

Candidate Responses to CPS Questionnaire: NWT Election 2019

<i>Candidate</i>	1. If elected, what will you do to improve access to publicly funded mental health treatment and resources for children and youth?	2. If elected, what will you do to increase access to paediatric-trained developmental support services such as speech language pathologists, occupational therapists, physiotherapists and audiologists in rural and remote locations in NWT?	3. If elected, what will you do to ensure safer homes, schools and communities for children and youth, including by reducing rates of childhood poverty and addressing threats associated with addictive substances and firearms?
<i>Kevin O'Reilly (Frame Lake)</i>	<p>“There is no child or youth psychiatric unit currently in the new Stanton hospital, despite all of the additional beds provided in the new psychiatric ward. There is a child psychiatrist but no trained nurses. No beds are presently allotted to accommodate admissions for pediatric psychiatry. As a result, children have to be admitted in the psych unit or in some other unit in the hospital. It is difficult to admit patients in the pediatric unit because it has been downsized so there is little room. An alternative has been to send them to Edmonton but the same problem arises in that there are limited beds or facilities for them there. Also, doing this causes medical travel expenses to go up and, in addition, the children are separated from their family support. The system may save more money by providing</p>	<p>“During my first term, I raised the issue of wait times for essential medical services such as speech therapy and pushed for improved public reporting of wait times. All paediatric-trained developmental support services provide local and regional services but on a limited basis. Additional public funds need to be provided to ensure the provision of developmental support services to rural and remote communities that currently don’t receive them or that are inadequately resourced.</p> <p>A comprehensive survey needs to be undertaken of remote communities’ needs for developmental support services and of community perceptions of the adequacy of available services. It needs to focus in particular on the availability of these specialized support</p>	<p>“Funded maternal and paternal leave plays a part in allowing young parents to bond with their children. I strongly supported the improvements made in the NWT <i>Employment Standards Act</i> that coordinate territorial benefits with recently made federal changes to parental benefits. Another solution is to fund universal childcare to provide quality care for pre-school children and allow parents to be able to work when childcare costs are affordable. I supported universal childcare in my first term and look forward to raising the issue again.</p> <p>Increasing employment opportunities for family members as well as providing access to affordable housing or social housing would help to reduce child poverty. More accessible information must be provided to</p>

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<p>necessary care locally which would also likely improve outcomes.</p> <p>At present, there are limited resources available to counsel children or youth, either by public or private counsellors. This means that only limited child counselling services now exist in the Northwest Territories.</p> <p>There is an urgent need to develop more partnerships with southern institutions and facilities in order to provide appropriate counselling for children and for youth who have specific complicated mental health needs.</p> <p>More public resources need to be devoted to helping youth develop their own personal skills for self-care.</p> <p>More resources need to be provided for information campaigns for kids about the kinds of public and private programs and resources that are available to assist them in addressing their problems.”</p>	<p>services to meet remote community needs. The results of such a survey would then be used to plan and budget the necessary resources to serve these needs.”</p>	<p>families about employment and housing opportunities potentially available to them.</p> <p>One way to increase safety for youth is to work with the education authorities to ensure that students are better informed students (sic) about the dangers of using alcohol, tobacco and opioids. The “Don’t be a Butthead” program was particularly successful in promoting healthy living with regard to tobacco and should be revived.</p> <p>Efforts must also be made to impress upon parents the need to keep firearms safely stored and not accessible to children and youth.”</p>
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<p>Katrina Nokleby (Great Slave)</p>	<p>“I would support the creation of a Child and Youth Advocate position. An impartial 3rd party who could help clients and families navigate the system and secure the appropriate resources. I would ask the department of Health and Social Services (HSS) to register all Employee Assistance Programs (EAPs) operating in the NWT. A dialogue must be started with Health Canada, HSS, and front-line mental health workers to foster closer collaboration and tailor programs to meet the specific needs of our communities and the territory. I would work towards the goal of acquiring a Child and Adolescent Psychiatric unit for the NWT. I would advocate for the establishment of Professional Support Staff (PSS) that are school based: Psychologists, M.S.W. Social Workers, Speech Pathologists and Occupational Therapists. I would advocate for the return of the Social Worker Program at Aurora College.”</p>	<p>“With the logistical challenges presented by our territory and our small population, we do not have the resources to base these professionals in all communities. I believe we need to establish a mobile team as it is the most efficient and practical way to provide service.”</p>	<p>“We need to implement aftercare (post-rehab) and trauma counselling programs in order to deal with the root issues causing addictions so people can remain sober after treatment. We need to create a Family Violence Strategy and Action Plan to address the violence and abuse children and youth are experiencing at home. We also need to increase funding, and reduce barriers, for emergency and transitional housing programs to provide safe spaces in the event of homelife (sic) and financial instability. The GNWT should continue to promote healthy lifestyle choices and provide opportunities for community activities that don’t involve alcohol or drugs.”</p>
<p>Robert Hawkins (Kam Lake)</p>	<p>“I have always believed that there are many areas that have</p>	<p>“I’ve seen firsthand that this is an underfunded program while at</p>	<p>“I believe this is a challenge that requires ongoing efforts and is a</p>

