



**Canadian Mental  
Health Association**  
North and West Vancouver  
*Mental health for all*



# REENERGIZING WELLNESS

**A Resource for Peer-Led Wellness Programs  
in Indigenous Communities**

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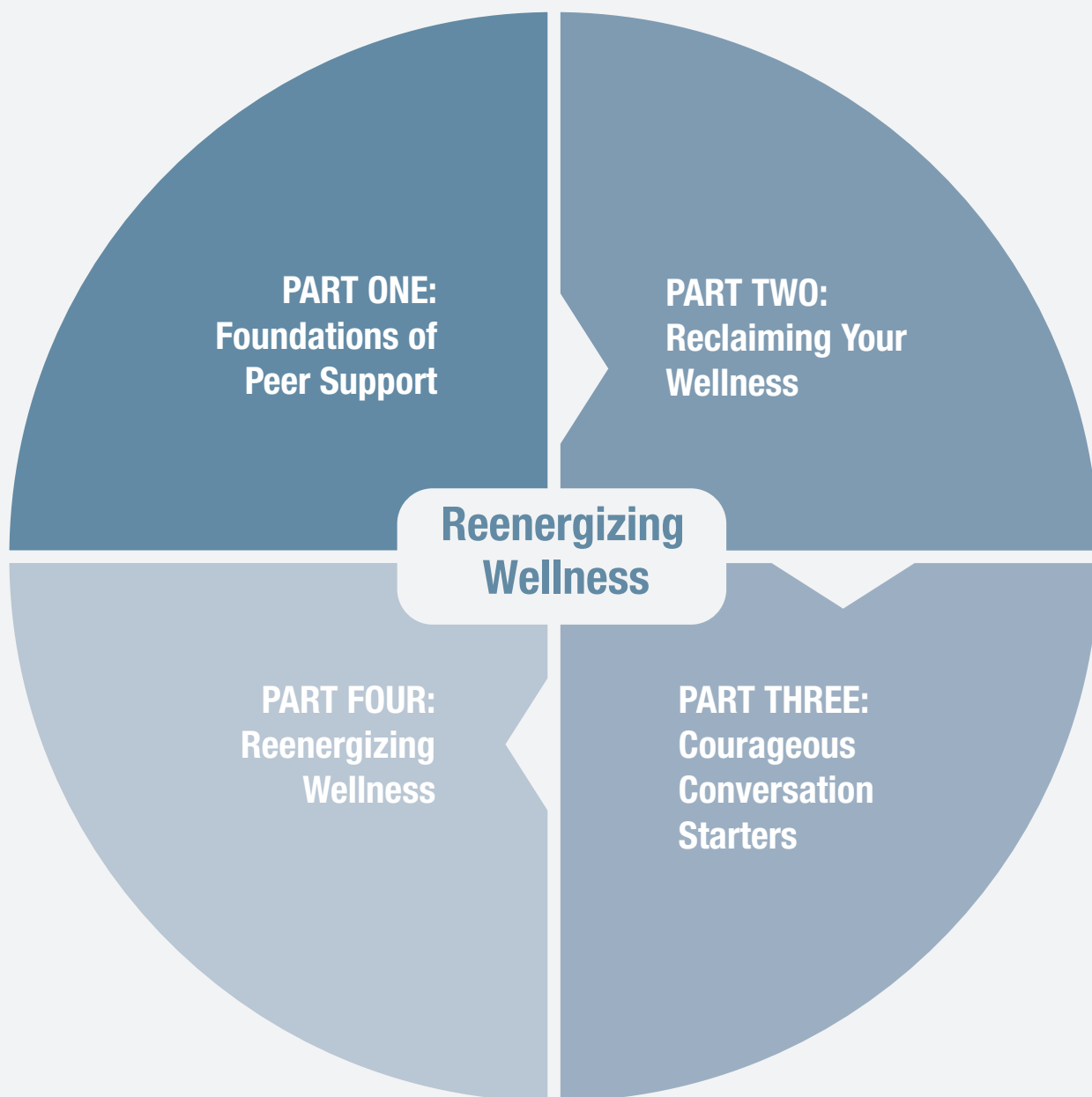
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# INTRODUCTION

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This resource is coming to you from Canadian Mental Health Association (CMHA) North and West Vancouver branch. It has been redeveloped after working alongside Tsleil-Waututh Nation, Reciprocal Consulting and First Nations Health Authority to pilot peer support initiatives in Indigenous communities in the South Coast region of BC in response to the opioid overdose emergency.

## **Intentions of this resource**

- Demonstrate the importance and value of peer-led work as filling an important gap in clinical work.
- Highlight emerging definitions of peer support that are rooted in culture.
- Demonstrate how peer work can take shape in community.
- Provide a framework for creating or building upon existing peer work in community.
- Equip peers with information and resources to support the wellness of their community members.

## **Who this resource is for**

- Peers interested in starting this work in community.
- Peers already informally doing this work in community.
- Health Directors.
- First Nations leadership.
- Other stakeholders (partners, funders, etc.).

## **Where the recommendations and learnings in this resource are coming from**

Through working alongside our partners, CMHA has had the opportunity to reevaluate our understanding of what peer support means and how it can look. The recommendations presented to you here highlight the learnings of peers doing this work in Indigenous communities in BC. This is not a ‘one size fits all’ approach and must be tailored to individual communities. Above all, this approach intends to highlight the importance of relationships and connection to culture and land as paths to healing and wellness.

## **Cultural support throughout the training process**

Lived experience with mental health and substance use is one of the greatest strengths of being a peer support worker. Peers must have a circle of support around them while they are training and continuing to do their work. Peers have found great value in having smudging and brushing ceremonies integrated into their training as well as dedicated time to connect with Knowledge Keepers and Elders.

## The opioid crisis

Peer-led wellness work can reach those who are using substances as well as their supporting families and friends. By creating opportunities for community members to experience belonging, purpose, meaning and hope through connection with peers, this work can act as prevention of substance use and death by overdose.

Since 2016, in the province of BC, there has been a public health emergency of opioid overdose deaths, primarily those caused by fentanyl and fentanyl-tainted substances. Indigenous communities have been disproportionately impacted by this crisis.

### Compared to non-Indigenous people

- Indigenous people in BC are 5 times as likely to experience an overdose.
- Indigenous people in BC are 3 times as likely to die from an overdose.
- Stigma of being an Indigenous person who uses substances contributes to the greater risk of overdose.
- Substance use is related to intergenerational trauma and ongoing colonialism.
- Indigenous people face structural and interpersonal racism when accessing health services.

In response to the opioid crisis, there has been a growing movement of peer support work in urban centers. Peer support is the delivery of non-clinical support by knowledgeable individuals who have lived through similar circumstances as service users. Including people with lived experience, people who are actively using substances or share similar experiences, have been critical to the opioid response as they are able to provide an understanding of what is actually needed.

### Sharing Kiki and Vanessa's Experience



In this 4-video series Kiki and Vanessa, peers from Tsleil-Waututh Nation, speak to their experiences as peer support workers and the value of this work in Indigenous communities.

