



CLIENT SATISFACTION REPORT 2021

NWT COMMUNITY COUNSELLING PROGRAM

MAY | 2022

Government of
Northwest Territories

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English

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French

Kīspin ki nitawihtīn ē nīhīyawihk ōma ācimōwin, tipwāsinān.

Cree

Tłı̨chǫ yati k’èè. Dı wegodı newq dè, gots’o gonede.

Tłı̨chǫ

ʔerih̨t̨’is Dëne Sųłiné yati t’ a huts’elkér xa beyáyatı theʔq ɬat’e, nuwe ts’én yólti.

Chipewyan

Edı gondı dehgáh got’je zhatié k’éé edatłéh enahddhę nıde naxets’é edahłí.

South Slavey

K’áhshó got’ıne xədə k’é hederı ɬedıħtl’é yeriniwę nídé dúle.

North Slavey

Jii gwandak izhii ginjìk vat’atr’ijahch’uu zhit yinohthan jì’, diits’at ginohkhìi.

Gwich’in

Uvanittuaq ilitchurisukupku Inuvialuktun, ququaqluta.

Inuvialuktun

Ćeđa ɻuŋbΔc ɬRŁJΔRc Δp'ɻuŋc-ɬyłuŋ, ɬaɬuŋ-ɬaɬuŋ.

Inuktutit

Hapkua titiqqat pijumagupkit Inuinnaqtun, uvaptinnut hivajarlutit.

Inuinnaqtun

Indigenous Languages:

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Introduction

WHAT IS THE COMMUNITY COUNSELLING PROGRAM?

The Community Counselling Program (CCP) offers free counselling services to all residents of the Northwest Territories (NWT). Services include counselling, crisis intervention, referrals for treatment, follow-up, assessment, and aftercare. Community counselling positions are in 19 communities across all seven regions of the NWT, with telephone and fly-in services available to communities without a local counsellor. In response to the COVID-19 pandemic, virtual services were also introduced in 2020 to continue to provide counselling support to NWT residents. Virtual care is now a continued support option within the CCP.

The Child and Youth Care Counselling (CYCC) initiative was introduced beginning in the 2018-2019 school year. The CYCC initiative was launched to meet the need for enhanced access to mental health services specifically tailored to address the current needs of children and youth in the NWT. CYCCs provide direct services within educational contexts to enhance access to mental health supports for youth. CYCCs also have access to space in the communities to serve youth who may not be attending or engaged in schools. As of May 2021, the CYCC initiative is implemented in Thł̄cho, Dehcho, Sahtu, Beaufort-Delta, Yellowknife, Dettah, and Ndilq.

ABOUT THIS REPORT

The NWT CCP Client Satisfaction Questionnaire (CSQ) is part of the Department of Health and Social Services' monitoring and reporting system. Client Satisfaction is an indicator of the extent to which services and supports meet the needs of individuals and families and is considered a key dimension of service quality. The CCP CSQ is administered regularly, every two to three years. This is the fourth time this questionnaire has been administered in the NWT, with the previous three being done in 2013, 2015, and 2018.

This is the first time a targeted effort was made to include CYCC initiative service users in the CCP CSQ. Results of the CCP CSQ will be utilized to support monitoring of the CYCC initiative. Responses from children and youth, or their parents/guardians, who have experience receiving services from CYCCs will help inform satisfaction with the initiative.

This report presents an overview of respondent demographics, followed by reported levels of satisfaction with: Quality of Service, Access to Services, Respect of Needs and Preferences (important aspects of Cultural Safety), and Communication and Education. Findings are also presented on satisfaction with the CCP based on gender identity and racial identity.

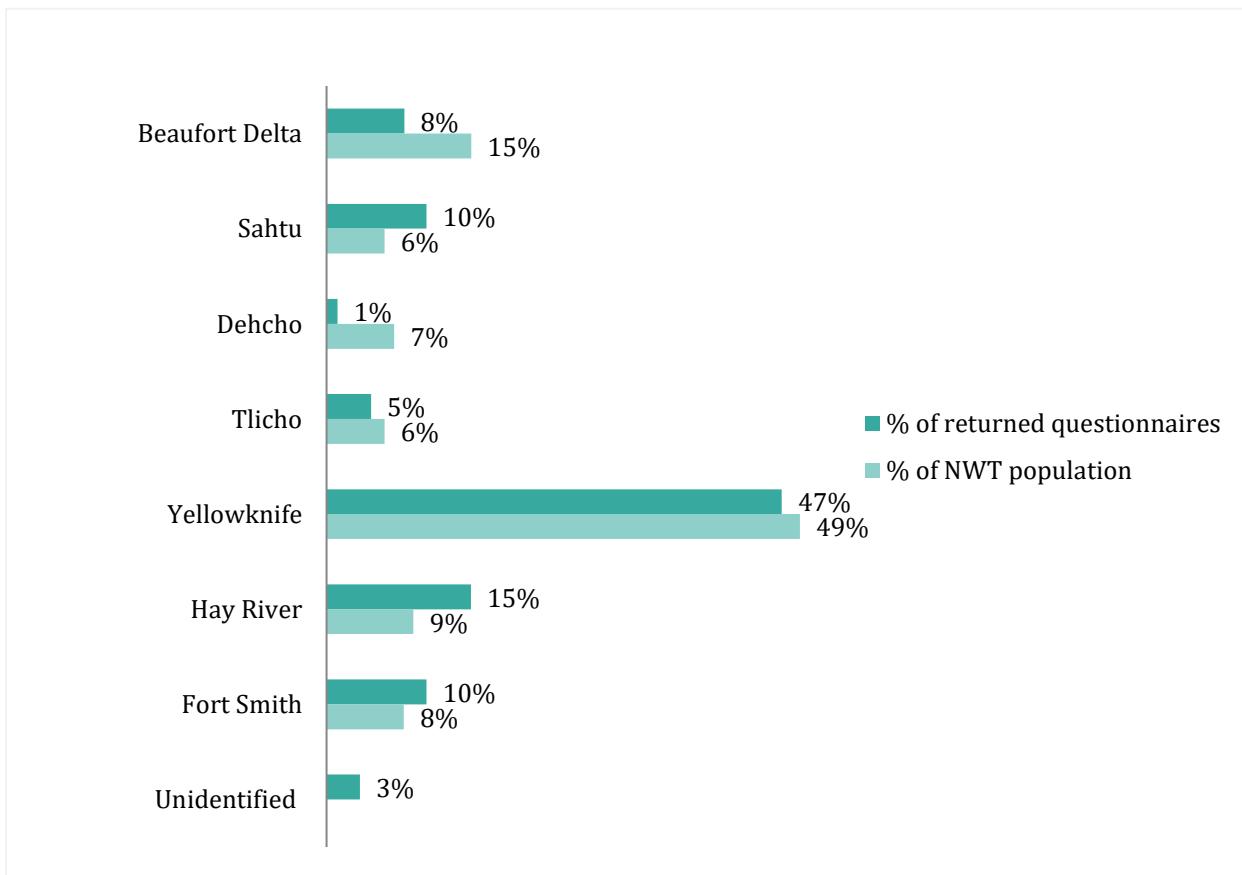
The report also presents findings on respondents' use of virtual care tools, and their interest in receiving more services through web-based applications. Lastly, this report provides information on what the CCP is doing well and what could be improved.

Feedback from CCP Service Users

A total of 109 questionnaires were returned, where 10 were paper-based and 99 were web-based. Of this total, 22 respondents indicated that they had last accessed the CCP more than two years ago, indicating that they were no longer service users of the program. To focus findings on the satisfaction of current services users, these respondents were removed from the final analysis for this report, resulting in a total of 87 respondents included in analysis.

This round of administration saw a decline in the number of paper-based questionnaires returned; however, there was a significant increase in the number of web-based questionnaires completed. Overall, the sample size was smaller in 2021 than in previous years. While there could be a variety of reasons for this reduction, factors such as the COVID-19 pandemic and respondent survey fatigue are likely factors. While a response rate cannot be reported because the total number of unique individuals who accessed the CCP during the administration period is not available, returned questionnaires represented every region across the NWT (Figure 1).

Figure 1: Returned questionnaires by region (N=87)



**Yellowknife Region includes N'dilo, Dettah, Lutselk'e and Fort Resolution*

Most respondents indicated that they received services from Community Counselling or CYCC (92%, n=88; Figure 2). Further, while some respondents saw a community wellness worker, most received services from a counsellor (77%, n=68; Figure 3).

