What is a First Nation person’s wellness journey?

by

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B.A., Simon Fraser University, 1996

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Ethics Statement

The author, whose name appears on the title page of this work, has obtained, for the research described in this work, either:

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or

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Abstract

To address the health disparities for First Nation people it is important to understand what their wellness journey encompasses and how primary care services can support their individual journeys. Current health care structures focus on illness and what is wrong with an individual. It is coming to light more that the four aspects of a human being are important to promote wellness throughout an individual’s life journey.

Historically, First Nation wellness encompassed spiritual, emotional, mental and physical components of each individual. The analysis of information, gathered through observation and interview methods in this research project, utilized the First Nation Health Authority’s First Nation Perspective of Wellness as a framework to ensure all components of an individual were honoured.

Honouring the information shared by each of the research participants, their voices are heard through direct participant quotes. Participants related their mental wellness journeys, what worked and what didn’t, who they considered important in their journeys and times in their lives where they identified a change occurring. Instrumental to this was the support provided by their community.

This research project was supported by the community of Seabird Island and portrays how their current health and cultural programs and services are supporting their client’s wellness journeys. Key priorities identified from observations of community cultural workshops and semi-structured interviews include health services considering each individual’s needs, access to culturally safe services, the importance of belonging and purpose in life, as well as how spirituality and gratitude support an individual’s wellness journeys.

Keywords: First Nations; Indigenous; Wellness Journey; Perspective of Wellness, Seabird Island
Dedication

To my mom, Louise, who inspired this research project. The teachings you instilled in me guide how I approach life by treating people with kindness and understanding: to remember to think of others before myself.
Acknowledgements

I would like to acknowledge the territory of the Coast Salish peoples and their ancestors who I have lived, worked and thrived in, my whole life. Your acceptance and generosity is greatly appreciated.

Also I would like to acknowledge the community of Seabird Island, Lolly, Heather, Tilly and all the other community members, workers and leadership who supported this research project. Your invaluable assistance ensured the completion and success of the project. I hope the completed information supports Seabird Island in a good way. Your success is an inspiration to others. My gratitude to Dr. Malcolm Steinberg for his patience and unwavering support to me. Dr. John O’Neil, my appreciation for sharing your experiences and wisdom to guide me. The support from the First Nation Health Authority is also acknowledged, along with the guidance and encouragement of Richard Jock. It has been such an honour to work for this organization and serve our First Nation people.
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# List of Acronyms

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<th>Acronym</th>
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<tbody>
<tr>
<td>AHF</td>
<td>Aboriginal Healing Foundation</td>
</tr>
<tr>
<td>FNHA</td>
<td>First Nation Health Authority</td>
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<tr>
<td>BC</td>
<td>British Columbia</td>
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## Glossary

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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<tbody>
<tr>
<td>Aboriginal</td>
<td>Aboriginal refers to the government pan term for people who are First Nation, Metis and Inuit.</td>
</tr>
<tr>
<td>First Nation person</td>
<td>A person whose ancestors are from British Columbia and Canada and are part of a larger First Nation community.</td>
</tr>
<tr>
<td>First Nation community</td>
<td>In this thesis, recognized as a group who reside on-reserve and have governance and administrative functions.</td>
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<tr>
<td>Indigenous</td>
<td>General term that refers to peoples who are indigenous to a specific land or region.</td>
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Chapter 1. Introduction

“Mental wellness is a lifelong journey to achieve balance of body, mind and spirit. It includes self-esteem, personal dignity, cultural identity and connectedness in the presence of harmonious physical, emotional, mental and spiritual wellness. Mental wellness must be defined in terms of the value and beliefs of Inuit and First Nations people.” (Mussell, 2006)

Research on First Nation’s health focuses on negative impacts of colonization and inter-generational trauma on individuals, families, communities and nations. Data usually includes the number of suicides and chronic disease rates; while this information is helpful in understanding the issues, it does not always bring about the solutions First Nations are seeking. This research project’s question focuses on understanding what a wellness journey, with a focus on the mental health component, looks like for First Nation persons and how primary care programs and services support this journey.

Keeping these points in mind, this research was designed to share the story of Seabird First Nation (Seabird) and the approach they have taken to support their community, other Stó:lo communities and First Nation people who access their services. Sharing this story may also help other communities identify how their approaches are similar or how they may want to approach services for their communities. Other audiences include health service providers, governments, and academia who are interested in understanding what does work.

For decades now Indigenous populations globally have moved toward working with governments to transform how health services are understood and provided to them as a population generally, and as diverse nations, communities, families and individuals. Within Canada, First Nation on-reserve communities began this journey as administrators of federal health services in the mid 1980’s. This journey continues today and is an ever evolving system of engagement between service providers and First Nations people.

Engagement is integral to ensure culturally safe services that First Nations people access and thrive from mentally, emotionally, spiritually and physically. Inadequate communication between Indigenous populations and their health service providers is a consistent issue identified from research reviewed for this project. To circumvent this issue, research states common strategies identified for continuous
quality improvement include culturally safe environments with more Indigenous health professionals, cultural training for health professionals and policy change to create relevant services.

Keeping these points in mind, this research was designed to share the story of Seabird Island and the approach they have taken to support their community, other Stó:lō communities and First Nation people who access their services.