#### Defining Peer Support

<https://youtu.be/5YWveQkFNIY>

#### Sharing Your Story

<https://youtu.be/z6nZLRpsgyM>

#### Developing Your Programming

<https://youtu.be/r9p1kWwrA5A>

#### Peer Support as a Bridge

[https://youtu.be/YyBFo\\_WjLvk](https://youtu.be/YyBFo_WjLvk)

# UNDERSTANDING PEER SUPPORT

Peer support is emotional and practical support between two people who share a common experience. A Peer support worker has lived through that similar experience and is trained to support others. An important understanding going into this project is that peer support is something that has typically been done in many Indigenous communities. The foundational idea of peer support aligns with values and traditions of Tsleil-Waututh Nation and how they have always done things.

## Examples of common experiences that peers may share

- Facing challenges with your mental health and wellness.
- Facing challenges with substance use.
- Supporting a family member struggling with mental health or substance use.
- Surviving trauma and beginning your healing journey and self-acceptance practices.
- Learning more about culture, land, language and traditions as part of your healing.
- Growing up with grandparents, parents, aunts and uncles who attended residential schools.
- Navigating complicated romantic relationships.
- Promoting healthy pregnancies.
- Having safe spaces to gain new parenting skills.

## How is being a peer support worker different from being friends?

A peer relationship can look like a friendship, but it is different. A friend is someone whose trust we earn, a relationship that we work for. A peer can help someone make friends of their own and can fill that need for companionship while the person develops supports that will last over time. A peer is paid to act as a support person; they are a liaison with clinical services; and the peer has training and support from their employer.

When working in community, this explanation may be too limited. Peers in community are coming to this work with preexisting relationships with friends, siblings, cousins, nieces and nephews. It is important to define boundaries for yourself to help navigate this grey area of when you are acting as a peer support worker and when you are acting as a friend or family member. This will be explored further in the boundaries section of this resource.

## How is peer support work different from clinical help?

Clinical help can be understood as talking to a counsellor, psychiatrist, family doctor or other mental health professional. As a peer, you will use your lived experience to offer support, guidance and encouragement. You will model hope and share your experience with finding balance and wellness. You won't define wellness, as it is personal and unique to each individual. You won't offer advice about medications, make diagnoses, tell people what they should be doing, nor act as a counsellor or a substitute for a mental health professional when one is needed.

## Emerging definitions of Indigenous Peer Support from those actively involved in the work



*“To be able to support people like us in community —for moms, aunts and dads to have a place to turn as well, we’re overwhelmed and it’s an epidemic. People are struggling and we are here for each other, formalizing the group of people who are here to listen, we might not be trained to get you through the entire crisis but can tell you where to turn.”*

*“I just want our people to know that they are supported, that there are people who have lived where they are at, not to feel alone, to know what resources are out there even if they’re not accessing them.”*

*“It’s not like a normal job, and the levels of success can be hard to find sometimes ... we want people to be peers, so we have to be honest about what that looks like.”*

*“It’s our families—it affects you more than you expect.”*

*“Our people who were sick weren’t shamed or ostracized. That’s how healthcare treats our sick people. This is taking it back, bringing them back and wrapping them with love, showing them that they have a place. Everyone traditionally had a role and still do. They lost their ability to see that through colonization, so we’re just getting back in line.”*

*“The solution for addressing mental health issues for the community aren’t going to be found in a clinical response.”*

## What to call peer support work in your community

It is important to decide on a name for peer support that will make sense to your members, as peer support is a term that is new in community and mental health settings and not widely understood. At Tsleil-Waututh, the term *tsoutin* was used for the peer support project as it is a traditional term understood to mean family helper. Community Wellness Worker is another term that peers feel comfortable using.

## What peer work can look like in community

- Hosting wellness events and community dinners.
- Facilitating wellness groups or healing circles.
- Connecting with community members individually to:
  - Share stories.
  - Offer emotional and practical support.
  - Offer resources and referrals to community-based supports like counsellors, nurses or treatment facilities.
- Working closely with the community health team and clinical team to connect members to support based on where the member is at.
- Advocating for and being with community members as they navigate systems like health care, child protection and law enforcement.

# BOUNDARIES

In settings outside of Indigenous communities, peers support the larger community, where they usually have no prior relationship to the people that they help and are typically not helping their own family. It is much more complex to do peer support in your community, to live and exist in the same space where the people you work with do. In some ways this is a strength; often people have trust issues with service providers because after they get invested, they leave. For Indigenous peers, because they are also community members, people in this position are ‘forever people’ and constant, within reason. Setting boundaries with your team and with community members is an important part of prioritizing your wellness.

## What does it mean to set boundaries?

A boundary is a limit or edge that defines you as separate from others. It is important for you to set boundaries around:

- Your hours of work.
- Responding to community members after hours.
- Entering situations that may jeopardize your personal safety.
- When you are supporting someone as part of your peer work versus when you are supporting someone as a friend or family member.

## Hours of work

Set hours of work for yourself that are as consistent as possible week to week. Make sure to take evening programming into account when scheduling your hours of work.

When you start working with community members it is important to state your hours of work and when they can expect you to respond to their messages. If community members reach out to you after hours, you can remind them of your hours of work. If it is an emergency, provide them with emergency numbers or afterhours resources.

If you notice that community members prefer to connect during evening hours and you are able to accommodate this, create your schedule accordingly. It is important to note that most of your health team or support team work typical business hours and may not be able to support you after hours. It is not a reasonable expectation for a peer to be available 24 hours a day, 7 days a week.

## Example schedule



### **Mondays: 12:00 – 7:00 pm**

(12:00 – 5:00 pm in office)

(5:30 – 7:00 PM running Men’s Group)

### **Wednesdays: 11:00 am – 5:00 pm**

(11:00 am – 2:30 pm in office)

(3:00 – 5:00 pm running Girls’ Group)

### **Thursdays: 10:00 am – 5:00 pm**

(10:00 am – 5:00 pm in office)

## **Your cell phone and personal social media accounts**

Community members may assume it is fine to reach out to you afterhours on your personal cell number or through social media. You are encouraged to remind them what your work hours are when you will respond to their messages.

When possible, it is helpful to have a work phone number or work cell phone and to ask that this number be used when community members are contacting you regarding your peer support role. It is also helpful to create a separate work Facebook account for this purpose.

## **Personal safety**

As a peer your role is to run programming and meet with people individually to listen, provide emotional and practical support and connect them to resources. You are not trained to be an emergency responder or attend to situations where there is the potential for violence or other danger. You can provide the contact information for emergency services or call them yourself. It is a good idea to make a check-in plan with your team when you have meetings outside of your office. You should tell someone where you are going, who you are meeting and what time you should be back by.

## **Peer support worker vs. family or friend**

When a community member asks you for support, it is important to start by asking yourself: *Am I responding to this as part of my peer support role or as a family member or as a friend?* When you have a close personal relationship with someone, it is understandable to connect with them afterhours and provide support. There may be times when you feel you are too close to someone to be able to provide objective support. In these cases, it is a good idea to connect them to other community resources or a mental health professional.