Figure 2: Respondents accessing CCP by service type (N= 87)

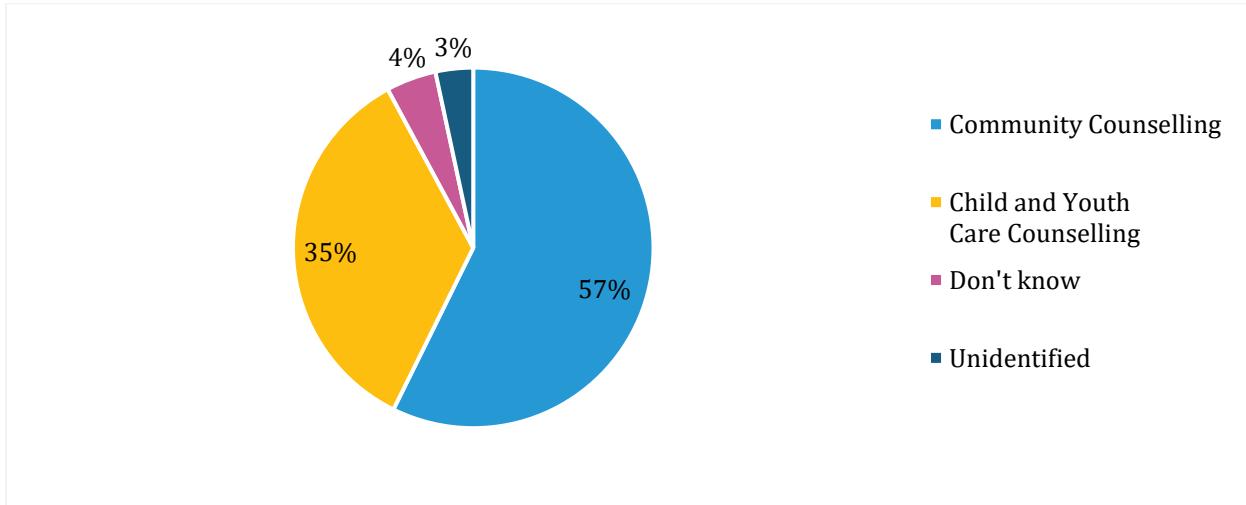
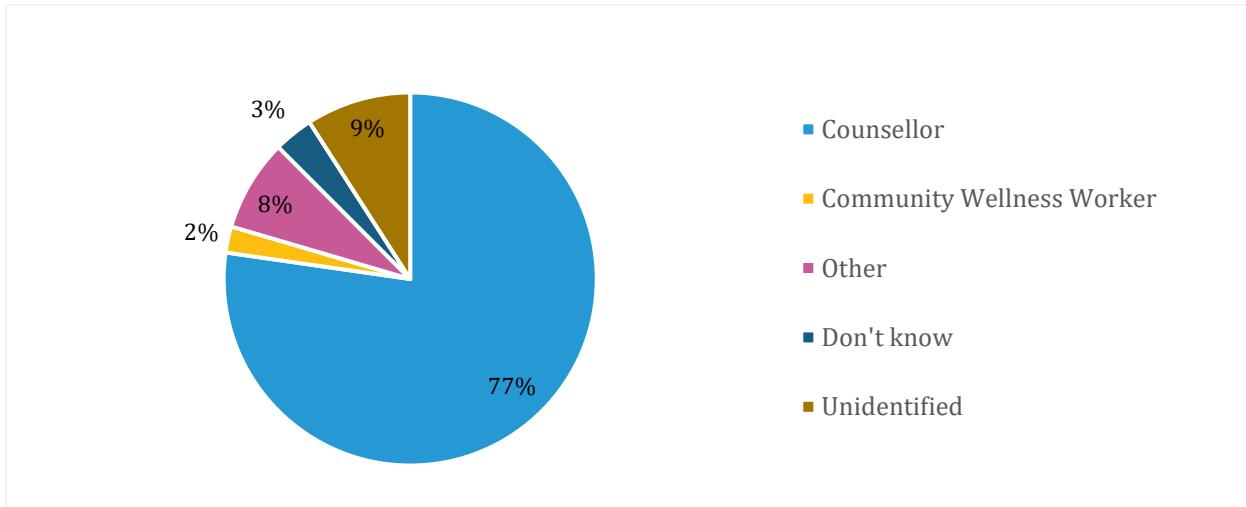


Figure 3: Respondents based on service provider (N=87)



To protect the confidentiality of individual respondents' personal information, data suppression has been adopted in cases where five or less responses were received for specific socio-demographic categories (e.g., age)¹.

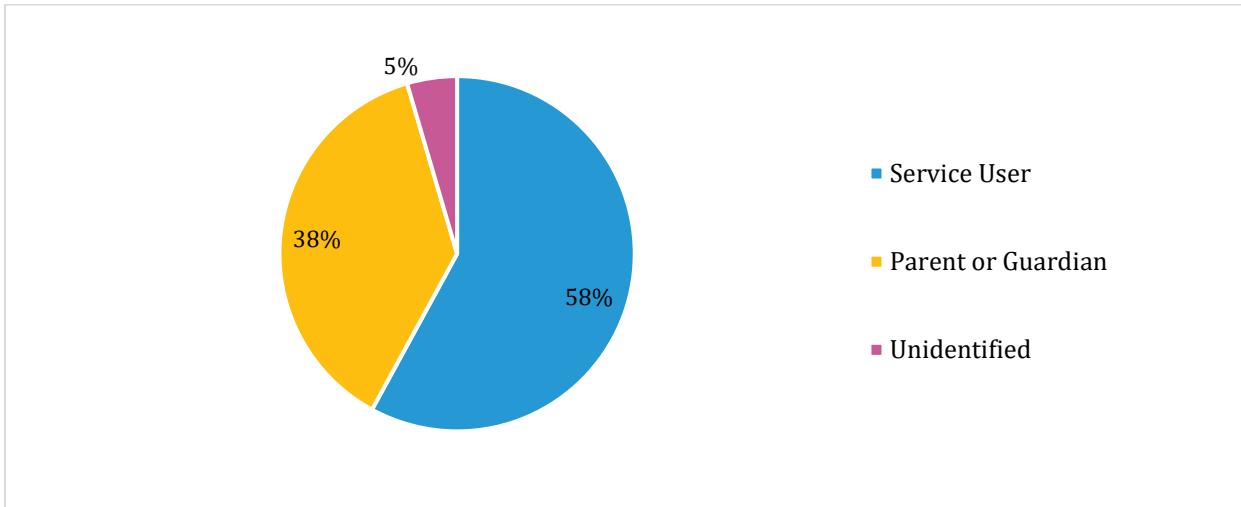
¹ Statistics Canada (2019). About the data, Census Profile. *Area and data suppression*.

SOCIO-DEMOGRAPHICS

The 2021 CCP CSQ was the first time a more concerted effort was made to collect socio-demographic data, including age, gender identity, racial identity, and region, from respondents. This change was made to enable data analysis by diverse subpopulations, which will provide the Health and Social Services System with a better understanding of mental health and well-being needs of the diverse residents within the NWT.

This round of administration was also the first time there was a focus on including individuals accessing the CYCC initiative in data collection. Youth accessing the CYCC initiative who are considered mature minors by their counsellor (i.e., youth who have demonstrated decision-making in other areas, who are capable of fully appreciating the nature/consequences of medical services, and can give legally effective consent²), were able to complete the questionnaire for themselves. In other cases (i.e., if the service user was not considered a mature minor), a parent or guardian would have completed the questionnaire on their behalf. Overall, most respondents were the service users themselves (58%, n=51; Figure 4).

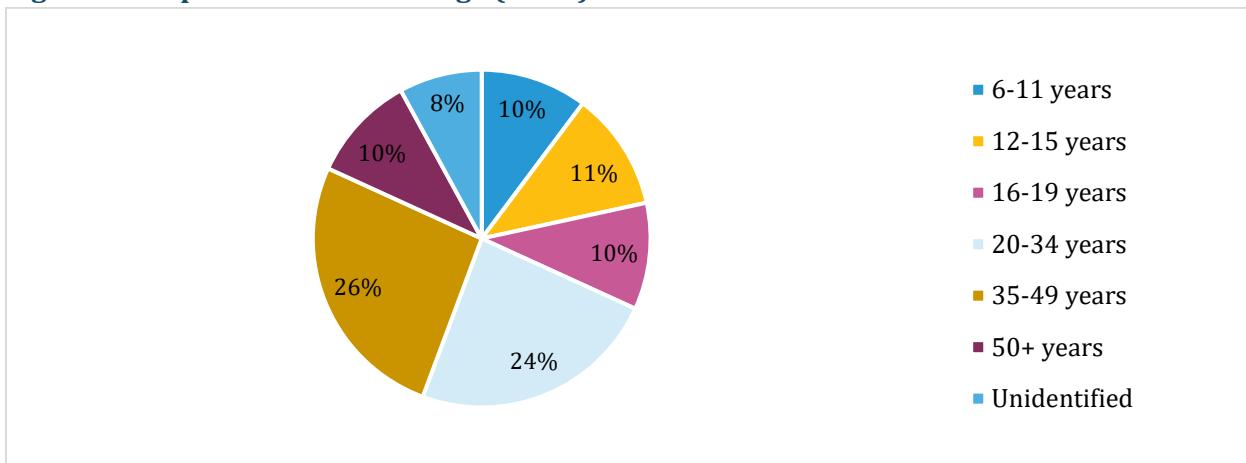
Figure 4: Respondent by respondent type (N=87)



All age cohorts, except those under 6 years old, were represented in the results, where almost half of the respondents (49%, n=43) were between 20 and 49 years old (Figure 5). Further, an almost equal ratio of Indigenous (47%, n=41) and non-Indigenous (48%, n=42) respondents participated in the questionnaire (Figure 6). Finally, the majority of respondents self-identified as women (68%, n=59; Figure 7).

