



Suicide Grief & Prevention

Reach out, reach out

Deb Higgins

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Grief is a universal experience, and there is some truth to the idea that you can safely offer the same kind of support, no matter what the loss. In a nutshell: be there and listen, from the heart, without judgement.

But while grief support is at the core of what we do at Hospice Yukon, the complexity of suicide loss is challenging for all of us.

This kind of grief is unique among losses. The typical feelings of sorrow and loneliness are often magnified in those mourning a loved one to suicide, and their profound sadness may be complicated by layers of anger, guilt, abandonment, confusion or shame.

In addition, the effects of widespread stigma mean that those grieving the suicide death of a loved one often feel isolated, and are less inclined to reach out. The sad result is that they often receive less support when they actually need more.

By choosing to come towards this difficult topic,

we can work to reduce stigma and better support those who are experiencing suffering related to suicide. In these pages we look at suicide grief as well as prevention, as the two are closely bound together.

Suicide impacts people of all ages and backgrounds; it is important to know that those who die by suicide don't necessarily want to end their lives, but rather find an end to their suffering, or a way out of an overwhelming situation.

For those who are grieving, bravely reaching out for support can make this difficult journey more bearable. Caring friends, skilled counsellors, crisis lines, and support groups specific to suicide loss each offer their own kind of valuable help.

If you are supporting someone who is grieving a loved one to suicide, in addition to conventional wisdom, there are three ideas to keep in mind...

Don't let your fear of saying or doing the wrong thing prevent you from reaching

out. This can contribute towards feelings of shame and isolation. Reach out, stay close, and know that there are no perfect words.

Don't ask about the details. While it's natural to wonder about 'how' and 'where', these details are painful to recall. Being asked what happened can have a re-traumatizing effect, so let those closest to the loss decide whether, or how much, to share.

Speak their name, share memories, and remember them for the life they lived. These are the things that bring the most comfort.

We owe a debt of gratitude to the Yukoners who shared their experience of suicide loss with us. Their vulnerability and honesty were instrumental in guiding what you will read in these pages.

We are also grateful to the local organizations who added their voice to this publication.

Together, let's open our eyes and our hearts to how we can work to prevent suicide and support those who are impacted by it.



Bearing the Unbearable

Anne Macaire



Anne Macaire is the grief counsellor at Hospice Yukon.

There are times when life calls upon us to bear the unbearable. For many, losing a loved one to suicide is one of those times. What does it mean to bear the unbearable? How do we do this?

My husband died as a result of a tragic accident. It wasn't suicide, but often the pain of losing him has felt unbearable. And yet, I have had to admit to myself that somehow I was bearing it; somehow the days turned into weeks and months and I was still alive even though there have been many times that it seemed pointless to go on living. I have come to realize this is a common, normal reaction to the death of a loved one and especially when that loved one has taken their own life. We shy away from these thoughts and people around us panic when they are spoken out loud. But not wanting to live - not wanting to bear the unbearable - doesn't necessarily mean we want to die. It means we are in the paradoxical world of deep grief.

This grief puts us on the path of a hard and arduous journey. It is as unique and personal as our finger prints. There is no one way, no prescription.

The path of healing grief is the journey of finding our own truth and honouring it. Even so, we need not be set adrift with no support or understanding as we make our way into this new terrain. When Eric died I had been the grief counsellor at Hospice Yukon for nine years. This was a territory I had navigated with over a thousand clients but one of the first things I did was to contact a counsellor for myself. I was fortunate to have wonderful supportive friends but I needed someone that was outside of my circle of loved ones; a neutral sounding board where I could pour out anything, without feeling it might influence my relationships in any way.

The trauma of suicide is big and complex and too hard to do alone. Having a counsellor that can offer a safe space in which all of your feelings can be expressed and in which you can begin to realize what is true for you is a good place to start. One of the biggest obstacles in our ability to mourn is judgment: self-judgment, and the judgment of others. We can be so hard on one another and ourselves! And this is particularly true when we are survivors of suicide loss. We question

and blame ourselves. And because suicide is so misunderstood and stigmatized in our culture, survivors often experience a higher degree of judgment from others, avoidance and lack of compassion. Or conversely, an unwelcome shower of unhelpful and awkward advice.

It is often said in grieving that those we expect will be there for us are not, and support comes from where we least expect it.