Stó:lō is a Halq''eméylem word for the Fraser River. Hence, as referenced in the Stó:lō-Coast Salish Historical Atlas (2001), the Stó:lō are ‘the river people’. Seabird Island is one of 24 Stó:lō communities located east of Vancouver, British Columbia (BC) in the lower Fraser watershed. The river has been integral in the lives of the Stó:lō who are part of the Coast Salish Nation.

My connection to the Stó:lō community is through my family and personal life experience. I have lived my whole life in Stó:lō and Coast Salish unceded territory. While each First Nation is distinct there are connections through teachings and history. Throughout my life I have made friends and created connections with individuals and families in the Coast Salish territory. One of these was Seabird Island. When it came time to identify my research project, initially there were to be 3 communities, but upon further reflection of time and resourcing this choice was narrowed down to one. I chose Seabird Island as they had the breadth of services as noted previously. This research project is as personal to me as it is those from Seabird Island who participated. I am Secwépemc (Nation) and from Tk'emlups (community). That is how I relate to my ancestors on my mother’s side of my family. I also acknowledge that I am of Dutch ancestry on my father’s side. My mother and her family felt the impact of colonization and systemic racism of the Indian Act implementation in their ancestral homelands through the Indian Agent, Electoral system of Chief and Council, Residential School, poverty, neglect, lack of health and social supports and colonization in other areas of their lives.

My mother’s experience as a First Nation woman did not impede her to find joy in her family. She and my father raised 8 children and maintained their wellness journeys in their own way. My mother had health issues including physical and mental health conditions. These health issues were never explored or explained in the context of who she was as a First Nations woman. The impact of colonization was never used to explain
or treat these issues. Throughout my mother’s life, no medical professional was adept enough to connect how colonization impacted my mother and how it related to her mental, emotional, spiritual and physical wellness. Even with medical concerns, my mother lived a good life because she had her husband, children, and grandchildren. Her connection to family supported her wellness journey.

The connection my mother had with her family continues with my sisters and brother as a teaching, something to guide our wellness journey. After my mother passed, my Dad had passed 14 years previous, I find strength from my family. I see her teachings within my nieces and nephews, their partners and their children. We belong to one another and come from various backgrounds but our Indigenous heritage is something we are all aware of, and for some of us, Indigenous culture helps to ground us. While my mother was taught to forget who she was as an Indigenous person, she still knew her language and mainly her teachings of being kind, compassionate and loving. Every day, as part of my wellness journey, I try to practice these teachings. This is especially true in the work I do as part of the health care system.

These teachings are important to bring understanding of First Nation health concerns through cultural humility and safety, to build partnerships and relationships with health care organizations, providers and others to recognize these concerns and understand the First Nation person in front of them. To create the relationship, a connection between a human being and the person(s) who are providing their health care, both important aspects on a person’s wellness journey. It was important for this research project to utilize a current example of this in practice.

This connection of services, specifically primary care, is why Seabird Island was chosen. This community has a model of care that encompasses more than just the regular First Nation Inuit Health Branch model of health centre services. It incorporates the provincial health care system by utilizing Fraser Health Authority programs and services along with cultural healing to offer clients a continuum of care.

Engagement of the larger health system to support community members offers opportunity for the larger system to understand and be able to provide culturally safe primary care, and in particular comprehensive mental health services.
Information from previous research is provided to inform the context to Indigenous health and wellness with specifics provided on the background of First Nations health in Canada and BC and solutions including cultural safety. The thesis also explains the methodology for the research project, including phenomenology and two-eyed seeing; the utilization of observation and semi-structured interviews to implement the research; the research findings and discussion are illustrated through a narrative to ensure the individual voice and experience are reflected; and finally, recommendations which are inclusive of all contributors to an individual's wellness.

It is my hope that sharing this story may also help other communities identify how their approaches are similar or how they may want to approach services for their communities. Other audiences who may find this research useful include health service providers, governments, and academia.
Chapter 2. Indigenous Health System Context in Canada and BC

Health professionals, academia, governments, and health services organizations construct the story of First Nation Health and Wellness through various written forms with a focus on epidemiological and statistical data. This approach has historically represented a negative emphasis on illness and sickness in First Nations populations. (O’Neil, Reading & Leader, 1998).

First Nation individuals, families, communities and nations describe how they see their health and wellness through stories and oral communication grounded in their world view. This world view focusses on wellness, or balance, of the physical, emotional, spiritual and mental components of a human being. This approach is referred to in policy and academic circles as utilizing a strengths-based approach instead of deficit-based.

As described in the work of O’Neil et al. (2016), Lavoie et al. (2010) and Adelson (2005), the health care system for First Nations was not based on their perspective of wellness but instead based on a federal responsibility for status Indians as outlined in the Indian Act. Services provided by provincial health services also include First Nation peoples as residents in the province of BC. The focus of provincial services is illness based.

This situation leads to two issues:

1) access to holistic wellness services
   a. encompasses four quadrants of wellness (spiritual, emotional, physical and mental)
   b. inclusive of western medical model and cultural healing

2) equitable access to health care services as other British Columbians and Canadians.
   a. Culturally humble and safe services – providers understand First Nation historical context and develop ongoing relationships with First Nation individuals, their families and communities
b. Programs and services are accessible to all First Nation peoples regardless of residence, ancestry or other circumstance

It is important for the reader to note these points while reviewing the findings of the research especially during the interviews as the stories told by participants reflect the intertwined western medical system with cultural services. This is reflective of the need for a holistic system. Bringing together information from all aspect of services to inform reports, policy, program frameworks and other documentation would support a more comprehensive approach to services and programs for First Nation people. First Nations have the opportunity to use two-eyed seeing as a tool to represent themselves, to tell their story of wellness, no longer focussed on illness. Two-eyed seeing originated with Mi’kmaq Elders Murdena and Albert Marshall. This concept brings the strengths of being grounded in Indigenous ways of knowing and utilizing the tools of western ways of knowing as described in Hall (2015).