## **Afterhours resource**



### **24-Hour Crisis Line for Adults/Elders and Youth**

The KUU-US Crisis Line Society operates a 24-hour provincial Aboriginal crisis line for Adults/Elders (250-723-4050), Child/Youth (250-723-2040), and a toll-free line (1-800-588-8717).

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## CONFIDENTIALITY

When you work as a peer, what community members tell you is confidential. This means you must keep their information and stories private and not discuss them with family or friends. This is incredibly important when you work and live in the same community. It is appropriate to share some information with your team when you are making referrals for other services and when you are having clinical supervision.

### When meeting with a community member for the first time

As part of your first session explain that you will keep what is shared with you confidential but there are times when you will have to break this agreement. You are required to break confidentiality when someone is in danger or when your records are subpoenaed by a court of law. It is important to never promise to keep any information a secret. Also explain that when you are making a referral to another service on their behalf, you will ask them which information you have their permission to share.

### Limits to confidentiality

1. The individual is going to hurt themselves or has plans to end their life.
2. The individual is going to hurt someone else.
3. There is a child, youth, Elder or other vulnerable person being hurt by someone.
4. Your records are subpoenaed by a court of law.\*

*\*When taking notes, it is good practice to write brief notes that only include the necessary information. This includes: date, time, a short summary of what was discussed and the recommendations you provided.*

### What you can say

*"Everything you share with me will stay between us. This is unless you tell me that someone is in danger. If someone is in danger, you and I will work together to make sure everyone stays safe."*

If someone says to you, I need to tell you something but you have to promise to keep it a secret, you can respond with:

*"It sounds like you might be worried about someone getting in trouble. After you share this information with me, you and I can discuss our options for making sure everyone involved is safe."*

### Duty to report

The Child, Family and Community Service Act requires that anyone who has reason to believe that a child or youth has been or is likely to be abused or neglected, and that the parent is unwilling or unable to protect the child or youth, must report the suspected abuse or neglect to a child welfare worker. When you begin in your role, ask your supervisor what the policy is around reporting. Sometimes there is a designated person responsible for reporting.

It can be very difficult to make these reports to the Ministry of Children and Family Development (MCFD) because of the history of Indigenous children being forcibly removed from their families, experiencing abuse in care and being isolated from their community and culture. There may be times when you can work with

your team to have the child or youth you are working with stay with another family in the community and support the caregivers to access resources while still making the necessary reports.

Some communities have delegated agencies for child welfare like Kw'umut Lelum Child and Family Services and Usma Nuu-chah-nulth Family & Child Services on Vancouver Island.

When you are making a report, it is important to only report what was disclosed to you and to report exactly what was said. Sometimes community members talk to each other about what is going on with other families. In your role as a peer you must respect the confidentiality of those you are working with and only report what has been disclosed directly to you by those involved in the situation.

Options for reporting:

- You can make the report with the person who brought the information to you.
- You can make the report yourself.
- You can take the information to your Health Director, a counsellor you are working with or the person in the Nation designated to make these reports.

### **Call 1-800-663-9122 to make a report**



Your call will be answered by the Provincial Centralized Screening team and their primary role is to receive and assess child protection reports and initial requests for ministry service across the province, 24 hours a day, 365 days a year.

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## TRAINING PEERS

*“I learn by people talking, telling stories, and pulling out things that relate.”*

Information provided in this resource is designed to be a starting point for peers. Training should be flexible to provide the support and learning they need depending on their age, level of experience, and other factors. Many courses and trainings are offered virtually and can be found through a web search.

CMHA and peers recommend the following trainings:

- First Nations Mental Health First Aid
- Applied Suicide Intervention Skills Training (ASIST)
- Emergency First Aid and CPR
- FoodSafe
- Fundamentals of Addictions
- Harm Reduction
- Trauma Informed Practice
- Group Facilitation
- Self-Care and Burnout

### **Spend some time thinking about what types of training you want to take and research where they are offered**



This is an investment in yourself and your community. Your health and clinical teams are great resources when it comes to training. They can point you in the direction of websites, videos, courses and seminars. It is appropriate to ask your supervisor if there is a budget for your professional development or to build this into your budget when you are starting out.

# RECLAIMING WELLNESS

## Video: The Social Determinants of Health from a First Nations Perspective

Presented by Gwen Phillips, First Nations Health Council, citizen of the Ktunaxa Nations

[www.youtube.com/watch?v=aD-wYpDsooQ](http://www.youtube.com/watch?v=aD-wYpDsooQ)

### Key points:

- To build healthy communities, First Nations people must remember how communities thrived for thousands of years before colonization
- Colonization was the oppression of First Nation's culture by the dominant culture
- The dominant culture came with values that clashed with the values of First Nations people

Traditional Cultural Values	Colonial Values
Strong families and social support networks, communities where everyone had a role to play	Independence and competition
Many Nations were matriarchal societies where women made and kept rules and often picked the male leaders who were protectors and providers	Men own their wives and children, they were considered property
Wellness is mental, emotional, physical and spiritual	Wellness is physical



- Behaviors are driven by circumstances, for example in the social environment, dysfunction in family wellbeing comes from being cut off from cultural wholeness.
- Reenergizing the passion for language, songs, legends, traditions and ceremonies build pathways to wellness.
- To have healthy children, communities need a strong foundation, including:
  - Connection to culture and community.
  - Strong social support networks.
  - Support for parents and families to reclaim the nurturing skills that were taken.

## Peer-led work as a tool to reclaim wellness

Through connecting with community members individually and through hosting groups and events, peers support wellness.

- Peers facilitate connection to culture and community.
- Peers strengthen or create new social support networks.
- Peers facilitate skill development.

The following section provides a step by step guide for developing and delivering wellness programming.

# YOUR WELLNESS

All people experience ups and downs when it comes to their wellness. There will be times when you are doing really well and there will be times that are more challenging. Your wellness on any given day can be impacted by many factors. These factors include things like sleep, nutrition and physical activity. What is happening in your personal life can also have a big impact on your overall wellness.

When working as a peer, it is important to check in with yourself and do your best to maintain your wellness. Peer support work is important and rewarding, it can also be difficult and heavy. When you are supporting others and hearing their stories, it is common to reflect on your own related experiences. When you aren't feeling well, it can become more challenging to support others. Please know when it is time to reach out for support for yourself.

As peers you come to this work with lived experience, honor what brought you to this work and honor your healing. By taking care of your wellness, you are investing in yourself and your ability to do this work long term.

## Recommendations from peers

- Ask for support and clinical supervision.
- Debrief heavy conversations and debrief after supporting someone through a crisis, keeping confidentiality in mind.
- Set boundaries with your team and with community members.
- Do your best to avoid entering situations that place you in harm's way.
- Take time off when you need it.