Seek out others who will not judge you or try to fix you. If you are lucky it will be a good friend, or you may need to forge new relationships with other survivors of suicide loss in your community or online.

For those supporting someone living through this tragedy, remember this: your most important role is to simply be present. Listen, don't judge, and don't try to fix.

Alan Wolfelt writes: "companionship is about bearing witness to the struggles of others; it is not about directing those struggles. It is about being present to another person's pain; it is not about taking away the pain." This is hard - it goes against our tendencies,

In a society which is much more inclined to help you hide your pain rather than grow through it, it is necessary to make a very conscious effort to mourn.

Henri Nouwen

(cont'd)

but it is the most helpful support we can offer.

People have so many opinions about how one should do this but only you can know what you truly need. Having shared this with so many clients, this message reverberated through me when Eric died. And following my own advice I found a profound freedom in doing just what I wanted in those early days. As the bereaved you get a "free pass" to be self focused. I had stellar friends that I knew would be there for me in a minute but I wrote to them that what I needed most was to be alone. My grief needed lots of space for a long time. Others may find the gathering of family and friends to be their greatest comfort.

The key word here is comfort. One person said that lighting a candle every morning for their child was a small comfort, but in a time of devastating loss, any comfort was welcome.

Seek out those small comforts and know that you deserve each one of them. Be tender with yourself. If you had broken a bone, you would tend to it. You would be gentle with it, and give it time to rest and heal. Your broken heart

needs the same loving care. Treat yourself like someone you love.

Another said that being in nature was the only space that was big enough to hold his grief. Nature was his place of comfort. In those brief moments when you relax a little and feel a little better, reflect on the source of this respite. It may be something you can revisit or cultivate.

Watch the sun rise, spend time by water, sleep, be with supportive people, pray, walk a dog, pet a cat, meditate, take baths, listen to the birds, find gratitude in small things, watch the sunset; **do whatever it takes to nurture yourself.** Our granddaughter was two when her 'grampy' died. She has continued in all ways to be a great comfort to me.

Finding comfort is a form of self-care. **At a time when everything feels out of control, when everything feels crazy, self-care can be like a life raft.** It is the one thing we can control. The question here is how are you nurturing your whole self: body, mind, heart and spirit? The answer I often hear from clients is "I don't have the energy for any of this." In the beginning it is all

about baby steps, and intention. As we lean into this new normal, nurturing ourselves offers balance, resilience and the ability to bear the unbearable.

For those companioning the bereaved - without assuming you know - ask and find ways you can support their self-care.

Grief can feel very isolating. As humans we are hard wired for connection and the degree of our pain is the degree of our disconnection from our loved one who died.

Suicide is so shocking and the circumstances are usually so complex that the experience of disconnection is magnified. Our journey becomes finding a new way to connect with those that are gone. This truly is a new way of being. It isn't about letting go of our loved ones but recreating the relationship - the connection - finding comfort and solace and meaning in relationship to them.

To love is to experience grief - the two go hand in hand. And as isolating as it feels, it is what we have done as humans forever. It is what we do, and we are not alone as we journey on this path to healing.

*Each person's
grief has its own
fingerprint.*

*Every journey
of sorrow has
a unique map.*

John Mark Green



Misconceptions about Suicide



Debunking common myths around suicide is one way to reduce stigma and increase support for those who are at risk of suicide, as well as those who have lost a loved one to suicide.

"Is suicide a choice?"

Choice implies that a suicidal person can reasonably look at alternatives and select among them.

Suicide happens when no other choices are seen."

Adina Wroblewski

Myth: Grief after a suicide death is always complicated or pathological.

Fact: The grief after losing a loved one to suicide is devastating and complex, but not necessarily 'complicated' in the clinical sense. With support, an openness to mourn, and good self care, research shows that survivors of suicide can integrate the loss at a similar rate as those who experience other kinds of unanticipated death.

Myth: All suicide survivors experience feelings of guilt.

Fact: Loved ones are never to blame for the suicide of someone close to them. Those left behind may or may not feel guilt, and others should not assume that they do. If you experience guilt, seek the support of caring friends or a skilled counsellor.

Myth: Asking someone about suicide will encourage it.

