

A survey of workers' experiences during a pandemic

Consent

- * 1. This survey is designed to learn about **your experiences as a worker during a pandemic**. It is based on a number of scientifically-recognized questions that measure different aspects of job-related psychosocial conditions, along with symptoms related to intense stressful conditions and mood disorders.

The survey was put together by the Occupational Health Clinics for Ontario Workers (OHCOW), with help from researchers at the Institute of Work & Health and Duke University in North Carolina. We also had input from a number of health and safety union staff representatives, who told us about the concerns and questions raised by their members.

OHCOW is a non-government, not-for-profit organization with seven clinics across Ontario. Our goal is to protect and improve the health of working people by providing clinical and prevention services, including research.

We take part in, and share, research with policy-makers, workers and workplaces, clinicians, health and safety professionals, and the general public. OHCOW operates with support from the Ontario Ministry of Labour, Training and Skills Development (MOL). Our separate Board of Directors is accountable to the MOL for funding. For more information about OHCOW, our website (www.ohcow.on.ca).

Voluntary Participation

You do not have to participate in the survey. Any information you give today will be kept strictly confidential. You are free to skip any question you do not want to answer, and you can stop completing the survey at any time, with no consequence. The information you provide to us will not be given to others, including the MOL, the Workplace Safety & Insurance Board of Ontario or anyone in your workplace. We will never identify you in any way in any presentations or publications that result from this

project. Because we are not collecting any identifiable information, once you have submitted your survey, we will not be able to remove your responses from our database.

What are the risks?

There are no known significant risks if you participate in this survey. If you feel uncomfortable answering a question, skip it. We will keep everyone's information strictly confidential.

What are the benefits?

You may not receive any direct benefit from participating. However, information gathered from this survey will help us to better understand and address issues facing workers in a pandemic. We will share our findings publicly.

What about confidentiality and privacy?

All the information collected in this survey is confidential. Only the researchers directly involved in this project will see all the answers. The team will not keep any information that could identify you or others. All the data we collect will be stored on a secure server.

Your participation in this survey implies that you have consented to the use of your answers -- grouped with those from other people -- in reports or publications. We will present all reports or publications using the responses in a way that ensures no-one's identity is revealed.

We intend to use the data collected for research and to share with research organizations. The data, analysis and related information may be used in presentations, websites, and union, trade, and academic publications.

Questions?

If you have questions, please contact John Oudyk at joudyk@ohcow.on.ca

I accept these conditions and consent to continue this survey:

Yes

No

2. Filling out this survey more than once (things change!)

Needless to say, things are changing rapidly. We recognize that this survey is only designed to capture your current situation today, and that it might change drastically tomorrow. For this reason, we will keep the survey open in case you want to tell us about your experiences again at a later date.

For our analysis to make sense of multiple responses from one person, it would be very helpful to link your answers today with future responses. To maintain confidentiality, we need an identifier that you can easily remember and is meaningless to anyone else.

We are not tracking the computer, phone, or tablet you use for the survey. The only way we can link your responses is if you come up with a unique way to identify yourself.

We suggest using your **house number** (not the street name; and without the apartment number, if you have one) and the **last two digits of your phone number**. For example, if I live at 848 Main St. and my phone number is 905-549-2552, my ID code would be 848-52.

This will be an identifier that only you know (and can easily remember). It will also allow us to link your previous answers with those from a repeat survey you might do later on.

If you think you might want to complete the survey again sometime, or if you have already done so - please put your **ID code** here:

3. Is this the first time you have filled out this survey?

- first time
- second time
- filled it out more than two times

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Questions about how you are feeling

The following questions are about your own health and well-being. Please do not try to distinguish between symptoms that are caused by work and symptoms that are due to other causes. The task is to describe how you feel in general.

These questions are about your health and well-being during the past 7 (seven) days:

4. How often have you felt worn out?

- all the time
- a large part of the time
- part of the time
- a small part of the time
- not at all

5. How often have you been emotionally exhausted?

- all the time
- a large part of the time
- part of the time
- a small part of the time
- not at all

6. How often have you slept badly and restlessly?

- all the time
- a large part of the time
- part of the time
- a small part of the time
- not at all

7. How often have you woken up several times and found it difficult to get back to sleep?

- all the time
- a large part of the time
- part of the time
- a small part of the time
- not at all

8. On a scale from 1 to 10 how would you rate your **current level of fear** about this whole pandemic situation:

- 1 little to no fear at all
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 as much fear as I have ever felt!

