

# Engaging Indigenous Youth for Kids Help Phone: A Reflection of Knowledge Shared



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# Acknowledgments



As a settler organization, Kids Help Phone relies on the leadership and ongoing guidance of Indigenous youth, communities and organizations to ensure our programs and services meet the unique needs of First Nations, Inuit and Métis young people. This continuous collaboration is essential to the success of any service that serves Indigenous people.

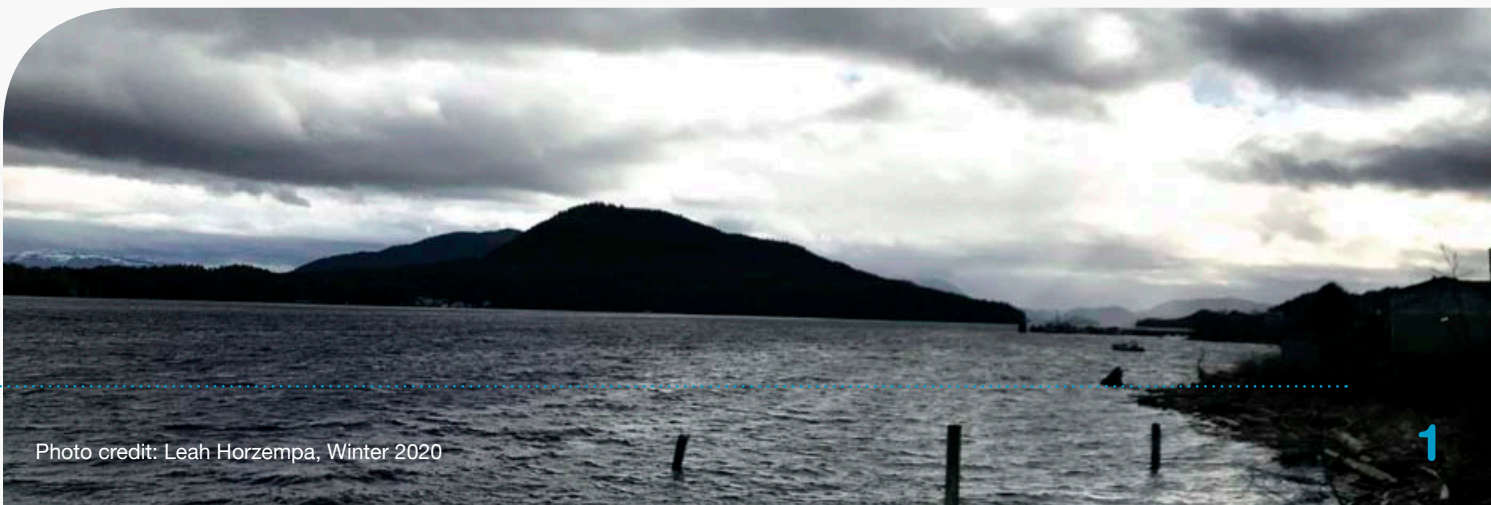
The knowledge that is so graciously shared with us is precious to the entire Kids Help Phone team. We recognize that Indigenous people are experts in their own lives and understand that the knowledge that is shared is a gift that must be respectfully and meaningfully incorporated into all we do.

Thank you to the eight communities and approximately 180 young people who accepted our invitation to partner on this project. We are honoured and humbled by the trust you placed in us and are moved once again, by witnessing the commitment Indigenous youth have to supporting the well-being of their peers. We also wish to share our gratitude with Sister Circle Consulting for facilitating these engagement sessions in such a kind and thoughtful way.

The knowledge shared in this report is owned by the young people and their communities. They have agreed to allow Kids Help Phone, as stewards of this knowledge, to make this information accessible to all. It is our hope this knowledge will benefit Indigenous youth, communities and all young people across Canada as we strive to ensure all young people have equitable access to resources that support their mental, emotional, physical and spiritual well-being.

**In good spirit,**

**Deanna Dunham**  
**Manager, Indigenous Initiatives**  
**Kids Help Phone**



# Acknowledgments



I am grateful to the Indigenous communities that welcomed me into their schools, and to the young people who shared their abundant knowledge with me along the way. I am truly honoured to have connected with each of you and am inspired by the meaningful discussions about mental health, wellness, and support seeking we shared. You have each taught me a lot and I value the relationships we have started.

I also want to thank Kids Help Phone and their Indigenous Advisory Council and Indigenous Initiatives Manager, Deanna Dunham for the opportunity to travel across the country to visit such incredible people and places, and for laying the foundation to support this work.

I wish to acknowledge my role as the knowledge recipient and honour the lineage of Indigenous knowledge shared and presented here. While facilitating the engagements, I hoped to foster respectful relationships and reciprocity with the young people by sharing personal knowledge and experience related to mental health and wellness, when appropriate. It was within this context that youth offered insights into their understandings of wellness, and what they expect from mental health services being offered to them. Deborah McGregor, Anishinaabekwe Knowledge Keeper and Professor from Whitefish River First Nation taught me that Indigenous methodologies require the researcher/writer to position themselves in the work, counter to western writing practices.<sup>1</sup> Karen Martin and Booran Mirraoopa (2003) emphasize the relational nature of Indigenous methods, and that this “relatedness is core and permeates every aspect of every procedure” in the process, including writing.<sup>2</sup> By situating myself as a Métis woman from Ontario and a recent young person, I shed light on the relations I have to this work and transparently present the position through which I navigated engagements with Indigenous youth and reflected their knowledge. I hope I have captured and represented the knowledge shared with me in the most authentic and accurate way possible.

Lastly, I reiterate my immense thanks and gratitude to all the Indigenous children and youth who participated, as well as to the Elders, community-members, teachers, and social workers who supported me to safely and appropriately engage with young people in their community.

**With gratitude and humility,**

**Leah Horzempa**

<sup>1</sup>Deborah McGregor, Indigenous Perspectives and Realities Seminar (2018) Osgoode Hall Law School.

<sup>2</sup>Karen Martin & Booran Mirraoopa “Ways of knowing, being and doing: A theoretical framework and methods for indigenous and indigenist research” (2003) *Journal of Australian Studies*, 27:76, 203-214, DOI: 10.1080/14443050309387838 at 204.



## Project Overview

With guidance and direction from an Indigenous Advisory Council, Kids Help Phone set out to engage with Indigenous youth in schools across Canada. The broad goals of the engagements were to build relationships with diverse Indigenous communities and gain critical feedback to inform the actions outlined in *Finding Hope, Kids Help Phone's Action Plan for Supporting First Nations, Inuit, and Métis Young People, 2019-2022*. *Finding Hope* outlines the steps Kids Help Phone is taking to ensure equitable and accessible Indigenous youth services from coast to coast to coast. To achieve this goal, Kids Help Phone needed the support of an Indigenous consultant and created a request for proposal for engagement sessions that would focus on previously identified areas of improvement. Kids Help Phone sought to receive input on brand resonance and inform the development of an Indigenous stream of the *Counsellor in the Classroom* program.

During early consultations with Kids Help Phone, we identified several other preliminary areas of inquiry that needed direct input from Indigenous youth. The scope of the engagements was expanded to include how Indigenous youth may want to access mental health services, what they are looking for from these supports, how they would feel if asked to identify as Indigenous, and if they want to receive Indigenous-centred and specific services and programming.

## About Sister Circle Consulting

Leah Horzempa is a Métis woman from the Georgian Bay Métis Community in Ontario. She is an educator, facilitator, consultant, and a lawyer. Created in 2019 as a Métis sister partnership, Sister Circle Consulting is a multi-discipline Indigenous consulting firm and a Certified Aboriginal Business with the Canadian Council for Aboriginal Business. Sister Circle provides wholistic services for reconciliation, from Indigenous-centered research and writing, grounded in Indigenous knowledge governance standards, to group facilitation and consultation for reconciliation strategies. Olivia Horzempa is a registered nurse, who currently works as an Indigenous research associate in government and previously supported the health and wellness of Indigenous youth in schools as a public health nurse.

