

White Paper: Addressing Mental Health Needs Post Evacuation in Yellowknife

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Executive Summary

As the community of Yellowknife grapples with the events of the 2023 wildfire season, the City and its Mayor, Rebecca Alty, are reflecting on how to build upon the resiliency and response demonstrated during last year's emergency events.

This White Paper was created for a course at the University of Toronto after a field visit to Yellowknife in June 2024. Mayor Alty invited a group of multidisciplinary students to learn about the 2023 wildfires and other intersecting events like homelessness and communication infrastructure in Yellowknife. Students were invited to participate in research and offer recommendations through the lens of their field of study.

The findings from the field visit and literature review used for this White Paper provide insight into the impact of the 2023 wildfires and evacuation on mental health, as well as the challenges faced by the residents, city staff, and service providers in the emergency management procedures. This paper specifically focuses on recovery, as the literature review identified mental health as a significant concern during the response and recovery phases of the emergency management plan. This also felt important because the community is still grappling with the aftermath of last year's events and is still in the process of recovery.

The following recommendations are intended to help ensure that the City of Yellowknife addresses and responds to the community's mental health needs through ongoing recovery and strengthen future emergency preparedness:

1. Develop and implement a communication campaign for mental health recovery post-disaster.
2. Organize a commemorative event for the first anniversary of the wildfire.
3. Establish a Mental Health and Wellness Recovery Working Group.
4. Develop an annual status report addressing mental health post-disaster.

Situating the Problem

2023 Wildfire Season in Yellowknife

The 2023 wildfire season in the Northwest Territories saw extreme drought, record temperatures, and unusually high winds, resulting in extreme fire behaviour (GNWT, 2024). The fires affected 4.1 million hectares of forest, burning an area the size of Switzerland and eventually causing the largest evacuation in the history of the Northwest Territories (Thomson, 2024a). Yellowknife, the capital and largest city in the territory, initially served as the reception centre for surrounding communities affected by the fire. However, on August 16, 2023, an evacuation order was called for the city of Yellowknife, giving residents 48 hours to leave (GNWT, 2023). Approximately 26,000 people, or two-thirds of the Northwest Territories, were evacuated during the 2023 fire season, 20,000 alone from Yellowknife (Thomson, 2024b). The fires were eventually managed, allowing residents to return to Yellowknife and surrounding communities. Although the fire caused minimal damage to homes, the large-scale evacuation, re-entry, and recovery phases have brought on some challenges.

Mental Health in the Northwest Territories

A high incidence of mental health and addiction continues to be a problem in the Northwest Territories. Across the territory, rates of substance abuse, suicide, and injuries are higher than the national average (GNWT, 2019). Social issues like poverty, homelessness, and loss of traditional lifestyle and culture are contributing factors to the high incidence of mental health and addiction issues (Elman et al., 2019).

Additionally, the territory faces challenges within the healthcare delivery system. Providing adequate mental health care is difficult due to remote and widely dispersed populations, harsh environmental conditions, and a lack of human resources. (Elman et al., 2019). Barriers to receiving adequate health services include a high cost of delivery, a shortage of healthcare providers, a limited offering of health services, and a need for more infrastructure (Elman et al., 2019). As such, addressing mental health and addictions remains a priority for the Northwest Territories Health and Social Services Authority (GNWT, 2019).

Although the health and social services department of the Government of the Northwest Territories is responsible for the mental health of all residents, the municipality of Yellowknife plays a key role in improving mental health outcomes for communities (FCM, 2023). There are

several social services, NGOs, and Indigenous governments that play a crucial role in providing mental health promotion, prevention, and community wellness services (Elman et al., 2019). Municipalities also have rich perspectives on the mental health needs of their residents and can identify the social challenges that are linked to mental health (FCM, 2023). Municipalities can enact policies to meet their local context, collaborate and integrate social services, advocate higher levels of government, provide health education, and promote well-being through the built environment (FCM, 2023).