² Coughlin, K.W. (2018). Medical decision- making in pediatrics: Infancy to adolescence. *Pediatric Child Health*. 23(2):138-146.

Figure 5: Respondents based on age (N=87)



Note: Due to sample size, respondents 50 years and older were grouped together

Figure 6: Respondents based on racial identity (N=87)

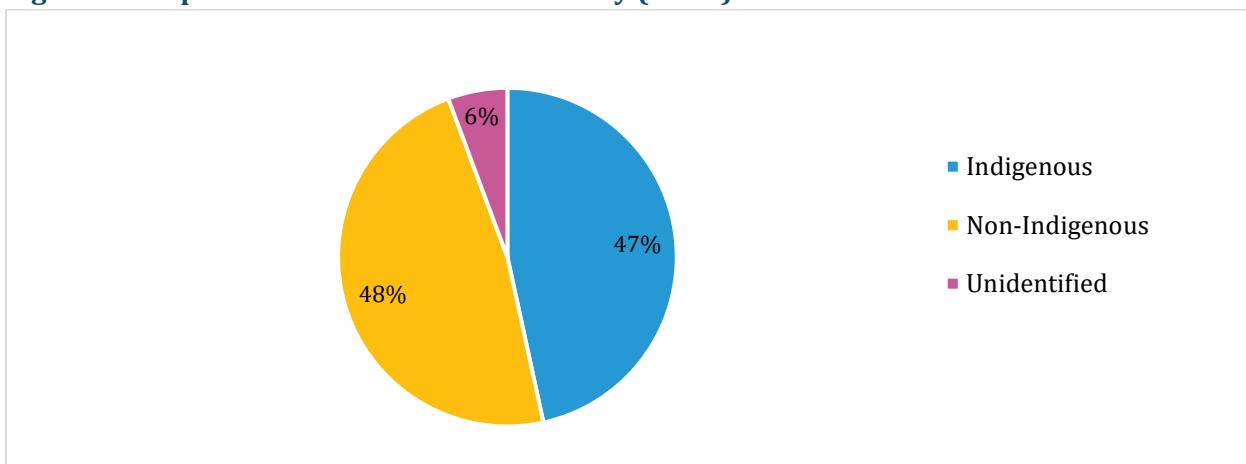
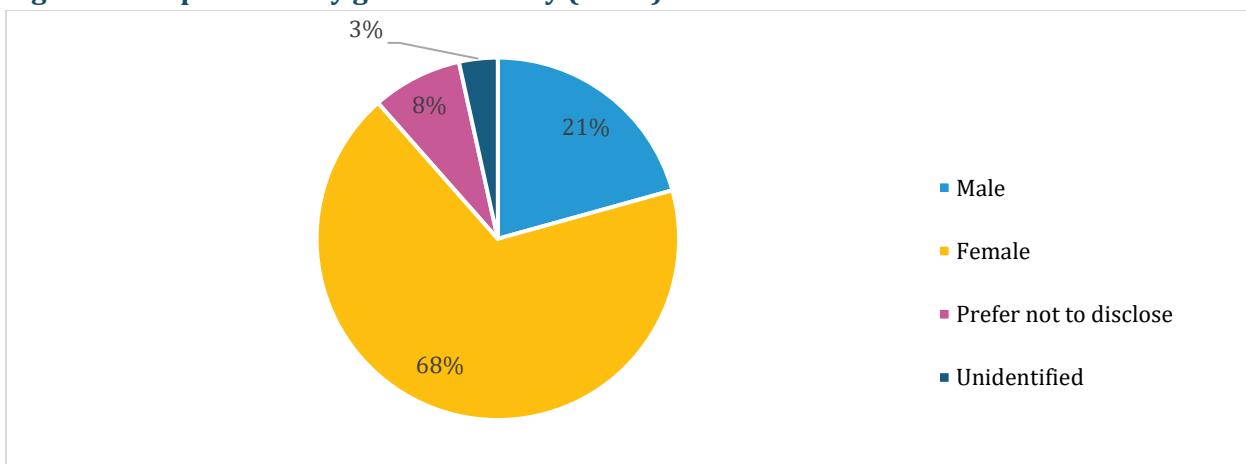


Figure 7: Respondents by gender identity (N=87)



Note: Results from individuals who identify as gender diverse cannot be reported on due to small sample size (n < 5)

Questionnaire Results

For each dimension of satisfaction with the CCP, overall satisfaction with each component of the dimension is presented. Next, an outline of reported satisfaction, based on gender identity and racial identity, is presented.

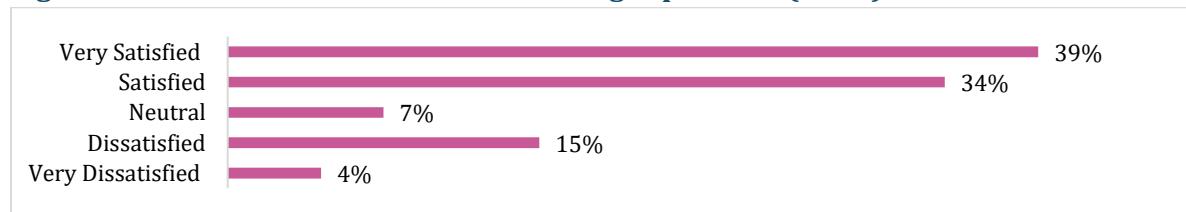
QUALITY OF SERVICE³

This dimension focuses on respondents' perceptions of the overall quality of the counselling service and environment⁴.

OVERALL COUNSELLING EXPERIENCE

73% (n=49) of respondents reported being satisfied or very satisfied with their overall counselling experience. However, 19% (n=13) of respondents reported dissatisfaction (Figure 8).

Figure 8: Satisfaction with overall counselling experience (N=67)



Overall, a higher percentage of men (86%, n=12) reported satisfaction compared to women (70%, n=33). Further, a higher percentage of non-Indigenous respondents (75%, n=21) reported being satisfied or very satisfied with their overall counselling experience. Additionally, in comparison to non-Indigenous respondents, a higher percentage of Indigenous respondents reported being dissatisfied or very dissatisfied (24%, n=9) with their overall counselling experience (Table 1).

Table 1: Satisfaction with the overall counselling experience based on gender identity (N=61) and racial identity (N=65)

	# of Respondents	Very Satisfied or Satisfied	Neutral	Very Dissatisfied or Dissatisfied
Gender Identity				
Women	47	70%	11%	19%
Men	14	86%	0%	14%
Racial Identity				
Indigenous	37	70%	5%	24%
Non-Indigenous	28	75%	11%	14%

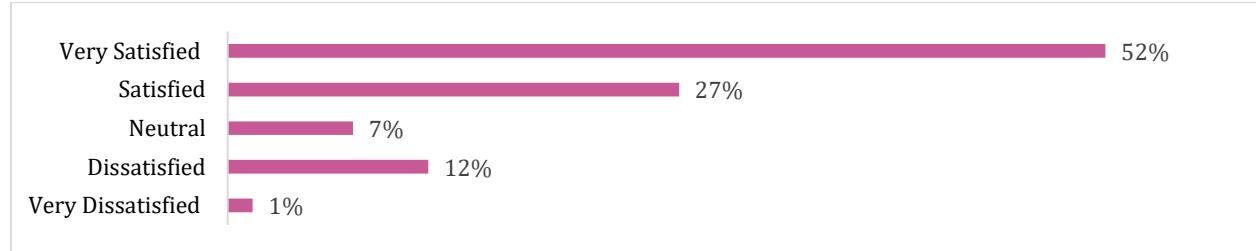
³ Respondents were given the option to skip any questions they chose not to answer. As a result, the total number of respondents (represented by 'N' in the title of each figure) may change for each question

⁴ Due to small numbers, data from respondents who indicated a gender identity other than woman or man, and data from respondents who did not provide their racial identity were suppressed when providing break downs in the Tables by these socio-demographic variables. As a result, the number of responses included in the Tables contained in this section of the report may not be equal to the number of responses as represented in the corresponding Figures for each question.

SKILLS AND ABILITIES OF COUNSELLOR

In total, **79%** (n=53) of respondents reported being satisfied or very satisfied with the skills and abilities of their counsellor (Figure 9).