As the lead consultant, Leah facilitated the knowledge sharing engagements and conducted the research contained in this report. Olivia acted as a collaborator, co-writer, and editor throughout the process.

## Process

Once the consultant was hired, Kids Help Phone circulated invitations among their Indigenous Initiatives Network and other contacts seeking school communities interested in hosting an engagement session. The invitation sought community volunteers “to partner with us to learn how we can best support the mental, emotional, and spiritual wellness of First Nations, Inuit, and Métis children and youth in your community.” Depending on the organizational structure or jurisdictional landscape in each place, Kids Help Phone was connected to participating schools through various channels. Most communications flowed through school boards, but in some cases through the local health board, government, or particularly interested individuals working in Indigenous schools. Communities self-elected the specific schools and youth to participate in the engagement sessions. Once participating schools were identified, key community contacts were provided to assist in coordinating the session and ensure that the engagement design was appropriate for the community. In every location, adult supports including Elders, youth workers, social workers, or community liaisons were sought to inform the engagement design and attend the sessions to provide input needed to ensure cultural safety and appropriateness. Honoraria were offered in every instance where community supports from outside the school were provided. Co-development and collaboration with community partners was sometimes challenging given reliance on virtual communication and prescribed timelines and could be mitigated by co-establishing communication processes and timelines in advance.

It is important to note that the engagement process was guided by the principles of OCAP™ as set out by the First Nations Information Governance Centre, who state that “ownership, control, access, and possession” of all information gathered must belong to the participants and their broader community.<sup>3</sup> Given these principles, and the sensitivities around conducting research with young people, the original, physical data remained with each community, and all details about the locations, communities, and cultures of the participants will not be shared beyond the consultant and the core group of Kids Help Phone staff coordinating this project. Furthermore, any additional use of the knowledge shared and reflected in this report must be consented to in advance by the youth participants and their communities.

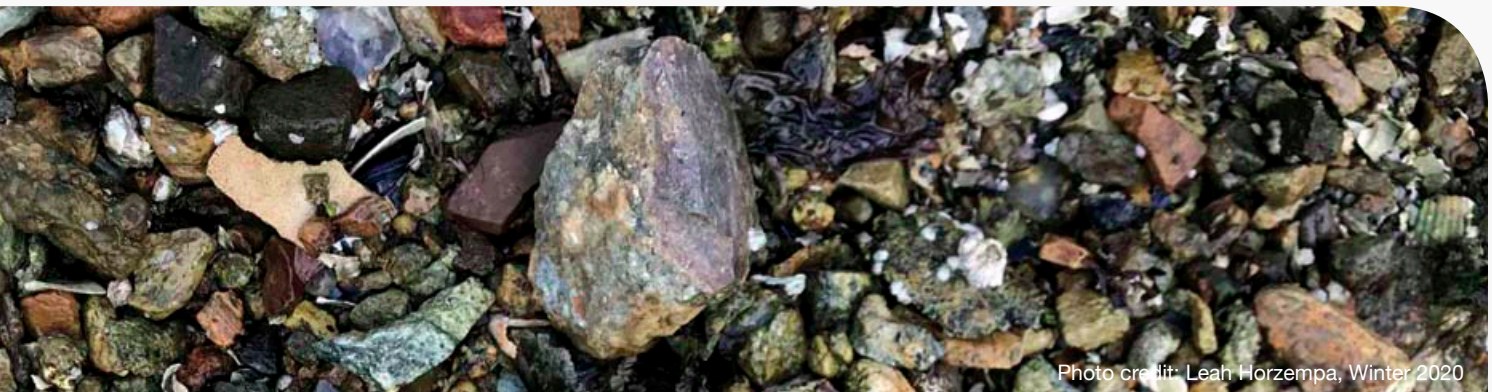


Photo credit: Leah Horzempa, Winter 2020



## Participants

Eleven engagement sessions were conducted across eight locations in Canada, including two urban Indigenous schools, two remote northern schools, and four rural/remote schools with a diversity of First Nations, Inuit, and Métis students. Approximately **180 youth** ranging from grade four to grade twelve were engaged. In addition, approximately **25 adults** from the local school or broader community who supported and participated in the sessions offered insights throughout the engagements.

## Engagements

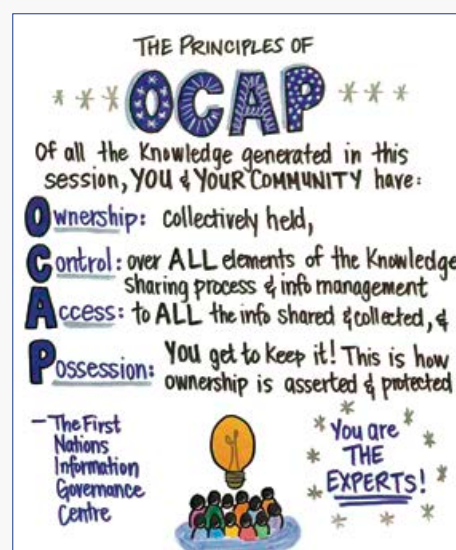
With the respective permissions from Indigenous communities and governments, health services, school boards and/or school administrators, half-day knowledge sharing sessions were coordinated and conducted with Indigenous youth in classrooms across the country.

The purpose of the engagements was multi-faceted, including:

- Fostering relationships and reciprocity through knowledge sharing as a means of creating a space for youth to freely express wholistic understandings of wellness and mental health;
- Building a contextual knowledge foundation to ground the discussion of mental health service needs and expectations; and
- Providing context and informing recommendations to Kids Help Phone.

At the outset of every session, the above purposes were outlined and discussed, while reiterating that Indigenous youth are **experts** in their own wellness. As the facilitator, I offered my understanding that when knowledge is collectively shared, it can be empowering. We also imagined the possibility of participants continuing the discussion after the engagement was over, and the potential to use the knowledge shared to inform local youth-led initiatives. Participants were also informed about the principles of OCAP™ and reminded that they have the right to decide how and when their knowledge is used in the future.

During the first half of the engagement, an open-ended knowledge-sharing discussion about mental health and emotions, identity, spirituality, relationships, coping, and healing was facilitated. By setting a broad and holistic discussion framework with questions such as “what is mental health?” and “what contributes to our identities?” I attempted to maximize my ability to respond fluidly



## Methodology

to each group and individual participant. I reciprocally contributed personal knowledge and insights throughout the discussion where needed, including explaining complex concepts that emerged or offering personal stories about related mental health experiences. As youth shared knowledge and offered feedback, responses were captured by hand on large posters for all to see. As stated above, the physical posters remained in the possession of the school communities, to honour and enable their collective ownership and rights to steward the knowledge. With consent, photographs of all knowledge captured were taken to ensure reporting was done as accurately as possible. Throughout the discussions, food was offered to the youth participants and adult helpers, as a gesture of gratitude and friendship. Gifts were also sent to the youth after the fact, as another expression of thanks.



## Reporting

Throughout this report, you will find a collection of direct quotes from the youth, organized by emergent themes or specific areas of inquiry either identified through the course of discussion or by Kids Help Phone. Each discussion had a distinct flow, on account of the diversity of knowledge, age, and circumstance within each school on the day of the engagement session, in addition to other factors. In one example, it was picture day, and students were required to come in and out of the engagement as needed, altering the flow of discussion. In other places, certain topics required longer periods of discussion.