In order to reflect this, I use the First Nations Perspective of Wellness (Perspective) which is a holistic framework which supports individual wellness and resiliency. Gallagher, Mendez & Kehoe (2015) illustrate how this framework is utilized in the work of the First Nation Health Authority (FNHA) and the importance of utilizing Indigenous cultural beliefs and medicines in combination with a medical system approach. It is important to note that the Perspective is used as a framework for this project by providing holistic context to the findings.

In addition, this research project utilizes the Two-Eyed Seeing context to harness participant’s stories through the academic methods of observation and interviews.

2.1. Determinants of Health and Wellness

Identification of colonialism as a major determinant of the health and wellness of Indigenous populations is integral to informing health care services for diverse First Nation populations. Peiris, Brown & Cass (2008) reflect on the impact colonization has on health care services for Indigenous populations. Colonization has created power dynamics between health service providers and Indigenous health system users. This is linked to the use of the biomedical model of health and the lack of understanding of the systems that use this model and do not utilize Indigenous models of wellness. This is also argued by Stout & Downey (2006) who articulate their view of how Indigenous
populations have always known how to care for themselves which is contrary to the opinion of certain health care providers.

National and provincial reports tell the story of poverty and illness. The First Nations Mental Wellness Continuum Framework (2015), illustrates the poverty gap: Aboriginal people make 30% less than other Canadians; the rate of overcrowding in homes is four times the rate of the general population as is the need for major home repairs.

The BC provincial report of the 2008-10 Regional Health Survey (RHS) (First Nation Health Authority, 2012) provide provincial context and expand on the social determinants of health with data on education, employment, housing and specific health and wellness data including balance. The impact of these disparities on mental health is illustrated by responses to a question about feeling balanced. 15.6% of adults reported feelings of balance all of the time in the four areas of their lives (physical, emotional, spiritual and mental), while 14.4% of youth felt balanced all of the time. In contrast, 15.5% of youth felt they were never mentally balanced, 14.6% never felt spiritually balanced and 11.6% were not feeling emotionally balanced. (First Nation Health Authority, 2012)

Residential school attendees reported the most common impacts of their attendance included their loss of language (83%), isolation from their family (80%) and their loss of cultural identity (80%). The RHS reported that over 58% of adults had one or both parents who attended residential school. We know that residential school trauma is multigenerational and expresses itself through the use of substances among other self-destructive behaviors. (First Nation Health Authority, 2012)

. The Royal Commission on Aboriginal People (1996) recognizes that First Nation people in Canada are greatly affected by racism, poverty, unemployment, violence, inaccessible services, various illnesses, incarceration and early death. The RHS reports on a variety of social determinants:

- 33.2% of adults had experienced racism in the previous 12 months;
- Of adults surveyed, 5.6% reported an injury was caused by domestic or family violence and 8.8% of the youth said they were being bullied at the time of the survey;
• Income 63% of adults reported struggling to make basic food, transportation, utilities, clothing, shelter or childcare needs a few times a year or more;

• Food security 19% of all households were categorized as being severely food insecure; 29% of households with children were categorized as being severely food insecure;

• Water 65% of adults reported that they consider their main water supply safe to drink year-round;

• Education 42% of adults reported graduating from high school; a higher per cent of adults age 18-54 reported graduating from high school (56%) than Elders age 55+ (20%);

• Employment 28% of adults age 18-54 reported currently looking for work; 72% of working adults reported working in their own community;

• Housing 22% of children and 15% of adults were categorized as living in crowded housing; and,

• Services 52% of adults reported wanting to receive services from their community (e.g. health, education) while living away.

According to Statistics Canada (2014/15), 26% of people admitted to provincial and territorial correctional services were Aboriginal while those admitted to federal services was 28%. Aboriginal people make up 3% of the Canadian adult population.

2.2. Mental Wellness

King, Smith, & Gracey, (2009) and McNeill, (2009) connect the impacts of colonization on Indigenous health and wellness. Indigenous populations have been and continue to be effected by colonizing systems and their mental wellness is effected by this continuous trauma.

The World Health Organization and the Government of Canada have similar definitions of mental health as a ‘state of well-being’. (World Health Organization, 2014;
Government of Canada, 2015). Both institutions credit emotional, physical and social aspects, along with the lack of illness, for mental health. I share a similar view however, the lack of the spiritual component of a human being which I find to be instrumental in creating balance and supporting mental health, is missing from their definition.

While both institutions identified relationships with others, community and life experiences they did miss on one aspect of mental health that was offered by a participant of this research, learning as mental health. The access and ability to learn through books, sharing of knowledge, and other means to enhance ones mental health is also instrumental for wellness.

McNeill provides a Maori framework to incorporate traditional Maori mental wellness with the current reality of colonization on this specific population. The Aboriginal Healing Foundation Research Series (Bombay, Matheson & Anisman, 2007) reflects on the causes for suicide in the First Nation population in Canada. The impact of colonization, including residential school and the continued inequities for the Indigenous population in Canada, has created a vulnerable population with mental wellness concerns that cannot be supported by mainstream health services alone.