Mental Health in Emergencies

Disasters can result in severe disruptions to the functioning of a community. They are often associated with significant physical and mental impacts, including life threats, loss of life, injury, property loss, disruptions in social support, and long-term disability (Naushad et al., 2019). Residents who are forced to evacuate from disasters have been shown to suffer even poorer mental health outcomes than non-evacuees (Karaye et al., 2019). This is attributed to several factors, including the physical, financial, and mental toll of leaving, the lack of support in evacuation centres, and the disruptions to pre-disaster routines (Karaye et al., 2019).

Almost all people affected by an emergency will experience some form of psychological distress or impairment to their mental health, but most will improve over time (WHO, n.d.). Despite this, disasters often reinforce social inequalities, which can worsen the mental health of marginalized individuals, and the risk of mental health conditions can get worse over time, which means those with pre-existing mental health conditions can be particularly vulnerable (WHO, n.d.). Further, the impact of these disaster situations can be felt for months or even years afterward. However, emergencies also present opportunities to establish or strengthen sustainable mental healthcare systems in the aftermath (WHO, n.d.).

Mental Health in Emergency Planning

During emergencies, mental health needs particular attention due to an increased incidence of mental health issues, a weakened health infrastructure, and challenges in coordinating agencies and actors providing mental health support (WHO, 2013). Mental health preparedness during a disaster can be crucial to protect individuals from long-lasting psychological effects from unexpected events (Roudini et al., 2017). Planning and preparedness involve identifying and addressing response capabilities, ensuring that communities can recover

sustainably over time and increase resilience to future emergencies (PHAC, 2024). Best practices suggest that recovery planning should be conducted before a crisis to ensure all considerations are included in supporting the community (KPMG, 2024; WHO, 2013; ISAC, 2022). In the recovery phase, emergency services may withdraw quickly, leaving people with inadequate resources to aid in their disaster recovery (WHO, 2013). Therefore, offering continued support and monitoring the long-term impact on affected populations can be crucial for recovery.

The importance of mental health and emergency planning has been well documented. Despite the critical role of governments in protecting residents, mental health preparedness is often overlooked in government responsibilities (Roudini et al., 2017). Regional governments and municipalities are crucial in managing mental health emergencies through coordinating service delivery, engaging in public communication, providing crisis intervention services, collaborating with health services, and facilitating community recovery programs (Roudini et al., 2017).

Methods

Research for this paper was generated through a field visit to Yellowknife, Northwest Territories, and a subsequent literature review. Primary data was obtained during the field visit using interviews and focus groups with government officials, service providers, residents, and indigenous leaders. An itinerary of the trip and names of individuals interviewed can be found in Appendix A.

The Mayor of Yellowknife, Rebecca Alty, invited a multidisciplinary group of graduate students from the University of Toronto for a field visit to study the events of the 2023 wildfires and the intersection between communication infrastructure, housing policy, and other issues as per the students' domain of study. The field visit occurred between June 24th and 28th, 2024, allowing each student to develop their research question throughout the week. Throughout the trip, ten formal interviews with community leaders were carried out, and the remaining research was generated through less formal structures, including a community roundtable, a lunch with city counsellors, and a site visit to an Indigenous research and learning centre.

Subsequently, a literature review was carried out using database searches of relevant search terms, grey literature searches, and revisions of government publications and documents. It should be noted that some of the research that informed this paper was obtained in informal conversations or interviews during the field visit and is not directly quoted in this paper. However, this research was invaluable in understanding the 2023 wildfires, representing the voices of community members, and informing the recommendations made in this White Paper.

Why is the Problem Occurring?

What We Heard in Yellowknife

The interviews and conversations had in Yellowknife are only a snapshot of the evacuation experience and the mental health impact of last year's emergency events. Nevertheless, the data collected during the field visit reveals essential trends in mental health.

Some key themes that emerged from the discussions:

1. The effects of wildfires and evacuations had a more severe impact on vulnerable people during emergencies and the recovery period.
2. Service providers played a crucial role during the emergency but faced significant challenges regarding mental health.
3. The evacuation considerably impacted the community, and these impacts are long-lasting.

1. The effects of wildfires and evacuations had a more severe impact on vulnerable people during emergencies and the recovery period.