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<p>large gaps in directly supporting the education system, this being one whereas mental health programs should be inserted.</p> <p>That said, I've often wondered why these professionals and services are not embedded into schools so that they can assist in early detection, hands on diagnosis and finally a timely response for support.</p> <p>I don't suggest that these resources become 'school employee's (sic), however it would makes sense as they call it, when you want boots on the ground, to put them where they could offer the most effective and timely response, especially when it is this important."</p>	<p>the same time, I've seen the backlog and needs keep growing. I would be pleased to champion this program because any delay hurts the young person in the long run."</p>	<p>multifaceted problem, whereas not one single step will solve all the issues. That said, we need laws, policy's (sic) and options that support family safety and immediate options that are there for those that feel they are at risk.</p> <p>We need to continue to look at expanding housing programs for the working poor to support their needs so that the day to day stresses are lifted and at the same time, this helps build towards the broader issues of safety, stability and security for everyone – which is a supportive step to help lift the challenges of family poverty and more specifically, the impacts directly on children.</p> <p>Poverty is a community challenge and I have supported progressive steps in the past. Such as, financial top-up programs as run by the NWT Housing Corp, so that the family that needs that little extra to make it to the end of the month, can get that help.</p> <p>Furthermore, I also believe the income support program needs</p>
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		to expand the option for more earned income without penalties. What better way to support people and families trying to get on their feet as they work towards financial independence.”	
Kieron Testart (Kam Lake)	<p>“My platform commits to ensure young people are heard in the conversation about mental health and suicide through the establishment of a Youth Mental Health Advisory Committee made up of young people from around the territory to support the delivery of youth mental health services in the NWT. This important committee will ensure that appropriate measures are taken to strengthen the responsiveness and effectiveness of government interventions into youth mental health. In the 18th Assembly I supported the Youth Mental Health Action plan and will continue to support new funding and programs, such as mobile crisis intervention, mental health councillors in our schools and online peer support and counselling.”</p>	<p>“A chronic shortage of medical specialists is a major problem with health care delivery in the NWT. Limited availability [of] medical specialists create[s] longer wait times for patients and places undue stress on our hardworking medical professionals. My platform commits to address the shortage of Territorial Doctors and Nurses with a new plan for recruitment and training including, providing funding between \$500 to \$10,000 per student per year to cover application, MCAT and interview travel cost reimbursement; improving clinical educational opportunities by allowing students to “job shadow” physicians and nurses any time in their medical program, and introduce return-for-service agreements to alleviate cost burdens for medical education and encourage the</p>	<p>“This is a complex issue with many different solutions. I believe the best way to address these issues and begin to address the effects of intergenerational trauma and systemic poverty is through developing universal basic income support programs that will begin to tackle these root causes. My platform commits to take action against poverty by developing a Universal Basic Income pilot program within 120 days. The proven success of UBI will be tested in select NWT communities and the results will inform an expanded program that will benefit more Northerners and meaningfully reduce poverty in our communities. Every jurisdiction that has tested UBI has seen significant (sic) improve[ment] in nearly all measurable outcomes that are associated with poverty.</p>