## Triggers and Trauma

*"The most important thing to know is that we can heal from trauma." —Patricia Vickers, Director Mental Wellness, FNHA*

Working within our nations as a peer support worker has the potential to trigger some of our own history that we are continually healing. The path to healing is not linear and it's important that we identify our own triggers and develop safety plans to support our own wellbeing as we do peer support work in our communities.

A trigger is a reaction that sets off a memory or flashback that brings the individual back to the event of their original trauma. Trauma can be an incident that resulted in physical, emotional, spiritual or mental harm to an individual that has a lasting impact. There are many types of trauma. Some examples include:

- **Community violence:** Intentional or malicious acts of violence done in public to an individual with no intimate relation to the victim.
- **Complex trauma:** Children's exposure to multiple traumatic events—often of an invasive, interpersonal nature—and the wide-ranging, long-term effects of this exposure.
- **Intergenerational trauma:** Trauma that is passed on by events of previous generations that affect how an individual or family understands, copes, and heals trauma.
- **Early childhood trauma:** Traumatic experiences that impact children from 0–6.
- **Intimate partner violence or domestic violence:** Any harm or threatens the risk of harm intentionally done by a past or current partner or spouse.

Source: [nctsn.org/what-is-child-trauma/trauma-types](https://nctsn.org/what-is-child-trauma/trauma-types)

## Building a safety plan

This safety plan is designed to prepare you to manage triggers that arise while working in your peer support capacity. Our best skill comes from knowing and understanding ourselves to prepare for potentially triggering situations.



### Triggers

What are my triggers or stressors?

### Warning signs

What are my warning signs that tell me I'm becoming overwhelmed by intense emotions?

Reflect on four states of being:

- Emotional—The emotional body stores our feelings, fears, anxieties, and triumphs, and recalls them for us when the time is appropriate.
- Physical—The physical being or body is your physical form. The bones and muscles that make up your form are those things that physically carry you through life, and represent an important part of your existence.
- Spiritual—Your spiritual being manifests itself as a connection to the greater world. In Indigenous cultures, the spiritual being is often referred to in reference to a connection with the Creator.
- Mental —Your mental being exists as your conscious thoughts and your mental being represents your deepest desires, beliefs and values.

Source: [tribaltradeco.com/blogs/medicine-wheel/medicine-wheel-practices-for-spiritual-health](https://tribaltradeco.com/blogs/medicine-wheel/medicine-wheel-practices-for-spiritual-health)



## Coping strategies

When I am experiencing intense emotions, what are some activities that I find soothing or take my mind off the problem (for example, smudging, calling a close friend to vent, going outside for a walk, sleeping)?

What can others do to support me when I am experiencing intense emotions?

When I am feeling completely overwhelmed, what helps (for example, ending a conversation or meeting and following up once you have had a chance to ground yourself)?



## Supports

Who can I turn to for support in my personal life?

Who can I turn to for professional support related to my peer support role?

## Comprehensive self-care reminders

Source: *Hope, Help, and Healing Toolkit*

### Workplace or professional self-care

- Take a break during the workday.
- Take time to chat with co-workers.
- Make time to complete tasks.
- Identify projects or tasks that are exciting and rewarding.
- Set limits with clients and colleagues.
- Balance your workload so that no one day or part of a day is “too much.”
- Arrange workspace so it is comfortable and comforting.
- Attend staff meetings.
- Seek regular supervision or consultation.
- Have regular debriefing sessions either as teams or one-on-one.
- Seek out additional training and educational opportunities.

### Psychological and emotional self-care

- Take time to do something you truly enjoy.
- Make time away from telephones, email, and the Internet.
- Make time for self-reflection.
- Notice your inner experience—listen to your thoughts, beliefs, and feelings.
- Write in a journal.
- Try to minimize stress in your life.
- Say no to extra responsibilities sometimes.
- Spend time with others whose company you enjoy.
- Stay in contact with important people in your life.
- Give yourself affirmations, praise yourself.
- Love yourself.
- Identify comforting activities, objects, people, places and seek them out.
- Allow yourself to cry.

### Physical self-care

- Eat regularly.
- Eat healthy foods.
- Exercise.
- Get medical care when needed.
- Take time off when sick.
- Dance, swim, walk, run, play sports, sing, or do some other fun physical activity.
- Get enough sleep.

### Spiritual self-care

- Spend time in nature.
- Find a spiritual connection or community.
- Be open to inspiration.
- Cherish your optimism and hope.
- Identify what is meaningful to you and notice its place in your life.
- Meditate.
- Pray.
- Drum.
- Sing.
- Find things that make you laugh.
- Spend time with Elders.
- Participate in ceremony.



The following sections provide information on suicide, domestic violence and addiction. These topics may be triggering for some and it is important that you take care of yourself as you learn more about these topics and while you support community members.

## 8

# STARTING THE CONVERSATION: SUICIDE

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## Hope, Help, and Healing Toolkit

[www.fnha.ca/WellnessSite/WellnessDocuments/FNHA-Hope-Help-and-Healing.pdf](http://www.fnha.ca/WellnessSite/WellnessDocuments/FNHA-Hope-Help-and-Healing.pdf)

Check out this toolkit for comprehensive information on suicide prevention, intervention and postvention.

**Prevention** works to promote protective factors (strengthening community resilience) and reduce risk factors that could lead to suicide ideation ... **HOPE**

**Intervention** works to address suicidal thoughts and behaviours. It focuses on how best to respond to someone feeling suicidal or attempting suicide ... **HELP**

**Postvention** refers to the community response after a death by suicide has occurred, and is intended to support people affected by suicide, as well as providing follow-up education / prevention to reduce the risk of future crises ... **HEALING**

In this section you will find excerpts from the toolkit focused on intervention. It is important to take additional training in this area.

## Your role as a peer: how can I help?

- Ask a person directly if she/he is considering suicide. This will not 'give them the idea', but it does show that you care and are taking them seriously.
- Listen and provide non-judgmental support.
- Arrange for the person to get help, whether from a crisis centre, hospital, mental health centre, or another local resource.
- Do not agree to keep another person's suicidal thoughts a secret.
- Do not leave a suicidal person alone:
  - Connect them with a loved one who can stay with them and keep an eye on them.
  - Take them to the hospital or call 911.

## What are some of the issues that contribute to suicide?

Suicide isn't usually caused by a single issue or event. It is usually the result of many combined issues that a person or community faces. Some risk factors that can increase a person's risk of suicide include:

- Low self-esteem.
- Depression.
- Substance use problems.
- Intergenerational trauma.
- Other known suicides in someone's peer group, family or community.
- Feeling disconnected from family, peers, school, the community and one's culture.
- Unresolved grief or trauma, as a person or in a community.
- A history of emotional, sexual or physical abuse.

Although these factors have been linked to suicide, they don't necessarily mean that people who have some or all of these traits will become suicidal.