Several leaders of social service organizations like the Salvation Army, the Yellowknife Women's Society, Home Base, and the Homelessness Specialist from the City of Yellowknife highlighted the significant impact of the evacuation on vulnerable individuals in the community. They mentioned that vulnerable people needed more time to arrange for medication and to set up mental health and addiction support in the city they were evacuated to. Additionally, it was noted that some homeless individuals were initially accommodated in hotels at the evacuation centers but were later expelled for violating the hotel's rules, leaving them in shelters or without housing. In addition, it was mentioned that limited coordination for re-entry led to a slow restart of services, leaving many people with inadequate support.

2. Service providers played a crucial role during the emergency but faced significant challenges.

Participants in the interviews mentioned that prior to the emergency, service workers operated in silos and lacked an effective communication system. Although they acknowledged improvements during the emergency, some felt things had regressed to the pre-crisis state. Additionally, several service providers pointed out a shortage of mental health professionals in

Yellowknife and increased staff burnout upon returning home. They also emphasized the heightened demand for services during re-entry and recovery, leading to maxed-out service capacity.

3. The evacuation considerably impacted the community, and these impacts are long-lasting.

Multiple community members have expressed that the trauma from the wildfires and evacuation is ongoing. Some shared anecdotally that approaching wildfire season and warmer weather brings about feelings of anxiety, and some people have mentioned that approaching the first anniversary of the evacuations has brought on additional stress. A need for consistent mental health support for the community throughout the emergency and specialized support for staff and emergency workers was mentioned. One service provider noted that even though city structures were unchanged, his Indigenous service users were struggling with the physical changes brought about by the fire breaks around the city. It was suggested that a community needs assessment, public information campaigns, and preparedness communication are needed.

Extent and Implications of Mental Health Recovery in the Post-Disaster Setting

The city of Yellowknife contracted KPMG to complete an After-Action Assessment to identify best practices demonstrated by the City's response to the 2023 wildfires and areas for improvement. The report's key findings were divided into three sections: mitigation and preparedness, response, and recovery. Themes of mental health emerged in the latter two sections: response and recovery.

During the response phase, the report identified a lack of coordinated, clear, and detailed communication between the city and the GNWT, which contributed to confusion and stress for the community. A survey identified that only 2% of respondents reported they had access to information about mental health services (KPMG, 2024). For vulnerable people, it states that there was not a complete understanding of the needs of unique populations, and limited measures were put in place to ensure the safety of vulnerable individuals during the response and re-entry (KPMG, 2024).

During the recovery phase, the report identified that the limited communication about information related to mental health resources was a barrier to community recovery (KPMG,

2024). Some community members said that information about re-entry and the recovery process was missing from public communications (KPMG, 2024). Some stakeholders also expressed concern for the lack of mental health support provided upon re-entry and recovery for the general public, those who supported vulnerable populations, and staff who worked throughout the emergency response (KPMG, 2024). Community members noted that there was no process for public debriefing and recovery from the evacuation (KPMG, 2024). Another key finding was that the city had not conducted planning for recovery and re-entry prior to the 2023 wildfire season (KPMG, 2024).

Although it is not uncommon for local jurisdictions not to have developed recovery plans prior to a disaster, long-term planning is vital for sustainable recovery (Rosenberg et al., 2022). Immediate and long-term recovery efforts are imperative to support communities affected by disasters and reduce the impact of mental health on individuals and the community (HEMBC, 2023). Evidence that mental health and psychological effects are pervasive for months or years after a disaster is well documented (HEMBC, 2023). As time passes, a natural retreat of service and resources occurs, but ongoing assessment and support are needed to protect individuals whose mental health may worsen long after the event.

Following a disaster, an individual's recovery is proportional to their capacity to recover from losses (Felix & Afifi, 2015). The capacity to recover from losses can depend on several factors, including personal resilience, a history of trauma, and the availability of support (Felix & Afifi, 2015). Things like social support can be imperative to mitigating the negative consequences of disaster (Felix & Afifi, 2015). As such, planning should move beyond just access to services and incorporate ways to strengthen community capacity through connectedness and hope (HEMBC, 2023). Consideration in recovery planning should encourage communities to participate in managing their recovery or engage in self-care. Additionally, opportunities and spaces to assist community members in building hope can be a powerful tool for recovery (HEMBC, 2023).