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		<p>return of medical professionals in the NWT. The government also needs to ease licensing requirements so trained medical professionals can get certified earlier and get to work right away helping Northerners achieve better health.”</p>	<p>The rate of addictions drop, emergency room visits go down, high school graduation improves, and homeless virtually disappears. The NWT needs a better solution and I believe UBI is the key to creating a better society for all our people and communities.”</p>
<p><i>Cherish Winsor (Kam Lake)</i></p>	<p>“I am a proponent of improving mental health supports for all people in the NWT, including children and youth. Our mental and health care systems are difficult to navigate and wait times are too long, leaving many children without the support and care that they require. Programs and services for children should be easily accessible and available. Some of the ways I’ve proposed to do so include:</p> <ul style="list-style-type: none"> • The expansion of Child and Youth Care Counselors to all communities to better identify and support youth with mental health needs. • The inclusion of accredited degree programs in both social work and psychology as 	<p>“Providing specialized services in a vast region with a small population is difficult and there are no easy answers. A focus on building infrastructure, growing our population, and making the NWT a more enticing place to live, will theoretically increase the number of medical professionals available to provide these services.”</p>	<p>“As I mentioned above, a plan to specifically address and end family violence is needed in the NWT. My platform also proposes a guaranteed income program and affordable and accessible childcare to so that all children can experience developmentally appropriate care in all communities. A Child and Youth Advocate office should also be created to independently represent the rights of children and hold government accountable when programs and policies fail to meet their needs.”</p>

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<p>part of the new Aurora College polytechnic program offerings to increase the number of local professionals with a focus on mental health.</p> <ul style="list-style-type: none"> • A strategic territorial action plan to end family violence. • Better tracking of all health supports and outcomes to allow for program improvements as they are needed. • A territorial addictions treatment facility with separate adult, youth and day programming areas. The youth facility would provide mental health supports beyond addictions treatment to address suicide, trauma, anxiety and depression.” 		
<p>Shane Thompson (Nahendeh)</p> <p>“In the past four years, as a member of the standing committee of Social Development we have been advocating and were able to get more positions into the Social Services and mental health field.</p>	<p>“In the previous budget, we have seen an increase in funding for these services. Unfortunately, those services are still based out of Yellowknife and travel to the smaller communities. I believe we need to establish this team</p>	<p>“This is a very challenging questions (sic). As policy and law makers we are not on the ground level, however we can advocate for the GNWT to do a better job. Here are three things I would like</p>

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<p>The GNWT has [p]ut in more resources however I believe we still need more. If elected, I will continue to advocate for these resources.”</p>	<p>closer to the small and remote communities. This means establish (sic) this type of team in the regional centers as well as Yellowknife. This allows the services to be closer to the residents and allow[s] more time [to] spend in the community with the families and clients.</p> <p>I had advocated for this type of team [to] be located in the Nahendeh region and I will continue to advocate for these type of service being brought to the regional center.”</p>	<p>to advocate for in the next four years:</p> <ol style="list-style-type: none"> 1) Enhance the Pre-natal program – I would like to see a nurse go visited (sic) the home during pregnancy and continue until the child’s second birthday. The focus [would be] to generate positive outcomes for both mother and baby by emphasizing: good prenatal care; positive parenting that fosters health infant development; and improving opportunities for the mother. 2) Work on developing and enhance educational material (information kits) for schools, families, and communities agencies with the focus on taking positive actions in the physical, intellectual, social, and emotional areas of one’s life. These informational kits that (sic) can be used alone, or in combination, to help get the message out there. The family
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		<p>component would be designed to improve family cohesion and parent child bonding, and the overall program improves school success and reduces problem behaviors including violence and substance use.</p> <p>3) There are some great programs being offered in the schools presently on a shoe-string budget – nutrition programs, caring schools and providing counselling in and out of the schools. environment. (sic) we need to celebrat[e] them, sharing this information with other communities and advocate for the GNWT to put more funding into these programs and services.”</p>	
Caroline Cochrane (Range Lake)	<p>“The GNWT is currently rolling out 49 school based, youth mental health counsellors to be fully implemented in 3 years. We began the process this year in Bechoco and Deline. These counsellors will be available to youth up to the age of 24 to help</p>	<p>“My degree is in Social Work and I have been working for over 20 years to increase access to early childhood education and intervention, as this is key to addressing many of the concerns we have regarding children’s development. The GNWT is</p>	<p>“I believe education is the key to addressing many social concerns related to poverty, therefore we need to make it a higher priority. I also believe we need more resources in mental health to address addictions and violence in our communities. In general,</p>