## How can I tell if someone is thinking about suicide?

There are warning signals that may appear in someone who is thinking about suicide. These signals include:

- Talks about or threatens to hurt or kill themselves, or looks for ways to do it.
- Says things like, "I wish that I were dead" or "Life is hopeless."
- Increases their use of alcohol or other drugs.
- Mentions having no reason to live or no purpose in life.
- Shows increased anxiety and changes in sleep patterns.
- Demonstrates significant changes in behaviour like giving away all personal possessions with dampened spirits (not including ceremonial gifting) or changes in spending habits.
- Talks about feeling trapped—like there's no way out.
- Expresses hopelessness about the future.

## Emergency resources



### 1-800-SUICIDE

If you are in distress or are worried about someone in distress who may hurt themselves, call 1-800-SUICIDE (1-800-784-2433) 24 hours a day to connect to a BC crisis line, without a wait or busy signal.

### KUU-US Crisis Line Society

First Nations and Aboriginal specific 24/7 crisis line based in Port Alberni and serving the entire province.

Toll-free: 1-800-588-8717

Youth Line: 250-723-2040

Adult Line: 250-723-4050.

### Youth in BC

Visit [www.youthinbc.com](http://www.youthinbc.com) for youth resources or chat with a counselor online. You can also call 1-866-661-3311 (toll-free in BC) 24 hours a day.

### 310-6789 (no area code needed)

Mental Health Information Line Answered 24/7/365 it provides empowering emotional support, information on appropriate referral options and a wide range of support relating to mental health concern.

- Withdraws from friends, family members or activities they enjoy.
- Has experienced sudden losses (e.g., financial, relationship break-up, death of a loved one).
- Shows uncontrolled anger or suggests they want to seek revenge.
- Engages in risky activities, seemingly without thinking about consequences.
- Experiences dramatic changes in mood.

If you see several of these behaviours, especially the first one, it is important to take them seriously and try to get them help right away.

# STARTING THE CONVERSATION: FAMILY VIOLENCE

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## Understanding family violence

Family Violence happens in all kinds of families. It can happen between partners in same-sex marriages, between partners in traditional family arrangements, or elder abuse in extended families. Children and youth can be abused by older family members, or even by family members their own age. Family violence is when a family member uses violence, threats of violence, intimidation, or control tactics to dominate and mistreat other family members.

Sometimes families are not aware they are being abused because it can become normalized, or family members can believe the abuse is their own fault. It can be scary and difficult to break free and to find an escape, or someone to trust and tell. Family members can worry that if they tell someone, the abuse will get worse, or the abuser will be upset and feel betrayed. It is normal to still have feelings of love for someone who abuses you but loving someone does not mean it is ok for them to hurt you. You deserve to feel safe, respected, and cared for in your family, no matter what.

Before colonization, our children were raised collectively, with the entire community taking on the responsibility for protecting, providing for, and teaching our children. When we create strong bonds with our families and communities, it helps our children and families feel supported and secure, and abuse becomes less likely. If you need help, or you know someone who does; please tell a trusted helper.

## Your role as a peer

A helper can be anyone you know who is safe and can make a safety plan with you. A safety plan can include a way to leave the abuse and get to a safe place, like a transition house. If you are not ready to leave, the safety plan could be regular check ins with your helper and a code word in case you need to let your helper know that you need an intervention to get to safety.

If you know a child is being abused, you are the one to be that child's voice. Sometimes children cannot ask for help because they are too afraid, or they think no one will believe them.

# STARTING THE CONVERSATION: DOMESTIC VIOLENCE

Domestic violence happens when someone controls you or attempts to control you by using physical violence, threats of violence or harassment.

Domestic violence can include physical, sexual, emotional, verbal, psychological, spiritual and financial abuse, threats of violence, harassment and stalking.

## Indigenous resilience against domestic violence

- Survivors are resilient and are advocating to end domestic violence.
- Change is happening under the guidance of Elders, Knowledge Keepers, community leaders and survivors of domestic violence.
- Healing is not just an individual process: it is also a social one—Indigenous people must regain identity, repair their self-concept, and reconnect their minds, bodies, spirits and emotions.

## Culture as healing

Traditional teachings and ceremony strengthen spiritual identity and connectedness, and gives meaning and power to the healing process—here is a direct correlation between the strength of a community's spiritual and traditional teachings and its capacity to effectively address domestic violence.

Most Indigenous women and girls living with domestic violence have inadequate access to appropriate cultural services and support mechanisms to respond to their needs; increasing access to cultural practices increases their social inclusion and thus their support networks.

## Source

Information in this section adapted from *Home Remedies: Addressing Domestic Violence, Racism and Sexism in the Context of COVID-19 Webinar*. Presented by Elder Roberta Oshkawbewisens, In-House Elder, Native Women's Association of Canada and Dr. Carrie Bourassa, Scientific Director of CIHR's Institute of Indigenous Peoples' Health on July 28, 2020.



## The intersection of poverty, sexism and racism

- Canadian legislation has a history of implementing racist and sexist policies, this is evident in the *Indian Act*, 1876 that saw status Indian women who married non status men lose their Indian status.
- Indigenous women are more impacted by poverty because of societal, political and economic discrimination based on class and culture.
- Indigenous women often stay in abusive relationships because of economic dependency created by poverty.
- Indigenous women experience more barriers to accessing social services compared to non-Indigenous women.
- Prior to colonization, Indigenous women had influence and were highly valued within their communities for their Knowledge and strength—colonization forced a shift to valuing men.

- As a result, Indigenous women have lower incomes, less formal education, poorer housing, lower health status and a greater chance of experiencing violence.

### Keeping the community safe

- Stay vigilant for the signs of domestic violence in your community.
- Be discreet and tactful in your approach to confronting domestic violence as an advocate.
- Keep in mind that many people stay in abusive relationships out of fear, to protect their children, out of stigma or shame, or it is their only option.
- Always be empathetic and non-judgemental when advocating for someone in an abusive relationship.
- If you are supporting someone currently in an abusive relationship follow the guidelines provided by the Native Women's Association of Canada's Toolkit—You are Not Alone: A Toolkit for Indigenous Women, Girls and Gender Diverse People Escaping Domestic Violence ([www.nwac.ca/wp-content/uploads/2015/04/NWAC-You-Are-Not-Alone-Handbook-with-weblinks.pdf](http://www.nwac.ca/wp-content/uploads/2015/04/NWAC-You-Are-Not-Alone-Handbook-with-weblinks.pdf)).

### Safety planning tips for peers working with someone in an abusive relationship

- Build a support network around the person and try to establish regular check-ins.
- Encourage the person to delete the history on their computer and phone.
- Support the person to keep evidence of the abuse, such as photos—they can send these to you to keep in a confidential place.
- Encourage the person to pack a bag with overnight and essential items and store it with you or with a trusted friend.
- Help the person to think of safe places they can go.
- When the person is ready to leave, be sure they know to leave quickly and when their partner is not home.
- Ensure they turn off their cell phone so they cannot be tracked.