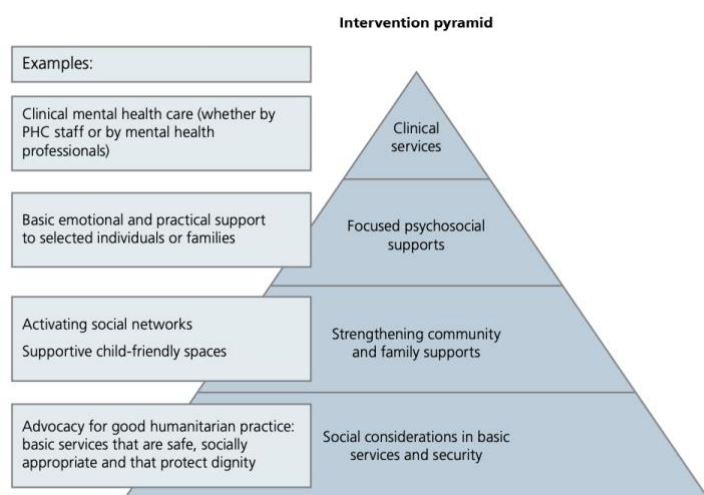
Disasters may present opportunities to “build back better.” Experience and expertise from the community, emergency workers, and service providers can help to redesign and reconstruct planning infrastructure (Rosenberg et al., 2022). Investment in recovery can help identify pre-disaster vulnerabilities, inequities, and injustices, make structural improvements through redevelopment and become more resilient to future threats (Rosenberg et al., 2022). Addressing

recovery involves pre-disaster, long-range, and transformational recovery planning efforts underpinned by community engagement (Rosenberg et al., 2022).

Best Practices

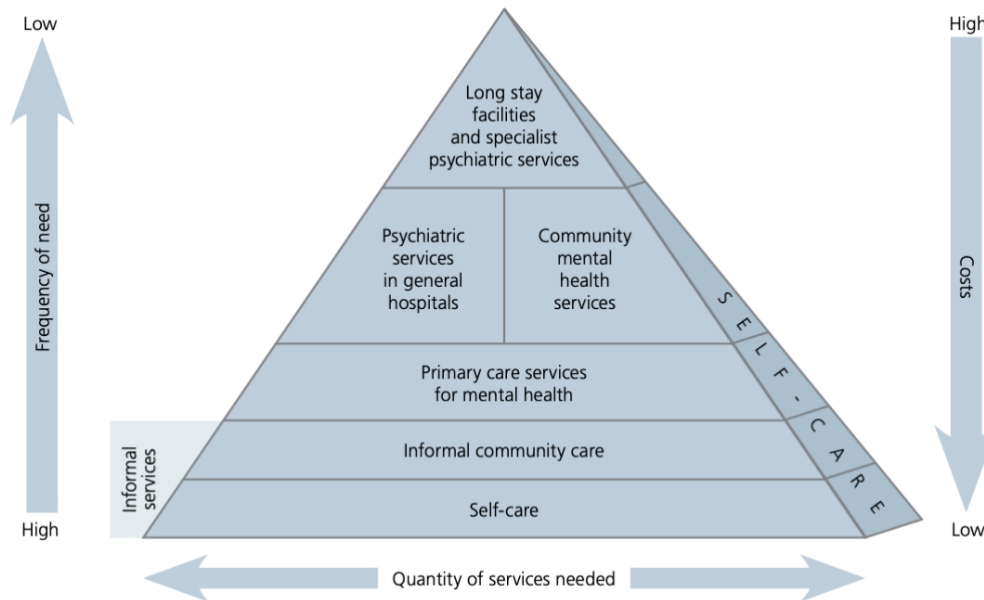
The Inter-Agency Standing Committee (IASC) Guidelines on Mental Health and Psychosocial Support in Emergency Settings provide evidence-based standards and guidance on mental health services and community support during emergencies (ISAC, 2022). These guidelines are consistent with other available evidence that people affected by emergencies have different support needs. The IASC guidelines are depicted in a pyramid, with services becoming more focused and specialized towards the tip. The layers of support aim to meet the needs of different people in a complementary manner and can become the basis for developing mental health care after emergencies (WHO, 2013).