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<p>those who are not in school but need support. The next [government] needs to ensure this is implemented, sustained, and built on. We also need to build on supports that are working, such as on the land programming and school supports that increase self-esteem, lower bullying/violence of all sorts, build empathy and resilience. The GNWT is working with schools towards this. Everyone has to take a role in mental health and we need to increase the public discussion on how we view mental health and how we support each other in being healthy.”</p>	<p>gathering information on available services throughout the NWT and the departments of [Education, Culture and Employment] and [Health and Social Services] are working together to implement a “territorial-based support team”, including a behavioural specialist, mental health specialist, speech language pathologist, occupational therapist, education psychology specialist, to provide expertise to school staff across the NWT. This is a start, but we need to do more.</p> <p>Currently, a major factor impacting access to service is early diagnosis. To address this concern I would like to see an increase of the use of screening tools in health centres, parent education on developmental milestones, and the implementation of a travelling team of specialists which would work with children prior to age 6, develop treatment plan, coordinate with community health personnel, and work with the school teams to develop transition plans.</p>	<p>when people feel good about themselves, they make better choices in life. We can either keep putting Band-Aids on, or we can address the root issues. I want to address the root issues.”</p>
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		<p>We also need to utilize more telehealth and other technology to assist in timely follow up and support for children, caregivers, and community professionals/support workers.</p> <p>To ensure stability of services though, we also need to put a stronger focus, and more resources, on the creation of the Polytechnic University, increase health and child development education options in the NWT, and focus on a strong recruitment plan across Canada.”</p>	
<p>Julie Green (Yellowknife Centre)</p>	<p>“I have consistently supported maintaining and expanding resources devoted to human services, including mental health and addictions treatment, and the introduction of the Community Wellness workers throughout the territory. I will continue to support the implementation of the integrated case management approach for clients to ensure collaboration of program services not only in mental health support services, but in provision of housing, adequate income, educational support and other cross-departmental services.”</p>	<p>“Through my Social Development Committee work and in budget deliberations, I have been a leading advocate for prioritization of human services resourcing, and will continue in that advocacy. Special needs vacancies are a chronic short-coming of health and social services client service and I will continue to urge for more aggressive staffing procedures, with a plan for regional delivery of services, and for monitoring and public reporting of vacancy information and client service tallies.”</p>	<p>“I have lead (sic) efforts for the development of living wage data for communities, and for the introduction of a living wage pilot program in an NWT community. I believe that addressing the desperate shortage of housing is the root of action on poverty, safe homes and dealing with addictive and abusive behaviours. I will continue to press for action on public housing as the basis from which to address the specific symptoms of poverty and ill health.”</p>

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Arlene Hache (Yellowknife Centre)

<p>“I would lobby to ensure the GNWT works in partnership with SickKids Hospital in Toronto to implement Nurturing the Seed, an Indigenous infant mental health program designed to engage Indigenous families in creating Developmental Support Plans that monitor and support the growth of a child in key areas of child development, namely: communication, problem-solving, personal-social, gross motor and fine motor. I would press for the delivery of the youth and Indigenous versions of Mental Health First Aid across the territory and seek to operationalize the youth-led translation of the <i>Changing Directions, Changing Lives: The Mental Health Strategy for Canada</i> report on a territorial level. I would also bolster efforts to deliver the Talking About Mental Illness (TAMI) program in schools to reduce the stigma associated with mental illness among youth. Elements of the program are important in creating safe spaces, encouraging youth in need to reach out for help, and developing lasting viewpoints that will reduce the</p>	<p>“Building community capacity to offer locally situated developmental support services is essential, especially for Indigenous families who often can’t or don’t feel comfortable accessing mainstream services. Promoting careers in the developmental service sector among Indigenous students and including that educational option in the new polytechnic university would make difference. I am also a strong proponent of Hanen Programs because it recognizes parents as “key players” in their child’s intervention. Under the guidance of a Hanen Certified speech-language pathologist, parents learn to use specific language-building strategies with their child during everyday activities. I would also increase the use of online videoconferencing technology as well as on-site visits.”</p>	<p>“I am a supporter of instituting a basic annual income in communities across Canada and am seeking to increase the minimum wage in the NWT to \$15/hr. I have designed and delivered poverty reduction programs for families for three decades, including preemployment (sic) training programs for Indigenous women that connects them directly to jobs. I have also designed and delivered trauma recovery programs specific to Indigenous communities – the lack of investment by the GNWT has been a stumbling block in the NWT.”</p>
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Niels Kong (Yellowknife Centre)

