



Missing Data



IN FOCUS >

Mental health in YUKON

Population: 45,750

Rural: 36.4%

Of all provinces and territories, Yukon is dedicating the largest share of current Federal Bilateral health funding to mental health. This healthy investment complements wellness and substance use strategies to address some of the country's highest rates of self-harm and apparent opioid toxicity deaths. The hospitalizations due to alcohol are also four times the national average. In response, the Yukon government has introduced some important harm reduction measures, including the only supervised consumption site in the territories, a managed alcohol program and land-based healing programs.

It has also created successful—but perhaps under-resourced—mental wellness and substance use ‘hubs’ in rural parts of the territory. On the urban front, however, an inadequate government housing response means homelessness has skyrocketed in Whitehorse, the largest city.



IN FOCUS: YUKON


Indicator	Indicator Category	YK	CAN
1.1a Mental health, addictions, and substance use (MHASU) Healthcare Investments	Policy	6.4%	6.3%
1.1b Bilateral Health Spending for MHASU	Policy	77%	31%
1.2 MHASU Strategy	Policy	Moderately comprehensive	Out of date
1.3 Decriminalization policy	Policy	–	Low support
1.4 Harm reduction policy	Policy	High support	High support
1.5 Mental Health Acts	Policy	Ins.	–
2.1 Perceived mental health – poor/fair	Population Mental Health (MH)	23.3%	26.1%
2.2a Prevalence of mood/anxiety disorders (12-month)	Population MH	–	10.6%
2.2b Prevalence of substance use disorders (lifetime)	Population MH	–	20.7%
2.3 Rate of death by suicide	Population MH	–	10.9
2.4 Rate of hospitalization for self-harm	Population MH	204.8	64.9
2.5 Rate of apparent opioid toxicity deaths	Population MH	37.8	20.8
2.6 Rate of hospitalizations caused entirely by alcohol	Population MH	948	262
3.1 Percentage of population needing mental health care but needs are unmet or partially met	Service access	–	7.8%
3.2 Percentage of youth with early MHASU service needs who accessed Community Mental Health services	Service access	–	61%
3.3 Number of psychiatrists per 100,000 population	Service access	3.2	13.1
3.4 Supply of MHASU healthcare providers	Service access	2,205.2	1,721.4
3.5 30-day hospital readmission rates for MHASU concerns	Service access	15.1%	13.4%
4.1 Percentage of population reporting poor-to-fair mental health in core housing need	Social Determinants of Health (SDOH)	–	15.8%
4.2 Poverty rate	SDOH	8.8%	8.1%
4.3 Employment rate for individuals with mental health disabilities (ages 25-64)	SDOH	64.9%	46.1%
5.1 Percentage of those with poor-to-fair mental health who experienced discrimination and victimization	Stigma and discrim	–	9.1%
5.2 Percentage of population with poor-to-fair mental health who report feeling a stronger sense of belonging to community	Stigma and discrim	–	54.4%
5.3 Reported rate of drug-related offences	Stigma and discrim	633	162

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

POLICY

Funding

The Yukon government will be spending \$43 million on mental health care in 2024-25, which amounts to 6.4% of the overall healthcare budget. Of all Canadian provinces and territories, Yukon is dedicating the highest share of the *Working Together Agreement* (2023 Bilateral Health Agreement) and the remaining *Shared Health Priorities* (2017) funding to mental health, addictions and substance use (MHASU) health care. Combined, this represents 77% of the bilateral funding.¹⁸⁰



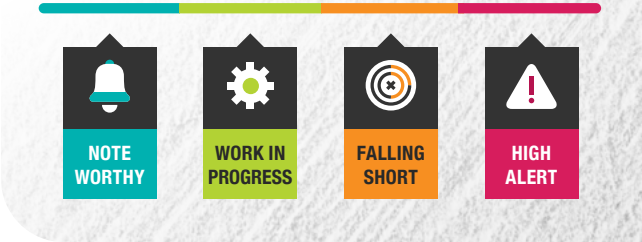
NOTEWORTHY

Highest share of new funding going to mental health, addictions and substance use (MHASU) (77%) and mental health strategies are in place.