Figure 1. The IASC interventions pyramid for mental health and psychosocial support in emergencies. *Source: Building Back Better (WHO, 2013).*



The WHO has also developed a Service Organization Pyramid based on the IASC pyramid but outlines the services needed to achieve mental health care for communities rebuilding from emergencies. It is also based on the idea that no single service can meet a population's needs and prioritizes services that are accessible in the community (WHO, 2013). It highlights the need for self-care, informal community care, and primary mental health care to be the levels where most care is located. Doing so follows the premise that only a small fraction of those exposed to the emergency will require more intensive services (WHO, 2013).

Figure 2. The WHO Service Organization Pyramid for an Optimal Mix of Services for Mental Health. *Source: Building Back Better (WHO, 2013).*



Health Emergency Management BC has developed a Disaster Recovery Toolkit for Community Mental Health and Wellness to help plan mental health recovery after disasters. Health Emergency Management BC is a program that runs under the Provincial Health Service Authority (PHSA) (HEMBC, 2023). The toolkit follows the IASC guidelines for mental health and psychosocial support to guide recovery planning in the immediate days post-disaster, the short-term (1-6 months), the medium-term (7-12 months), and the long-term (12-36 months) (HEMBC, 2023). These guidelines are evidence-based and offer actionable items that can be adjusted to meet the needs of local communities.

The policy recommendations in this White Paper are guided by best practices, inspired by the action items in the recovery toolkit, incorporate the research from the field visit in Yellowknife, and are tailored to work within the City of Yellowknife's capacities.

Recommendations

The following recommendations will ensure that the City of Yellowknife continues to support its community's long-term recovery while strengthening future emergency plans to address mental health needs.

1. Develop and implement a communication campaign for mental health recovery post-disaster.
2. Host an event to commemorate the anniversary of the disaster.
3. Establish a Mental Health and Wellness Recovery Working Group.
4. Develop an annual status report on mental health post-disaster.

Implementation

1. Develop and implement a communication campaign for mental health recovery post-disaster.

This recommendation aligns with immediate, medium, and long-term recovery goals and tiers one, three, and four of the MHPSS Intervention Pyramid: Basic Services and Security, Focused Non-Specialized Services, and Specialized Services.

Findings from this White Paper identified that a very small proportion of Yellowknife residents had information about where to access mental health services, and the limited communication about information related to mental health resources was a barrier to community recovery (KPMG, 2024). Effective disaster communication is crucial during a disaster to improve disaster-related outcomes and is the same during recovery (Houston, 2012). This recovery communication can help communities make sense of what happened and re-establish a sense of community (Houston, 2012; Houston et al., 2016). Additionally, empathetic and accountable communication can promote hope, problem-solving, and trust (Houston, 2012). This type of recovery communication can include activities that promote self-care, community events, and outreach about the availability of specialized services and programs (Houston, 2012).

Even though the provision of health services is not within municipal jurisdiction, communicating about mental health services can be a cost-effective and impactful way to promote meaningful change (Houston et al., 2016). It is recommended that the City of

Yellowknife develop and implement a communication campaign about mental health recovery leading up to the first anniversary of the 2023 wildfire and evacuations to promote recovery post-disaster. A communication campaign is a tool for disaster communication. It involves purposeful attempts to influence behaviour in large audiences using an organized set of communication activities (Houston et al., 2016). The goal of this campaign would be to promote wellness, support resilience, connect residents to services, facilitate community connection, and help residents make sense of the disaster (Houston, 2012).