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Questions about your moods

The following questions ask about thoughts, feelings, and behaviours, often tied to concerns about family, health, finances, school, and work over the **last 7 (seven) days**.

9. Feeling nervous, anxious, or on edge

- not at all
- several days
- more than half the days
- nearly every day

10. Not being able to stop or control worrying

- not at all
- several days
- more than half the days
- nearly every day

11. Little interest or pleasure in doing things

- not at all
- several days
- more than half the days
- nearly every day

12. Feeling down, depressed, or hopeless

- not at all
- several days
- more than half the days
- nearly every day

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Contact with co-workers/public

The next questions are about your work environment.

If you are working, please answer thinking about your **current situation**.

If you are not working right now because of the pandemic, please answer thinking about how **your workplace** was just **before you stopped working**.

13. How much **contact** do you have **with co-workers** (i.e., anyone else who is working in the same organisation)? (Check all that apply)

- direct contact (i.e., touch others)
- within 6 feet/2 metres
- in a room (more than 6 feet/2 metres away)
- work in the general area where they are present
- visit other areas where they are present, as part of my work
- share entrances, cafeteria, washrooms, locker rooms, etc.
- none that I am aware of

14. How much contact do you have **at work** with the **public or others** (e.g., clients, customers, students, others who are not co-workers)? (Check all that apply)

- direct contact (i.e., touch others)
- within 6 feet/2 metres
- in a room (more than 6 feet/2 metres away)
- work in the general area where they are present
- visit other areas where they are present, as part of my work
- share entrances, cafeteria, washrooms, locker rooms, etc.
- none that I am aware of

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Are you exposed to COVID-19 through your work?

If you are working, please answer thinking about your **current situation**.

If you are not working right now because of the pandemic, please answer thinking about how **your workplace** was just **before you stopped working**.

15. **How many workers** in your workplace or organization are infected with COVID-19 (suspected/presumed and/or confirmed)?

- none
- only one
- 2-5
- 6-10
- 11-20
- 20-50
- more than 50
- don't know

16. **If you work in an institution** (e.g., group home, homeless shelter, correctional facility), **how many people** with whom you work or in the building(s) (i.e., **not co-workers**), are infected with COVID-19 (suspected/presumed and/or confirmed)?

- none
- only one
- 2-5
- 6-10
- 11-20
- 20-50
- more than 50
- don't know

Other (please specify)

17. Have you **experienced any of the following** (Check all that apply):

- told you had contact with someone at work who had, or was later diagnosed with, COVID-19 (e.g., a client, customer, student, member of the public)
- told you had contact with someone diagnosed with COVID-19 outside of work
- told to work despite exposure
- told to work despite feeling you were not adequately protected from COVID-19 risks
- experienced symptoms like those for COVID-19
- told to work despite those symptoms
- told to self-isolate
- tested for COVID-19
- tested positive for COVID-19
- submitted forms for workers' compensation for getting COVID-19 at work

Other (please specify)

18. **How concerned** are you about **bringing the virus home** to those with whom you live and/or friends?

- extremely concerned
- very concerned
- concerned
- some concern
- little concern
- no concern

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Questions about infection prevention measures in your workplace

The following questions look at the **prevention measures, procedures, or supports** currently **available** to you, and **how effective** they are.

If you are **working** because of the pandemic, please answer thinking about your **current** situation. If you are **not working**, answer question #18, and go to question #29.

(Some may not be relevant to you. If that is the case, answer whatever applies or choose "not applicable" and go to the next question.)