According to the British Columbia Coroner Service and First Nation Health Authority Death Review Panel report, A Review of First Nation Youth and Young Adult Injury Deaths: 2010-2015, First Nations youth and young adults have a mortality rate almost two times higher (1.9) than their counterparts in mainstream society (64.0 per 100,000 compared to 32.7 per 100,000 respectively). Of the cases reviewed for this time period, 32% of the deaths of First Nations youth and young adults was suicide. The Fraser Health Authority region was one of two regions with the highest rates of deaths among First Nations youth and young adults.

Two significant reports containing quantitative data on the First Nation population in BC have identified mental wellness as an important component to First Nation health and well-being or wellness. The 2009 Report from the Office of the Provincial Health Officer of British Columbia indicated external causes of death for First Nation are 2-5 times higher than the general population (British Columbia, 2009). The primary causes of death for First Nation include death due to alcohol and/or drug consumption, motor vehicles, and preventable disease, all of which may be attributed to mental wellness.
concerns. This report also indicates there was no change in the high rate of suicide and that death from HIV/AIDS was worsening for First Nation people in BC.

A FNHA 2012 report (First Nation Health Authority, 2012) identified that 10.9% of youth aged 12-17 thought of committing suicide and 4.9% had attempted. For the adults surveyed, 22% indicated they had thought of committing suicide and 14.5% of them had attempted. Of those who had had attempted, 50.58% was after the age of 18, 41.3% between the ages of 12-17, and 4.2% between the ages of 0-11. (First Nation Health Authority, 2012)

This report also indicated that 69% of the youth surveyed had not accessed mental health services and their preference would be a friend (59%) for emotional or mental health support rather than a counsellor (18.6%), social worker (5.0%), or family doctor (4.8%). No information was provided for the adults surveyed. (First Nation Health Authority, 2012)

To understand the impact of suicide ideation, attempts and completions it must be noted BC First Nation communities have identified mental wellness as the number one priority needing solutions and more investment. This focus is not just on suicide but encompasses prevention, intervention, and post-vention services and programming. This information is derived from BC First Nation leadership, service providers and community members in their mental wellness planning regional sessions held during 2015. (“First Nation Health Authority,” n.d.)

2.3. History of First Nation Health Services

For decades Indigenous populations globally have moved toward working with governments to transform how health services are understood and provided to them as a population, generally, and as diverse nations, communities, families and individuals. Within Canada, First Nation on-reserve communities began this journey as administrators of federal health services in the mid 1980’s. This was done through the transfer process with Medical Services Branch of the Canadian Government.

Before this, Lavoie, et al (2010) explain the conditions and circumstances of the health of the Indigenous population just before 1900 and the events leading up to the various changes to health care throughout the next century. First Nation peoples across
the country had endured the introduction of European diseases and the impacts of colonization resulting in poorer health than the settlers who were arriving and becoming their neighbours. Concern regarding the spread of disease in settler communities influenced the decision of the federal government in 1904 to create the position of a General Medical Superintendent and provide nursing services to First Nation communities. Eventually these mobile services became nursing stations in many First Nation communities. While they were on-reserve and provided services to First Nation people, the administration, funding and identification of services were decided by the federal government.

The Canadian National Medical Care Insurance Act as passed by parliament in 1966 and the implementation of the Act started July 1, 1968. In cooperation with the Act, all provinces and territories in Canada created their plans with the final plan completed in 1971. (Government of Canada, 2018; Brown & Taylor, 2012) The intention of the Act, and the provincial plans, was for all Canadians opportunity to access public, primary, secondary and tertiary care health services as publicly funded services. This was to include First Nations people who lived off- and on-reserve. In addition, First Nation people living on-reserve could access federal services focussed on health promotion. (Lavoie et al, 2010) Both options for health services were meant to complement each other. Isolated communities also received primary care services and this continues to this day. (Lavoie, et al, 2010)

Many of these services are still available and include primary care mental wellness services. These services can be limited to First Nation recognized as status Indians through the Indian Act. First Nation specific services include the National Native Alcohol and Drug Abuse Program that funds on-reserve community referral workers and treatment centres. (Health Canada, n.d.) In BC, First Nation people can also access treatment centres run by the regional health authorities. Counselling is offered through First Nation Health Benefits Crisis Counselling services and the Indian Residential Schools Resolution Health Support Program. The National Aboriginal Youth Suicide Prevention Strategy funding is provided to communities for projects such as critical response teams. (First Nation Health Authority, n.d.; Health Canada, n.d.)

In addition, First Nations people can access mental health services provided by the Ministry of Children and Family Development, school districts, churches and non-profit provincial organizations such as Friendship Centres. As noted in the strategic
directions in “A Path Forward”, access for various reasons limits First Nation to using these services. A lack of cultural safety in the primary care setting is noted in this report, and the five follow-up regional reports on Mental Wellness and Substance Use forums, see this as being an issue that needs to be addressed. (First Nation Health Authority, 2013).

2.4. Culturally Safe Health Services

Research on primary care services for Indigenous populations was reviewed from Australia, New Zealand, Canada and the United States. Specific Canadian articles explore the relevance of cultural safety applications to health care services for Indigenous populations and call for greater attention to this issue. (Brascoupe & Waters, 2009; Hovey, Delormier, McComber, 2014; King, Smith, Gracey, , 2009; Lavoie., et al., 2010) Brascoupe & Waters (2009) included case studies which outline current First Nation community based services that provide cultural safe interventions.