Fact: Most people who feel suicidal don't know who to talk to or how to bring it up. Asking them directly lets them know that you care. Talking openly about suicide also helps to reduce stigma, and makes it more likely that they will seek help, rethink their options, and share their story with others. You will not plant the idea by asking them.

Myth: Suicide only affects those with a mental health condition.

Fact: Suicide affects people of all ages, genders, nationalities and religions. Many life stressors can be linked to suicidal behaviours, including trauma, isolation, discrimination, violence or abuse, chronic pain and illness, financial or job loss, and more.

Myth: Most suicides happen suddenly, without warning.

Fact: While some suicides do happen without any warning, the majority are preceded by behavioural or verbal signs. Sometimes these signs are subtle and only shown to those closest to the individual, which is why it may seem like the suicide was without warning. Learning to recognize early warning signs is an important part of suicide prevention.

Myth: People who talk about suicide do not mean to follow through with it.

Fact: Nearly every person who has died by suicide has talked about it at some point before their death. Any time someone talks or jokes about taking their own life, it may be a call for help and should be taken seriously. As a friend or family member, do not

think you need to handle this situation by yourself. Ask them directly, take them seriously, listen to them, and together, seek support from mental health professionals.

Myth: A person who survives a suicide attempt will not make further attempts.

Fact: One suicide attempt is a risk factor for further attempts, and the level of danger often increases each subsequent time.

Myth: Once someone has been suicidal, they will always have that tendency.

Fact: Heightened suicide risk is often short-term and situation-specific. With proper support, those who have contemplated or attempted or suicide can lead long and fulfilling lives.

Myth: Every suicide death is preventable.

Fact: No matter how well-intentioned, alert and diligent our efforts may be, there is no way to prevent all suicide deaths from happening.

Adapted from: Understanding Your Suicide Grief by Alan Wolfelt, Preventing Suicide: A Global Imperative by the World Health Organization (WHO), and online resources from the Centre for Addictions and Mental Health (CAMH)

Supporting Children After a Suicide

Explaining to a child that someone has died by suicide is one of the most difficult tasks a caregiver can face. Our natural tendency may be to want to protect them from this difficult truth rather than explain something as complex and distressing as suicide.

However, children are curious and when they don't hear the truth from those closest to them, they may hear (or overhear) what happened, or come up with their own version, which may be both inaccurate and scary.

Honesty, an openness to answering their questions (or wondering with them), and a willingness to help them express their emotions are what will best support chil-

dren to heal and integrate a loss into their life. Here are some ideas to consider:

Use simple, age-appropriate language to explain that the person has died, and that they caused themselves to die. Kids will often ask repetitive questions, or repeat what has been shared with them, as a way of making sense of what happened.

Follow their lead about how much information they want and are ready for. You don't need to give all the details, but make sure that a more detailed version of the truth can exist within that explanation as the child ages.

Reassure them often that the death wasn't their, nor anyone's else's fault, including the loved one who died.

Suicide is a difficult event for a child to heal from, especially when it is the death of a parent. Children may feel angry, guilty, abandoned, and have many questions around 'why?', some of which may never be answered.

Expressing all of their emotions and questions is part of healthy grieving.

Children will 're-grieve' the loss at different ages as they grow and mature. This is a normal and healthy part of the childhood grief process. While support from family is critical, a counsellor who is skilled in grief support may also be needed.

For more resources visit:
KidsGrief.ca, Dougy.org, CAMH.ca
ChildMind.org, WinstonsWish.org



"The greatest gift you can give your children is not protection from change, loss, pain or stress, but the confidence and tools to cope and grow with all that life has to offer them."

Dr. Wendy Harpham

The language of suicide

The words we use to speak about suicide really matter. We can help shift towards a more compassionate view of suicide as a society when we consciously choose neutral and respectful language.

The term 'commit' suicide - a term still widely used today - implies that to take one's life is a criminal offence.

Suicide is not a crime; it was decriminalized in Canada in 1972, as it is now in most Western countries, and many others globally.

Other commonly used terms such as 'completed suicide', or referring to a 'successful' or 'failed attempt' make the unwitting mistake of framing suicide in terms of success or failure around a goal.

A more compassionate way to speak about suicide is to say that the person 'died by suicide'.

It is also best to speak in a way that places the person before their condition or action. An example of this is to refer to a 'person who

died by suicide' rather than a 'victim of suicide'.

