sit and stand and talk for a few hours about all this stuff. It's great, those things there — but it's not enough. We need to know if this strategy is working, if we have a strategy. We need to see if wait times are decreasing. We need to talk to the people who are doing the work.

When I was running the White Bison program — think about this. We get these bedroom communities — in Carcross, one with a lot of services there over the years because you are too close to Whitehorse. You are charged and you are on probation. You are released under conditions, whatever your situation is. You hitchhike into Whitehorse from Carcross in the wintertime, 40 below — well, no, we had a cut-off of 35 below. You are expected to hitchhike into Whitehorse for 7:00 to go to a program and then, after it's over at 9:00 at night, to hitchhike back to Carcross. I don't know if you have ever been standing at the Carcross Cut-off for an addictions program for which, if you don't go to it, you go to jail.

Where is the thinking in these kinds of programs? You're setting people up to fail. There would be times I would drive them out to Carcross. You have to do it. That is the kind of thing that the people who are out there delivering these programs — they care. They go so far over and above. What the Member for Klondike was saying — you're not supposed to? You are not supposed to stop and talk on the street because you have to move on. We're talking about building trust with people who are so afraid and have finally decided to come forward. To maintain that trust level — that is what's important. Once you finally get in the door with somebody, you have to be there.

They have to know that you're going to be there so they can continue to divulge and to actually finally feel that somebody cares.

We're afraid, oftentimes, to talk about suicides. I'm just having a lot of flashbacks of horror stories as I talk. I don't have anything written down for this, Mr. Speaker. It is a mind-boggling situation that has not been given the care it deserves since I've been up here for 31 years. It hasn't. It is often said that the money spent on one person overcoming their issues would pay for — how many workers in the communities? When you look at the intergenerational compounding of one family starting to get on their feet — who is going to become socially involved in the community, working — those numbers start to go two times four times 16 times 34.

It's just beyond — it really is beyond. We had Clara Hughes come here, doing her bike ride. We heard from the Yukon Medical Association. To know how hard it is for someone, as Clara Hughes says, to be a celebrity type but to have to say, "Well, I don't really have it all together." We need more and more people to be able to do that and to have the medical community talk about the numbers and the numbers in emergency rooms. If we had a strategy — even to count those and to be able to redirect and have a coordinated effort to look at really what we're dealing with. We have to start.

We have to actually look, and we actually really have to start to define all of this in an organized fashion that's going to give us direction, not band-aid the situation because, really, that is how mental health is being handled in the territory, whether it is through addictions or FASD or supported living. How many people are out there undiagnosed? It is so all-encompassing when I think of foster parents out there trying to give support. The numbers are falling — why? Why aren't we tracking that? Why aren't we asking the real, hard questions and listening to the foster parents about why they no longer want to foster? We start tracking that one number alone, and we are going to hear some things we don't want to talk about — we don't want to deal with. We have raised these issues in here and, no, don't want to deal with that. We have met with foster parents who are willing to take on the responsibility that many of us would like to, wouldn't want to or can't. We should be bending over backward to help foster parents who are dealing with people with mental health issues.

I probably jumped around as I spoke today, but I would like to say that we do support this motion. We ask that the Government of Yukon follow through on its commitment to develop a mental health strategy. We need it. We are doing stuff, but we are not focused on outcomes. We have to know all of this information to be able to do things effectively.

I thank the members of this House for listening, and I would just again thank the Member for Klondike for bringing this forward.

Ms. White: I thank the Member for Klondike who spoke so eloquently earlier. I just wanted to bring a couple of perspectives to the table today. When we are talking about the development of a mental health strategy, I think it is critically important to look at the kind of situational changes in the last number of years. Some of our remote communities have suffered tragedy after tragedy, including suicides of young people. That rocks a community to the core. I was looking, and at one point in time, we were ranked in the top five of the lowest suicide numbers in the country, and that has changed. We know that in some communities, we are talking about multiple people who have taken their own lives in a calendar year.

In the last number of months I was lucky because I got to travel to different parts of the territory and one thing that was kind of resounding was that people felt that they needed more mental health support within the communities.