The importance of measuring the results of cultural safety interventions was noted by Smylie, Anderson, Ratima, Crengle & Anderson (2006) who suggested the need for culturally relevant indicators not only those based on the western medical model of health. Several studies (Anikeeva & Bywood, 2016; Bailie, Sibthorpe, Gardner & Si, 2008; O’Brien, Boddy Hardy, 2007; and Puszka et al., 2015), used indicators as part of their research on cultural safety but only one specific primary care project identified the need to evaluate the cultural safety intervention (Fielke, Cord-Udy, Buckskin & Lattanzio, 2009).

Brascoupe & Waters, (2009), Peiris et al. (2008), and Dion-Stout & Downing, (2006), identify the need to inform government policy and program development at the community level to ensure the success of cultural safety interventions. It is important to utilize the work done in Australia, New Zealand and the United States to inform research to be conducted in Canada and specifically the proposed research project this literature review is to support. While the international research is Indigenous, it can only be applied to a certain extent to the realities faced by the Indigenous First Nation communities in BC. As stated in the Dion-Stout & Downing (2006, p.329), “Indigenous populations across the globe have identified the importance of articulating their own definition of health.”
The Aboriginal Nursing Association of Canada, together with the Canadian Association of Schools of Nursing and the Canadian Nurses Association (Hart-Wasekeessikaw, 2009) conducted a literature review on “Cultural Competence and Cultural Safety in First Nation, Inuit and Metis Nursing Education”. They relate various concepts including culture, cultural awareness, cultural sensitivity, cultural competence and ending with cultural safety. These concepts can be considered a spectrum of cultural understanding as each one brings a greater focus on the individual utilizing a mainstream health service as well as for nurses providing health care services to First Nation, Inuit and Metis individuals. Cultural safety requires a health professional to go beyond a basic understanding of the person accessing services from them. It requires the health professional to recognize the power distinctions inherent in their relationship and change the western medical model generally provided. Cultural safety is determined by the person receiving the service not the health professional providing the service. This is a change in how a health service relationship is normally perceived.

Brascoupe & Waters (2009) focus on cultural safety as it pertains to the design of government policies and service delivery. This research also include definitions which align with the understandings of the Aboriginal Nursing Association of Canada and grey literature included in this review. All agree the basis for cultural safety is required due to colonialism’s impact on Indigenous populations and health care services based on power dynamics within these services. The definitions according to Brascoupe & Waters (2009) can be placed on a continuum. The focus of this continuum is self-awareness which can be achieved by various means including education.

In Australia, Downing & Kowal (2011) and Downing, Lowal & Paradies (2011) add an additional issue for consideration when addressing cultural training or education – cultural stereotyping or objectification. This is an issue when education on cultural practices is initiated broadly without consideration for the rich diversity amongst Indigenous peoples. Dion & Downey (2006) illustrate work done by Wells in 2002, who discusses a Cultural Development Model. This model identifies specific terminology used (cultural awareness, sensitivity and competence) by health professionals as not being sufficient to meet the needs of the Indigenous diversity encountered in health care settings. Expression of culturally safety is not just knowing about, acknowledgement or understanding of another’s culture. It requires inclusion of the individual utilizing the
health services in determining what health care services should be provided including the use of traditional practices and medicines.

This is where the continuum identified by Brascoupe & Waters (2009) is important in taking individuals through an educational stream that encompasses the history of the impact on colonialism of Indigenous populations through to how to build relationships and adjust the power differential between Indigenous and non-Indigenous peoples. An example of a success in incorporating both worlds is illustrated by the Nuka system of care (Gottlieb, 2013) which is the application of the western medical model of health care with a focus on providing culturally safe services. This model also incorporates the key component of wellness through customer ownership of their health and the building of relationships with health care teams.

2.5. First Nation Health Authority

First Nation people in BC are currently undergoing a health system transformation. Mental wellness and cultural safety and humility have been identified by them as two of the highest priorities to focus on for transformation. This transformation hopes to address health services adequately serving the First Nation population to increase their state of their health and well-being. Gallagher et al (2016)

In BC, full involvement of First Nation in their health services has taken shape in the form of the First Nation Health Authority (FNHA), the First Nation Health Council (FNHC) and First Nation Health Directors Association (FNHDA). They represent three of the four governing pillars for First Nation health transformation in BC. They share the vision of Healthy, Self-Determining and Vibrant BC First Nation Children, Families and Communities. The fourth pillar is a governing committee which includes representation of these three pillars and representatives of Health Canada and the Government of BC. (Gallagher, Mendez, Kehoe, 2015)

To support the implementation of this vision, the FNHA has developed a First Nation Perspective on Wellness, a visual representation that encompasses the many aspects of a human being – spiritual, mental, emotional and physical - and how they are influenced and supported, a holistic approach. The graphic is displayed below:
This perspective was created to support the work of the FNHA and to be fluid so that others could incorporate in their work. The FNHA has used this perspective to inform a wellness approach that frames services, initiatives and programs. (Gallagher, Mendez, Kehoe, 2015) In addition, there are resources for cultural humility and safety to help support the FNHA, health authority partners and First Nation to share common definitions such as cultural awareness, competency, humility and safety. These resources are intended to help all partners implement a culturally safe approach in health services.