19. Does your employer have an **infection control program**?

- Yes
- No
- Don't know

20. What kind of **personal protective equipment (PPE)** is **available** to you? Is it **appropriate**?

	appropriate type AND adequate supply	appropriate type AND inadequate supply	inappropriate type AND adequate supply	inappropriate type AND inadequate supply	needed BUT not available at all	not sure/ don't know what is appropriate	not applicable
Gloves	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eye protection/goggles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Face shield	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gown or coveralls	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Soap and running water	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hand sanitizer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Surgical masks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
N95 masks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Regular (half/full face cartridge) respirators	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PAPR's (Powered air particulate respirators)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

21. How long has it been since you were **fit-tested** for a respirator?

- within the last month
- within the last 6 months
- within the last year
- 1-2 years ago
- 2-5 years ago
- 5+ years ago
- never been fit-tested
- not applicable

22. Do you feel sufficiently **trained** to **don and doff** (put on & take off) **your PPE** without contaminating yourself or others?

- I have not received such training
- I have been trained but do not feel confident
- I have been trained and feel somewhat confident
- I have been trained and feel confident
- I have been trained and feel very confident

23. Has your employer imposed any of the following **restrictions on the supply of PPE** (Check all that apply)?

- prohibition - refused to supply a certain type of PPE
- restricted access - needing permission to use specified PPE
- extended use of PPE - beyond the normal use
- re-use your own PPE
- re-use PPE previously worn by others

Please name the type of PPE that your answers apply to:

24. How confident are you in your ability to adequately **assess your personal risk?**

- very confident
- confident
- somewhat confident
- little confidence
- no confidence at all

25. How confident are you in your ability to adequately **assess your need for personal protective equipment (PPE)?**

- very confident
- confident
- somewhat confident
- little confidence
- no confidence at all

26. If denied appropriate PPE, which statement best characterizes how you feel about **exercising your right to refuse dangerous or unsafe work**?

- that option is legally not available to me
- definitely not
- not likely
- perhaps, in an extreme situation
- probably, if I considered the risk significant
- definitely, I would not hesitate

27. What other kinds of **prevention measures or procedures** are available? Are they **implemented**?

	appropriate and adequately implemented	appropriate but inadequately implemented	inappropriate implementation	lacking	not sure/ don't know what is appropriate	not applicable
Infection control program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reporting procedures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Training about the program and reporting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Training about (new) cleaning, sanitizing and disinfection procedures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Working alone or in isolation procedures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increased ventilation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical barriers between you and others (e.g., plexiglass)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Isolation of people you serve (e.g., those in group homes, prisons, other institutions)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Airborne Infection Isolation Rooms (AIIR) (in institutions like prisons)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	appropriate and adequately implemented	appropriate but inadequately implemented	inappropriate implementation	lacking	not sure/ don't know what is appropriate	not applicable
Place to change to/from work clothes and shoes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staggered schedules	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical distancing procedures from clients/customers/students/etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical distancing procedures from fellow workers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Regular cleaning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sanitizing food preparation surfaces	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disinfecting high-touch surfaces and objects	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Laundry for work clothes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Laundry for work-related materials	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Waste disposal practices (e.g. managing contaminated waste such as disposable PPE)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ergonomic help to set up home work spaces (training, tip sheets, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify)	<input type="text"/>					

28. Is your **temperature being checked** before you can enter your workplace or start work?

- Yes
- No
- Not applicable

29. How would you rate the **adequacy of your training** in regards to working safely in the COVID-19 pandemic?

- excellent
- very good
- good
- neutral
- not so good
- poor
- none at all
- not applicable

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Questions about your workplace or job and working conditions

30. On March 2, 2020, what was your employment status?

- Employed full-time (30 or more hours/week)
- Employed part-time (less than 30 hours/week)
- Self-employed full-time (30 or more hours/week)
- Self-employed part-time (less than 30 hours/week)
- Unemployed (and looking for work)
- Unemployed (and not looking for work)
- Retired

31. What sector do you work in on March 2?

- Airlines
- Construction
- Education
- First responders (fire, paramedic, police, etc.)
- Fisheries
- Forestry
- Government
- Home care
- Manufacturing
- Mining
- Non-profit
- Public transit
- Rail
- Retail
- Security
- Service
- Telecommunications

Other (please specify)

32. Which **province** or **territory** do you work in?

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More questions about your workplace or job and working conditions

33. Are you a **supervisor/manager**?

Yes

No

34. On March 2, 2020, **how many jobs** did you have?

one (1)

two (2)

more than two (>2)

35. **How long** have you worked for your main job/workplace (i.e. the one where they work the most hours)?

years:

months:

36. Have you worked your usual hours since March 2?

Yes No

37. How many **hours** did you work **last week**?

38. Have you lost income?

Yes No

39. Are you currently working at your **usual job** or have you been **redeployed**? (If you have more than one job, choose the one with the most hours.)