We heard the Minister of Health and Social Services talk about the services that were offered in Whitehorse and that's fantastic, but look at communities like Beaver Creek. You know those services aren't available. So what I really look forward to when we get to the point where we have a mental health strategy is making sure that instead of having a bunch of different threads — I think this was important; this was what was talked about at the conference on Friday about the Vulnerable People at Risk Forum — is that we have a whole bunch of different things happening in the territory. You kind of put your head down because you're focused on one aspect of the issue — homelessness, mental health, all these things — and in order to make sure that we're taking care of people and we're protecting them, we need to take all those threads and we need to make a blanket. We need to make sure that they cross and that information is being shared and that people aren't falling through those cracks.

I thank the Member for Klondike who spoke so eloquently earlier and I look forward to a point where we do have a plan in place and all those threads are sewn together between the NGO community and what government offers, so that we can go back up to being in the top five of the lowest suicide rates in Canada instead of the opposite end of that spectrum.

Speaker: If the member now speaks, he will close debate. Does any other member wish to be heard?

Mr. Silver: I want to thank my colleagues today for the debate, for the dialogue, and to thank the Minister of Health and Social Services for the comprehensive list of money spent and programming.

It's hard to tell, based upon the comments from the Yukon Party today, whether or not they are going to vote in favour of this actually. I was left really not know which way it's going to go. I guess in the end it doesn't really matter. The bottom line is I believe there were three parties in the last election that committed to a mental health strategy, to a plan, and we're in the later stages here in this mandate and there still isn't any plan.

More importantly than how we're going to vote here today is: When is the plan going to happen? Well, this government that currently sits here in power, in government, has the ability to do that immediately. They definitely have the resources on the ground floor. There are so many dedicated people in the Yukon who have dedicated their lives and their volunteer time as well to this issue. There are so many families that I have spoken to that struggle with mental health issues and have solutions. ADS had a great talk up in Dawson at the hospital and it was packed in there. There were so many people who came to talk about after-treatment for alcoholics, after-care for people in need, and I think that there is a solution. There really is. It's as if we have this overwhelming problem that is going to take a complicated approach to solving — it's a coordination of services. It's a plan that allows us to assess how we're doing in that plan. Like I say, it's not a matter of capacity.

We have some amazing folks who are working in the field right now, whether it is the RCMP, who came out to the vulnerable risk forum last week and said, “We deal a lot with non-criminals every day because there is a lack of services for people with mental health”, or whether it is the EMS. We were volunteering at the soup kitchen and there was a woman in distress outside and, of course, the ambulance comes along and these ambulance attendants know these people by name and there was a — not a great story, but an amazing story. Superintendent Clark with a list of names of folks who have died on the streets — and, having a conversation with him at the vulnerable risk forum, he said, “You know, it’s sad, but we could probably predict who is next.”

The bottom line is that there is so much care in the communities and there is so much variation between communities, as far as what help is out there. Without a strategy we could talk all day long about the money and the buildings we’re going to build and a long list of thanks to everybody who is involved and all the government workers but, without a strategy, there is no way of assessing whether or not we’re doing it correctly. In building that strategy, I think we identify the next needs. It has been identified. My colleagues have talked about it today as well — coordination of services. There are NGOs, government workers, parents, medical, RCMP — and there is no coordination. Fundamental on the list would be that.

I don’t want to speak much further here, but I do want to say to the NGOs who helped me out today and to the parents — thank you. To the many government workers who, under fear of repercussions, quite frankly — thank you for the information you’ve given me and the education that I received from you. I will make this commitment here that, under a Liberal Party government, there will be a mental health strategy.

I believe the minister is laughing over there — it’s interesting.

We would build a strategy that draws down from the reports and the recommendations, and we would also consult the amazing health-care providers that we have in this community, the parents, the teachers, and we would definitely have something that would cross departments and would have input from them all.

Again, like I say, it’s hard to see which way the vote is going. I guess if I sit down, we’ll find out.

Speaker: Are you prepared for the question?

Some Hon. Members: Division.

Division

Speaker: Division has been called.