Figure 9: Satisfaction with skills and abilities of counsellor (N=67)



Overall, all the men (**100%**, n=14) who responded to the questionnaire indicated they were satisfied or very satisfied with the skills and abilities of their counsellor but only **74%** (n=35) of women reported satisfaction, and **15%** (n=7) of women reported dissatisfaction.

When compared to Indigenous respondents, a higher percentage of non-Indigenous respondents (**86%**; n=24) reported being satisfied or very satisfied with the skills and abilities of their counsellor (Table 2).

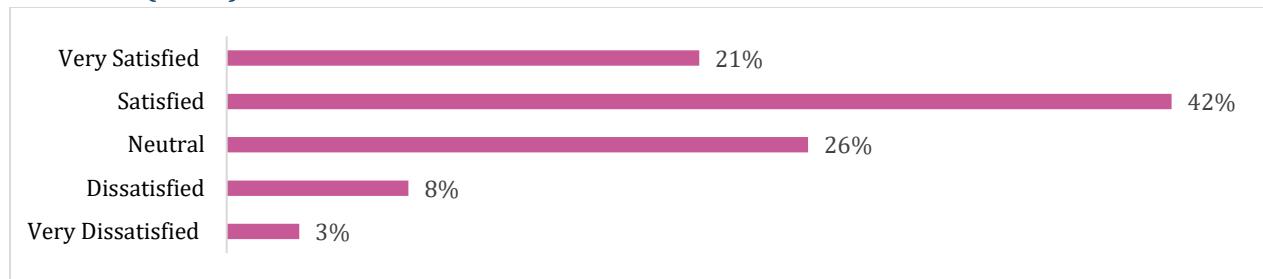
Table 2: Satisfaction with the skills and abilities of the counsellor based on gender identity (N=61) and racial identity (N=65)

	# of Respondents	Very Satisfied or Satisfied	Neutral	Very Dissatisfied or Dissatisfied
Gender Identity				
Women	47	74%	11%	15%
Men	14	100%	0%	0%
Racial Identity				
Indigenous	37	73%	8%	19%
Non-Indigenous	28	86%	7%	7%

CHANGES TO CONCERN THAT BROUGHT INDIVIDUAL TO COUNSELLING

63% (n=39) of respondents reported being satisfied or very satisfied with changes to the concern that originally brought them to counselling (Figure 10).

Figure 10: Satisfaction with changes to concern that originally brought you to counselling (N=62)



A high percentage of men who responded to the questionnaire (83%, n=10) reported being satisfied or very satisfied with changes to the original concern that brought them to counselling. In comparison, only 57% (n=25) of women reported satisfaction.

With respect to racial identity, 58% (n=19) of Indigenous respondents and 68% (n=17) of non-Indigenous respondents reported satisfaction with changes to the concern that originally brought them to counselling.

Further, there was high neutrality with this domain as 34% (n=15) of women, 25% (n=9) of Indigenous respondents, and 28% (n=7) of non-Indigenous respondents indicated feeling neutral about their satisfaction with changes to the concern that brought them to counselling (Table 3).

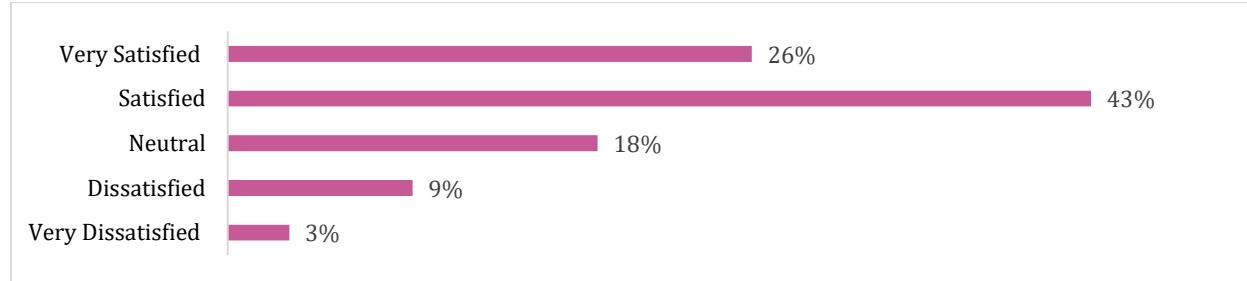
Table 3: Satisfaction with changes to the concern that originally brought the service user to counselling based on gender identity (N=56) and racial identity (N=61)

	# of Respondents	Very Satisfied or Satisfied	Neutral	Very Dissatisfied or Dissatisfied
Gender Identity				
Women	44	57%	34%	9%
Men	12	83%	8%	8%
Racial Identity				
Indigenous	36	58%	25%	17%
Non-Indigenous	25	68%	28%	4%

OVERALL LIFE CHANGES

Overall, **69%** (n=45) of respondents reported being satisfied or very satisfied with the overall changes in their life since starting counselling (Figure 11).

Figure 11: Satisfaction with overall life changes since beginning counselling (N=65)



A higher percentage of men (**86%**, n=12) reported being satisfied or very satisfied with overall life changes since beginning counselling compared to women (**65%**, n=30).

Compared to non-Indigenous respondents, a higher percentage of Indigenous respondents (**20%**; n=7) reported being dissatisfied or very dissatisfied with overall life changes since starting counselling. Further, both women (**24%**, n=11) and non-Indigenous respondents (**25%**, n=7) reported high neutrality with overall life changes since beginning counselling (Table 4).

Table 4: Satisfaction with overall life changes since beginning counselling based on gender identity (N=60) and racial identity (N=63)

	# of Respondents	Very Satisfied or Satisfied	Neutral	Very Dissatisfied or Dissatisfied
Gender Identity				
Women	46	65%	24%	11%
Men	14	86%	7%	7%
Racial Identity				
Indigenous	35	66%	14%	20%
Non-Indigenous	28	71%	25%	4%

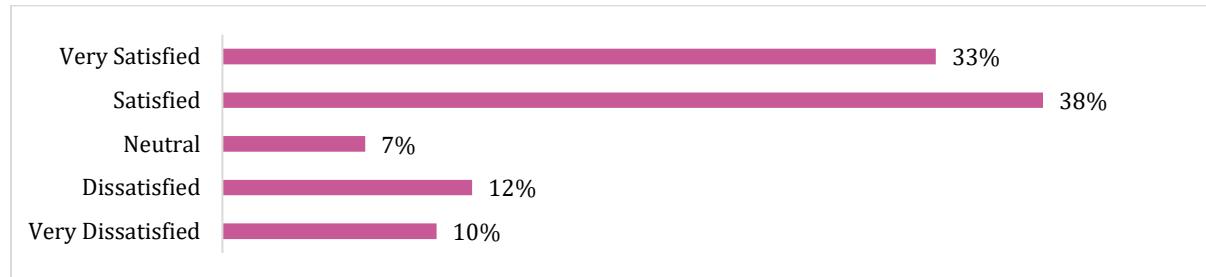
ACCESS TO SERVICES⁵

The quality of the counselling service is of little importance if the individual or family cannot access the service. Therefore, it is important to capture respondents' perceptions on program accessibility and availability⁶.

WAIT TIMES

72% (n=43)⁷ of respondents reported being satisfied or very satisfied with the wait times for counselling services (Figure 12). Further, it is important to note that **22%** (n=13) of respondents reported being dissatisfied or very dissatisfied with the wait times for counselling services.

Figure 12: Satisfaction with wait times for counselling services (N=67)



Among men, **85%** (n=11) reported satisfaction with wait times, compared to only **69%** (n=29) of women. Further, **21%** (n=9) of women reported dissatisfaction with wait times.

77% (n=24) of Indigenous respondents reported being satisfied or very satisfied with the wait times for counselling services, but only **63%** (n=17) of non-Indigenous respondents reported satisfaction. Finally, **30%** (n=8) of non-Indigenous respondents were dissatisfied or very dissatisfied with wait times (Table 5).

Table 5: Satisfaction with wait times for counselling based on gender identity (N=55) and racial identity (N=58)

	# of Respondents	Very Satisfied or Satisfied	Neutral	Very Dissatisfied or Dissatisfied
Gender Identity				
Women	42	69%	10%	21%
Men	13	85%	0%	15%
Racial Identity				
Indigenous	31	77%	6%	16%
Non-Indigenous	27	63%	7%	30%

⁵ Respondents were given the option to skip any questions they chose not to answer. As a result, the total number of respondents (represented by 'N' in the title of each figure) may change for each question.