The three pillars of First Nation health governance are integral to implementing the Perspective of Wellness. For their part, the FNHC have leadership in wellness through their program ‘Beefy Chiefs’ whereby the FNHC members committed to get physically active, eat better, quit smoking or commit to another wellness activity such as 10,000 steps per day. This approach has First Nation leadership living wellness and committing to be wellness champions in their own lives. In addition, the leadership has
an agreed upon mandate to involve Canada and BC in discussion to find solutions for issues with specific social determinants such as housing. (Gallagher, Mendez, Kehoe, 2015)

The FNHDA undertook a survey to understand the meaning of wellness to their members. A summary was prepared for their 2014 Annual General Meeting. Information from this survey provides rich description to help inform the importance of spiritual, emotional, mental and physical wellness for projects being undertaken by the FNHDA.

There has always been an Indigenous understanding of wellness about balancing spiritual, mental, emotional and physical aspects of a human being. Utilizing the FNHA, FNHDA and FNHC as a conduit for wellness, First Nations in BC will work with partners to help move a culturally safe system of health care forward. BC First Nations have articulated the importance of focusing on balance between the mental, emotional, spiritual and physical, wellness. (Gallagher, Mendez, Kehoe, 2015)
Chapter 3. Research Methods

3.1. Methodology

“Phenomenology and narrative inquiry have been useful methodologies for indigenous researchers who wish to make meaning from story. (Kovach, 2009, p. 27)

Kovach has brought to life the approach of this research project through this one statement. The use of Indigenous methodology for this research project exemplifies this statement and the complex and respectful teachings from which it is derived, to tell the story of Seabird Island health programs and services and their overall community approach to wellness.

3.1.1. Indigenous Methodology

Kovach speaks to Denzin and Lincoln’s concept of seventh moments of qualitative research. Denzin (2001) speaks to utilizing new ways for critical qualitative inquiry relevant to the twenty-first century. Currently we are in the seventh moment of qualitative inquiry where the inclusivity of voices, through story, is used to make meaning in research. (Kovach, 2009) This concept is significant to my research project as the voices of research participants are utilized as a narrative throughout the research project. The community was involved from the beginning by honouring their governance process of Chief and Council approving the project; their community research protocols of appointing a community advisory board; immersing themselves in methods by identifying the observation opportunities and interview participants, reviewing all materials and informing me of appropriate protocols; and finally by offering to gather community to hear the results and discuss how to utilize this information to benefit the community as a whole.

Linda Tuhiwai Smith (2012) explains the dichotomy between traditional academic and indigenous ways of knowing. First Nation communities have historically not identified their knowledge gathering as research projects is indicative of the judgement they feel is placed on indigenous ways of knowing (p. 127). She goes on to explain how the Maori have named their research agenda, methodology and methods to validate their ways of knowing - Kaupapa Maori.
Wilson (2003) supports Smith’s rationale as he reflects that research is the consideration of the social and political environment of the researcher and the research. The Maori owning their own research approach then reflects their reality and not that of academic institutions.

The axiological purpose of this research project suggests my role as researcher is the value I place on the role of self-determination in the research process for the methodology implemented to the recommendations resulting from the research. In accordance with Smith (2012) we need to privilege Indigenous values. Smith outlines two pathways to implement Indigenous methodologies. The first pathway involves community driven or community action initiatives in research. The second pathway is through space created in post-secondary and research institutions for indigenous research driven by Indigenous people for Indigenous people in collaboration with academic and research allies.

The second pathway informs the Recommendations chapter. For now I would like to focus on the importance of the first pathway.

Margaret Kovach (2009) expresses how it important it is for the researcher to prepare and understand their own belonging in their community based on their teachings, the space that is required in an Indigenous methodology for this to be recognized as a value add to the research process and results. It was important for me as the researcher to express my connection to the nation, community and people participating in this research project. As well, it was important for me to provide the reader with the context on how I was connected to the research focus of a mental health journey, what it meant to me and my family.

Kovach goes on to explain the need to understand the teachings from our elders which we carry and the researcher needs to prepare to be open to these teachings. This is true for research as well. As the researcher, I needed to prepare myself to hear, understand and learn the teachings offered through this research project. Part of this was how I located myself in the research when preparing the methods, during the observations, interviews, analysis and theming of the findings. All along this journey I had the support from the CAB who grounded the information and shared their lived experiences, teachings and understandings.
Definition of community research requires defining community and who determines the definitions. For this research project brought me to question how I as an Indigenous researcher define myself within community.

Considerations for Indigenous researchers include the connection to community as part of a specific or larger community of First Nations people, a shared history and set of circumstances. As Smith (2012) describes, this can be drilled down even further to reflect gender, age, connection to cultural practices and protocols and other aspects of an individual.

According to Wilson (2003), utilizing an Indigenous connection to the land supports the understanding of on-going relational aspects of the research participant socially as their land, or environment, is ever changing and the participants reflecting on these changes reveals their resilience. Considering both of these concepts, I as an Indigenous researcher, bring my own connection to the land, environment, accordingly I am able to relate with each participant when revealing their resilience, or wellness journey. The research done by Morgan Kahentoni Philips (2012) with the community of Kahnawake exemplifies the appropriateness for First Nation communities and individuals to explore their resilience with the support of Indigenous researchers.