Bells

Speaker: Mr. Clerk, please poll the House.

Hon. Mr. Pasloski: Agree.

Mr. Elias: Agree.

Hon. Ms. Taylor: Agree.

Hon. Mr. Kent: Agree.

Hon. Mr. Istchenko: Agree.

Hon. Mr. Dixon: Agree.

Hon. Mr. Hassard: Agree.

Hon. Mr. Cathers: Agree.

Hon. Mr. Nixon: Agree.

Ms. McLeod: Agree.

Ms. Stick: Agree.

Ms. Moorcroft: Agree.

Ms. White: Agree.

Mr. Tredger: Agree.

Mr. Barr: Agree.

Mr. Silver: Agree.

Clerk: Mr. Speaker, the results are 16 yea, nil nay.

Speaker: The yeas have it. I declare the motion carried.

Motion No. 893 agreed to

Motion No. 792

Clerk: Motion No. 792, standing in the name of Ms. Moorcroft.

Speaker: It is moved by the Member for Copperbelt South:

THAT this House urges the Yukon government to advance equal rights for transsexual, transgender and gender-variant people by:

(1) introducing amendments to explicitly include “gender identity” and “gender expression” under section 7 of the Yukon *Human Rights Act* as a prohibited grounds for discrimination;

(2) supporting full equality and respect for trans people accessing Yukon government jobs, programs, and services; and

(3) using public education to fight intolerance, discrimination, and violence against trans people.

Ms. Moorcroft: I commend this motion to the House that urges the Yukon government to advance equal rights for transsexual and transgender people by introducing amendments to explicitly include: gender identity and gender expression under section 7 of the Yukon *Human Rights Act* as a prohibited grounds for discrimination; supporting full equality and respect for trans people accessing Yukon government jobs, programs, and services; and using public education to fight intolerance, discrimination, and violence against trans people.

A word about the word “trans”: “trans” in our motion is spelled with an asterisk, as in T-R-A-N-S-asterisk. “Trans” with an asterisk is an umbrella term that refers to all of the identities within the gender identity and gender expression spectrum. Trans folks typically have a gender identity or gender expression that is different from those typically associated with the sex assigned to them at birth.

Conversely, the term “cisgender”, or “cis”, is a term used to describe folks whose gender identity or expression aligns with those typically associated with the sex assigned to them at birth.

“Trans” with an asterisk is used in an effort to include all transgender, non-binary and gender nonconforming identities,

including, but not limited to: transgender, transsexual, transvestite, genderqueer, genderfluid, non-binary, genderless, agender, non-gendered, third gender, two-spirit, bigender, trans man and trans woman.

For the remainder of the debate on this motion, when my colleagues and I say “trans”, we are referring to the term “trans” with an asterisk.

Recently in this Assembly, I introduced a Yukon teacher and hockey player who is a transgender man, meaning he was assigned female at birth but identifies and lives as a male. Transgender people encounter systemic discrimination, which can lead to feelings of isolation.

It is common for transgender people to be denied access to health care, housing and employment because of their gender identity. Many lose friends and family members. Many trans people are not comfortable being out in public because of fear and safety concerns. Parents and Friends of Lesbians and Gays Canada report that 43 percent of trans-identified persons attempted suicide as a result of the barriers they face.

In fact, the 2012 Ontario amendments to make discrimination and harassment based on gender identity or gender expression illegal is known as Toby’s Law. The amendment was introduced by MPP Cheri DiNovo in remembrance of a trans woman, Toby Dancer, a gifted but impoverished musician who died of a drug overdose in 2004 at age 51. This speaks to the need for tolerance, for acceptance, for education and law reform, and for programs and services that accommodate the realities of trans people’s lives.

This is why I brought forward to debate today this motion that Yukon follow other jurisdictions in Canada by adding gender identity and gender expression as protected grounds in our *Human Rights Act*.

This motion is in accordance with a recommendation made in the document, entitled *Improving the Yukon Human Rights Act*, submitted by the Yukon Human Rights Commission in 2008 to the Yukon Legislative Assembly Select Committee on Human Rights.