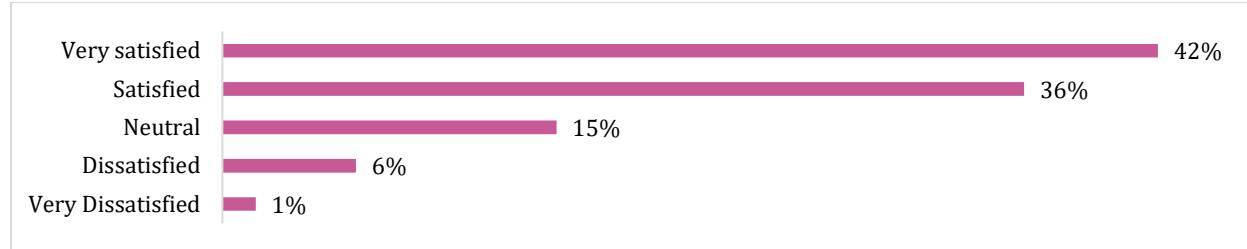
⁶ Due to small numbers, data from respondents who indicated a gender identity other than woman or man, and data from respondents who did not provide their racial identity were suppressed when providing break downs in the Tables by these socio-demographic variables. As a result, the number of responses included in the Tables contained in this section of the report may not be equal to the number of responses as represented in the corresponding Figures for each question.

⁷ Due to rounding, percentages presented in the graphs or tables may not be exactly equal to the value presented in the text.

LOCATION OF COUNSELLING SERVICES

78% (n=52) of respondents reported being satisfied or very satisfied with the location of counselling services (Figure 13).

Figure 13: Satisfaction with the location of counselling services (N=67)



A higher percentage of men 86% (n=12) compared to women (77%, n=36) reported being satisfied with the location of counselling services. Further, 81% (n=30) of Indigenous respondents and 75% (n=21) of non-Indigenous respondents reported being satisfied or very satisfied with the location of counselling services (Table 6). Finally, 9% (n=4) of women and 11% (n=4) of Indigenous respondents reported dissatisfaction.

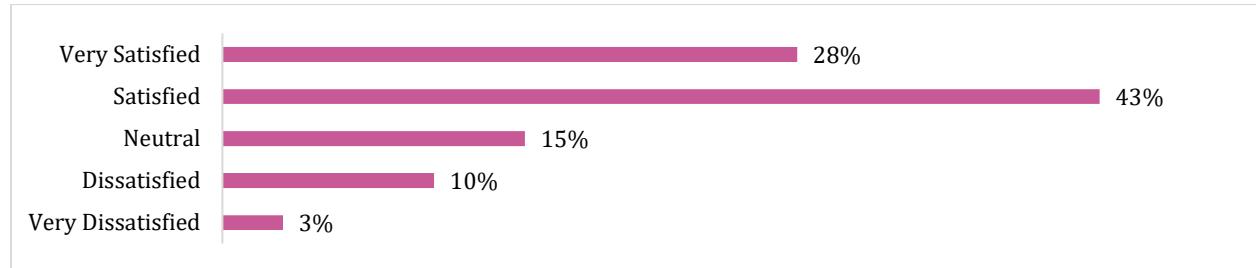
Table 6: Satisfaction with location of counselling services based on gender identity (N=61) and racial identity (N=65)

	# of Respondents	Very Satisfied or Satisfied	Neutral	Very Dissatisfied or Dissatisfied
Gender Identity				
Women	47	77%	15%	9%
Men	14	86%	14%	0%
Racial Identity				
Indigenous	37	81%	8%	11%
Non-Indigenous	28	75%	21%	4%

AVAILABLE HOURS OF COUNSELLING SERVICES

72% (n=48)⁸ of respondents reported being satisfied or very satisfied with the available hours of counselling services (Figure 14).

Figure 14: Satisfaction with available hours of counselling services (N=67)



Compared to women, a larger percentage of men (86%, n=12) reported satisfaction with the available hours of counselling services. Among Indigenous respondents, 78% (n=29) reported being satisfied or very satisfied with the available hours of counselling services. However, equal percentages of Indigenous (14%, n=5) and non-Indigenous respondents (14%, n=4) reported being dissatisfied or very dissatisfied with available hours of counselling services (Table 7).

Table 7: Satisfaction with available hours of counselling services based on gender identity (N=61) and racial identity (N=65)

	# of Respondents	Very Satisfied or Satisfied	Neutral	Very Dissatisfied or Dissatisfied
Gender Identity				
Women	47	68%	17%	15%
Men	14	86%	7%	7%
Racial Identity				
Indigenous	37	78%	8%	14%
Non-Indigenous	28	61%	25%	14%

⁸ Due to rounding, percentages presented in the graphs or tables may not be exactly equal to the value presented in the text.

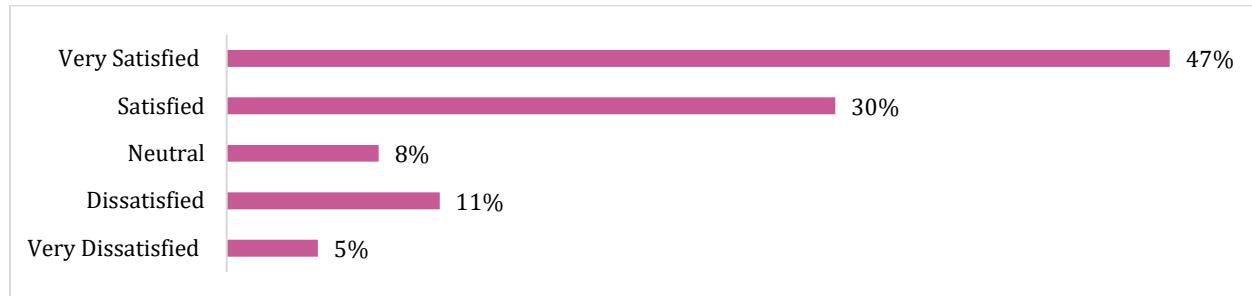
RESPECTING VALUES AND PREFERENCES⁹

This dimension of client satisfaction focuses on respondents' perceptions on respect for individual/family values, preferences, and needs while accessing the CCP. It further focuses on aspects of shared decision making and participation in the counselling process.¹⁰

RESPECT FOR INDIVIDUAL NEEDS, PREFERENCES AND VALUES

In total, **77%** (n=51) of respondents reported being satisfied or very satisfied with the counsellors' respect for their individual needs, preferences, and values (Figure 15). However, **16%** (n=10) of respondents reported dissatisfaction with respect for their needs, preferences, and values.

Figure 15: Satisfaction with respect for individual needs, preferences, or values (N=66)



A high percentage of men (**93%**, n=13) reported satisfaction with the respect shown for individual needs, preferences, or values. Additionally, a greater percentage of non-Indigenous respondents (**82%**, n=23) reported satisfaction compared to Indigenous respondents.

Lastly, **17%** (n=8) of women and **17%** (n=6) of Indigenous respondents reported being dissatisfied or very dissatisfied with the counsellors' respect for their individual needs, preferences, and values (Table 8).

Table 8: Satisfaction with respect for individual needs, preferences, or values based on gender identity (N=60) and racial identity (N=64)

	# of Respondents	Very Satisfied or Satisfied	Neutral	Very Dissatisfied or Dissatisfied
Gender Identity				
Women	46	74%	9%	17%
Men	14	93%	7%	0%
Racial Identity				
Indigenous	36	72%	11%	17%
Non-Indigenous	28	82%	4%	14%

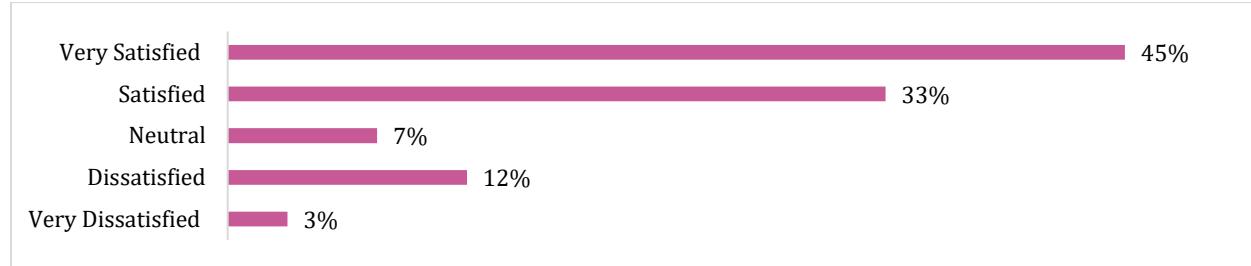
⁹ Respondents were given the option to skip any questions they chose not to answer. As a result, the total number of respondents (represented by 'N' in the title of each figure) may change for each question.

¹⁰ Due to small numbers, data from respondents who indicated a gender identity other than woman or man, and data from respondents who did not provide their racial identity were suppressed when providing break downs in the Tables by these socio-demographic variables. As a result, the number of responses included in the Tables contained in this section of the report may not be equal to the number of responses as represented in the corresponding Figures for each question.

INVOLVEMENT IN DECISIONS

78% (n=52) of respondents reported being satisfied or very satisfied with their involvement in decisions about their counselling experience (Figure 16).

Figure 16: Satisfaction with involvement in decisions about counselling experience (N=67)



Compared to women, a higher percentage of men (**93%**, n=13) reported being satisfied or very satisfied with their involvement in decisions about their counselling. Further, while no men reported dissatisfaction, **17%** of women (n=8) reported being dissatisfied or very dissatisfied with their involvement in decisions about their counselling experience.