All these aspects reflect my paradigm as a researcher and how I connect with the research project and participants. As Smith (2012) explains, “...insiders have to live with the consequences of their processes on a day-to-day basis for ever more, and so do their families and communities.” (p. 138). With this in mind, Smith goes on to explain the need to build specific relationships with community involved in research projects. One method is utilizing those working or living in the community and another is following community governance already in place for research.

The community being open to my presence and allowing me to communicate my own experience was integral to building a respectful relationship. Acknowledging our shared experiences is integral to building trust in the relationship with each individual who participated in the research project. For this, I as the researcher needed to be open to sharing who I am and sharing my experience. This is not meant to influence the research but instead to create a trust and build mutually respectful relationships with each individual community participant regardless if they were a part of the CAB, interviewee or observation participant.
Chilisa (2012) explores the importance of values such as respect to build relationships is important to indigenous methodology. The importance lies on having the best research implemented and completed with the process and results reflecting methods that are respectful to the built relationship and inclusion and participation of the participants of the research. Adair, Puhan, Vohra(1993) use the term of relational axiology and describes five key areas to consider: 1) researcher relates respectfully to form strong relationship; 2) identifying the roles and responsibilities of the researcher in building the relationships; 3) the extent of the responsibility of the research to the participants, the research and all indigenous relations; 4) the extent of the researcher in giving back to the relationship, and; 5) that the sharing and learning are reciprocal.

This brings to light the ownership of the research, whose interests it serves and benefits including the participants and finally the participation of those being researched to inform the research methods.

Taken together these items will reflect a good relationship between researcher and participants that is respectful and is long-term.

Chilisa (2012) explains how indigenous ways of knowing play an important part in any research project. Indigenous people are connected by shared experience of colonization. This broader connection can be focused on individual, family or community understandings and experiences. Depending on the life’s journey of these relevant groups and individuals, western concepts or imposed constructs are impactful and relevant.

Given this understanding, it is important for the researcher and participants to connect through shared experience and knowledge to develop trust and an enduring respectful relationship. This can be considered an opportunity for healing as one component of the research project in addition to the other aspects of indigenous methodology. Not all research projects incorporate every aspect of indigenous methodology.

Chilisa (2012) explains the concept of a continuum of indigenous methodology and breaking this down by utilizing Adair, Puhan, and Vohra(1993) who outline components such as a researchers initial thoughts about their idea. Academic research methods and measures are tailored to the culture of the research through the use of a
local language in research methods. Examples of this include questions for interviews, tests and other methods along with the research process itself including, “…methods, concepts and variables emanating from indigenous knowledge systems” (Adair, Puhan & Vohra 1993, p. 103)

Adair, Puhan and Vohra (1993) proceeds to write about a continuum of Indigenous methodology based on the degree of adaptation to get a better understanding for local circumstances. Kovach (2009) and Smith (2012 & 2016) relate similar components to Indigenous methodology.

3.1.2. Phenomenology

This project adopted a phenomenological approach which utilized two data collection methods to inform the research question. The use of observation and semi-structured interviews to collect data incorporated diverse voices in several settings to bring depth to the understanding of how western medical based primary health care services and First Nation traditional and cultural based services relate to an individual’s wellness journey.

A phenomenological study sees a common thread of lived experience for a group of people. Research entails a focus on the commonalities of a certain phenomenon which is identified as a single concept or idea (Creswell, 2013). The focus on this research is just that, the focus on a First Nation person’s wellness journey and the influence that culture and society have guided their use of primary health care services to support this journey.

3.2. Data Collection

To reiterate what was mentioned in Chapter One of this paper, two-eyed seeing originated from Mi’kmaq Elders Murdena and Albert Marshall. The two-eyed seeing concept brings the strengths of being grounded in Indigenous ways of knowing and utilizing the tools of western ways of knowing as described in Hall, Dell, Fornssler, Hopkins & Muchquash (2015). This study utilized the First Nation way of knowing about wellness and used qualitative methods, such as observations and semi-structured interviews to uncover individual’s ways of knowing about their wellness journey and identify the primary health care services that supported the journey.
The process of data collection and analysis is illustrated by the following diagram:

This study focussed on a specific First Nation community in BC, Seabird Island. Seabird Island was chosen due to the number of services provided by the health centre. The health director was approached by the researcher to participate in the study. Seabird Island has implemented a research protocol process which the researcher participated in. Information was shared with the Chief and Council who approved the community’s participation in the research project. The researcher was provided a certificate stating this approval.

Ethical considerations for this project were guided by the Canadian Institute for Health Research (CIHR) guidelines for health research for Aboriginal People (2007). Considerations given to the principles of OCAP® (ownership, control, access and possession) and the three principles (Respect for Persons, Concern for Welfare and Justice) for respect for human dignity provided guidelines on this research project and was conducted in partnership with Seabird Island.

The next steps involved community delegates being asked to participate in the Community Advisory Board (CAB). All three members of the CAB work for the health
centre in various capacities and two of the CAB are community members. The CAB supported determination of the observational opportunities and selection of the interview participants. Participants in the observations or interviews were part of a health centre service whether as staff or as client.

The CAB supported the researcher in identifying workshops for observation, arranged for the researcher to participate in the workshops and supported the researcher during the observations through introductions and explanation of the project. The CAB and researcher discussed observational criteria: availability of workshops during the research period and the opportunity to participate in several different types of workshops.