This campaign could provide consistent messaging about mental health during disasters, distribute psychoeducation materials, and increase the availability of mental health and psychosocial support resources for residents leading up to the anniversary of the fire, a time when an increase in mental suffering is often observed. The campaign should offer practical tools for effectively managing stress and crisis. It should also emphasize the importance of reducing the stigma associated with seeking mental health support, disseminating information on the basic principles of Psychological First Aid, and highlighting available local resources. The campaign doesn't need to be extensive; it could be as simple as posting on the city's social media channels for a week, distributing educational materials about preparedness and safety at community events, or hosting a webinar about the connection between disasters and mental health. Running this communication campaign would demonstrate the city's concern and empathy for its citizens and could engage the community in planning and prevention efforts (Houston, 2012).

To make information more accessible to vulnerable people, the city could use strategies such as using multiple communication channels, clear and concise messaging, repeating the information, creating culturally appropriate materials, providing information in different languages, collaborating with trusted leaders and organizations, and giving regular updates. To support long-term recovery this campaign could also be run every year during fire season and tailored to meet the needs of residents throughout other disasters like flooding. Additionally, the promotion and communication about mental health should be tailored to the highs and lows of the recovery process (Schmidt & Cohen, 2020). For example, Figure 3 shows the average emotional reactions someone experiences following a disaster. Triggering events, such as anniversary reactions or trigger events, are typically low points but should provide opportunities to increase communication and mental health promotion (Schmidt & Cohen, 2020).

Figure 3. Emotional Impact Graph After a Disaster. *Source: Disaster Mental Health Community Planning: A Manual for Trauma-Informed Collaboration (Schmidt & Cohen, 2020).*



It is recommended that the City of Yellowknife develop and implement a communication campaign for mental health recovery post-disaster.

- Demonstrate concern and empathy for residents.
- Connect residents with social support and community resources that can support their mental health.
- Reduce the uncertainty of residents about normal reactions during recovery.
- Ensure residents have access to information about self-care and informal support following low points in the emotional impact graph.
- Inform residents where they can receive specialized support and services.

2. *Commemorative Event of the Wildfire Anniversary*

This recommendation aligns with medium and long-term recovery goals and all tiers of the MHPSS Intervention Pyramid.

Recovery after a disaster requires more than just replacing material losses. It also involves integrating the disruptive experience into individual and collective memory. Following a disaster,

communities engage in various methods of memory work, including public ceremonies, monuments, and individual storytelling, which can contribute to emotional recovery for the community (Moulton, 2015). These motives integrate individual and collective traumatic memories in a narrative framework, which helps to connect pre-disaster life to post-disaster recovery (Moulton, 2015).

Findings from this White Paper describe how community members noted that there was no process for public debriefing and recovery from the evacuation, and certain community leaders hoped for a way to recognize and thank the emergency workers who had aided during the emergency (KPMG, 2024). It is recommended that the City of Yellowknife hold a commemorative event upon the first anniversary of the wildfires and evacuation. This event can provide an opportunity for storytelling, healing, recognizing strengths, and promoting health, allowing community members to move forward together (Moulton, 2015). It should be noted that disaster anniversaries are usually periods of critical reflection and heightened anxiety and can provide hazard mitigation opportunities, especially within the first year (Moulton, 2015). Activities at this event may include a storytelling booth for sharing personal experiences, encouraging submissions of stories of resilience or triumph, or organizing a community resiliency walk.

It is recommended that the City of Yellowknife hold a commemorative event so that they may:

- Appreciate the community's spirit and recognize acts of service, courage, and resilience of residents, volunteers, and staff.
- Provide an opportunity to recognize community strength and resilience and allow residents to move toward recovery.

- Maintain a sense of agency rather than dependency by highlighting the community's resiliency.

Case Study: Merritt, British Columbia

The city of Merritt, British Columbia, held a Thank Your Neighbour Day to honour the people who took action to provide support or lend a helping hand during floods (City of Merritt, 2022). The event was hosted at the civic centre and had food, music, activities, displays, and resources. The event aimed to memorialize the tales of triumph and recovery and embrace kindness to neighbours. At the event, stories were displayed and then later sent to museum archives. A selection of stories was posted to the City's website. They offered content ideas, including funny anecdotes or the strangest thing you brought during the evacuation, stories of recovery or appreciation, acts of kindness, original artwork, and other stories honouring a supportive community's spirit (City of Merritt, 2022).