Those grieving a loved one who died by suicide may use familiar language that is not always reflective of modern practices. It is not for others to 'correct' them, but rather to support them unconditionally.

By educating ourselves around language we work towards building a more open, inclusive community.

For more on this topic, visit:
Public Health Agency of Canada,
and Centre for Suicide Prevention

When words are both true and kind they can change our world.

Buddha



Those who have loved and are still loved...



Acceptance of my Dad's decision to take his own life as a way to end his suffering - a decision so incredibly incongruent with who he was - allowed me to move forward from feeling paralyzed in my grief process. Reaching out both beyond and deeper into my circle of support has helped me find my footing in this strange new place. It feels as though there is added complexity with this kind of loss - I am so grateful to feel supported and to have the time to carve out some of the new skills required to live peacefully in this new reality.

Michelle Christensen, in memory of Hans Christensen



I am grateful that I knew my brother, and for all the times we spent together. At the end of the day it is not ours to figure out. They are on their own trail.

Sarah Lennie, in memory of Floyd Lennie



I love my daughter with all my heart.

We all need to love and support people who are depressed and suicidal.

We need to be there for them.

Belinda Poyntz, in memory of Marchelle



In grieving my father's suicide, I feel that this quote by David Kessler speaks to my experience:

"In grief, the only way out of the pain is through the pain."

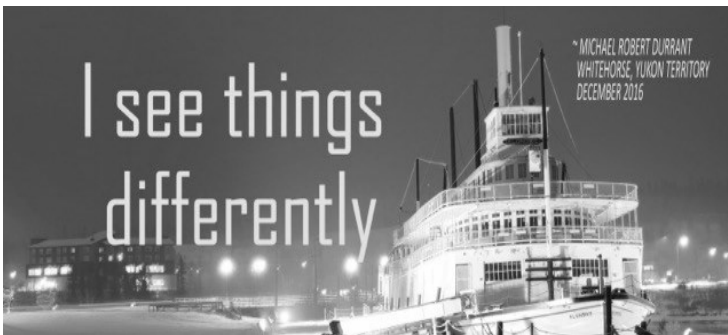
Nicole Malcolm, in memory of Alcoma Alfonso Malcolm



My big brother was a really, really good guy who cared for people so deeply and always wanted to help. He lived life to the fullest.

Though it seems impossible, you will heal. Let yourself feel everything, and don't overthink it. It's not anyone's fault. Only the person that made the decision to take their life knows why.

Lucia Meurer-Mills, in memory of Stephen Mills Jr.



I believe my son's choice to leave this physical world does not mean that he is not still in my world. He has been with me long before he entered into this world, and he will be with me long after I leave. Michael created this piece of art two months before he left. I now totally understand the message behind it. In my heart, I know that he hasn't gone anywhere. I would like to thank Hospice Yukon for helping me gain some understanding of something that is so very, very difficult to understand.