- working at usual job
- same job but in a different area/dept
- same job but for a different workplace
- different job but **some** area/dept
- different job in a different area/dept
- different job in a different workplace
- not applicable/not working

Other (please describe):

40. What **types of tasks** are involved in doing your current job(s)? Describe briefly, noting which ones are new. (If you have more than one job, choose the one with the most hours.)

41. If you experienced a **reduction in work**, or a temporary or permanent loss of work, as a result of the COVID-19 crisis, did any of the following contribute? (Check all that apply)

- I did not experience a reduction or loss of work
- Requirement to provide care for (a) dependent(s) (e.g. children)
- Slow down in business or activities
- Inability to get to work/ no transportation
- Employer/business shut down temporarily
- Employer/business shut down permanently
- Requirement to self-isolate
- None of the above

42. Are you a member of a union? If yes, which one?

43. Do you hold **any position(s)** with this union? If so, please specify:

44. To what extent would you agree that **the union** is doing its best to protect its members?

- strongly agree
- agree
- neutral
- disagree
- strongly disagree

45. To what extent would you agree that **the employer** is doing its best to protect you and others on the job?

- strongly agree
- agree
- neutral
- disagree
- strongly disagree

46. To what extent would you agree that **the government authorities** are doing their best to support workers?

- strongly agree
- agree
- neutral
- disagree
- strongly disagree

47. To what extent would you agree your **health and safety committee** or **representatives** are doing their best to ensure workers are protected?

- strongly agree
- agree
- neutral
- disagree
- strongly disagree
- not sure/ don't know
- there is no health and safety committee or representative

48. Approximately **how many employees** work in the organization that is your main job/workplace (i.e., the one where you work the most hours)?

- less than 20
- 20-49
- 50-99
- 100-250
- 250-1000
- 1000-5000
- more than 5000

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Questions about your ability to cope and/or bounce back (resilience)

How well do these **descriptions fit you**, as a person?

49. I can rely on my own abilities in **difficult situations**.

- fits perfectly
- fits well
- fits somewhat
- fits only slightly
- does not fit at all

50. I am able to **solve most problems** on my own.

- fits perfectly
- fits well
- fits somewhat
- fits only slightly
- does not fit at all

51. I can usually solve even **challenging and complex tasks** well.

- fits perfectly
- fits well
- fits somewhat
- fits only slightly
- does not fit at all

52. To what extent would you agree with this statement: "Under these current circumstances I feel like **my contribution at work is more important than ever.**"

- strongly agree
- agree
- neutral
- disagree
- strongly disagree

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Questions about your current psychosocial work environment

Please think about your **current work situation** at your main job/workplace (i.e. the one where you work the most hours) as you answer these questions.

53. How would you rate the **psychological health and safety climate** in your workplace?

- healthy/supportive
- good
- fair
- neutral
- not so good
- poor
- toxic

54. How often do you not have time to complete all your work tasks?

- always
- often
- sometimes
- seldom
- never/hardly ever

55. Do you get behind with your work?

- always
- often
- sometimes
- seldom
- never/hardly ever

56. Do you have to work very fast?

- always
- often
- sometimes
- seldom
- never/hardly ever

57. Do you work at a high pace throughout the day?

- to a very large extent
- to a large extent
- somewhat
- to a small extent
- to a very small extent

58. Do you receive all the information you need in order to do your work well?

- to a very large extent
- to a large extent
- somewhat
- to a small extent
- to a very small extent

59. At your place of work, are you informed well in advance concerning, for example, important decisions, changes, or plans for the future?