<p>stigma associated with mental illness. The Department expanded the program to reach students in six schools.”</p>		
<p>“Thank you for this very important question. The topic of mental health as well as the stigmas attached to mental health are ones that resonate with residents of the NWT and Canadians as a whole. With the increase of demand on educators, the health care system, and families, the need for publicly funded mental health treatment programs are more important than ever.</p> <p>Education is a key component to ensuring residents know when they need to access help, what can be done to maintain healthy mental health and what to do for yourself and/or a loved one who is in a crisis. Having the information to access already funded public mental health treatment, when not in crisis, is vital in insuring (sic) that you have the mental strength to access them when needed.</p> <p>Access to information is different across the territory and</p>	<p>“Access to health care in remote and rural NWT has been a challenge for the health care system as a whole. Access to specialized services such as, paediatric trained developmental support services, are vital to our developing children and youth in ensuring that they grow into healthy and strong adults.</p> <p>It is as important to have access to a doctor as what (sic) it is to an audiologist or occupational therapist as they are a team of professionals that all work together for the wellbeing of the youth from birth into adulthood. Not addressing the identified needs of a child is neglecting our most vulnerable population.</p> <p>Attracting paediatric-trained developmental professionals to the north and providing regular travel to the remote locations, when local services are not available within that community, is imperative. Approaching and encouraging graduates to set up</p>	<p>“This question resonates strongly with me. Having a safe, warm, and healthy house is the beginning of a safe and healthy home, school, and community. Some of our remote communities still struggle to provide what I believe to be the basic necessities of life.</p> <p>Clean drinking water, affordable energy, and healthy food becomes even more important to children and families in poverty. Many studies has shown that if children are hungry they don’t learn, if children can’t learn they can’t better themselves or their communities, if you can’t better your community then change won’t happen. Overcrowding and lack of public housing units in many of the NWT’s communities is at a crisis point. Investing in sustainable food sources such as greenhouses; investing in sustainable energy sources such as wood pellets; and investing in adequate housing and education such as the apprenticeship</p>

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<p>partnering with local health centers, schools, media, recreation centers, and the bands is invaluable to ensuring that age appropriate information is distributed accurately and culturally sensitively to all residents of the NWT. You have to have a presence were (sic) children and youth are present.</p> <p>Funding to support these efforts is vital to its success. Getting residence involved in the process is vital to its success. Having different strategies to meet the different needs of the children and youth and tailoring the resources them is vital to its success.</p> <p>If elected, I plan on listening to the issues, consulting with those involved and working with the minister to best meet the needs of residence.”</p>	<p>a career and a life in the north will help with the continuity and trust of paediatric developmental providers.</p> <p>Educating local residence (sic) and encouraging education within the field of paediatric developmental services is something that should be encouraged at all levels of education. Being a nurturer is something that comes naturally to some and using that ability to benefit the children in your community and the residence (sic) within, could be of benefit to everyone. Some of the ways this could be accomplished would be to develop a program alongside the already existing programs within the health care field such as those offered at Aurora College.</p> <p>The caretakers of the children and youth that require paediatric developmental support services also need support and education to provide the ongoing treatment to their children. Ensuring that they understand the importance of the treatment or exercises or equipment will allow them to be</p>	<p>programs, allows for a children and youth to get involved and chose a different path. It allows for a vison towards the future.</p> <p>The youth are where we need to invest our time and energy in order to see a difference.”</p>
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		<p>confident in administering the treatment, benefiting the child in the long run. Having access to things like telehealth lines could allow for more support to families on short notice and help assess what services need to be put in place for a child and their family to be healthy.</p> <p>Healthcare is a team approach and for that team to succeed you need to invest financially where it counts.”</p>	
<p>Jan Vallilee (Yellowknife North)</p>	<p>“Too many health and social program areas are severely underfunded and understaffed. I’ve been very clear that my #1 priority for the next Assembly is the Health & social well being (sic) of all it’s (sic) citizens. We need to put far more focus and emphasis on the North’s people first and foremost.</p> <p>The GNWT must have a mental health patient care navigator to help residents navigate the bureaucratic systems in place. There needs to be a plain language information package for residents to access.</p>	<p>“We need to expand tele-health services in the North. This is such an underutilized piece of technology that could be a game changer for care. I was at the hospital when this technology emerged and recognized just how powerful this tool is and would change the way Northerners in the communities could be better served. Each major healthcare facility & nursing stations should have this technology in place.</p> <p>The NWT could also engage in agreements with SLP/OT/PT/Audiologists down south to offer support via secure video services. If they also have a</p>	<p>“This is not my area of expertise, but I commit to the CPS that I will work with other MLA’s to brainstorm ideas and engage with school staff, child/family services, social workers, NGO’s, teachers and community outreach workers. The people who are in the direct line of care.</p> <p>Addictive substance abuse can, in part, be circumvented with the proper education and messaging to youth at an early age. This message can start in the early childhood day homes and, more importantly, junior kindergarten. This messaging should Not stop there. The benefits of healthy</p>

