

Transcript of Interview with Brenda Restoule

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[Greeting in traditional language]. I'm Brenda Restoule. I'm the chief executive officer of First Peoples Wellness Circle, and I'm coming to you from Nipissing First Nation. It's in northeastern Ontario, and it's where I live and work with my family, and it's the home community of my husband. I look out every day over beautiful Lake Nipissing to my own community of Dokis First Nation, and my spirit name is Little Swan Woman, I'm of the Eagle clan.

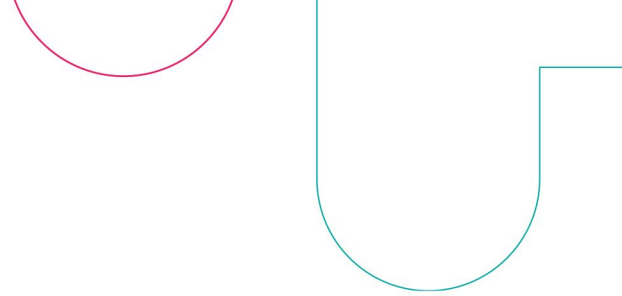
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A little bit about First Peoples Wellness Circle. Similar to Thunderbird, we are also an Indigenous-led organization looking to support and advocate around mental wellness for First Nations communities.

And we get our mandate from the First Nations Mental Wellness Continuum Framework, which is a framework that was developed by over 600 First Nations voices across the country and continues to guide a lot of the work that we do, including supporting a workforce known as mental wellness teams.

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The question about the development of a guidance group, the conversations we had around the guidance group, I think, was really born out of the recognition of a collaborative that would have equity, I think, in the ability to, to co-lead and to codesign the work that we were doing. And so when we first started on this journey with CFHI, and Thunderbird was brought into the conversation along with First Peoples, there was a recognition that having the opportunity to bring in multiple voices that could contribute to the conversation around mental wellness and Indigenous mental wellness was critical in the early parts of the collaborative. When they were identifying the teams, there was an acknowledgement that the Indigenous groups that would be part of the teams would come from, possibly, First Nations, but also Métis and potentially Inuit, and early on, there was that real possibility. In the end, the Inuit did not continue with the team for their own reasons. But we acknowledge that concepts and knowledge around Métis wellness was very different than First Nations mental wellness, or had the possibility to be different, and that we, as First Nations people, couldn't speak on behalf of the other Indigenous groups. But it was important to have people at the table who had Métis knowledge and who were familiar with the concepts of mental wellness and had worked with communities around Métis wellness and Métis health indicators, I guess you could say. So there was an important part, I think, about that.



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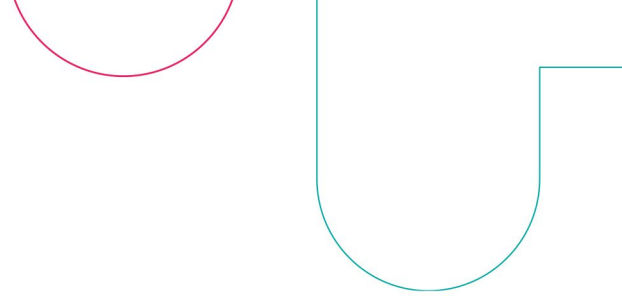
As the collaboratives were being developed, these teams were being developed. There was a need to have coaches to support the teams, and that's something that we understood, CFHI often did, was they would have a coach. Usually it was a coach for the entire collaborative. There might be one or two coaches, but our discussions began around the uniqueness of knowledge, of Indigenous knowledge, based on language, values, the territory they're in and their beliefs, their cultural beliefs, and their traditional knowledge and worldview. And so for that reason, we— there was a move to think about identifying coaches specific for each team, and in doing so, that immediately expanded, I guess, our circle of knowledge, if you will. And so we recognized that the coaches were coming with their own unique experiences, their own unique knowledge and skills that could really help in the development of the guidance group. And so they became part of that group. We also acknowledged that from the co-lead piece, that CFHI had relationships with other non-Indigenous or mainstream organizations, and that they needed to— that they should be involved.

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And so one of them was the Mental Health Commission of Canada, who came and really sat in in the early stages almost as a bit of an observer to listen, not necessarily because they were coaching any of the teams, but because of some of the work they were doing across the country around mental health, and even a little— they were doing some around suicide. And then bringing in an organization specific to suicide, whose focus was on suicide, so that we were having a blend of both mainstream and Indigenous knowledge. And it allowed us to really capture that whole idea around a two-eyed seeing approach, and that, through the collaborative, a recognition that there was going to be, like, a respect of diverse positions and ideas and values, and that in that diversity that it would be important to embody a two-eyed seeing approach. So putting a two-eyed seeing approach, that philosophy, into the guidance group, I think was a big part of what we worked hard to do and make sure that there would be that balance, if you could call it that. And I think that went right up to the co-chairing piece when Carol Fancott and Carol Hopkins co-led and co-chaired the guidance group, so that it wasn't just one value, it wasn't just one way of doing and one way of knowing that helped to guide the work that we were doing as a guidance group. And so there was that opportunity for co-learning and codesigning that came by creating a guidance group that had both Indigenous and non-Indigenous organizations at the table, with the knowledge around mental wellness and suicide prevention and ultimately life promotion.

