



# Mental health in NORTHWEST TERRITORIES

Population: 44,741

Rural: 34.7%

As one of the most sparsely populated regions in Canada, challenged by extreme weather and a limited health infrastructure, the Northwest Territories reports a greater prevalence of harm: self-harm and alcohol harm rates are among the highest in Canada, and, in remote and isolated communities, the suicide rates are double those in Yellowknife, the capital city. While data are incomplete, we can still get a good picture of access to services in NWT: the low supply of providers, and notably of psychiatrists, means that people have a very high 30-day hospital readmission rate.

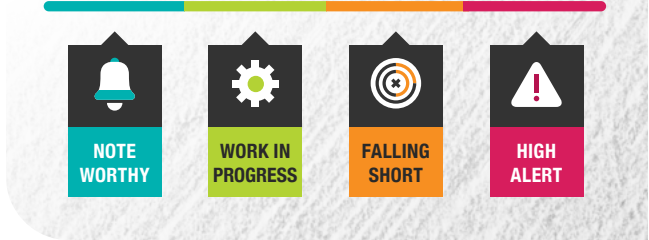
The Northwest Territories spends a very small percentage (4%) of its healthcare budget on mental health, addictions and substance use (MHASU) health care and its mental health strategy is out of date, although it introduced its first alcohol strategy in 2023. The rate of police-reported drug offences is about four times the national average. In general, a lack of housing and housing affordability are critical in the Northwest Territories.

**IN FOCUS: NORTHWEST TERRITORIES**

Indicator	Indicator Category	NT	CAN
<b>1.1a</b> Mental health, addictions, and substance use (MHASU) Healthcare Investments	Policy	4%	6.3%
<b>1.1b</b> Bilateral Health Spending for MHASU	Policy	38.7%	31%
<b>1.2</b> MHASU Strategy	Policy	Out of date	Out of date
<b>1.3</b> Decriminalization policy	Policy	–	Low support
<b>1.4</b> Harm reduction policy	Policy	Moderate support	High support
<b>1.5</b> Mental Health Acts	Policy	Ins.	–
<b>2.1</b> Perceived mental health – poor/fair	Population Mental Health (MH)	23.3%	26.1%
<b>2.2a</b> Prevalence of mood/anxiety disorders (12-month)	Population MH	–	10.6%
<b>2.2b</b> Prevalence of substance use disorders (lifetime)	Population MH	–	20.7%
<b>2.3</b> Rate of death by suicide	Population MH	11.5	10.9
<b>2.4</b> Rate of hospitalization for self-harm	Population MH	237.2	64.9
<b>2.5</b> Rate of apparent opioid toxicity deaths	Population MH	4.4	20.8
<b>2.6</b> Rate of hospitalizations caused entirely by alcohol	Population MH	1,412	262
<b>3.1</b> Percentage of population needing mental health care but needs are unmet or partially met	Service access	–	7.8%
<b>3.2</b> Percentage of youth with early MHASU service needs who accessed Community Mental Health services	Service access	–	61%
<b>3.3</b> Number of psychiatrists per 100,000 population	Service access	3.2	13.1
<b>3.4</b> Supply of MHASU healthcare providers	Service access	1,110.8	1,721.4
<b>3.5</b> 30-day hospital readmission rates for MHASU concerns	Service access	17.6%	13.4%
<b>4.1</b> Percentage of population reporting poor-to-fair mental health in core housing need	Social Determinants of Health (SDOH)	–	15.8%
<b>4.2</b> Poverty rate	SDOH	10.2%	8.1%
<b>4.3</b> Employment rate for individuals with mental health disabilities (ages 25-64)	SDOH	64.2%	46.1%
<b>5.1</b> Percentage of those with poor-to-fair mental health who experienced discrimination and victimization	Stigma and discrim	–	9.1%
<b>5.2</b> Percentage of population with poor-to-fair mental health who report feeling a stronger sense of belonging to community	Stigma and discrim	–	54.4%
<b>5.3</b> Reported rate of drug-related offences	Stigma and discrim	653	162

Note: Values in the table above that do not have a percentage indicate a rate per 100,000 population

### Mental Health Scoreboard



## POLICY

### Funding

The Northwest Territories government spends less than average on mental health, addictions and substance use (MHASU) health care—approximately only 4% of the overall 2024-2025 healthcare budget will go to mental health, which translates to about \$30 million. However, the Northwest Territories is dedicating a higher share of its bilateral health funding to MHASU. The *Working Together Agreement* (2023 Bilateral Health Agreement) and the renewed commitment for the Shared Health Priorities Agreement (2017) represent 38.7% of the total bilateral healthcare funding, approximately \$9.5 million, destined to be spent between 2023-2026, which is higher than the Canadian average (31%).<sup>193</sup>

### Policy Response to toxic drug supply

The drug toxicity crisis has not impacted the Northwest Territories year over year in the same way as it has other regions in Canada, which may help explain why the territories’ opioid harm reduction policy/infrastructure is not as well developed. However, recognizing the significant harms posed by the toxic drug supply, NWT has adopted some harm reduction measures, including the Take Home Naloxone Program (THN) and a drug checking pilot program (fentanyl test strips only).<sup>194</sup> The NWT THN program includes intranasal Narcan, and kits are available at 56 locations across the territory, which is above average distribution relative to the Northwest Territories’ low population size and density.