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<p>Children need licenced (sic) daycare homes and there is a chronic shortage. This leads to some children being left in the care of unqualified/unlicensed day homes during their most susceptible years of growth. This needs to be a priority for the next government. I do not address this in my platform, but am 100% behind any initiative going forward.</p> <p>We must to (sic) do a much better job at both recruitment and retention of healthcare professionals and social workers. It's time for the GNWT to have a dedicated team going out to various job fair, universities and colleges to recruit staff. We also need to ensure staff remain in the North so need to offer better retention incentives.</p> <p>Unless we change the discussion the Leg, the government will continue with a heavier emphasis on infrastructure which is a necessity for economic growth, but it has to be scaled back. We are starting to face a crisis that must be addressed Now."</p>	<p>telehealth unit, this could be another way to access the services.</p> <p>We also need to recruit more staff, period! We need to do a recruitment drive for all medical and social positions, period!</p>	<p>lifestyle choices should be a part of every grade, every school."</p>
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Cory Vanthuynne (Yellowknife North)

<p>“Child and youth mental health is a complex issue that is impacted by several factors. Education, housing, social context all play a role as well as access to care and treatment.</p> <p>If elected as a member of the NWT’s Legislative Assembly I would work to strengthen child mental health care. I would raise awareness and provide leadership to create a shared commitment on a national, regional and community level. We need to engage individuals, their families and communities in an approach to transform our current mental health system. We need to provide policy guidance across all government departments that is based on a shared understanding of how multiple issues impact on child mental health. The current risk factors for compromised health (including mental health) go beyond the mandate of one Territorial government department and I would provide the platform and leadership to coordinate an effort by a (sic) many stakeholders to move on a</p>	<p>“In the Northwest Territories, we have a huge land mass and the population density varies dramatically, with the majority of the population concentrated in the lower communities. This create a big challenge for any type of government program or service. Health and education tend to be very emotional issues for people in this territory, communities can have polar opposite view on what we need to do to ensure that the more rural areas are not left behind when it comes to accessing supportive services like OT, physio, audiology and speech pathologists.</p> <p>In my view, there are a number of things we can try, in order to expand access to paediatric support services in the NWT. We can use emerging technologies like telemedicine to facilitate access to specialists. We could run outreach clinics from any of the rural hospitals in Inuvik, Yellowknife or Hay River for support services, so that people in their communities do not have to travel to larger centres to access these services. I think</p>	<p>“As you point out, addressing some key social determinants of health like housing, poverty and early childhood development go a long way in protecting future generations. I will provide leadership and move multiple social sectors toward action to help communities decide the best way to encourage healthier lifestyle choices (diet, exercise, drug and alcohol use) and protective practices like safe storage of firearms. In short, I will commit to plans and actions that are backed by evidence and modified to work for our unique northern context.”</p>
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	<p>more integrated approach to child and youth mental health.”</p>	<p>there is merit in considering embedding some of these services in schools by hiring teachers who are trained in specialty areas of childhood growth and development.</p> <p>In the longer-term we really need to address broader social barriers that stop specialists and specialty service providers from practicing in more rural regions. I think with representatives from groups like CPS we can develop a plan that addresses and incentivizes people to live and practice in rural settings. No by just paying higher salaries but creating communities that have vibrant cultures, good education for children and jobs for spouses that health works would have in urban parts of the country.”</p>	
<p>Gaeleen MacPherson (Yellowknife South)</p>	<p>“If elected, I would work to ensure that more partners are working together to ensure the health of a child. This includes not just having the Health and Social Services teams working together, but also including Education in this. Our children spend most of their time at school, and it is important to include the feedback of teachers</p>	<p>“Even for people living in Yellowknife, access to these services can be difficult. The remoteness of the majority of our communities exacerbates concerns for children and youth in these areas. If elected, I would advocate to have regular visits scheduled to each of the communities by each of the</p>	<p>“Healthy homes are critical to growing and developing children and youth into healthy adults. It is important that we have services available to families that address mental health and other issues that are impacting family relationships. There are a number of women’s and men’s programs geared towards</p>