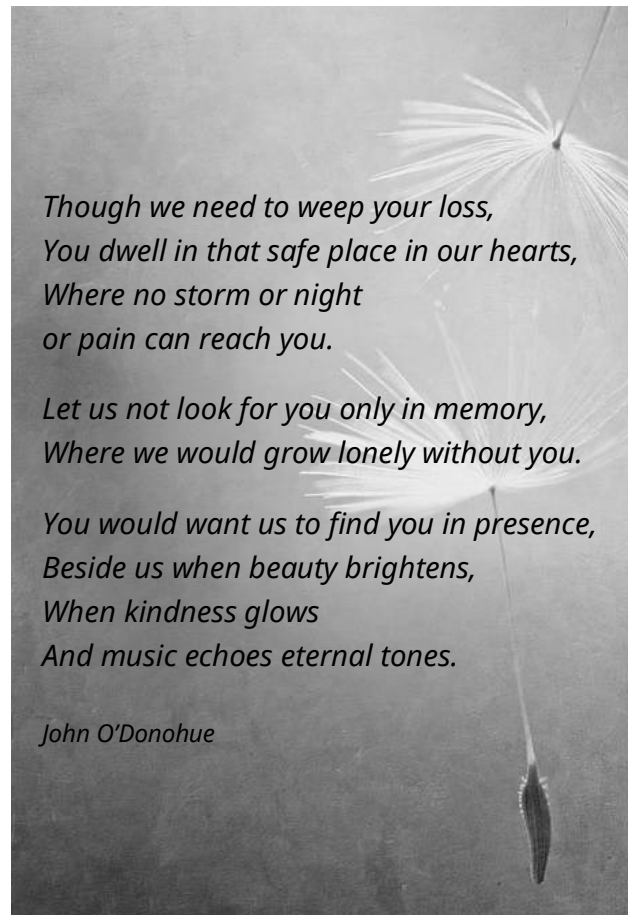
Victoria Durrant, in memory of Michael



Your pain ends...but...the pain of the ones who love you continues.

Be open. Be positive

Terrence Lennie, in memory of Fiona Lennie



*Though we need to weep your loss,
You dwell in that safe place in our hearts,
Where no storm or night
or pain can reach you.*

*Let us not look for you only in memory,
Where we would grow lonely without you.*

*You would want us to find you in presence,
Beside us when beauty brightens,
When kindness glows
And music echoes eternal tones.*

John O'Donohue

Talking to Someone about Suicide *Tiffanie Tasane*



Tiffanie Tasane is Executive Director at CMHA Yukon.

What would you do if you were worried that someone close to you was thinking about suicide? How would you know if someone was at risk? The truth is, that you might not. While there are some commonalities, every person is unique.

Three frequent signs to watch for include:

- Off-handed remarks indicating feelings of unworthiness, like ‘it doesn’t matter’ or ‘nobody cares anyway’.
- Loss of interest in themselves, their appearance and hygiene. With this sign, it is the change that is the concern.
- Change in behaviour, such as increased substance abuse, or isolating themselves from their friends and family.

When someone you know is displaying some of these signs, it can be very worrying. You may want to talk to them about it, but feel scared and unsure what to say.

First of all, cut yourself some slack. It can be scary! It might be the first conversation you’ve ever had with someone about suicide. Take a deep breath and stay calm. The signs above actually give you an invita-

tion to probe. “Hey, you seem really quick to anger lately, is everything ok?” Or “You’ve made some comments that you think nobody cares. Can you tell me why you feel that way?”

If you have a trusting relationship with the person, they might tell you how they are feeling. Spend some time letting them talk about those feelings. You’re not there to solve their problems.

After listening to them, if you are concerned that they might be thinking about suicide, ask them. Be direct and use the word suicide. You might try saying something like “often when people are feeling this way, they may think about suicide. Are you thinking of suicide?” Contrary to what many believe, saying the word will not plant a seed that isn’t already there. Research shows that if people have been having suicidal thoughts, it is a relief for them to be asked and to be able to talk about it. And the win-win is that if they aren’t thinking about suicide, they now know there is a trusted person in their life who they can talk to honestly about their feelings. And if they are thinking of suicide, they aren’t in it alone anymore.

Maybe this is the time for you to get some support too. At this point in a conversation, you can make the suggestion to call a support line together, book an appointment with a doctor or counsellor, or you may decide together that the safest option is to go to the hospital or call 911. Perhaps you just make an agreement to reach out and connect again later that day or the next. Whatever transpires, make sure that you are taking care of yourself. As the saying goes, you can’t pour from an empty cup.

One thing that research tells us is that when people are thinking about suicide, they don’t want to die. They are suffering and cannot see a way forward. They want out, but they do not necessarily want to die. Being there to listen and to help see a glimmer of hope, even for a moment, is a gift that you can offer.

Talking about suicide makes a difference. It isn’t an easy subject, but with practice it gets easier. And the more we talk about it, the more we can reduce the stigma associated with suicide.

SUICIDE PREVENTION ADVICE

WAIT!

W **Watch out** for signs of distress and changes in behaviour

A **Ask** “are you having suicidal thoughts?”

I **It will pass** – assure your loved one that, with help, their suicidal feelings will pass with time

T **Talk to others** – encourage your loved one to seek help from a GP or health professional

The Coroner's Role in Suicide Deaths

Heather Jones

Whenever a death occurs that is unnatural, unexpected, unexplained or unattended, the Coroner is called in to investigate. In the case of a possible suicide the Coroner will be one of the first to be called to the scene. They serve, firstly, the deceased and their relatives and friends, helping to clarify what has happened. Secondly, they serve society as a whole; and, thirdly, government agencies and other organizations. We asked Yukon's Chief Coroner Heather Jones to share with us about the Coroner's role in suicide deaths.