- to a very large extent
- to a large extent
- somewhat
- to a small extent
- to a very small extent

60. Are contradictory demands placed on you at work?

- to a very large extent
- to a large extent
- somewhat
- to a small extent
- to a very small extent

61. Do you sometimes have to do things which ought to have been done in a different way?

- to a very large extent
- to a large extent
- somewhat
- to a small extent
- to a very small extent

62. How often would you get help and support from your immediate superior, if needed?

- always
- often
- sometimes
- seldom
- never/hardly ever

63. How often would your immediate superior be willing to listen to your problems at work, if needed?

- always
- often
- sometimes
- seldom
- never/hardly ever

64. How often could you get help and support from your colleagues, if needed?

- always
- often
- sometimes
- seldom
- never/hardly ever

65. Have you been exposed to bullying or any kind of harassment at your workplace during the last 12 months?

Bullying means that a person repeatedly is exposed to unpleasant or degrading treatment, and that the person finds it difficult to defend themselves against it.

- Yes, daily
- Yes, weekly
- Yes, monthly
- Yes, a few times
- No

66. If yes, from whom? (You may tick off more than one)

- colleagues
- manager/supervisor
- sub-ordinates
- clients/customers/patients/students

67. How often do you get help and support from your family/friends outside of the workplace, when you need it?

- always
- often
- sometimes
- seldom
- never/hardly ever

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A few demographic questions

68. How old are you?

- Under 18
- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65+

69. Which of the following reflect your **personal identity**? (Check all that apply):

- Female
- Male
- Transgender
- Non-binary
- Lesbian
- Gay
- Queer
- 2 Spirit
- Aboriginal
- Visible minority/racialized
- Disabled

Other (please specify)

70. This week, how long was your typical commute to or from work (single journey)?

- less than 20 minutes
- 20 to 39 minutes
- 40 minutes to 1 hour
- 1 to 1.5 hours
- 1.5 to 2 hours
- more than 2 hours
- working at home
- not working

71. How did you get to work this week (Check all that apply)?

- my own vehicle
- car pool with others
- bus/street car
- subway
- walk (more than a couple of blocks)
- bicycle

Other (please specify)

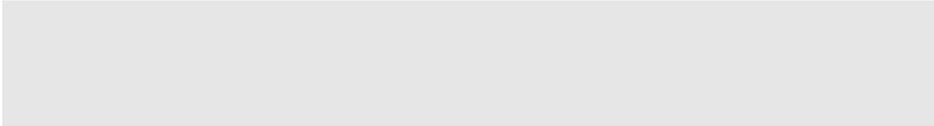
72. Is your regular workplace **located** in an area best described as:

- urban
- suburban
- rural

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Final comments:

73. What else might help you do your job more effectively?



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Resources

Answering questions about conditions in your workplace may stir up uncomfortable thoughts and feelings.

If you would like to talk to someone about them, these phone numbers are for services that can direct you to appropriate help:

Crisis Services Canada, enables callers anywhere in Canada to access crisis support by phone, in French or English: toll-free **1-833-456-4566** (available 24/7)

Ontario COVID-19 Mental Health Network <https://covid19therapists.com>

Ontario Crisis Line – All Ages 1-866-531-2600

Ontario College and University Students 1-866-925-5454

Ontario York and Simcoe Support Services Network 1-855-310-COPE (2673)

Ontario – Kenora, Dryden, Fort Frances, Rainy River and everywhere in between 1-866-888-8988

Alberta Crisis Line – All Ages 403-266-4357

British Columbia Crisis Line – All Ages 1-800-SUICIDE

British Columbia Mental Health Support 310-6789

BC211 – Referral Hotline 24/7 Dial 211

Manitoba Crisis Line – All Ages 1-877-435-7170

New Brunswick Crisis Line – All Ages 1-800-667-5005

Newfoundland and Labrador Line All Ages 1-888-737-4668

NWT All Ages 24/7 1-800-661-0844

Nova Scotia Crisis Line – All Ages 1-888-429-8167

Nunavut Line – All Ages 7 pm-11 pm (EST) 1-800-265-3333

Prince Edward Island Crisis Line – All Ages 1-800-218-2885

Quebec National Crisis Line – All Ages 1-866-277-3553

Saskatchewan Crisis Line – All Ages 1-306-525-5333

Yukon Crisis Line – All Ages 7 pm-12 am (PST) 1-844-533-3030

KidsHelpPhone Ages 20 Years and Under in Canada 1-800-668-6868

First Nations and Inuit Hope for Wellness 24/7 Help Line 1-855-242-3310

Canadian Indian Residential Schools Crisis Line 1-866-925-4419

Trans LifeLine – All Ages 1-877-330-6366