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<p>and other school administrators in identifying issues, ensuring support is sought and agreeing on steps to take to move forward for the betterment of our children. Further, with the establishment of a Child & Youth Advocate office, we can better ensure that the needs of our children and youth are being identified and advocated for. Often times people don't know where to reach out to, so having this office will be instrumental to ensuring we are looking out for our children and youth."</p>	<p>specialists, as and when needs are identified.</p> <p>With the development of the new Polytechnic University coming to the North, we must focus on what medical-related programs can be offered at the school. Training Northerners to care of (sic) Northerners is the best course of action, considering the difficulties we often face in attracting people to relocate to Yellowknife. These won't be programs leading to people becoming medical doctors, but we have to offer nursing programs, or similar, that focus on these specialist areas so that much of the leg work can be done by these folks with final consultation with the doctors that come to the North periodically."</p>	<p>ensuring they are receiving the necessary support. With the Child & Youth Advocate office, we can ensure that the same is being provided for children and youth. Working together, we can then ensure that once family counselling, as an example, is being provided, all members of the family are prepared to be working together to address issues.</p> <p>Ensuring that the government is working with other potential funding partners to ensure breakfasts are available at school for those who may be going without is also important. I know of industry partners who provide funding to have fresh fruit shipped to remote communities to assist in these issues, but we need to do a better job as government in identifying who is doing what and how we can pull all of these stakeholders and interest groups together to perhaps implement programs a bit better so we are better utilizing all of the resources available.</p> <p>A related need that needs to be addressed here in the North is</p>
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			<p>addictions treatment – I am a strong advocate for a bricks and mortar treatment facility here in the North that doesn’t just address addictions treatment, but provides services that address the mental health issues that often result in dependency issues.”</p>
<p>Caroline Wawzonek (Yellowknife South)</p>	<p>“My vision is of an NWT that is prosperous, healthy and educated. We will not achieve long term economic prosperity without a population that is healthy and educated. And we will not achieve the best possibilities for education without a healthy population. The best opportunity to set a foundation of health for learners and future prosperity is with children. I believe children’s health outcomes, including mental health outcomes, must be a budgetary priority across departments including not only health but also social services and education.</p> <p>I have prioritized mental health within my platform and included the following ideas:</p>	<p>“My overall views on health care are that we should continue to prioritize prevention and patient-centered care and ensure that the delivery of service is organized and coordinated in a way that supports health care professional to have the time to build relationships with patients.</p> <p>Regarding the availability of medical specialists, I believe there are at least two different approaches that could each make an impact on this challenge:</p> <ol style="list-style-type: none"> 1) Recruitment and retention of staff; and 2) Increased use of “virtual” care using digital technology. <p>Recruitment and retention of staff to rural and remote locations is a challenge across Canada. I believe in the strength of NWT communities and I</p>	<p>“I believe supporting social determinants of individual health (such as safe housing, food security and social/family well being) as early in life as possible is the best way to improve the overall health, education and prosperity of the NWT. There is already great work happening in the NWT such as in the Indigenous Health Unit within the Health and Social Services Authority as well as the Arctic Indigenous Wellness Foundation in the non-profit sector.</p> <p>This approach is not without significant policy challenges because 1) the potential scope of social determinants is very wide; 2) there are immediate health-system challenges, such as physical infrastructure, that also need to be addressed; and 3) government budgets are finite.</p>