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As that was being created, we noted that from an Indigenous perspective or a First Nations perspective, we always are guided and supported by an Elder. And so the group was quite



supportive of the notion of making sure that there was an Elder that led our group and ensured that we, you know, we did things in a good way, that it was led by spirit, it was led by ceremony, and it continued to in some ways place a little bit of extra value on Indigenous knowledge, not because we thought it was better than, but because of the recognition in the guiding principles around reconciliation and health transformation, that for so long there had not been equitable opportunities for Indigenous knowledge to play an equal part in the development of new initiatives or new knowledge that influences health care and health systems. And so by placing an Elder in that role, it ensured that there was a little bit of extra weight given to Indigenous knowledge so we could give it some equity that it had not previously had in the work around suicide prevention, and I think is part of what led to the whole discussion around changing the context of the work from suicide prevention to life promotion, because it allowed us to then change the narrative around the language we used from suicide prevention to life promotion. And it allowed us to think about this work from a strengths-based perspective, as opposed to deficits and illness.

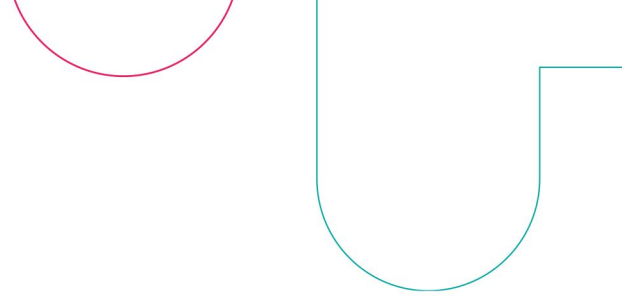
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And I think in doing so, it also allowed us to be centred around spirit. And I think that when we're talking about life promotion, it really needs to be centred around spirit. What we know in our communities about connection to a good life comes from our spirit and our spiritual identity, and to be able to do this work well, I think meant that we had to ensure that spirit was the centre of our conversation. So that came from the Elder, it allowed us to do things from ceremony, and allowed us to open our meetings, to open our discussions, our conversations in those ways that allowed for some, I think, grounding of the teams and the work we wanted to do with the teams. And I think it also ensured that as we brought our worldviews and our perspectives and our knowledge to the table, there was the possibility that it wouldn't always be agreeing between Indigenous and non-Indigenous. But when you come with a place of spirit, then you're coming, I think, you know, with courage, with bravery, with truth, with humility, and it allows you to work through differences and learn from each other and be prepared to recognize that your truth isn't the only truth, that there could be truth in what we're each saying, and that it's helpful. It's helpful to us and helpful to the teams, as they were navigating the collaborative and joining together as a team to talk about life promotion in the areas that they worked in.

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Doing that knowledge translation piece was a big part of— or a component of supporting the teams in helping them to process the development of their relationships and to think about shifting knowledge and shifting their own paradigm. That's what I saw it as. But I don't know if I have a whole bunch except to say that.

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So I think another piece that was important in the collaborative was the discussions that we had at the guidance group about supporting the teams on making that shift in the paradigm, that paradigm shift around highlighting Indigenous knowledge, about how to be relational and how all of those would be important in life promotion. And so the guidance group spent quite a bit of time talking about what would be some of those key pieces of information or transmission of knowledge that could support them in their own collaborative but also really create a shift in how the non-Indigenous health organizations and the Indigenous communities could work in a different way that would promote some health transformation at the same time. And so some of the ones that they talked about, that they were offered, I should say, was allyship, cultural safety and humility, readiness, Indigenous knowledge, so centring Indigenous knowledge. And we had lots of discussions about who within the guidance group or outside of the guidance group might hold that knowledge, who could do those webinars, so they were created specifically for the collaborative. This wasn't knowledge that we, you know, went and picked off from somewhere else, but made it very specific to the conversations and the work that we were doing. And they were then created for the teams, and also decided that these were specifically to be targeted or focused to the team.

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So we didn't open it up to other groups, but kept it very much within the teams so that the learning would be relevant for them, but also to create those safe spaces. We were really trying to mentor or model a lot of the concepts and those different ways of doing and being and knowing in everything that we did. So as a guidance group, you know, codesigning and co-leading was something we wanted the teams to do to make sure that things were culturally safe in terms of having safe spaces and being culturally safe and making it specific and unique to their experiences, that we did all of those things as a way to mentor that. And I think that even in some of the conversations around readiness, for example, we had— we did see staff from the northern Indigenous team go with the coaches, and they travelled with the coaches, so they were developing relationships alongside of them. They were modelling those relationships of, you know, respectful engagement and being able to listen, actively and genuinely listen to each other, and respecting the diversity pieces, but also that readiness around supporting the teams on how to be, like, when they were ready and what they needed at that point. So meeting them, you know, where they were at was, I think, was part of what happened in travelling to the teams, having the staff and the coaches go together and be there to support the teams, I think, was, I think, an instrumental piece in ensuring that some of those foundational pieces, I think, those seeds were planted, I guess I could say.