It is important to note that given the wide variance in demographic factors, distinct engagement circumstances between groups, and insignificant sample sizes, the knowledge captured in one community cannot be directly compared to another. Furthermore, the findings cannot be generalized beyond the specific communities engaged nor extrapolated to represent other culturally or geographically related groups.

When discussing collaborative health research with Indigenous peoples, Charlotte Loppie (2007) reflects on the idea that “creative expression is an essential component of Indigenous knowledge.”<sup>4</sup> Therefore, to honour the knowledge and most accurately reflect the way it came forward, I created illustrated graphic summary reports for each group of youth (see images on pages 8-14.) These illustrated summaries can hopefully be used to foster continued discussion and inform the local school and broader community about how young people relate to knowledge, one another, and those who support them within the context of mental health and wellness.

In addition, a brand report was provided to Kids Help Phone outlining specific suggestions youth shared about their name and logo; this feedback is not housed in this report.



Below is a cumulative overview of the wellness knowledge shared by Inuit, First Nations, and Métis youth and participating community members through eleven half-day engagement sessions in eight Indigenous communities across the country.

## Mental Health and Emotions

### What is mental health?

Participants across all locations shared varying understandings of “**mental health.**”

The predominant, interconnected themes that emerged included:

- **Mind and cognition**, including “thoughts”, “mentality”, “healthy mind and body,” and “how we see/understand things”
- **Emotions and feelings**, including “how we feel” and “feeling good about yourself”
- **Mental health support needs**, including seeking “support” and “kindness” from others and reaching out to “friends” and trusted “networks”
- **Individual attributes and experiences**, including “perceptions”, “how you see things,” “humour,” as well as your “family” and broader community, and
- That mental health affects “all of us” and is “what we all go through”

### What is mental illness?

When the conversation shifted to “**mental illness,**” very few students offered an overall understanding of the term. “Sickness” and “not feeling great” were suggested. However, most students could name a specific example of a mental illness. Across every location “depression” and “anxiety” were mentioned by at least one student. **Other examples of mental illnesses shared by participants included:**

- Bipolar disorder
- Schizophrenia
- Eating disorders
- Addictions
- Learning disabilities\*
- Obsessive compulsive disorder
- Anger
- Panic disorder
- Phobias
- Agoraphobia
- Pyromania
- Dissociative identity disorder
- ADD/ADHD\*
- Sociopathy
- Dementia
- Hurting yourself
- Suicide ideation and suicidal thoughts

\*typically recognized as a neurological/neurodevelopmental disorder rather than mental illness



In one session, students suggested examples of **physiological conditions** that contribute to mental health and illness, including “headaches,” “brain tumors,” and “too much or not enough sleep.”

In nearly every session, participants were asked if having a mental illness meant that a person could not have good mental health. Some thought the terms were mutually exclusive, but most students recognized that a person can be diagnosed with a mental illness but still practice and maintain good mental health and hygiene.

During several of the discussions the concepts of **trauma** and post traumatic stress disorder emerged. In places where trauma was not raised, I offered a family metaphor to help explain it.

### What emotions do we experience?

In every session, a portion of the discussion focused on **emotions**. Throughout, participants were reminded that humans are emotional beings who cycle through a great variety of emotions over our life span. **In total, participants offered sixty-three distinct emotional experiences:**

- Happy
- Excited
- Joy
- Cheer
- Glad
- Content
- Fine
- Curious
- Hope
- Faith
- Calm
- Mellow
- Sad
- Grief
- Stressed
- Anger
- Anxious
- Nervous
- Scared
- Afraid
- Fear
- Paranoid
- Worry
- Confusion
- Overwhelmed
- Useless
- Insecure
- “Tearing yourself down”
- Shy
- Out of control
- Awkward
- Connected to others
- Bored
- Bossy
- Sick/icky
- Nothing
- Numb
- Uncomfortable
- Creeped out
- Hurt
- Jealous
- Embarrassed
- Frustrated
- Annoyed
- Disgusted
- Surprised
- Déjà vu
- Gold (intended colloquially)
- Guilty
- Dread
- Strong
- Confident
- Funny
- Brave
- Proud
- Love
- Helpful
- Tired
- Sleepy
- Hungry
- Lazy
- Hyper
- Weirded out



Discussions about emotions often flowed into concepts of emotional **balance** and **regulation**. We discussed that when certain emotions are experienced in an extreme way, or to the point where other emotions are clouded or denied, it may be an indication of a mental health concern.

In one location, students shared what an emotional imbalance might **feel** like, including “not feeling like yourself,” “not eating or sleeping,” “lack of self-care,” “loss of interest and motivation,” or being “distant.” One student also reflected on being able to “feel” when others are out of balance based on their “aura” or affect, and that people can be acting happy but are really “hurting on the inside.” Where appropriate, I encouraged every participant to listen closely to what their thoughts and feelings are trying to tell them and seek support from professionals or people they trust if they are feeling out of balance.

## Identity



### What is identity?

Most participants understood identity to be self-directed, inherent, and as a total embodiment of everything that makes a person “**who they are**.” For some, this involved their lived “experiences,” their “past” and “memories.” In the session with the youngest participants (grade four), they reflected on the relational aspect of identity, including that it is “how you know people” and involves “telling others who we are” and “listening to others” about who they are. When asked how we come to know our identity, some students said it is your “thoughts,” “feelings,” and “emotions” that tell you, and that you simply need to “vibe with it” to know. Several

students shared thoughtful insights about self-determination of identity such as “you decide,” “you choose,” “anyone can be what they want to be,” “other people don’t tell you,” and there’s “not one way to be... anything.”

### What contributes to our identity?

When asked about the various **elements** that contribute to our identities, participants provided a wide array of factors. “Names” emerged frequently, and one group shared that many of them were named “after [their] grandparents and other relatives.” In every session someone suggested elements of physical “appearance” and “personality” including “likes and dislikes,” “goals,” “interests and hobbies,” “job,” “temperament,” “traits and characteristics,” “humour,” “talents and gifts,” and “weirdness.” Participants in various locations also felt that “actions” and “behaviours” contribute to identity, including “body language,” “how we deal with things,” and “how we treat others” or “make them feel.”

In every session “**culture**” or related concepts emerged as important components of identity, including, “background,” “Nation,” “treaty card,” “traditions/rituals,” and “what you eat.” “Where you come from” was also a prominent answer, as well as “important, significant, or special places,” and “home.”

Participants also offered “beliefs” and “religion” as central identity factors. “Relationships” including those with “community,” “family,” “friends,” and “pets” were also raised.

In every session, concepts of **sexuality** and **gender** emerged. “Sexuality” was also articulated as “who/ what you’re attracted to,” “what you like,” and in the youngest groups as “crushing” and “dating.” “Gender” also always came up, and in almost every engagement we explored the 2SLGBTQQPIA+ acronym. Of the whole cohort, two students could identify and explain almost every gender represented in the above acronym, but for many, this was an opportunity to learn from their peers or myself. At least one participant in three locations raised the concept of “respectful pronouns” (they, ze, she, he, etc.) In a few discussions, when asked how you know your gender or sexuality, participants shared “thoughts and feelings,” “how you view yourself,” and “it’s what you want to be.” Lastly, in some locations, we explored the concepts of homophobia and transphobia, and at least one participant reflected that these issues were prominent in their community. When asked what can be done about these oppressive views, one participant said, “we can educate others in our communities.”

In many of the discussions, we explored understandings of identity as a **spectrum**, and reiterated students’ views that they could determine their identity and should feel free to express it in whatever ways feel right to them. Students were also encouraged to be accepting of other identities, as the spectrum is infinite, and each of us are unique and special in our own ways.