### Suggested resources

#### Ending Violence Canada

[endingviolencecanada.org/getting-help](http://endingviolencecanada.org/getting-help)

#### Battered Women's Support Services

[www.bwss.org](http://www.bwss.org)

#### Wellness Helpline

1-855-242-3310 or chat online at

[www.hopeforwellness.ca](http://www.hopeforwellness.ca)



# STARTING THE CONVERSATION: SUBSTANCE USE

*“When talking to family members of people in community using substances, what seemed to land the most was seeing their loved one as a whole person instead of just an addict. Seeing their family member as a survivor who has a lot of strengths as well as someone who uses substances as a coping strategy. Also bringing these people close to us and showing them love. As a peer I try and show someone using substances small kindnesses whenever I see them. Even if this means just saying hello and asking them how their day is going. Small kindnesses start to tip the scale for this person and help them want to move towards wanting healing and wellness.”*

*“I notice a lot of people want to keep quiet about addiction when it is affecting their family. What we can do is help start the conversation and normalize these conversations.”*

## Video: What is Addiction?

**Dr. Gabor Maté**

[www.youtube.com/watch?v=T5sOh4gKPIg](https://www.youtube.com/watch?v=T5sOh4gKPIg)

Rather than offering quick-fix solutions to these complex issues, Dr. Maté weaves together scientific research, case histories, and his own insights and experience to present a broad perspective that enlightens and empowers people to promote their own healing and that of those around them.

### Key points:

- Addiction is a way to get away from pain, distress, emotional loss and trauma.
- Instead of asking someone why the addiction, ask why the pain.
- When addicted people have a compassionate person present, they can experience their pain without having to run away from it.



## Video: The Power of Addiction and The Addiction of Power



**Dr. Gabor Maté at TEDXRio+20**

[www.youtube.com/watch?v=66cYcSak6nE](http://www.youtube.com/watch?v=66cYcSak6nE)

Rather than offering quick-fix solutions to these complex issues, Dr. Maté weaves together scientific research, case histories, and his own insights and experience to present a broad perspective that enlightens and empowers people to promote their own healing and that of those around them.

### Key points:

- Addiction is any behavior that gives you temporary relief or temporary pleasure but in the long-term causes harm and has negative consequences, but you can't give it up despite those consequences.
- Addiction is about trying to fill emptiness from the outside.
- This emptiness sometimes reflects what was missing when the person was young.
- The kind of environment a child grew up in shapes the way their brain develops—why some people are more vulnerable to addiction.
- Alcohol and drugs interact with the brain to make the person feel normal, to feel relief from pain and to block out trauma.

## Video: Shane Baker's Personal Story of Opioid Recovery



**[www.youtube.com/watch?v=ZNB70qa-P5g](http://www.youtube.com/watch?v=ZNB70qa-P5g)**

Shane Baker is a member of the Gitksan First Nation. He is a proud Indigenous man living in Victoria and, in the light of the current opioid crisis, he has a special story to share.

### Key points:

- "Growing up in the city I was away from my culture, and as I started getting into my healing and recovery, I realized that was the missing link. It was my culture, it was my identity, it was traditions, it was how I felt about myself as a Gitksan man."
- "It was empowering to talk about the addiction I was going through. For all the years I was struggling, I was a lost warrior and it was my culture and my community that helped me find myself and become the warrior I am today."
- "Having positive and likeminded people around me was going to be a key to my wellness."

## Your role as a peer with people who are actively using substances

1. Spend time with and listen to community members who are using substances, connect with them as a person instead of as an addict.
2. Support their family and friends.
3. Offer to connect individuals to traditional healing and harm reduction resources.
4. Offer to connect individuals to a counsellor or other mental health professional, suggest counselling as a family unit.
5. Offer to support the individual with finding funded treatment programs if they are open.

# STARTING THE CONVERSATION: HARM REDUCTION

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Harm Reduction starts with creating space where all Indigenous peoples can feel mentally, emotionally, culturally, spiritually and physically safe. Harm reduction means we work together as community to reduce the harms caused by colonization. We ground ourselves as Indigenous peoples in our traditional teachings, knowledge, and cultural practices.

Harm reduction means we focus on wellness and not just the illness. We offer each other respect and acceptance by meeting people where they are at on their personal journey. When we welcome our people into ceremony and include them in traditional practices; they can begin to feel connected and worthy of care.

Harm reduction means we invite people into the circle of support instead of casting them out. Substance use disorder thrives on isolation, but loses power when people feel included as a valuable member of their family and community. Harm reduction means love.

Remember the importance of language. We can reduce harms to our loved ones by not using stigmatizing language. Our people who use substances are not “junkies, drunks, or druggies.” When people feel welcome, they are more likely to ask for and accept support. Any step, no matter how small, towards healing, reduces harm and builds trust and relationship. Indigenous people are strong and resilient together; and together is how we work to heal ourselves and our communities.

## Defining harm reduction

Harm reduction is a public health approach that saves lives by minimizing harm and potential danger. A harm reduction approach meets people where they are at with open arm, acceptance and compassion – not judgement or shame. A harm reduction approach recognizes that every life is valuable and that substance use and addiction are complex and challenging.

People who struggle with addiction need to be supported, not judged. Stigma around drug use can actually cause more deaths, as shamed people can become more reluctant to discuss their challenges with addiction or seek medical help.

Source: [fnha.ca/overdose](https://fnha.ca/overdose)

## Your role as a peer

1. Learn about harm reduction.
2. Start conversations about substance use.
3. Connect people using substances and their families and friends to harm reduction resources.
4. Connect with your Health Director and Leadership about the importance of making harm reduction supplies available in community.

## Learn about harm reduction

FNHA and Vancouver Coastal Health worked with filmmaker Asia Youngman to create a video series about Indigenous Harm Reduction. These videos are a teaching tool to help start discussions in Indigenous communities about harm reduction, substance use and stigma, all from Indigenous perspectives.

Access the 4-video series here under ‘taking care of each other’ ([www.fnha.ca/what-we-do/mental-wellness-and-substance-use/overdose-information/support-others](http://www.fnha.ca/what-we-do/mental-wellness-and-substance-use/overdose-information/support-others)).

## Harm reduction resources to explore



- Harm Reduction Sites and Services
- Naloxone
- Lifeguard App
- Towards the Heart
- Being Safe
- Drug Checking
- Opioid Agonist Therapy
- Land-based Healing

[www.fnha.ca/what-we-do/mental-wellness-and-substance-use/overdose-information/get-help](http://www.fnha.ca/what-we-do/mental-wellness-and-substance-use/overdose-information/get-help)

# COMMUNITY READINESS FOR PEER-LED WORK

As peer-led work is a newer concept, peers working in community encounter a lot of grey areas when it comes to policies and procedures. There are also many complicated attitudes and beliefs to brush up against around mental health, alcohol and drug use. Peers have identified these recommendations for peer work to be successful:

## **Readiness with supports in place (clinical, administrative, strategic)**

- Counsellors or mental health supports ready to receive referrals from peers.
- Regular and frequent clinical supervision with a counsellor for peers to check in and debrief.
- Administrative support with day to day operations and procedures.
- Clear policies and procedures for peers around confidentiality, boundaries and safety.
- Leadership to engage with a strategic plan for peer support and to define a big picture vision.