Suicide deaths, like all sudden, unexpected and unnatural deaths, are reported to Yukon Coroner's Service (YCS). It is through thorough investigation that we are able to meet our mandate to clarify the facts of all deaths that are reportable under the Coroners Act. Our investigation also allows us to consider recommendations for ways to prevent future loss of life in similar circumstances, and to contribute to the protection of public health and safety.

For families who have lost a loved one to suicide, our investigation may seem overwhelming at what is already a devastating time. We work with families and loved ones in a compassionate and understanding way as together we seek to uncover the facts and circumstances of the death and seek answers to the many questions that arise when a sudden death occurs. A death will only be deemed a suicide when suicidal intent cannot be questioned, and families

are made aware of all the evidence found during our investigation.

The immediate aftermath of a loved one's suicide is a challenging, confusing, and painful time. YCS becomes involved with families when the reality and trauma of the suicide is most fresh. We appreciate and share the difficulty of this time, and hope that our investigation may provide some answers and eventually a means towards peace for those who are impacted.



Heather Jones is Yukon's Chief Coroner.

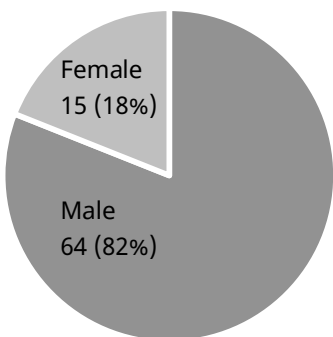
11.8% of Canadians report thoughts of suicide in their lifetime

4.0% report having made suicide plans in their lifetime

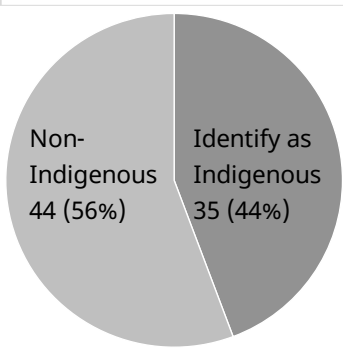
StatsCan Vital Statistics Database

Suicide in Yukon

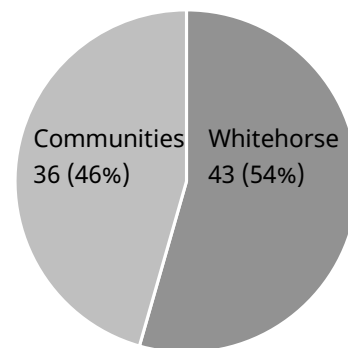
This represents suicide data for the Yukon between 2009 and 2019. During this time the Yukon Coroner's Service investigated a total of 675 deaths. Confirmed suicides accounted for a total of 79, or about 12% of these deaths.



Suicide deaths in Yukon by Gender, 2009-2019



Suicide deaths in Yukon by Ancestry, 2009-2019



Suicide deaths in Yukon by Region, 2009-2019

The age range of people who died by suicide in Yukon from 2009-2019 was 16-78, indicating that it affects most social groups.

During this time period suicides occurred in every Yukon community, including Whitehorse.

Supporting Youth *Abbey Gartner*



Abbey Gartner works at BYTE - Empowering Youth Society, and is a network representative at Jack.org.



You don't have to craft the perfect conversation, you don't have to have it all figured out. You don't have to fix things, you just have to be there.

www.BeThere.org

Suicide is the leading health-related cause of death for young people in Canada. Every year, 1 in 7 young people will report having suicidal thoughts, not including the youth that don't report these feelings. And since Covid, these numbers are even higher.

When I was in high-school, I struggled with being bullied, my academics were slipping and I had no interest in my classes or assignments. My mental health was poor. In the first part of grade 10, I felt overwhelmingly hopeless and helpless, and started to develop suicidal ideations. I thought to myself that if I were to end things, the pain and trouble I was having would go away.

As someone who has felt and had suicidal thoughts, I know that having a strong support system is the key to survival. When I was in one of the worst places of my life it was my relationships with family, friends, and mentors, as well as the outlets I had to express myself that made all the difference.