## Spirituality



### What is spirituality?

The two most common responses to this question were “what you believe in” and “religion.” Spirituality was considered “personal” and about “self expression,” “having control over yourself,” and “embracing emotions and hobbies.” Spirituality was also connected to “culture” and “language.” Others suggested spirituality as related to the “soul,” “spirit,” or “mind,” or as a “feeling,” “perception,” “vision,” and “déjà vu.” “Something we see that others may not see” and “beyond reality” also emerged as related concepts.

“Connection” was a recurring theme, including connections with “things that are bigger than us” and the “traditional and spiritual world.” “Land,” “nature,” “spirit animals,” and being “one with the planet” and “the medicine wheel” were also identified elements of spirituality, along with “family,” “Ancestors,” and “responsibility.”

For some, spirituality is related to mystical or “paranormal” dimensions, including “ghosts,” “witches,” and “magic to heal people”. For others, spirituality had to do with “thinking about death,” “being more than mortal,” “heaven and hell” and “angels.”



### How does it feel to be spiritual?

When asked what it feels like to be spiritual, “connected” was a common feeling. For some, the feeling related more to the self, including “feeling good” and “acceptance” of self, and the feeling that you’ve “reached your higher self.” **Spiritual feelings offered included:**

- Relaxed
- Calm
- Free
- Kind
- Happy/good
- Hurt
- Natural
- Warm
- Optimistic
- Grateful
- Humble
- Weird
- Kind of scary at first
- Nerve-wracking
- Scared
- Anxious
- Safe
- Accepted
- Peace
- Content
- Mad

Lastly, for participants in one location, spirituality felt like an “energy” or “frequency,” or like “hearing a drum.”

### What do you do to be spiritual?

Students provided a wide array of things they do to be spiritual, including the following:

- Praying
- Thinking
- Meditation
- Dreaming
- Ceremony
- Sweat lodge/sweats
- Potlatch
- Round dances
- Washing ceremony
- Fast
- Feast
- Pow wows
- Camping
- Making fire
- Swimming
- Fishing
- Singing
- Music
- Dance
- Traditional dance
- Move
- Walk/run
- Sports
- Yoga
- Sleeping
- Reading
- Drawing
- Art
- Play
- Laugh
- Cuddles
- Talking
- Talking to Elders
- Being with family
- Support [others]
- Self-care
- Use traditional medicines
- Smudge
- Sage
- Hunting
- Insult each other (*meant jokingly*)
- Rest
- Relaxing
- Take a break
- Eat
- Candles & pictures
- Painting or drawing our feelings

### Who helps us to be spiritual?

The most common responses were “Elders” or “grandparents,” “family members,” and “friends.”

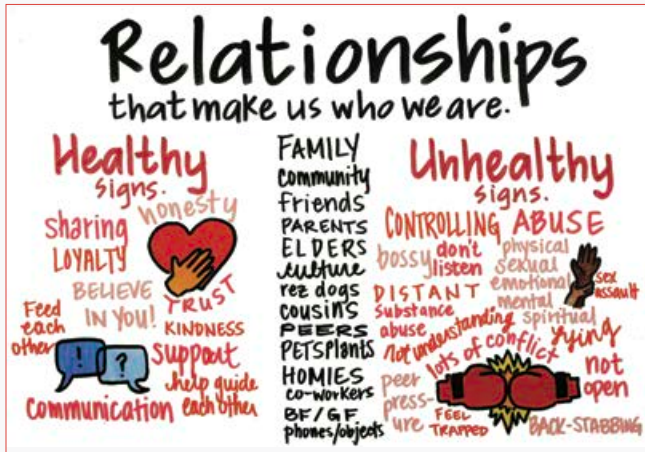
**Other responses included:**

- Creator
- Animals/Pets
- Community
- Singers
- Teachers
- Counsellors
- Spirits
- Ourselves
- Mother Earth
- Chiefs

Indigenous adults supporting one of the sessions also contributed insights that spirituality is about “values” and helps with “healing,” but cautioned that it is something we all must work to fully realize, not something we are inherently given or entitled to.

## Relationships

### What important relationships make us who we are?





The discussion about relationships was one of the most engaging discussions across all sessions. Students shared a wide range of relationships that contribute to identity, including with the self, friends, immediate and extended family, pets and animals, support persons, culture, community, close nations and everyone in between, or as one student said “we’re all related.”

### What are healthy components of relationships?

Students were asked to identify how they know a relationship is **healthy** or, depending

on participant age/grade, what makes us feel good in a relationship or what we enjoy about our best relationships (i.e. what are things you like about your best friend?) Across all sessions and regions, the diversity of positive aspects of a relationship was expansive, totalling approximately fifty unique responses.

The following prominent themes emerged:



	<ul style="list-style-type: none"> <li>• Feeling happy</li> <li>• Loyalty/being there</li> <li>• Safety</li> <li>• Trust and honesty (all sessions)</li> </ul>	<ul style="list-style-type: none"> <li>• Support/care/sharing</li> <li>• Respect /boundaries</li> <li>• Spending time/attention</li> <li>• Communication/talking (all sessions)</li> </ul>	<ul style="list-style-type: none"> <li>• Love/intimacy/affection</li> <li>• Kindness/saying nice things</li> <li>• Acceptance/open mindedness</li> <li>• Understanding</li> </ul>	
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Some other insightful qualities of healthy relationships included: “equality,” “consent,” “being weird/yourself,” “loyalty,” and “standing up for” and “believing in” each other.

### What are unhealthy components of relationships?

A wide range of **unhealthy** relationship elements were offered, with 87 unique responses recorded.

The following terms emerged most consistently and prominently:

	<ul style="list-style-type: none"> <li>• Abuse (almost all sessions)                             <ul style="list-style-type: none"> <li>• physical</li> <li>• verbal</li> <li>• sexual</li> <li>• mental</li> <li>• emotional</li> <li>• spiritual</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Not honouring boundaries</li> <li>• Bullying</li> <li>• Conflict</li> <li>• Lying</li> <li>• Cheating</li> </ul>	<ul style="list-style-type: none"> <li>• Violence</li> <li>• Manipulation</li> <li>• Jealousy</li> <li>• Controlling</li> </ul>	
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Participants offered other insightful reflections on unhealthy relationships including: “neglect,” “shame,” “substance abuse,” “gossip,” “peer pressure,” and various kinds of imbalances. Some students also shared feelings one might experience in an unhealthy relationship, including: “unhappy,” “scared,” “trapped,” “overwhelmed,” “threatened,” “insecure,” “anxious and depressed,” and “uncomfortable.”



## Coping







The term “coping” was not widely recognized or understood by the young people engaged, and most often explanation was needed to set the discussion framework. In many cases, once the discussion started, participants shared related terms and concepts, including: “managing,” “keeping yourself well/happy,” “getting through it,” and that it “comforts you.”

### What are healthy coping mechanisms?

Students were asked to share their **healthy**





**coping** skills and techniques. **The most common responses included:**

	<ul style="list-style-type: none"> <li>• Activity and exercise (all sessions)</li> <li>• Sleeping/resting</li> </ul>	<ul style="list-style-type: none"> <li>• Talking to someone (all sessions)</li> <li>• Releasing anger safely</li> </ul>	<ul style="list-style-type: none"> <li>• Helping/supporting others</li> </ul> 
	<ul style="list-style-type: none"> <li>• Art of various forms</li> <li>• Music</li> <li>• Eating</li> <li>• Mindfulness</li> </ul>	<ul style="list-style-type: none"> <li>• Counselling/therapy</li> <li>• Writing</li> <li>• Reading</li> </ul>	<ul style="list-style-type: none"> <li>• Meditation</li> <li>• Cleaning/tidying</li> <li>• Watching videos</li> <li>• Crying</li> </ul> 

Some other methods included “relaxing,” “alone time,” “breathing,” “schoolwork,” being outdoors or “changing scenery,” being in or drinking water, and spending time with others, including animals. Three individual responses stood out, including: “taking a step back to reflect,” “being honest with yourself,” and “connecting the dots.”