Once the program has launched, peers often find themselves overwhelmed with requests for support, especially when families are in crisis. Peers need a support team around them, or they may find themselves emotionally and physically drained and unable to continue. Without supports in place, burnout typically happens between the 3 to 6 month mark. We must invest in the wellness and professional development of our peers. It is important for peers to receive as much training as possible when they begin their work.

## **Champion(s) for harm reduction**

It is ideal to have someone in leadership who supports harm reduction theory and practice and someone who can lead the work. It is hard to bring the peer support model to communities when the core belief is that abstinence from alcohol and drugs is the only path to wellness.

Bringing in guest speakers and offering harm reduction workshops and trainings are a great option when there is openness.

## **Living wages for peers**

It can be hard to live and work as peers at the current wages, especially as peers are not working 9-5, and get texts at night.

## **Communication**

In-person communication can be the best way to engage, and email communication is less effective. Virtual options, like video conferencing work well, when there are existing technology resources available.

## **Expect uncertainty**

Understand that peers will potentially be uncertain about what to do and may get frustrated as this is a pilot project and it is normal to feel this way.

## Tips from peers for delivering the project

- Consider coming up with a name rooted in Indigenous language, something that resonates with your community.
- Run activities that line up with the interests and practices of the Nation. This approach allows for each community to be flexible and tailor the programming to their own needs.
- Make a timeline or vision of what your programming will look like. Include how long it will take until you start your first group and what steps it will take to get there.
- Draw on experiences from Tsleil-Waututh First Nation peers for ideas (see next section).
- To get the word out about programming try: connecting with members individually, distribute a flyer, make an announcement in the community newsletter, post on local Facebook pages, host a dinner or event.
- Things that help participants to access programs: food, child minding, transportation, incentives like gift cards for participation or attendance.

# BUILDING YOUR WELLNESS PROGRAMMING

Building wellness programs that are unique to your community allow you to create programs which will fill the gaps in services that are currently available. Holding groups allows for community members to connect to culture, land, language, traditions and ceremony, which provides opportunities to reclaim wellness and gain self-acceptance. Often there is only a small group of people in community who keep knowledge of the stories, practices and traditions of the Nation. Peers are encouraged to connect with Knowledge Keepers and Elders and invite them to programming. This allows the knowledge to be passed down to younger generations and members who have grown up outside of community.

*"I have noticed that there is some hesitancy from older community members to learn about our culture as their connection to culture was taken from them when they were taken to residential schools. Through my programming I want them to know our culture is theirs and by learning about it, more healing can happen."*

*"I notice that we get more people to come out when programs are built around fun activities. Sharing a meal and doing a craft together is much more inviting than asking people to come out and talk about drugs or depression. We build relationships through doing fun activities together and down the road people feel more open to talking with us about what they are going through."*

## Why groups or circles?



*"Groups are an opportunity for community members to come together in a safe environment, work on themselves, heal, learn new things and assist with accountability."*

*"Groups are a way to make new friends and connections and sit with people who are also invested in healing themselves and our community."*

*"Having fun activities to do give people an alternative to partying."*

*"When you show up to groups, you realize you aren't alone. There are people who care about you and want you to be well."*

*"Teens need healthy role models in community, be that person for them."*

## Planning programming step by step recommendations

Milestone	Tasks
1. Conduct a community needs assessment	<p><b>Who to ask</b></p> <ul style="list-style-type: none"> <li>Do some self-reflection</li> <li>Ask friends and family</li> <li>Ask your health director, health team and clinical team</li> <li>Ask your Nation's leadership</li> </ul> <p><b>What to ask</b></p> <ul style="list-style-type: none"> <li>What challenges are our members facing?</li> <li>What barriers stop our members from accessing supports?</li> <li>What groups, programs or events would you like to see offered?</li> <li>How would do you think these programs should look?</li> </ul> <p><b>How to ask</b></p> <ul style="list-style-type: none"> <li>Speak to people individually in person, by phone or send them questions by email</li> <li>Place a survey in the community newsletter or on local Facebook pages with incentive for returning it</li> <li>Host a community event or dinner and facilitate table discussions</li> </ul>
2. Decide which groups to start	<p><b>Example</b></p> <p>Through the needs assessment I conducted, it was clear that members are interested in programming for preteen girls and to support families affected by drug and alcohol use. So, I am going to try running 2 groups:</p> <ol style="list-style-type: none"> <li>Weekly after school 'girls' group'</li> <li>Twice a month 'supporting the supporters circle'</li> </ol>
3. Create a group outline and timeline	<p><b>Example 1: Girls Group</b></p> <p><b>Goal:</b> Create a space for girls aged 9-12 to come together and explore topics related to maintaining mental, emotional, physical and spiritual wellness</p> <ul style="list-style-type: none"> <li>Week 1: Create group guidelines + do a beading craft</li> <li>Week 2: Cooking: healthy snacks girls can make at home by themselves</li> <li>Week 3: Positive body image: have a discussion + do a collage craft with magazines</li> <li>Week 4: Go out on the land for a walk or to play games</li> <li>Week 5: Language: invite language Knowledge Keeper</li> <li>Week 6: Healthy relationships and consent: Show a video and have a discussion</li> </ul> <p><b>Example 2: Supporting the Supporters Circle</b></p> <p><b>Goal:</b> Create a space for friends and family members to come together and share the challenges of supporting a loved one who is active in their addiction</p> <ul style="list-style-type: none"> <li>Week 1: Create group guidelines and offer smudging or brushing by an Elder</li> <li>Week 2: Discuss why people use and how can we talk to our loved ones and hold them close</li> <li>Week 3: Coping skills to use when we are feeling stressed, sad, overwhelmed, or hopeless</li> <li>Week 4: What is happening in the brain of someone addicted to substances</li> <li>Week 5: Exploring what supports are out there for our loved ones: recovery-based groups (like 12 step and SMART Recovery), counselling, treatment and how to access funding for treatment</li> <li>Week 6: Land-based group outing</li> </ul>