3. *Mental Health and Wellness Recovery Working Group*

This recommendation aligns with medium and long-term recovery goals and all tiers of the MHPSS Intervention Pyramid.

Working groups aim to establish and maintain a group with essential service providers, city representatives, territorial representatives, indigenous leaders, and other NGOs to address community wellness needs. Working group members can assist the local government in determining areas of need, providing applicable support, and monitoring the community's progress (ISAC, 2022). Working groups meet regularly throughout the disaster recovery phases (medium and long-term) and actively monitor the community's wellness needs and service delivery. They convene community leadership and help with action planning, resource sharing, and advocacy for resources needed for local action (Myre & Glenn, 2023). Additionally, the establishment and maintenance of a working group unite mental health workers across sectors instead of having disconnected groups working in silos (WHO, 2022).

The Handbook of Mental Health and Psychosocial Support Coordination, developed by the IASC, has a comprehensive guide for establishing and maintaining a technical working group (ISAC, 2022). A working group's components include building on existing structures, engaging

with various stakeholders, developing procedures to share information and coordinate services, advocating for resources when needed, mobilizing resources, and reducing power differences (ISAC, 2022).

The White Paper identified that organizations often found it unclear what resources the city could provide to vulnerable populations and what resources they were expected to provide independently (KPMG, 2024). Additionally, it noted a lack of information-sharing arrangements in mental health and social services (KPMG, 2024). As a result, it is recommended that the City of Yellowknife establish a Mental Health and Wellness Recovery Working Group. Members of the city of Yellowknife should chair the working group and should build on existing structures, such as the Coordinated Access Group for Homelessness.

While the territory is responsible for providing mental health care, a working group at the local level could have a greater insight and impact. Being close to the community would enable the group to better understand local needs, issues, and challenges related to mental health. This proximity would allow them to create tailored, targeted solutions addressing specific community concerns. Local governments could also collaborate more effectively with local service providers, enabling the group to provide timely interventions and integrate them into existing services. A working group at this level might also be more holistic, as local services can better develop culturally and contextually relevant interventions that are likely to be more effective. Social services are closely involved with vulnerable populations and are better positioned to identify and engage those populations in the discussion.

Planning should identify relevant stakeholders in the community that may want to be part of this working group and identify the main action priorities in the coordination and provision of mental health care. This group should meet regularly throughout the recovery periods and may disband when they feel the community's mental health needs have been adequately addressed and supported. The working group should have a strong focus on vulnerable people in Yellowknife who may have more needs for mental health and addiction services during the recovery process. Hopefully, this will create accountability for affected people and ensure equitable and effective collaboration to meet their needs (ISAC, 2022).

It is recommended that the City of Yellowknife Establish a Mental Health and Wellness Recovery Working Group so that they may:

- Monitor community status, local capacity, and the need for additional support and resources.
- Identify vulnerable populations in the community and the supports that can be mobilized to support their needs.
- Create accountability for affected people and ensure equitable and effective collaboration to meet residents' needs.
- Unite mental health workers and service organizations across sectors to avoid the disconnection of groups working in silos.

Case Study: Grand Forks, British Columbia

During the 2018 floods in Grand Forks, community leaders from public health, mental health, substance use, school districts, human services, housing, and law enforcement quickly formed a working group (Myre & Glenn, 2023).

A working group member shared, *“At the table, we would sit and identify an issue and then ask who at the table can throw something in, whether it's money, resources, personnel, running a group, direct action, piece by piece, who could do what.”* (Myre & Glenn, 2023).

4. Annual Status Report

This recommendation aligns with long-term recovery goals and all tiers of the MHPSS Intervention Pyramid.

Trust is recognized as a critical factor that can impact community response and recovery when confronted with disasters (Bonfanti et al., 2023). Community trust is a fundamental attribute of communities, implying confidence and belief in their capacity to engage in collectively accepted public endeavours (Bonfanti et al., 2023). Findings indicate that lack of trust negatively affects community resilience, which can impede access to resources and the disaster recovery process (Bonfanti et al., 2023). Additionally, trust in institutions positively correlates with adopting preparatory actions like insurance acquisition and policy adherence (Bonfanti et al., 2023).