Further, **14%** (n=5) of Indigenous respondents and **18%** (n=5) of non-Indigenous respondents reported being dissatisfied or very dissatisfied with their involvement in decisions about their counselling experience (Table 9)

Table 9: Satisfaction with involvement in decisions about counselling experience based on gender identity (N=61) and racial identity (N=65)

	# of Respondents	Very Satisfied or Satisfied	Neutral	Very Dissatisfied or Dissatisfied
Gender Identity				
Women	47	74%	9%	17%
Men	14	93%	7%	0%
Racial Identity				
Indigenous	37	81%	5%	14%
Non-Indigenous	28	71%	11%	18%

CONFIDENTIALITY

88% (n=58) of respondents reported being satisfied or very satisfied with the confidentiality of their personal information (Figure 17).

Figure 17: Satisfaction with the confidentiality of personal information (N=66)



Overall, a high percentage of men (**93%**, n=13) and women (**87%**, n=40) reported being satisfied with the confidentiality of their personal information. Similarly, **86%** (n=32) of Indigenous respondents and **89%** (n=24) of non-Indigenous respondents reported satisfaction with the confidentiality of their personal information (Table 10).

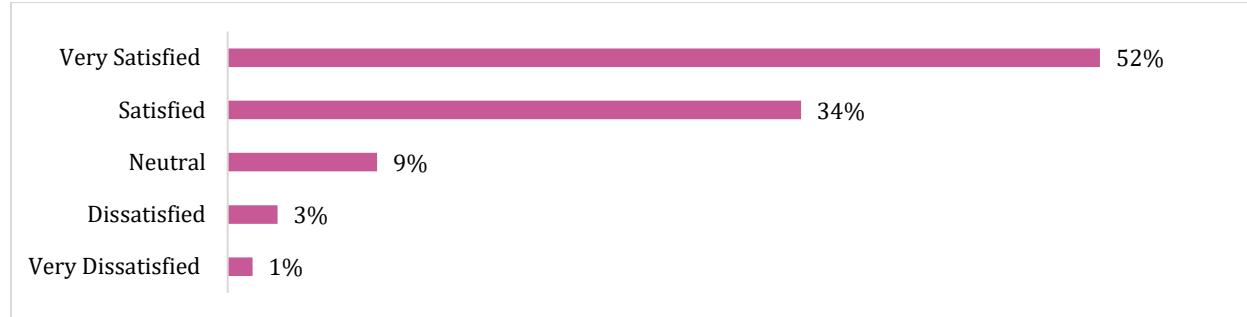
Table 10: Satisfaction with confidentiality of personal information based on gender identity (N=60) and racial identity (N=64)

	# of Respondents	Very Satisfied or Satisfied	Neutral	Very Dissatisfied or Dissatisfied
Gender Identity				
Women	46	87%	9%	4%
Men	14	93%	0%	7%
Racial Identity				
Indigenous	37	86%	8%	5%
Non-Indigenous	27	89%	4%	7%

SAFETY OF THE COUNSELLING ENVIRONMENT

87% (n=58)¹¹ of respondents reported being satisfied or very satisfied with the safety of the counselling environment (Figure 18).

Figure 18: Satisfaction with the safety of the counselling environment (N=67)



Both men (**86%**, n=12) and women (**89%**, n=42) reported high satisfaction with the safety of the counselling environment. Men reported higher neutrality with this domain (**14%**, n=2). Further, **93%** (n=26) of non-Indigenous respondents reported being satisfied or very satisfied with the safety of the counselling environment compared to **81%** (n=30) of Indigenous respondents (Table 11).

Table 11: Satisfaction with the safety of the counselling environment based on gender identity (N=61) and racial identity (N=65)

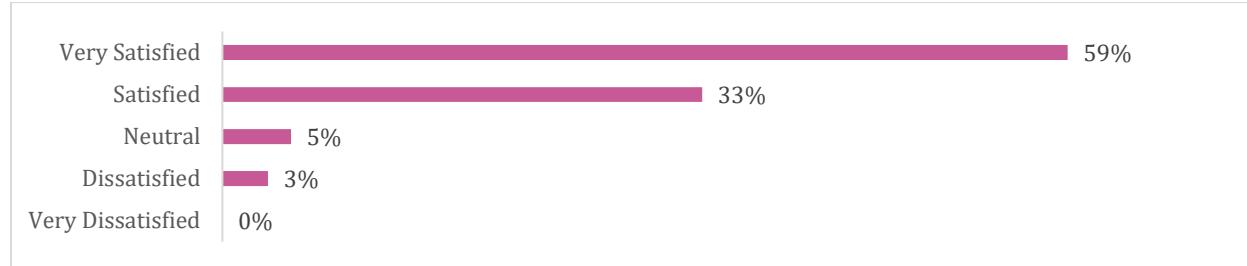
	# of Respondents	Very Satisfied or Satisfied	Neutral	Very Dissatisfied or Dissatisfied
Gender Identity				
Women	47	89%	9%	2%
Men	14	86%	14%	0%
Racial Identity				
Indigenous	37	81%	11%	8%
Non-Indigenous	28	93%	7%	0%

¹¹ Due to rounding, percentages presented in the graphs or tables may not be exactly equal to the value represented in the text.

COMMUNICATION IN PREFERRED LANGUAGE

92% (n=58) of respondents reported being satisfied or very satisfied with communication in a language they were comfortable with (Figure 19).

Figure 19: Communication in a language that you are comfortable with (N=63)



All men who responded to this survey reported satisfaction with communication in a language they were comfortable with (100%, n=14). A high percentage of women, (93%, n=41) also reported satisfaction with communication in a preferred language.

With respect to racial identity, 93% (n=26) of non-Indigenous respondents and 91% (n=30) of Indigenous respondents being satisfied or very satisfied with communication in a language they were comfortable with (Table 12).

Table 12: Satisfaction with communication in language respondents were comfortable with based on gender identity (N=58) and racial identity (N=61)

	# of Respondents	Very Satisfied or Satisfied	Neutral	Very Dissatisfied or Dissatisfied
Gender Identity				
Women	44	93%	2%	5%
Men	14	100%	0%	0%
Racial Identity				
Indigenous	33	91%	6%	3%
Non-Indigenous	28	93%	4%	4%

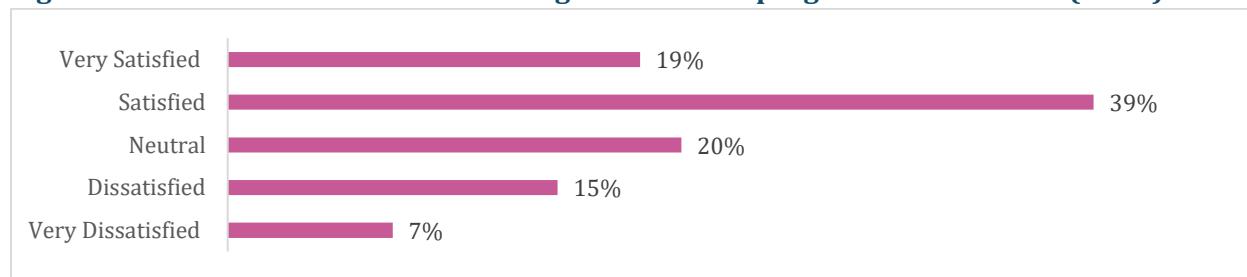
COMMUNICATION AND EDUCATION¹²

Given that communication is a key facet of the counselling process, it is important to understand respondents' perceptions on level of comfort while asking questions or voicing concerns with their counsellor. Furthermore, it is vital that the counsellor communicate with individuals or families to ensure there is an understanding of the counselling process and other available services.¹³

INFORMATION GIVEN ON OTHER PROGRAMS AND SERVICES

57% (n=31)¹⁴ of respondents reported being satisfied or very satisfied with the information given to them on other programs and services (Figure 20). In contrast, 22% (n=12) of respondents reported dissatisfaction with the information given on other programs and services.

Figure 20: Satisfaction with information given on other programs and services (N=54)



Only 51% (n=20) of women reported satisfaction with the information given on other programs and services available. Further, a high percentage of women (26%, n=9), Indigenous respondents (14%, n=4), and non-Indigenous respondents (25%, n=6) reported being dissatisfied or very dissatisfied with the information given to them on other programs and services (Table 13).

Table 13: Satisfaction with information given on other programs and services based on gender identity (N=50) and racial identity (N=52)

	# of Respondents	Very Satisfied or Satisfied	Neutral	Very Dissatisfied or Dissatisfied
Gender Identity				
Women	39	51%	26%	23%
Men	11	73%	9%	18%
Racial Identity				
Indigenous	28	61%	14%	25%
Non-Indigenous	24	54%	25%	21%

¹² Respondents were given the option to skip any questions they chose not to answer. As a result, the total number of respondents (represented by 'N' in the title of each figure) may change for each question.