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<p> <ul style="list-style-type: none"> • Develop long term aftercare for addictions and mental health with community-based support networks and relapse-prevention. Establish mobile units of mental health professionals to circulate regularly within communities and shore up local networks. Utilize system navigators so that patients and their families get the best available programs and services. Maintain follow up statistics for continuous program evaluation and improvement. <p>Other areas where I believe will have a positive impact on resources for children and youth include:</p> <ul style="list-style-type: none"> - Continuing to work towards a health care system that is culturally safe for all Indigenous peoples; - More access to child/youth mental health specialists, including via telehealth or other digital/internet access options where appropriate; - Working with ECE and school boards to integrate mental health professionals and social </p>	<p>believe that working collaboratively, we can make headway on this challenge. Some ideas include:</p> <ul style="list-style-type: none"> • Healthy workplaces: leading by example and showing that decision making leadership is engaged with the needs and knowledge of front-line health care providers to enable them to better provide front line care • Community integration: support communities to set up their own welcoming and integration ideas to help newcomers integrate into the cultural and social community • Collaboration to address the overlapping social-determinants of health: better integration of social services, education and health can help build not only healthier citizens through direct intervention on social-determinants of health but can help provide healthy social and professional networks for 	<p>Nevertheless, as a policy goal, I believe if we commit to an overall approach that acknowledges the impact of social-determinants and the especially impactful window of childhood, we <u>can</u> begin to move our health and social services towards more towards (sic) prevention and whole-person health. To truly move this kind of whole-person, holistic vision forward we will need to be collaborative and cooperative when budgeting for the overlapping services and programs between departments.</p> <p>Some specific ideas:</p> <ul style="list-style-type: none"> • A spectrum of housing needs: I support efforts towards a full spectrum of housing options. There are federal funding opportunities but these often require a leveraging of partnerships. A good example is the Arnica Inn project led by the Yellowknife's Women's Society to create transitional housing options to which the
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<p>workers within school communities; and - Supporting team-based approaches that embeds mental health professionals into primary care settings so that early intervention is readily available.</p>	<p>all the professionals in these fields.”</p>	<p>GNWT is being asked for only a minor portion of the funding. I believe a similar partnership approach should be sought with the YWCA to rebuild the gap left after the Rockhill apartment fires that impacted families in transition. I also believe that any effort to increase the stock of housing options, particularly in communities outside of Yellowknife, must include public engagement to ensure that houses meet the cultural and social needs of the community. Finally, better collaboration between housing authorities and social or health care provides could support people to remain in their homes with a moderate level of supportive care rather than necessitating a premature move.</p> <ul style="list-style-type: none"> • Food security: lack of access to adequate, healthy foods – including country food – impacts
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		<p>both physical and mental health. Supporting access to traditional foods and being engaged with the Federal government to review whether the Nutrition North program is achieving its goals are two starting points I believe can help make progress on this challenge.</p> <ul style="list-style-type: none">• Education: the ongoing Education Renewal Initiative describes an approach to learning that enhances the school-community relationships and looks at the needs of the student as a whole-person (social, emotional, spiritual, intellectual and physical). This approach is in keeping with the model of health that looks at social-determinants of health. However, we cannot put these large health and social-system goals singularly on the shoulders of educators or school administrators. Education Renewal will
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		<p>only achieve its ambitious reorganization with intensive support from health and social service professionals.</p> <ul style="list-style-type: none">• Addictive substances: I have already replied to a survey from the Canadian Cancer Society indicating my support for efforts to educate and engage young northerners about the harmful effects of tobacco products. In doing so, I noted that any such efforts should to the greatest extent possible be designed and delivered by local NWT residents who are part of the target community.• Firearms: partner with Indigenous governments, community governments and local hunter and trapper associations to provide education on firearm safety including assistance with the issuance of trigger locks to firearm owners.
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