

## Competency Development to Meet Rural and Remote Mental Health Needs: A Case Study of Child and Youth Mental Health Policy in Yukon, Canada

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**Objectives:** In 2013, the Yukon Government partnered with researchers to develop a child and youth mental health and addictions framework for the territory that would be tailored to its unique context and fiscal constraints. Yukon has a population of approximately 38,000, residing in an area of 482,000 km<sup>2</sup> (about the size of Spain), complex federal, territorial and First Nations governance structures, social and cultural considerations and significant youth mental health needs. Challenges include limited funding, service delivery across large distances, attracting and retaining health care providers, and specialty access. In light of these challenges, how to optimize use of existing health and other human resources was a key consideration.

**Methods:** Community-based participatory policy research was carried out in partnership with a Working Group representing the Yukon government, Kwanlin Dun First Nation and the Yukon Council of First Nations. Data was gathered through literature review, Working Group meetings, key informant and focus group interviews with 98 stakeholders (young people, families, service providers and policy advisors), and a clinician workshop. Experiences of jurisdictions that face similar challenges were gathered through document analysis and nine key informant interviews.

**Findings:** A core feature of the framework is a program of child and youth mental health and addictions competency development for the entire health and human service workforce. This approach can leverage the capacity of a traditionally under-resourced and siloed 'Mental Health Service'. An interdisciplinary and collaborative cascading model of service delivery would enable promotion, prevention and provision of basic mental health care in each community by existing health and human service workers that have *basic* mental health training. These community-based workers would identify and make referrals to more specialized services. Primary care workers in regional hubs and Whitehorse would receive *advanced* training. Primary care physicians, psychologists and psychiatrists in Whitehorse would receive *enhanced* training. Existing telehealth capacity, an electronic data set and a website that offers mental health resources would provide support to community and regional providers for complex cases through rapid access to specialists and referral when required.

### **Discussion:**

The framework would allow children and youth to receive culturally appropriate, non-stigmatizing care in their home communities to the greatest extent possible within the Yukon context. It establishes a rational and efficient means of ensuring that children and youth with more complex needs are able to access care from the most appropriate specialized services and providers. Lessons from this case are informed by experiences of other jurisdictions and are expected to be widely applicable, particularly in jurisdictions with rural and remote delivery.

### **Conclusions:**

Competency development across a broad array of health and human service workers may be a core strategy to improve service delivery to children and youth in rural/remote communities. This integrated and collaborative approach can transform traditionally siloed mental health service delivery and expand services across the full continuum from promotion through ongoing care. The framework stresses the importance of best evidence and ongoing evaluation. Future research to identify a parsimonious set of validated outcome indicators for ongoing evaluation is required.