### What are unhealthy coping mechanisms?

Several prevalent themes related to **unhealthy coping** emerged, including:

	<ul style="list-style-type: none"> <li>• Drugs</li> <li>• Drinking</li> </ul>	<ul style="list-style-type: none"> <li>• Self-harm</li> <li>• Suicidal thoughts</li> </ul>	<ul style="list-style-type: none"> <li>• Bullying</li> </ul> 
	<ul style="list-style-type: none"> <li>• Smoking or vaping</li> <li>• Not sleeping</li> </ul>	<ul style="list-style-type: none"> <li>• Oversleeping</li> <li>• Violence, abuse, or taking it out on others</li> </ul>	<ul style="list-style-type: none"> <li>• Disordered eating</li> <li>• Isolating yourself</li> <li>• Avoiding, ignoring, or suppressing emotions</li> </ul> 

Other responses included: “not taking breaks,” “self-doubt” and “blame,” being “impulsive or reckless,” “obsessing,” and “not breathing.”

## Healing



The discussion of healing was not evenly weighted across all groups due to time constraints, often in the sessions with younger participants. In one engagement, the discussion of healing was completely omitted due to a lack of time.

### What is healing?

For many students, healing was related to “**recovery**,” including “getting better,” “bouncing back,” and “getting over something.”

Students also shared understandings of healing that were connected to “self-worth” or respect, including: “being kind to/loving yourself,” “letting yourself feel,” and “believing in yourself.” For others, “pride,” “being yourself,” or “expressing yourself” were elements of healing, and for one participant healing involved “connecting with your higher self.”

### Youth understood healing in the following additional ways:

- Reflection
- Want[ing] to heal
- Noticing toxic traits
- Taking accountability
- Learning from it/the past
- Understanding
- Self-control
- Stability
- Mindset

### Others highlighted aspects of healing related to **change**, including:

- Growing
- Breaking the cycle
- Getting out of your comfort zone
- [Having] healing goals
- Changing your life around
- Changing the way we do things
- Moving on
- Having priorities and standards to change your situation

### Some participants reflected on **relational** aspects of healing, including:

- Re-uniting
- Reconciliation
- Fulfilling your legacy or role in community
- Volunteering
- Helping out
- Helping others
- Taking care of others
- Making others happy for your own happiness

For others, healing related to “closure,” “letting go,” “accepting” and “understanding you can’t control everything.” Participants in one location reiterated that healing is an “alive” and “active” process that “takes time.” In another session, one student said that healing must happen “at your own pace.” In two sessions, “reaching out” for and “accepting help” were important. “Hope,” “optimism,” “humour,” and “focusing on the future” were also shared as components of healing.

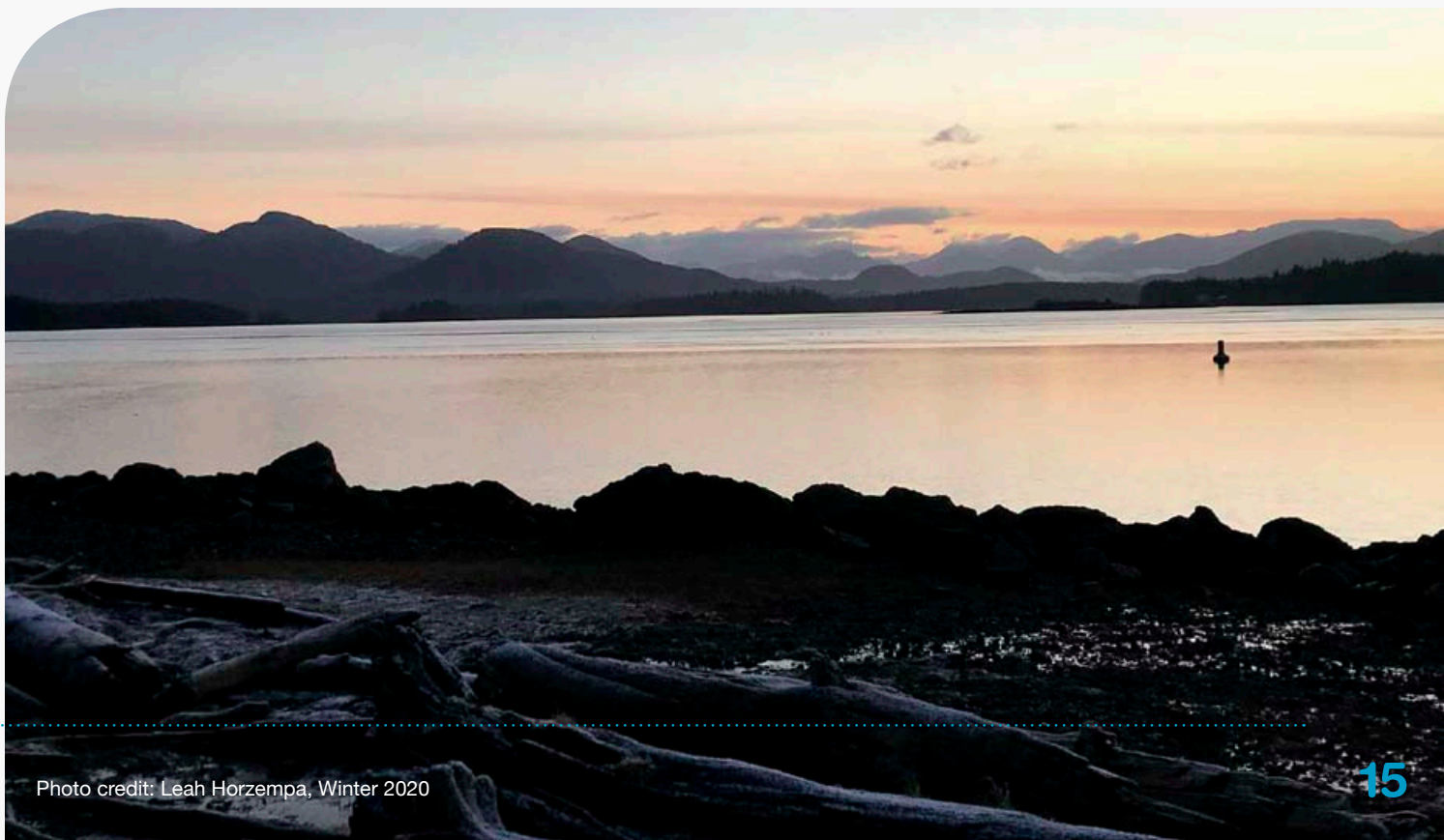
### How do you heal?

Throughout the discussion, most students continued to reflect on healthy coping mechanisms, which if maintained overtime, could contribute to healing. Some students felt “talking to someone” or receiving professional support would help them to heal. Self-care also emerged as a healing mechanism. Various culturally significant ceremonies were raised including “smudging,” “pipe ceremonies,” “washing ceremonies,” and “talking circles.” Relational aspects of healing included spending time with certain people, distancing from others, and seeking out new relationships. Lastly, “spending time in nature,” “travel,” and “adventure” were also recognized as ways to heal.