Strategy

Yukon has several mental health-related strategies in place, including the *Mental Wellness Strategy* (2016-2026), the *Substance Use Health Emergency Strategy* (2023) and the *Missing and Murdered Indigenous Women, Girls and Two-spirit+ People Strategy*.¹⁸¹ In addition, in 2020, a team of independent reviewers commissioned by the Yukon government produced the *Putting People First report*, which made 76 recommendations to improve the health and social services systems. The Yukon government releases annual reports to provide progress updates on the recommendations.¹⁸²

Mental Health Scoreboard



Policy Response to the toxic drug crisis

The Yukon government has introduced some important harm reduction measures to address the drug toxicity crisis. It is the only jurisdiction other than British Columbia to have declared a Substance Use Health Emergency (2022).¹⁸³ It is also one of the only jurisdictions to offer Narcan (nasal naloxone) in its publicly funded Take Home Naloxone (THN) Program and it funds the territories' only supervised consumption site, Blood Ties Four Directions, which also offers supervised inhalation services. The Yukon government also supports two safer supply programs and has been working with physicians to ensure they are trained in prescribing safer supply.¹⁸⁴

POPULATION MENTAL HEALTH

Alarming, the territories report the highest rates of hospitalization for self-harm in Canada. The rates are 204.8/100,000 (102.4/50,000)¹⁸⁵ for Yukon versus the Canadian average 64.9/100,000.



HIGH ALERT

Almost four times the average number of self-harm hospitalizations

Furthermore, Yukon reports greater than average harms due to substance use. Yukon has the third highest rate of apparent opioid toxicity deaths: the rate is 37.8 per 100,000, or 18.9 per 50,000 when adjusting for the territory's smaller population.



First Nations communities are disproportionately affected by the toxic drug crisis, representing two-thirds of deaths in Yukon in 2023.¹⁸⁶ Two First Nations communities in Yukon, Carcross Tagish and Na-Cho Nak Dun, have declared states of emergency after numerous drug-related overdoses and deaths.¹⁸⁷ The rate of hospitalizations due to alcohol is also extraordinarily high, at 948 per 100,000 (474 per 50,000) compared to the average, 262 per 100,000.

SERVICE ACCESS

The Yukon government has taken steps to increase access to mental health and substance use supports and services. To bolster service accessibility in rural areas of Yukon, the territorial health department has invested in four mental wellness and substance use ‘hubs.’ An Auditor General report found that these hubs were successful in increasing access to needed services but noted they were at times understaffed, lacked necessary resources and did not adequately serve First Nations clients.¹⁸⁸



WORK IN PROGRESS

Successful wellness and substance use ‘hubs’ but inadequate service for First Nations clients

The Yukon government announced it would open a managed alcohol program in spring 2024 to improve health outcomes and reduce the number of hospitalizations and Emergency Department visits for alcohol poisonings.¹⁸⁹ Yukon also plans to invest almost \$10 million in land-based healing programs over 2023-2026.¹⁹⁰

SOCIAL DETERMINANTS OF HEALTH

No data are available for any of the territories for *Indicator 4.1, Core Housing Need* for people reporting poor-to-fair mental health. However, the housing need in the circumpolar north is critical, as shown by overall data for the general population (not specific to people with mental health needs) in the territories. In Yukon, the percentage of the general population with a core housing need was 13.2% in 2021.

Yukon is experiencing a severe housing crisis. In Whitehorse, Yukon’s capital and largest city, rents and home prices have skyrocketed over the past 10 years. At the same time, the number of people who are underhoused and homeless in the city has climbed, as has the need for community housing.¹⁹¹ A 2022 auditor general report found that, since 2010, the territorial housing corporation had not made significant progress in alleviating the housing shortage.¹⁹²



FALLING SHORT

Homelessness has skyrocketed in Whitehorse, the largest city, amid poor government response.

STIGMA AND DISCRIMINATION

The high rate of police-reported drug offences in Yukon is a concern; at 633 per 100,000 (316.5 per 50,000), the rate is four times the national average (162 per 100,000). Yukon’s rate suggests that there may be a higher rate of stigma and discrimination against people who use substances.