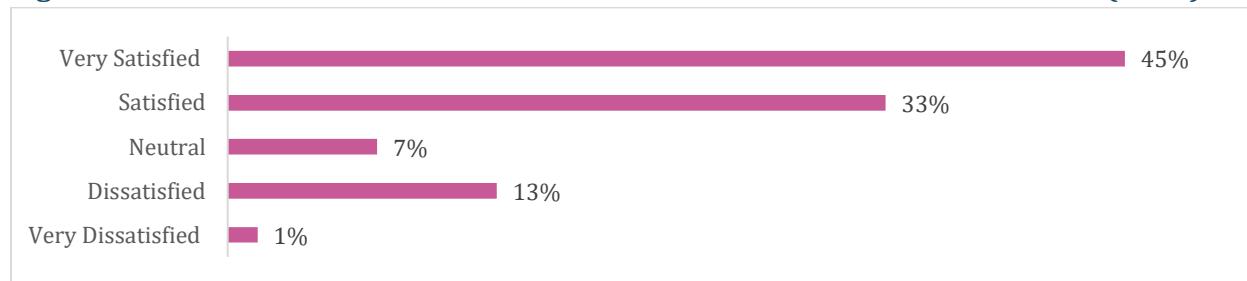
¹³ Due to small numbers, data from respondents who indicated a gender identity other than woman or man, and data from respondents who did not provide their racial identity were suppressed when providing break downs in the Tables by these socio-demographic variables. As a result, the number of responses included in the Tables contained in this section of the report may not be equal to the number of responses as represented in the corresponding Figures for each question.

¹⁴ Due to rounding, percentages presented in the graphs or tables may not be exactly equal to the value represented in the text.

LEVEL OF COMMUNICATION

In total, **78%** (n=52) of respondents reported being satisfied or very satisfied with the level of communication between them and their counsellor (Figure 21).

Figure 21: Satisfaction with level of communication between them and counsellor(N=67)



All men (**100%**, n=14) and **72%** (n=34) of women reported being satisfied or very satisfied with the level of communication between them and their counsellor. Further, a higher percentage of Indigenous respondents (**81%**, n=30) reported satisfaction compared to non-Indigenous respondents (**71%**, n=20).

However, it is important to note that **17%** (n=8) of women, **16%** (n=6) of Indigenous respondents and **14%** (n=4) of non-Indigenous respondents reported dissatisfaction with the level of communication between them and their counsellor (Table 14).

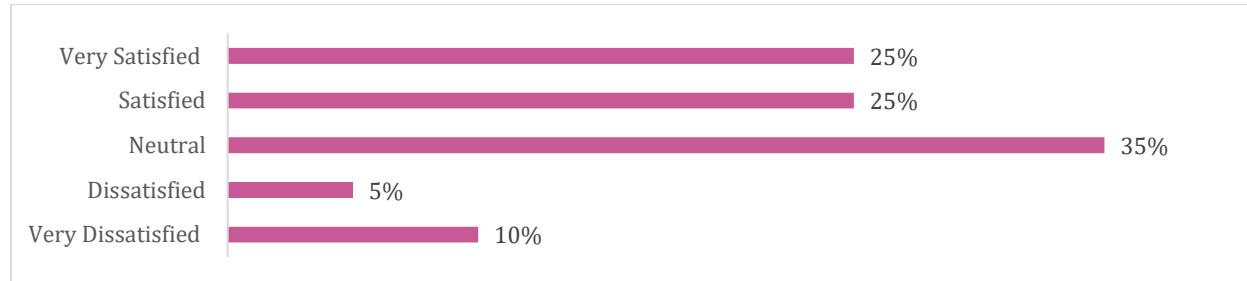
Table 14: Satisfaction with the level of communication with counsellor based on gender identity (N=61) and racial identity (N=65)

	# of Respondents	Very Satisfied or Satisfied	Neutral	Very Dissatisfied or Dissatisfied
Gender Identity				
Women	47	72%	11%	17%
Men	14	100%	0%	0%
Racial Identity				
Indigenous	37	81%	3%	16%
Non-Indigenous	28	71%	14%	14%

PROCESS TO REPORT A COMPLAINT OR CONCERN

50% (n=20) of respondents reported being satisfied or very satisfied with the process to report a concern or complaint (Figure 22).

Figure 22: Satisfaction with the process of file a concern of complaint (N=40)



Both this question regarding satisfaction with the process to report a complaint or concern, as well as the following question (i.e., satisfaction with how concerns or complaints were addressed) had lower response rates compared to the rest of the questions contained in the questionnaire. Specifically, of the 88 respondents, 40 respondents answered this question (45%). Moreover, many respondents felt neutral about the process to file a concern or complaint. Specifically, 43% (n=12) of women, 22% (n=2) of men, 26% (n=6) of Indigenous respondents, and 47% (n=7) of non-Indigenous respondents reported neutrality (Table 15).

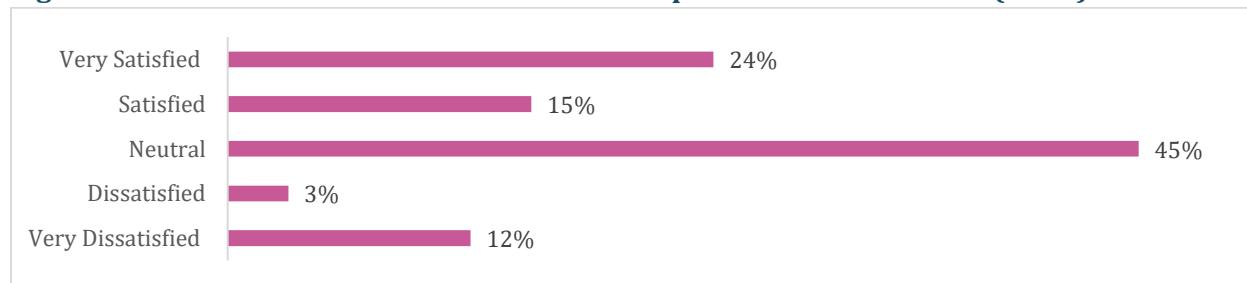
Table 15: Satisfaction with the process to file a concern or complaint based on gender identity (N=37) and racial identity (N=38)

	# of Respondents	Very Satisfied or Satisfied	Neutral	Very Dissatisfied or Dissatisfied
Gender Identity				
Women	28	43%	43%	14%
Men	9	67%	22%	11%
Racial Identity				
Indigenous	23	57%	26%	17%
Non-Indigenous	15	40%	47%	13%

HOW CONCERNs OR COMPLAINTs WERE ADDRESSED

39% (n=13) of respondents reported being satisfied or very satisfied with how their concerns or complaints were addressed (Figure 23). It is important to note that 45% (n= 15) of respondents reported neutrality with satisfaction with how concerns or complaints were addressed.

Figure 23: Satisfaction with how concerns or complaints were addressed (N=33)



Like the findings for *satisfaction with the process to file a concern or complaint*, many respondents reported being neutral in their feelings regarding satisfaction with how their concerns or complaints were addressed. Further, the sample size for this question was lowest compared to any other question (N=33). However, it is worth noting that 18% (n=4) of women and 19% (n=4) of Indigenous respondents indicated that they were dissatisfied or very dissatisfied with how their concerns or complaints were addressed (Table 16).

Table 16: Satisfaction with how concern or complaint was addressed based on gender identity (N=30) and racial identity (N=32)

	# of Respondents	Very Satisfied or Satisfied	Neutral	Very Dissatisfied or Dissatisfied
Gender Identity				
Women	22	32%	50%	18%
Men	8	50%	50%	0%
Racial Identity				
Indigenous	21	48%	33%	19%
Non-Indigenous	11	18%	73%	9%

VIRTUAL CARE

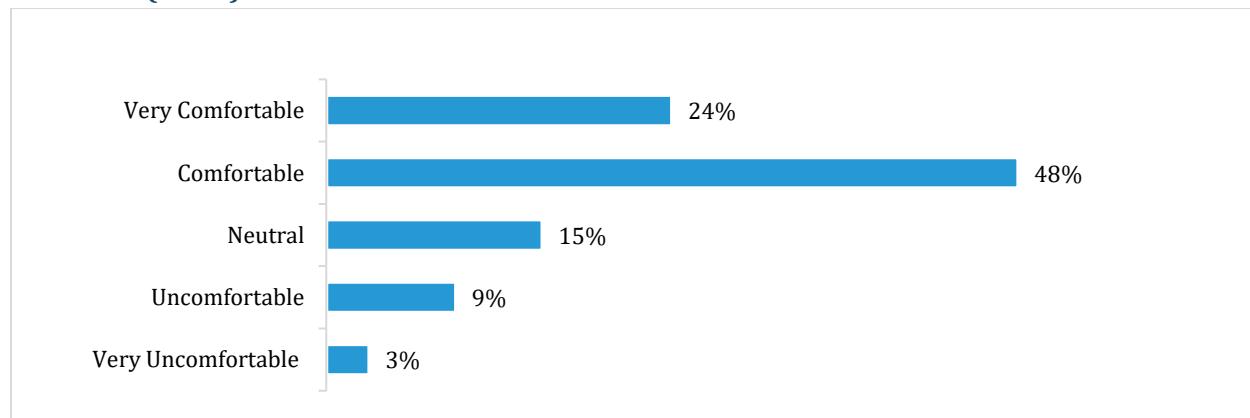
Virtual care gives people the opportunity to meet with a counsellor over the phone or through video, instead of having to physically go into a health center or office to see them. This has been an important shift during the COVID-19 pandemic as well as in our efforts to make services and supports more accessible to people on an ongoing basis. Of the 88 respondents, 33 (38%) indicated that they had used virtual care tools in the last 6 months. These respondents were then asked to specify which tool(s) they had utilized during that time. Most respondents had accessed virtual care via the telephone (Table 17)¹⁵.