### Who helps with healing?

Participants offered many examples of people who may help with healing, including:

- Family
- Friends
- Homies
- Mandem (*i.e. social group*)
- Parents
- Doctors and nurses
- Community members
- Social workers
- Therapist
- Counsellor
- Ourselves
- Elders
- God
- Pets/dogs
- Animals
- Teachers
- Grandparents
- Shamans
- Singers
- Outside world
- Medicines
- Water
- Plants





## Mental Health Support

### What characteristics do you look for in a person you turn to for support?



Many responses centred on the support person's **tone** and **affect**, including “friendliness” and “kindness.” “Trustworthiness” (six sessions) and maintaining privacy was a prominent requirement for many young people, in addition to “listening” effectively and “understanding.” **Additional sought-after qualities included:**

- Feeling heard
- Supportive
- You can open up [to them]
- [They] are open with you
- Reliable
- Dependable
- Be there [for you]
- Nice
- Happy
- Polite
- Motivational
- Weird
- Outgoing
- Play games
- Play music
- Calm/calming
- Caring
- Loving
- [You] can feel they care
- Thoughtful
- Crying is ok
- No robots
- Make you feel better about yourself

Participants also shared details about how they would like to be **treated**, including with “respect,” “empathy,” and “sympathy.” Another vital aspect was that a service provider be “non-judgmental” and “open-minded.” One participant said they “don’t want to feel pity” and another suggested that a good support person doesn’t “make assumptions about you.”

Many iterated that a mental health service provider should be “helpful” and “knowledgeable” specifically in terms of “offering strategies,” having an understanding of “where you’re from and your reality,” and helping you “see that [you] aren’t alone.” Further, some youth wanted support to “work through sad thoughts,” and “make [them] feel better.” At a different time

in the discussion, one participant felt it was important that a mental health worker be able to understand them specifically in terms of “their lingo.”

### **How would you like to access support?**

When asked to identify their preferred method of connecting with mental health services, participants expressed a **diversity** of needs and preferences in each session, including face-to-face, calling, texting, and online messaging. **Video conferencing** did not seem to resonate with many of the youth for a variety of reasons, including awkwardness and poor internet connectivity, but may be needed and desired in other locations. In one place without cellular access, students shared preferences for services offered over the phone and online.

**Texting** was shared as a preference by some students in many locations, and approximately half of the participants in two sessions. **Students cited several reasons as to why they would prefer texting, including:**

- |   |                            |
|---|----------------------------|
| • Shyness                               | • Ease                     |
| • Comfort                               | • Not as anxiety provoking |
| • Privacy                               | • Privacy                  |
| • [!] don't have to see their reactions | • I can read it again      |

Few participants resonated with **online messaging** to access mental health support. It is worth noting however, that in some communities online instant messaging is used in place of texting due to spottiness in cellular connectivity. Therefore, it is difficult to know if this may have been conflated with “texting” in certain locations, possibly contributing to the lack of resonance with online messaging.

**Face-to-face** services were most preferred in two locations, and by some students in three other locations. Some of the reasons included, “[it is] easier,” “[you] can be comforted,” and that the support person could “better understand [you] if they can see you in person.” Concerns about safety emerged in some discussions when participants were asked to imagine seeking virtual support (either online, video, texting, or over the phone). Youth shared a number of considerations, including “[it’s] hard to help someone over the phone,” “not knowing if the [support person] is alone,” being “afraid of what they will do with my information” and fear that they could “track me down.” Further, one student worried that they may risk involvement from “social services” if accessing virtual supports.

Several students articulated value in receiving mental health support over the **phone**, including it “takes less time,” you “can hear their tone of voice,” “I can say whatever comes to me,” and “the phone is anonymous.” One student felt that they were too shy or scared in person and that calling may be better.

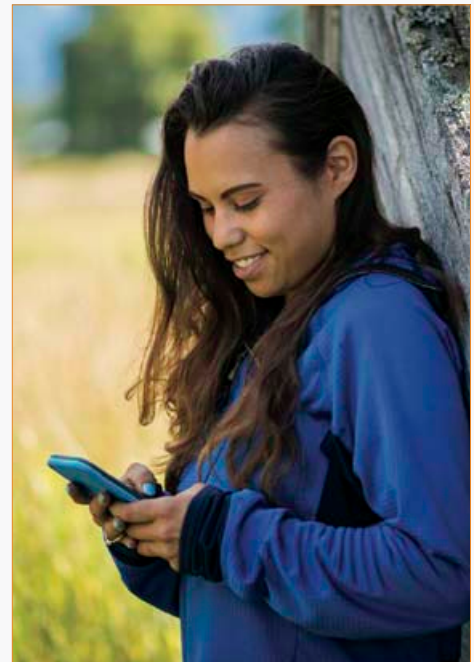


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Calling was indicated as a suitable secondary option to texting in two locations. In one place where cellular services were unavailable, phone access was one of the preferred methods, as many students said they had access to a landline phone that they could use privately.

However, several students had mixed feelings about service needs and preferences. In four locations, students wanted variety and **choice** when accessing mental health supports. One person shared that they would want certain forums like phone or texting for some issues, and different forums for other issues.

In terms of accessing Kids Help Phone information or services in **classrooms**, community members and students from three locations identified a need for introductory, in-person relationship building between youth and the service provider, prior to offering service options. This was heard across urban, rural, and remote locations, including from elementary and high school aged students, and an Indigenous social worker who supported youth in one of the schools. One student felt that a class was too large a group for this type of service/program.

In three locations, participants gave recommendations that a representative from Kids Help Phone personally come to the school to make the **first connection**. Reasons given included to “introduce themselves” and provide information, and “getting to know them.” By coming together in a “circle,” or other Indigenous knowledge sharing methods, the students suggested that this time could be used to “establish boundaries” and build “trust.” One student further suggested that this representative could “come in once a week and get to know them.” An Indigenous social worker recommended that this person could be a regional representative who travels around for this purpose. They also recommended that this person provide their direct contact information, so that the young people could reach *them specifically* in times of need. In three locations, participants wanted the representative to offer young people the opportunity to meet one-on-one that same day, to build personal relationships and potentially receive “advice” or “opinions.”

## Indigenous-Centred Mental Health Support

### Do you want to receive support from an Indigenous person?



Across all locations, the question of whether a support person should be Indigenous received **polar responses**. At least half of the participants in four sessions (and four locations) expressed a preference in receiving mental health support from an **Indigenous person**. Some of the reasons cited included being “more comfortable,” that “they can relate more,” they “might have experienced the same thing,” may “know what’s happened in past lives,” and “might be better at solving the problem.” In two sessions, Elders present for the discussion shared that mutual Indigenous experience and worldview in therapeutic relationships are important factors needed to appropriately respond to the intergenerational impacts of



residential schools and related experiences of colonialism. In addition, two participants said they would prefer to receive mental health support in their **Indigenous language**.

Several students decisively expressed that receiving support specifically from an Indigenous person was **not relevant**. Some of the reasons cited included that non-Indigenous people could help in the “same way,” so long as they possessed many of the important qualities outlined earlier in the discussion. Participants stated, “it only matters that they care” and you can “teach them too.” In many situations, as the discussion progressed, some students’ thoughts about this appeared to shift, and they expressed that for certain circumstances and reasons, they saw the value of receiving support from an Indigenous person.

Some who preferred an Indigenous support person stipulated that they should not be from their “home community” or “someone you see every day,” due to privacy concerns and “gossip.” Yet these considerations appeared specific to each youth and community. Students in another session preferred to receive support from someone in their home community, considering that another Indigenous person may “not necessarily [be of the] same culture.” In one session, someone expressed an interest in talking to another young person about mental health issues, but in most places age-related considerations were not discussed.

In several engagements, students indicated that for specific issues they would prefer to speak with an Indigenous person, but for others it would not matter. Many agreed that it was important to have the **choice** to speak with an Indigenous counsellor. Participants in one urban centre wanted to have the option to speak with an Indigenous or non-Indigenous counsellor, as well as a male or female, given that for certain issues these elements of the counsellor’s identity may be important to them.