Milestone	Tasks
<b>4. Plan your sessions</b>	<p><b>Decide how you want your sessions to take shape.</b></p> <p><b>Example</b></p> <ul style="list-style-type: none"> <li>• Share a meal, check in</li> <li>• Present topic (video, article, guest speaker, etc.)</li> <li>• Have discussion about the topic</li> <li>• Have a closing check in to see how people are feeling after the topic or to identify what their favourite part of the session was</li> </ul> <p><b>Planning your first session</b></p> <ul style="list-style-type: none"> <li>• The first session sets the tone for how the group will run</li> <li>• It is important to set guidelines with the group that everyone agrees to: <ul style="list-style-type: none"> <li>• Let the group know this is meant to be a space where people feel safe to share openly</li> <li>• Confidentiality: what is shared in the circle stays in the circle</li> <li>• Where one person speaks at a time without being interrupted</li> <li>• You may ask people to leave the group if they are disruptive or unkind to other group members</li> <li>• You will follow up with people to check on them if they seem upset or triggered by a topic</li> </ul> </li> </ul> <p><b>Planning to discuss wellness topics</b></p> <ul style="list-style-type: none"> <li>• Do some research on the topic</li> <li>• Find a video or article to share or invite a guest speaker, Knowledge Keeper or Elder</li> <li>• Plan some discussion questions to ask</li> <li>• Make sure the appropriate supports are in place if a heavy topic is being discussed <ul style="list-style-type: none"> <li>• Once group is held and heavy or delicate discussions have been had, end the circle ensuring that attendees know that you are available to connect 1-1 if anything has come up for the participants and they could use some support</li> <li>• Watch for changes in body language, this is a good indicator for follow up</li> <li>• When discussing topics like trauma or abuse, peers have found great value in having a counsellor present during the session and available to provide follow up support</li> <li>• Peers have also found value in providing brushing or smudging for participants after heavy or triggering discussions</li> </ul> </li> </ul>
<b>5. Book a space</b>	<p>It is important to make sure a space is available for the duration of your group. You can use spaces like a community hall, kitchen, library, gym, meeting room or board room. Peers have also used their own homes for more intimate groups. While holding groups it is critical to be consistent with day of the week, time and location.</p>

Milestone	Tasks
6. Get the word out	<p>Once your group has been planned, you will want to advertise the group and find participants. You can invite people by:</p> <ul style="list-style-type: none"> <li>• Speaking to them in person or over the phone</li> <li>• Making a poster and posting it in the community newsletter, schools, health offices, band offices, local Facebook pages and local bus stops</li> </ul> <p>If you offer small incentives for coming to your programming, you will find more people will come out. Incentives can include gift cards with values of \$10-20 dollars or larger incentives participants can earn.</p> <p>For example, if you are hosting a cooking group for youth where they learn to make snacks for themselves, the incentive could be a small blender. In your group you can review smoothie recipes youth can try at home. If youth come to 4 out of 6 cooking group sessions, they can earn a blender.</p>

## Cultural Programming

Peers have found great value in including culture-based activities into all areas of programming. Some peers like to structure their groups so that they alternate each week between discussing a wellness topic and doing a cultural activity or outing. It is important to offer honorariums when you invite Knowledge Keepers or Elders to your programming.

### Examples of cultural activities to include in programming

#### Traditions

Learn traditional legends, songs, dances, language, research family lineages.

#### Arts and crafts

- Carving, painting, beading, weaving, drum making, button blankets.
- Discuss what materials were historically used compared to what materials are used today.

#### Cooking and baking

- Discuss what foods were eaten by Elders.
- Learn traditional recipes as well as healthy recipes to cook for your family.
- Invite a nutritionist.
- Learn proper harvesting practices.
- Learn skills like canning, skinning and deboning.

#### Land-based

- Go on a walk and learn the history of the land.
- Learn about traditional medicines.
- Learn medicine harvesting practices.
- Plant a community garden.

Peers have found it is best to run groups separated by age and gender\* as this seems to make a difference with comfort level when it comes to sharing personal stories and creating a healing environment.

It is important to note that not all individuals identify as a woman, man, girl or boy. Some folks identify as Two Spirit or on the non-binary gender spectrum. Please see recommendations for hosting LGBTQ2S programming.

## Examples of programs to offer and topics to include

### Community Dinners

Tsleil-Waututh peers started their work by hosting small informal dinners for young adults in their homes. They would come together a few times a month to share a meal, build connections and check-in to see how everyone is doing. After building strong relationships, they went on to discussing wellness topics and go on outings together.

Larger community wide dinners at the community hall or gym are great ways to bring people together and introduce them to your programming and to learn more about wellness and traditions.

### Culture Night

Hosting monthly or bimonthly culture nights are a great way for members to learn traditions together and build relationships.

### Women's Group

In Tsleil-Waututh Nation, peers have held a Women's Group that engages in cultural health and wellness activities. Childminding is provided for this group. Participants enjoyed discussing respect for self and others and managing stress. They also enjoyed being able to connect with others in the group and found themselves better able to ask for help when they were going through a tough time.

Other suggested topic ideas include: caring for your physical health, managing your mood, discussing romantic relationships, self-care, coping strategies, self-love and self-acceptance.

### Men's Group

Suggested topics: exploring masculinity and identity, relationships, coping strategies, taking care of your health, self-love and self-acceptance

### Girls' Group

Suggested topics: positive body image, personal hygiene, friendships, romantic relationships, social media and internet safety, personal safety, physical and emotional wellness, self-love and self-acceptance.

Existing wellness program you can do as a group: Ask Aunty ([www.indigenouslyouthwellness.ca/wellness-quests/ask-auntie](http://www.indigenouslyouthwellness.ca/wellness-quests/ask-auntie)).

### Boys' Group

Same suggestions as Girls's Group

Existing wellness program you can do as a group: Young Warriors Quest ([www.Indigenouslyouthwellness.ca/wellness-quests/cuystwi](http://www.Indigenouslyouthwellness.ca/wellness-quests/cuystwi)).

### Youth Group

Peers find youth groups are most successful when most sessions include fun activities and outings. Having a safe space to connect with peers provides a great alternative to partying.

Many youth also enjoy participating in sports. Check out [isparc.ca](http://isparc.ca) for sports and recreation inspiration and funding opportunities.

Suggested topics: self-care, safe partying, vaping, smoking, marijuana use, healthy relationships and personal safety.

### Homework Group

Provide snacks and tutoring.

### LGBTQ2S Group

Tsleil-Waututh Nation peers have identified the need to create a group for LGBTQ2S individuals and allies.

Suggested topics: Same topics described in Women's and Men's groups and topics like Decolonizing our Sexuality: ([www.youtube.com/watch?v=2STPddd6HZ4](https://www.youtube.com/watch?v=2STPddd6HZ4)).

### Supporting the Supporters Group

This group is for those who support a family member or friend who uses substances. Peers recommend spending some time with the participants to understand what topics they would like to explore together.

**Pre-natal Group**

Suggested topics: stages of pregnancy, prenatal care, what to expect from labour, knowing the stages of labour, going home after the hospital.

**Baby Group**

Suggested topics: nutrition, breastfeeding, baby food making, infant massage, understanding crying, when to go see a doctor.

**Parenting Group**

Come together to learn new parenting skills and strategies and discuss challenges you are having.

**Reading Group**

Read a book as a group and come together to discuss it.

**Writing Group**

Provide writing prompts for the group and sit together and write. Participants can share their writing with the group at the end.

**Exercise Group**

Mix up a variety of exercise activities like walking, kick boxing, aerobics, yoga and stretching.



Canadian Mental Health Association North and West Vancouver (CMHA NWV) is located on the territories of the Coast Salish peoples. CMHA NWV facilitates access to the resources people require to maintain their wellness, to build resilience and to build community. CMHA NWV provides peer and family support, service navigation, supported housing, low-cost counselling, employment services, homeless outreach, public education and community advocacy.

[northwestvancouver.cmha.bc.ca](http://northwestvancouver.cmha.bc.ca)