One amazing, interactive online resource to help you learn how to best support someone who may be struggling with their mental health is BeThere.org. It coaches you through the

five golden rules to use when supporting someone who is struggling. When you are reaching out:

Say what you see.

Maybe they haven't been responding to your text messages lately, or they have been missing classes or not attending their regular sports practices;

Show them you care.

Give them reassurance that they are important to you and that you value their well-being;

Hear them out.

Be a good listener by finding a balance between listening and asking questions. Share advice or your experience only when it is helpful;

Know your role.

Although you care for this person and want the best for them, you need to know when you may not be the right person for the conversation. It's important to be mindful of your own mental health and capacity for these conversations;

Connect them to help.

Most of us are not mental health professionals and we are not qualified to care for someone who is in a crisis, or feeling suicidal. Call 911 or emergency services. Becoming aware of the mental health


resources that exist in your community is great information to have in the back of your mind for when you are called on to support someone. You never know when you'll need it.

Also, being informed about different trainings that can help you learn how to best support someone who is suicidal is important. There are many great programs such as ASIST (Applied Suicide Intervention Skills Training), SafeTALK (Suicide Awareness for Everyone) and Mental Health First Aid that are available in our community or online, either free or for a small fee. These trainings can help you feel more prepared to handle difficult conversations when they come up.

If you suspect that a young person you know is struggling with their mental health or having suicidal thoughts, please reach out to them. Starting these conversations can be difficult and awkward, but it is critical. You may not know what to say, but reaching out and saying anything is so important. You could save a life.

Statistics provided are from Jack.org, a Canadian charity that trains young leaders to revolutionize mental health.

Suicide Supports and Resources




**Are you having suicidal thoughts?
Please, seek help.**

YUKON SUICIDE SUPPORTS

In an emergency, phone **9-1-1**
Reach Out Support Line
844-533-3030 (2-10pm daily)
Mental Wellness & Substance
Use Services **867-456-3838**
Canadian Mental Health Assn,
Yukon Chapter **867-668-6429**

NATIONAL SUICIDE SUPPORTS

Canada Suicide Prevention Service
1-833-456-4566 (24/7)
Residential School Support Line
1-866-925-4419 (24/7)
Kids Help Phone for Youth
1-800-668-6868 (24/7)
The Trevor Project, LGBTQ+ Support
1-866-488-7386 (24/7)



Are you worried about someone you know?

Trust your instincts: if someone you know is in danger of suicide, talk to them about it, and if appropriate call 9-1-1


Any of the organizations above can help you find out about suicide intervention training opportunities for you, your family or colleagues. In addition, here are some excellent online resources:

CAMH.ca - Centre for Addiction and Mental Health

BeThere.org - 5 Golden Rules for supporting someone who is suicidal

SuicideInfo.ca - Prevention/intervention workshops, webinars, stats

KidsGrief.ca - Online kids grief modules for parents and educators



Are you grieving the death of a loved one to suicide?

Hospice Yukon supports those grieving the death of a loved one. Give us a call, 867-667-7429. All of our programs are free of charge:

Grief Counselling - in person or online, Wednesday-Friday.

Healing Touch - a relaxing energy therapy. Mondays & Tuesdays.

Lending Library - browse & borrow books to support your healing.

Online support groups can be a good way to connect with others who have experienced a similar loss through suicide:

Facebook - Suicide Grief Support Group, & some specific for parents.

CrisisCentre.bc.ca - hosts online grief support group sessions. (\$)

Programs and Services

Living with Loss - An Introduction to Healthy Grieving

Gain a better understanding of the grief journey in this online education session. Offered four times per year.

Counselling

One-on-one counselling support for those who are dying or grieving, and their loved ones

Grief Support Groups

We offer a variety of groups to help grieving people find support and connection with others who are also experiencing loss.
Visit our website for upcoming offerings.

Healing Touch

A relaxing energy therapy that supports holistic health.
Volunteers trained in Healing Touch use gentle touch to clear and balance your energy system.

Lending Library

Our extensive library of books and resource material is open to the general public.

Professional Support

Support, education and resources for professionals and caregivers.

All of our programs and services are provided free of charge.

Tel. 867-667-7429 info@hospiceyukon.net

www.hospiceyukon.net

Please visit us online at hospiceyukon.net