### **Would you feel comfortable to identify as Indigenous to Kids Help Phone?**

In six of eleven sessions, the immediate reaction volunteered by the participants was, “**why?**” This was articulated by some as “why do they need/want to know?” “why does it matter?” and “why are you asking?” Many students said they would not self-identify to the counsellor because it is simply unimportant and questioned the relevance of that information when receiving mental health support (six sessions). Notions of equality were often raised in these discussions.

To follow-up, participants were asked how they would **feel** if they were asked to identify as Indigenous. Most of the responses were negative including “it feels like a bad question,” it is “rude,” and it is “none of [their] business.” Others shared they would feel “embarrassed,” “confused,” “anxious,” “uncomfortable,” “nervous,” or “afraid.” Some flatly said they would be “annoyed,” “offended,” or “pissed off.” One student stated “everyone should be “treated equally” again implying that questions of ethnicity were irrelevant. Concerns related to personal privacy emerged, including “it’s too personal,” and “an invasion of privacy,” and one student said they would worry about “hackers” or “sexual predators” if they were asked to identify.

Some shared concerns about the potential for **discrimination**, including being “targeted” or treated differently” (three sessions.) One student worried that should they identify as Indigenous, the service provider “won’t like me.” Another further explained that “[identifying] automatically makes me different.” Similarly, some feared “racism” or “bullying,” stating that the person asking “might be assuming things,” or may “use stereotypes” such as Indigenous people “don’t take care of themselves” or have “dirty homes.”

One student worried that other youth in their community would feel “judged” if they were asked to identify because of how Indigenous people have historically been treated in Canada.

Students were later asked how they may **respond** if Kids Help Phone asked them to identify when they reached out. Two participants said they would “hang up” and one said, “I wouldn’t want to be there.” Conversely, a few participants suggested they would be compliant, including one young person who said, “I’d tell them and be done with it.” When these students were probed as to why they would choose to identify, they cited reasons such as “pride” in their identity, that “culture is important,” and “I [would] want them to get to know me.” One student said “I would ask them” if they asked me.

Some participants said they would only disclose their Indigenous identity under certain **conditions**, including whether or not it related to their problem, or if the responder could explain why identifying “would help [them] in any way.” One student explained that they would say they were Indigenous but “not where [they are] from.”

Several participants stated they would only be comfortable to identify if the **counsellor was Indigenous** (four sessions). Additionally, someone said, “I would feel mad because they might be white,” indicating that it would violate a personal boundary, and suggesting that there may be value in having a counsellor pre-emptively identify as an Indigenous person in certain situations.

To understand further, participants were asked to imagine reasons **why** Kids Help Phone or a similar organization may wish to know if service users are Indigenous. Very few participants offered a response.

When exploring why counsellors may be incentivized to ask about indigeneity, some wondered if it may be to connect youth with the best resources available to them. One student offered that Kids Help Phone may “want to know if you’re being bullied for racist reasons.” As stated above, in two locations where Elders were present, they took this opportunity to shed light on the value of Indigenous-centered support due to the impacts of “residential school,” “loss of language,” and “intergenerational trauma.”

Participants were also asked if there are **ways to inquire** about Indigenous identity that may be more acceptable. One suggested it is “better to ask at the end.” Two participants said, “tell me why” and two suggested “explaining” why the counsellor would need to know “before asking.” One participant felt strongly that youth should “have a **choice**” about whether to identify or not, as is best practice for self-

identification with any demographic. A few participants suggested alternative questions that could capture similar knowledge without being as offensive, such as: “what is your culture?” “would you like to tell us where you’re from?” and “what languages do you speak?”

Lastly, participants in one northern community wondered if it may be important to focus on **other components of identity**, such as “sex” and “gender,” or “geographic region” and “what’s around you.” An Indigenous social worker supporting the session shared that “being Indigenous in the north versus



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RyersonClark

“  
culture  
is important,”  
and “I [would]  
want them to  
get to know  
me.”  
”

the south is totally different” and “remoteness and availability of resources” are particularly important considerations in mental health care.

### **Should Kids Help Phone have an Indigenous specific line?**

The concept of an Indigenous specific line emerged as a good option for Kids Help Phone in the first session and was raised with all participants thereafter, except for the youngest students due to time constraints. Overall, feedback was mixed.

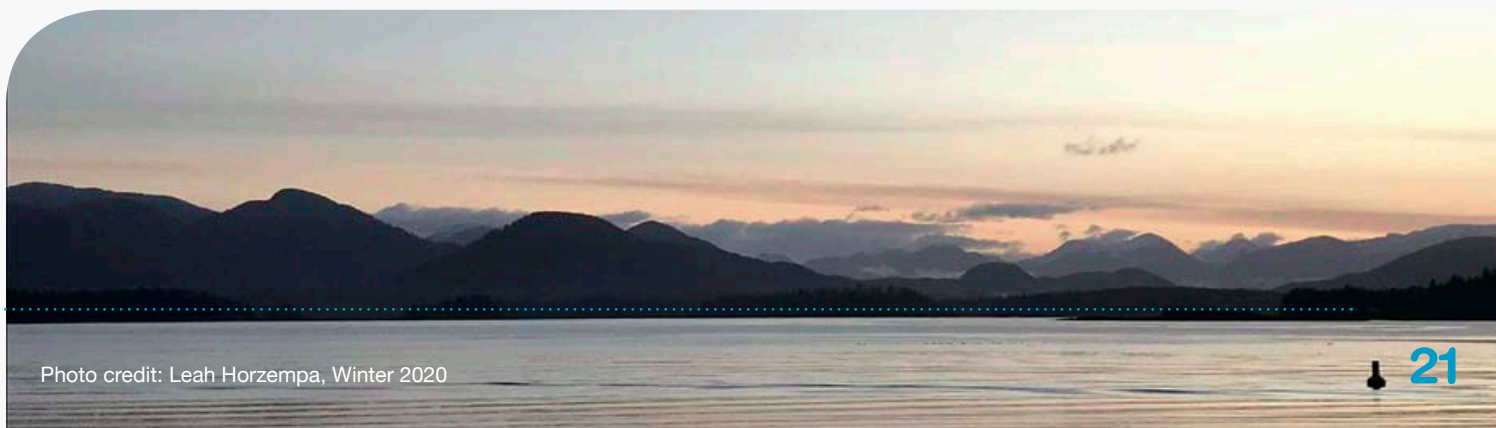
In every session where an Indigenous specific line was explored, at least one participant thought it was a **good idea** for Kids Help Phone. **In six of those sessions, several students saw this as particularly important, citing reasons such as:**

- 
- “I’d be more comfortable”
  - “[I would] “feel better” or “happier”
  - “[They may] know what I’m going through”
  - “Relatable”
  - “[They] could maybe help with culture”
  - “[They] maybe had the same experience”
  - “[They] won’t look down on you”
  - “[They] may have a similar worldview”
  - “[I] can speak my native language with them”
  - “[You] know you can talk to an Indigenous person”
  - “[They may] know our lifestyle, traditions, culture”
- 

Most of the Indigenous adults who were present for the sessions also articulated that in their view, it would be a good idea to have an Indigenous-centred and specific Kids Help Phone service. In addition, at least one participant in every session felt it was important to have a **choice** between contacting Kids Help Phone’s existing services or an Indigenous-specific line. In one engagement, every participant felt that having this choice was a really good idea.

In several sessions, there were students who either did not care or felt that there was **no need** for an Indigenous-specific line. Reasons included that all counsellors are “here to help,” and “keep things private.” For one participant, it was only important that they have someone to talk to.

In two locations, students felt that Indigenous mental health services and supports should be **available for all** young people, regardless of race or ethnicity. One participant felt that “all can share Indigenous supports,” and another recommended that Kids Help Phone should “always include Indigenous resources for everyone.” When asked if issues could arise by extending Indigenous mental health services to people who do not identify as Indigenous, or if that could put undue strain on services that may be overburdened, one participant said they had “mixed feelings” about that and few others engaged with the idea.