A previous Yukon Party government did introduce a few amendments to the Yukon *Human Rights Act* following the select committee’s work and consultation, but those amendments left a number of areas of work for future governments to address. The Yukon Human Rights Commission’s recommendations to lawmakers regarding trans rights is one of those issues that was put on hold. We can begin to remedy that today by supporting this motion.

Northwest Territories led the way by adding gender identity to its *Human Rights Act* in 2004. Ontario, Manitoba, Nova Scotia, Prince Edward Island, Newfoundland and Labrador, and Saskatchewan have also amended their human rights statutes to recognize trans rights. Many Yukoners have indicated their support for recognizing trans rights in our *Human Rights Act*, as is shown by a petition I presented in the Legislature. I look forward to hearing the government’s response to this petition in the near future.

Perhaps government members will indicate in the debate this afternoon if the Yukon Party is willing to be progressive

in adapting our human rights law to explicitly protect trans rights and remain current with other jurisdictions.

I would like to give a shout-out to a community sports group for its leadership in trans rights. The 100-player league of the Whitehorse Women’s Hockey Association passed the first policy of its kind in Canada, formally welcoming male-to-female and female-to-male transgender players into their league. The Whitehorse Women’s Hockey Association released its precedent-setting trans-inclusive policy in December 2014. The board wanted to make its league safe and inclusive for any player who was either born female or identifies as a woman. Transgender and transsexual players are therefore permitted to play in the league.

Whitehorse Women’s Hockey Association falls under the umbrella of the Canadian Adult Recreational Hockey Association. The board considered potential concerns that might come up, such as dressing room dynamics and the issue of men playing women’s hockey. To deal with those issues, players with concerns about dressing room policy are encouraged to speak with a board member. This leadership is not only in policy, but in education. Today, my argument is that it is time for Yukon legislators to follow the lead of others, of other groups and of other jurisdictions, and make Yukon a safe place for transgender and gender non-conforming people.

The issue of adding protection for gender identity to the *Human Rights Act* in the list of prohibited grounds of discrimination — why? Why should we do that? Well, as understanding of the full range of human sexuality and gender identity increases, it has become clear that discrimination can occur in ways that were not well-understood at the time the act was first passed. There have been further developments in the area of human rights cases dealing with the rights of transgendered people. Gender identity and gender expression are linked to a person’s sense of self, and particularly one’s sense of being male or female. Gender identity is different from and does not determine a person’s sexual orientation and may not confirm to a person’s birth-assigned sex. Gender identity would include people who are transgender, intersex or cross-dressers.

The 17th national triannual convention of the PSAC being held this week in Quebec City, Quebec, today passed a motion unanimously to lobby for inclusion of gender identity and gender expression in the *Canadian Charter of Rights and Freedoms*. Yukon Employees Union, Public Service Alliance of Canada, supports this motion to change the Yukon *Human Rights Act*. It’s great to see our public sector union continues to play a leadership role in support of human rights, something that PSAC, Canadian Labour Congress and the labour movement generally has done for decades now.

I trust that the Yukon government is willing to accept this motion to include gender identity and gender expression in the Yukon *Human Rights Act*. Thus, that amendment would protect trans people from discrimination.

I would also like to add that it would be helpful to address the issue of violence against people who are transgender. That protection would extend to those who have experienced

violence because of prohibited grounds of discrimination. Yukon people have reported to the Human Rights Commission that they've experienced violence because of their sexual orientation. Trans people have reported violence because of their gender identity and gender expression.

I would like to turn now to the second part of the motion supporting full equality and respect for trans people accessing Yukon government jobs, programs and services.

Once Yukon has amended its human rights law to be trans-inclusive, government will be obligated to offer full equality and respect for trans people accessing Yukon government jobs, programs and services. This means that trans people would have equal rights to apply and be hired for Yukon government public sector jobs.

Speaker: Order please. The hour being 5:30 p.m., this House now stands adjourned until 1:00 p.m. tomorrow.

Debate on Motion No. 792 accordingly adjourned

The House adjourned at 5:30 p.m.