During the field visit to Yellowknife, we heard that certain community members, especially vulnerable people, had lost trust in the city and would not evacuate again if one were called. The KPMG after-action assessment also described stakeholders lacking confidence and trust in the city's preparedness (KPMG, 2024). Although the decline in trust cannot be directly attributed to the failure to communicate about mental health services, the communication issues present an opportunity for the City of Yellowknife to address the concerns raised by community members after the disaster. It is suggested that the City of Yellowknife demonstrate its commitment to mental health during emergencies by producing an annual status report. This report should outline the city's goals and actions related to mental health planning and recovery, identify community needs, and highlight current initiatives. Such a report would help build trust by serving as a transparent commitment to mental health and recovery in Yellowknife. Furthermore, it could establish a model for other communities dealing with wildfires, evacuations, or disasters to follow when addressing mental health.

It is recommended that the City of Yellowknife develop an annual status report that includes ongoing initiatives and highlights the outstanding needs of the community so that they may:

- Highlight successes and ongoing initiatives in the recovery process.
- Provided transparency by engaging the community in risk, planning, and response discussion.
- Empower residents to take action around preparedness and planning.
- Establish the legitimacy of mental health needs following a disaster and serve as an example for other communities.
- Address the community's ongoing needs and act as a platform for advocacy for additional support.

- Create a commitment to the mental health needs and recovery of community members.

Case Study: Canterbury District Health Board, New Zealand

The Canterbury District Health Board released several reports on mental health and well-being following the 2011 Christchurch earthquake. They utilized a well-being index to track the progress of social recovery following the earthquake and used indicators to identify mental trends and issues as well as highlight resources (Canterbury District Health Board, 2016).

Conclusion

The 2023 wildfires and evacuation caused extraordinary challenges for the City of Yellowknife, stretching its capacity for an extended period. The unprecedented events offered an opportunity to strengthen planning and preparedness for future events. By engaging with external organizations like KPMG, they demonstrate their commitment to the health and well-being of their community.

Unfortunately, the events of last year's fires and evacuation had a significant impact on the mental health of Yellowknife residents. The lack of proper planning and strained communication hindered community recovery, adding more stress to a community that was already dealing with a mental health crisis before the disaster. Last year's events caused service providers to reach maximum capacity, created additional barriers for vulnerable populations, and put pressure on an already fragile healthcare system.

This White Paper stresses the need for ongoing attention to the mental health and recovery of Yellowknife residents and increased attention to long-term recovery planning. The report identifies recommendations that span the recovery phases and highlights the availability of community-based support, leveraging the municipal government's capacity. This report recommends developing and implementing a communication campaign for mental health recovery post-disaster, hosting a commemorative event on the anniversary of the disaster, establishing a mental health recovery working group, and developing an annual status report on mental health post-disaster.

Increased and sustained efforts to promote community mental health in Yellowknife will assist residents in their journey to recovery and help build resilience for responding to future disasters or emergencies.

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Appendix

Appendix A. *Yellowknife Field Visit Interview Itinerary*

June 24 th , 2024		
Interview	Craig MacLean	Director of Public Safety, City of Yellowknife
Interview	Rebecca Alty	Mayor of Yellowknife
Interview	Dan Ritchie	Homelessness Specialist, City of Yellowknife
Interview	Tammy Roberts	Executive Director, Home Base YK
June 25 th , 2024		
Interview	Emily King	Director, NWT Emergency Management Organization
Interview	Kieron Testart	Member, Northwest Territories Legislative Assembly
June 27 th , 2024		
Interview	Renee Sanderson	Executive Director, Yellowknife Women's Committee
Interview	Tony Brushett	Executive Director, Salvation Army
June 28 th , 2024		
Interview	Kerry Thistle	Director of Economic Development and Strategy, City of Yellowknife
Interview	Sheila Bassi-Kellett	Former City Manager, City of Yellowknife