# Discussion of Indigenous Youth and Community Suggestions for Kids Help Phone

## A. Determine service access needs, preferences, and protocols locally and/or regionally, through relationship.

The youth that were engaged shared a wide range of needs and preferences as to how they would want to access mental health support from Kids Help Phone. While in a couple locations the majority of students had the same preference, in every session there was a **diversity** of interests, needs, and wants reflected. Many young people spoke to the importance of receiving mental health support or learning about mental health services in person, face to face. Based on the surrounding discussions, these preferences often seemed linked to wanting to build relationships and evaluate safety as a precursor to receiving support or resources. Lastly, many students emphasized the importance of having a **choice** in the method used to receive mental health support from Kids Help Phone.

Many variables likely contribute to the diversity of access needs and preferences outlined by the youth, including differences in land base and geography, access to technology, availability of cellular or internet connectivity, and distinct cultures and ways of life that shape understandings of wellness and help-seeking behaviours. Uncovering **how and where** Kids Help Phone can fulfil mental health support access needs in communities must be determined regionally, and on a community-by-community basis, through partnership and relationship.

## B. Be mindful and respectful if inquiring about Indigenous identity.

The Indigenous youth engaged spoke to vast, multi-faceted, and interconnected understandings of identity. When questioned how they would feel if asked to disclose their Indigenous identity to Kids Help Phone, students demonstrated a wide array of reactions. In most locations, the students **reacted negatively** to the concept of being asked to self-identify as Indigenous, relaying confusion, trepidation, fear, and anger. On the contrary, a few students were **open** to identifying, citing pride and value in their identity as it related to receiving mental health services. Furthermore, youth in some locations were **not aware** of the meaning of the word “Indigenous”, suggesting they were not exposed to the term, and used community-based and language specific identifiers for themselves and others.<sup>5</sup>

In Canada, identifying as Indigenous warrants a level of caution and self-protection, given the way that identity has been imposed by the colonial state, and used as a mechanism of control through legislation and policy such as the *Indian Act, 1876*. Simultaneously, Indigenous communities and individuals have been systematically prohibited from using their own, self-determined language and concepts of identity<sup>5</sup>. Students shared fears of being judged, racially discriminated, or even disliked at the notion of being asked to self-identify. Therefore, asking youth to identify as “Indigenous” may fail to elicit the information sought, and may risk alienating or offending Indigenous service users.

<sup>5</sup>Sarah Hunt, “Ontologies of Indigeneity: the politics of embodying a concept” (2013) *Cultural Geographies* 0(0) 1-6, DOI: 10.1177/1474474013500226 at 3..

In the current context of policy and system transformation, demographic data related to race, culture, and geographic location plays an important role in highlighting gaps and needs in service provision. Therefore, some organizations and Indigenous communities may wish to collect this information. Select participants advised that in the event that Kids Help Phone should need to inquire about Indigenous identity, they do so thoughtfully and deliberately by explaining the purpose of this information before it is requested, and asking at the end of an encounter rather than the beginning. Furthermore, it will be important to recognize and demonstrate understanding when some youth choose not to disclose.

By seeking guidance regionally and locally through relationships with youth and the community members that support them, Kids Help Phone can learn **if, when, and how** youth should be asked to identify. In doing so, opportunities to participate as allies in the ongoing reclamation and revitalization of community-led and determined collective and individual identities will emerge.

### **C. Take particular care when informing youth about confidentiality at the outset of all encounters and establish privacy and information protocols on a community-by-community basis.**

Some youth raised safety concerns when discussing willingness to engage with Kids Help Phone services. Elements that contributed to understandings of personal safety and protection appeared to be wide-ranging, including being afraid of how personal information will be used and whether they may risk involvement with “social services.” As these discussions progressed, it became clear that above all, the youth that were engaged expected procedural **transparency** with any service being offered to them.

In one location, at the request of school community partners, I attended a meeting of a local interagency mental health working group to reflect on the engagement process and the local knowledge gathered. During this meeting, community members directly and expressly stated that a foundational working **relationship**, with formalized **agreements** between themselves and any service provider, would be a preliminary requirement to accepting external mental health supports for youth in the community. Duty to report was raised as a specific area of importance and concern, requiring a trusting relationship, and respectful communication to evaluate protocols on an ongoing basis. In another community, youth expressed frustration and mistrust with the concept and practice of duty to report obligations.

Given all these considerations, special care should be employed when working with Indigenous youth and communities to collaborate on privacy and information processes. Additionally, service providers should appropriately and transparently inform youth about their legal duty to report, to ensure youth feel safe and are empowered to make informed choices about what they choose to disclose to external and non-Indigenous service providers.

## D. Develop classroom programs locally and/or regionally through partnership and relationship with Indigenous communities.

Further engagement in addition to community-based and led research is needed to determine the approach and applicability of classroom-based mental health programs in Indigenous communities offered by Kids Help Phone. However, some broad insights were shared about what participants' expectations of such a program may be.

Over the course of the discussions, participants from a mix of demographics and geographic regions suggested initial introductions with external service providers be held **in-person**, given the importance of relationship-building and trust development at this stage. As some students said, this can provide an opportunity to establish boundaries, offer one-on-one support, and potentially engage in culturally significant relationship building exercises to foster **trust and familiarity**. Virtual classroom-based services over the phone or through videoconferencing may not be desired by some of the youth and communities that were engaged but may be by others. Exploring how best to build relationships with youth and their school community through partnership and relationship will help to inform details about culturally safe and appropriate content and delivery of classroom programming, where needed.

## E. Consider how Indigenous young people can be matched with Indigenous counsellors and services, when they want to be.

The young people engaged through this project reiterated the importance of Action 6 in *Finding Hope*, which calls for exploring how to connect Indigenous youth with **Indigenous counsellors** and crisis responders when requested by the service user. Many said they would prefer an Indigenous support person, as they may have relevant experiences, collective knowledge, and appropriate expertise to meaningfully and sensitively respond to complex or culturally related issues, and may better relate to and understand where the youth are coming from.

However, for some youth this consideration **did not matter**, as they felt that all professionals and people who care could help in the same way. Many wanted the **choice**, recognizing that for some issues, and possibly for some people in their community, there are legitimate reasons to seek services from other Indigenous people.

In addition to discussing whether or not it is important to access Indigenous counsellors, youth also raised the possibility of a **Kids Help Phone Indigenous specific and centered service**, where all elements are informed, designed, delivered, and evaluated through Indigenous knowledge systems and by Indigenous people. In these imaginations, youth would not be asked to identify as Indigenous, and would know they are reaching out to an Indigenous person.

Contrastingly, youth in many locations felt that it was **unnecessary** to have access to mental health supports that were exclusively offered to Indigenous people. Some said it would seem like "special treatment," and many said that everyone should be "treated the same."



In many places, youth again emphasized that they want to have a **choice** when deciding whether to access Indigenous or mainstream services. An Indigenous-centered service may allow youth to make these choices easily, without prohibiting them from changing their mind or having to self-identify to a non-Indigenous service provider. When conceptualizing how systems like this could work, a social worker in one community hypothesized that Indigenous youth may contact one line but want to receive service from the other. They cautioned that in this scenario, service providers must be appropriately trained to ensure that youth are not caught in a loop between the services, where they are repeatedly redirected back to the Indigenous service line, despite wanting access to the mainstream line.

Youth also reflected on the importance of making Indigenous services **available to all** young people, as they see strengths and value in Indigenous knowledge systems and approaches to wellness that are important to share.



Photo credit: Leah Horzempa, Winter 2020

**Engaging Indigenous Youth for Kids Help Phone:  
A Reflection of Knowledge Shared**



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