Table 17: Use of Virtual Care Tools in the Last 6 Months

Virtual Care Tool	Respondents' Use of the Virtual Care Tool (N=33)
Telephone	81%
Video-Based Conferencing (e.g., Zoom)	30%
Web-Based (e.g., eMental Health)	3%
Apps	3%
Online	0%

When asked how comfortable they were utilizing virtual care tools, 72% (n = 24) indicated they were comfortable or very comfortable (Figure 24).

Figure 24: Respondents comfort level with utilizing virtual care for mental health services (N=33)



VIRTUAL CARE: OPEN-ENDED QUESTIONS

As a follow-up, respondents were asked whether they would like to continue using virtual care tools. In general, respondents indicated convenience and faster access as reasons why they would like to continue utilizing virtual care tools.

Respondents who were less interested in continuing to utilize virtual care tools noted the importance of face-to-face connection to receive the care they need.

¹⁵ Respondents were able to indicate more than one virtual care tool. As a result, the total number of responses may not equal 100%.

PREFERENCES FOR FUTURE PROGRAMMING IN APPS

Respondents were also given the opportunity to identify preferences for receiving more programming and services from the CCP through web-based, mobile, or computer applications. Respondents were asked to indicate their comfort with utilizing web-based applications. Overall, **67%** (n=38) of respondents reported being comfortable or very comfortable using Apps (Figure 25). Respondents were also asked if there were specific services that they would like to see available through web-based applications in the future. The highest response was for Family/Couples Counselling (**24%**, n=21), followed by Aftercare (**22%**, n=20), and Addictions Recovery (**18%**, n= 16; Table 18¹⁶).

Figure 25: Respondents comfort level with using Apps for mental health and addictions recovery support (n=57)

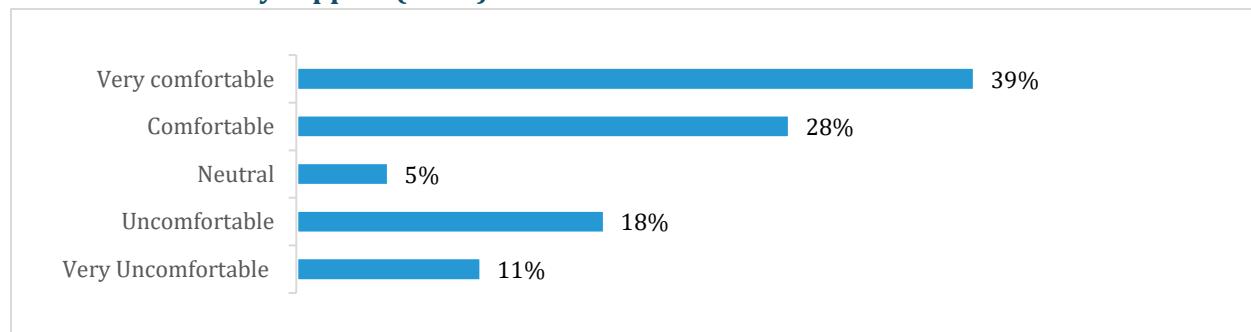


Table 18: Respondents' Preferences for Receiving Future Programming Through Web-Based Applications

Programming Option	Respondents (N=87)
Family/Couples Counselling	24%
Aftercare	22%
Addictions Recovery	18%
Group Counselling	12%
Don't Know	24%
Other	2%

¹⁶ Respondents were able to indicate more than one programming option. As a result, the total number of responses may not equal 100%.

FUTURE USE OF WEB-BASED APPLICATIONS: OPEN ENDED QUESTIONS

When asked to explain why or why not they would be interested in receiving more service through web-based applications, respondents had mixed feedback. Those who indicated that they would be interested in receiving more services through web-based applications cited convenience and the use of apps to supplement counselling as reasons:

“...it is very accessible and helps reduce stigma and discomfort...”

“...it would be accessible, and goals could be achieved outside of working with an in-person counsellor...”.

However, in many instances, respondents reiterated the importance of face-to-face connection when it comes to counselling support services:

“...not nearly as good a connection...may be helpful and convenient for follow-up”.

“For Dene people, building relationships is important- you can’t do that over apps...”

Further, respondents identified access to internet and concerns of their privacy as reasons why they would not be interested in receiving services through web-based applications.

OPEN ENDED QUESTIONS

WHAT ARE WE DOING WELL IN CCP?

When asked what individuals with experience accessing CCP, including CYCC, liked about the program, individuals most frequently cited satisfaction with the counsellors they saw. Respondents also appreciated that the program was easy to access and was free for NWT residents. Specifically, the introduction of same-day services territory-wide was noted as a positive change to the CCP, as well as the ability to access services remotely, including communicating with counsellors over the phone. A few people noted satisfaction with how the program referred them to other services for additional support and the safety of the counselling environment.

With respect to the CYCC program specifically, respondents mentioned the positive impact of having access to supports both in schools and in the community for children and youth. Further, some parents/guardians who responded to the questionnaire mentioned being grateful for the level of communication between themselves and the service provider regarding their child who was receiving counselling, and the positive impact the initiative has had on their child.

WHAT CAN WE IMPROVE IN CCP?

When considering what could be improved in the CCP, the most frequent response was with respect to increasing the amount and diversity of counsellors. Specifically, a need to increase the amount of Indigenous service providers to better meet the needs of the diverse population of the NWT was highlighted. Respondents also noted a desire for an increase in the number of counsellors available through the CCP as a response to the need for better follow-up with service users after appointments. Other suggestions included increasing the available hours of the program, including later hours during the week and weekend appointments, changing locations to improve privacy, and better communication with residents about how to access the program.

With respect to the CYCC program specifically, some respondents identified a want for better communication with parents, specifically about providing information about what the CYCC initiative is, and how children and youth can access it.

METHODOLOGY

The 2021 CCP CSQ was administered from May 25 to July 25, 2021, in all facilities offering the CCP program. For the first time, service users of the CYCC initiative were specifically targeted in administration. All individuals who attended an appointment were to be given the questionnaire once during the administration period. Further, the questionnaire was provided to various health centres and Non-Government Organizations who were interested in sharing the questionnaires with service-users and residents who access the CCP.

This was also the second year the CCP CSQ was available both as a web-based and paper-based questionnaire. The self-administered questionnaire was available in English and French and interpreter services were available through the Active Offer to those wanting to complete the questionnaire in another official language.

For the first time, questions regarding the use of virtual care tools, and respondents' comfort with utilizing virtual care tools and other web-based applications for mental health and wellness supports, were incorporated into the questionnaire. Additional socio-demographic questions were also incorporated into the 2021 version of the questionnaire to better collect data on diverse subpopulations in the NWT.

Improving collection of and reporting on socio-demographic data of service users may provide the Health and Social Services System with more information on the experiences and satisfaction of NWT residents. Unfortunately, due to the small sample size in this round of administration, it was not possible to report on individual satisfaction levels based on every socio-demographic variable collected. However, to give an overview of respondents' satisfaction of the CCP, satisfaction by gender identity and racial identity were highlighted.

Comments provided in response to open ended questions were analyzed for recurring themes, which informed the findings presented in this report.

LIMITATIONS

It is important to consider some limitations of this report. Firstly, the sample size was a limitation as it was small compared to previous years. Due to this, when comparing various sub-populations and satisfaction results year over year, it is not possible to draw definitive conclusions about whether differences in satisfaction with the CCP are due to actual differences or are due to chance.

Self-report biases may influence the results of this report. Specifically, social-desirability bias (i.e., responding in the way you think others want you to), and recall bias (i.e., when previous events are not remembered accurately), are potential limitations to this study¹⁷.

¹⁷ Althubaiti A. (2016). Information bias in health research: definition, pitfalls, and adjustment methods. *Journal of multidisciplinary healthcare*, 9, 211–217.