## POPULATION MENTAL HEALTH

Although the territories collectively report lower rates of poor-to-fair mental health overall, other indicators suggest that greater harms are experienced in the Northwest Territories due to mental health and substance use. The Northwest Territories has one of the highest rates of hospitalization for self-harm in Canada, 237.2/100,000 (118.6/50,000)<sup>195</sup>, and the rate of suicide last year was the highest it has been in 20 years, at 11.5 per 100,000 (5.75 per 50,000), which is also above the national average. Data from the Coroner’s Service finds that 18 lives were lost to suicide in 2022, compared to 11 lives lost the previous year. The spike is in part attributed to a higher number of recent deaths by suicide in the Beaufort Delta Region.<sup>196</sup> The suicide rates in NWT’s small communities, often remote and isolated, were twice Yellowknife’s rate. First Nations communities and youth are disproportionately impacted by suicide in the Northwest Territories.<sup>197</sup> In recent years, there have been critiques that the NWT is not doing enough to prevent suicide and that access to funding for communities is mired in red tape. The 2023-2024 NWT Budget announced \$500,000 in annual funding for suicide prevention (up from the previous funding of \$250,000 per year), bringing total funding closer to the \$1 million that was originally recommended.<sup>198</sup> While NWT does not have a suicide prevention strategy, some regions have developed their own, including the Inuvialuit Regional Corporation.<sup>199</sup>



## IN FOCUS: NORTHWEST TERRITORIES



### WORK IN PROGRESS

After recent criticism, NWT funds suicide prevention in response to spike in suicide deaths in remote communities.

Alcohol harms are prevalent in the Northwest Territories. The rates of hospitalization due to alcohol are the highest in the country, at 1,412 hospitalizations per 100,000 (706 per 50,000), compared to the average of 262 per 100,000 in Canada. In response, the NWT government released *An Alcohol Strategy for the Northwest Territories (2023-2028)* which includes a plan for better education, harm reduction, and improved access to addictions treatment services, including culturally appropriate services.<sup>200</sup>

The rate of apparent opioid toxicity deaths reported last year, 7.7 per 50,000, represents seven lives lost. It is the highest reported rate in NWT since 2016 and reflects the higher pandemic-era rates experienced in much of Canada. The apparent opioid toxicity death rates before and after 2022 are lower: in 2021 there were 4 deaths and in 2023 there were 2. When adjusted to the smaller population size, the 2023 rate is 2.2 deaths per 50,000.



### NOTEWORTHY

With alcohol-related hospital visits five times higher than average, NWT introduces a new alcohol strategy.

## SERVICE ACCESS

The data available for service access in the Northwest Territories, while incomplete, suggest that getting mental health, addictions and substance use (MHASU) supports is difficult. The 30-day hospital readmission rate for MHASU in the Northwest Territories is high at 17.6/100,000, and the data on the MHASU workforce show that there is a lower supply of workers: 1,110.8 per 100,000 (555.4 per 50,000), versus the average in Canada of 1,721.4 per 100,000. The distribution of psychiatrists is particularly low: the rate across all three territories is only 3.2 per 100,000, which translates to 4 psychiatrists in total. The Canadian average, by contrast, is 13.4 psychiatrists/100,000. Residents needing residential treatment must be flown out to facilities in southern Canada, as there is no facility in the Northwest Territories.<sup>201</sup>



### FALLING SHORT

Serious shortage of psychiatrists and other mental health, addictions and substance use (MHASU) workers means high hospital readmissions.

MHASU service access in NWT is challenging for several reasons. NWT is one of the most sparsely populated regions in Canada; roughly half of the population lives in Yellowknife and the remaining half is distributed across 33 communities that are only accessible by plane or winter roads.<sup>202</sup> It's a region that experiences extreme environmental conditions, has a limited health services infrastructure and a shortage of mental health providers.<sup>203</sup>



Like in Nunavut, people in Northwest Territories contend with language barriers and a lack of culturally safe and appropriate care, which is significant given that the population is 51% Indigenous and 11 different languages are spoken here.<sup>204</sup> Given the high proportion of First Nations communities, calls have been made for the territorial government to invest more in land- and culture-based mental health services.<sup>vi</sup>

## **SOCIAL DETERMINANTS OF HEALTH**

No data were available across all territories for Indicator 4.1, *Core Housing Need for people reporting poor-to-fair mental health*. However, housing need of the general population in the Northwest Territories, at 13.2%, illustrates a critical lack of housing. Housing affordability in the Northwest Territories is particularly a problem for seniors and Indigenous people who are renting. A 2022 report found that 26.6% of Indigenous renters in Yellowknife are unable to afford housing.<sup>205</sup>

## **STIGMA AND DISCRIMINATION**

Data on indicators 5.1 and 5.2 were not available for the Northwest Territories. However, one area of concern is the significantly higher rate of police-reported drug offences in the Northwest Territories, which is about four times the national average at 653 per 100,000 (326.5 per 50,000), compared to the Canadian average of 162 per 100,000.



**HIGH ALERT**

Police-reported drug offences are about 4 times the national average.