The CAB identified various days for the researcher to participate in workshops, observations one and two. The researcher chose a day which included medicine picking in the morning, observation one, with community members and in the afternoon the activity, observation two, was taking youth on the land for traditional cultural teachings.

The researcher developed a poster outlining the project which was reviewed and approved by the CAB. The final copy was provided to the CAB to be posted in common areas of the community where it could reviewed.

3.2.1. Observational Data Collection and Analysis

As the researcher, I participated in all three activities as a participatory observer. The Seabird Island cultural worker and group lead supported me through introductions to workshop participants and creating space for the participants to ask questions about the research project.

Field notes were created right after the observations and the researcher reviewed, created memos on the information and coded the notes utilizing the First Nation Perspective of Wellness and the technique of thematic coding.

Thematic coding is a form of qualitative analysis which involves recording or identifying passages of text or images that are linked by a common theme or idea allowing you to index the text into categories and therefore establish a “framework of thematic ideas about it” (Gibbs, 2007).
Applying this practice to an observational method required a framework to ground the information the researcher was witnessing. The FNHA First Nation Perspective of Wellness was the ideal framework for this purpose. As the research process progressed it became even more apparent through the interviews. The Perspective of Wellness evoked the same messaging about balance, and the components identified in the circles, in all instances – perspective, observations and interviews.

The researcher arranged to review the information and analysis approach with the CAB. Discussion regarding the use of the Perspective of Wellness to theme led to questions raised concerning the validity of the tool. After discussion, it was decided the Perspective of Wellness supports how the human being is supported and influenced by many aspects throughout their lives including their environment, culture, family, community and other components that can support, or not, a wellness journey. The discussion concluded that an individual’s journey cannot be defined by focusing on one aspect of a person, example being an individual’s mental wellness journey. The CAB and I agreed that caregivers need to see the person, and their health issue, from all aspects.

While a health issue, such as substance use, should be responded to by the caregiver, the others aspects contributing to this complaint need to be addressed such as trauma, chronic disease, employment, poverty and whatever else may be affecting the individual’s journey. As a human being needs balance between the mental, physical, spiritual and emotional components of an individual. This balance is an on-going journey and is affected by the various influences as described by the perspective.

The researcher incorporated the CAB’ analysis and questions to help inform the next steps of the project including the third observation and the development of the interview questions.

The next observation workshop took place a couple of months later. With the support of the CAB, a men’s group was identified as an opportunity to add information to the project. The CAB arranged for the researcher to meet beforehand with the group lead, one of the mental health counsellors on staff for Seabird Island, to gather initial information about what the activity would include as well as how the group came about, purpose of the men’s group and specific activities being identified to support the men
accessing the group. The researcher asked the counsellor if a consent form was appropriate. The counsellor informed the researcher the form was not necessary. The participants were informed verbally by the researcher about the project and asked if they were willing to participate.

The staff member supported the introduction of the researcher and the group was encouraged to ask questions after the researcher did self-introductions as part of the opening circle. The researcher thanked the men and let them know their participation was confidential. The participants of the group were offered an opportunity to voice their concerns about the project or the researcher as well as not include the researcher in the workshop. All the men welcomed the researcher to the group and the workshop proceeded with the activities planned.

In a similar approach the researcher prepared the field notes after the observation and the researcher reviewed, created memos on the information along with coding the notes utilizing the Perspective of Wellness. This information was once again shared with the CAB.

3.2.2. Semi-structured Interviews

The researcher and CAB prepared interview guides for clients and staff who would participate in the interview process. The original observation consent form was modified for this purpose. The guides outlined the process and questions and were approved by the CAB. For the development of the questions, the researcher and CAB identified questions based on what information was integral in understanding a wellness journey and what supports were required.
Interview questions for clients:

| Before we talk about your journey towards wellness, what does wellness mean to you? Prepare ideas if they ask, scenarios |
| Tell me about [your] journey. |
| Can you tell me about your experiences with Seabird Island programs & services? |
| Can you now tell me about your experiences with other programs or services outside of this community? |

Interview questions for staff:

| Before we talk about your journey towards wellness, what does wellness mean to you? Prepare ideas if they ask, scenarios |
| Tell me about [your] journey. |
| Can you tell me about your experiences with Seabird Island community programs & services as you have moved along your journey? |
| Can you now tell me about your experiences with other programs or services outside of this community? |

The researcher explained why the Perspective of Wellness was used as a framework for the research project. The CAB related their experiences to this Perspective of Wellness and its relation to the medicine wheel.

Part of this discussion was a review of the research project objectives. This elicited the questions still needing to be answered as well as who the participants in the interview section of the project should be. It was agreed that there should be participants representing clients, staff and staff who are clients of Seabird Island services; men and women; different ages; and lastly different places in a wellness journey. The process, location and timing of the interviews was identified by the CAB and agreed to by the researcher. A member of the CAB approached each participant and asked them to participate. The researcher provided a letter containing information on the research, key contacts and the CAB member was provided with this letter and tobacco to gift the prospective participant.

The CAB member set up times for each participant and the offices of the Tribal Council and Mental Health team were used for the interviews. The interviews were conducted over two separate visits. The researcher brought snacks to the first session where four interviews were conducted. Initially all 6 interviews were scheduled for one day but appointments were then adjusted to accommodate a couple of the participants.

Interview participants were either community member (as defined by the Indian Act or from community acceptance); staff of the health centre; and/or, had accessed services from the health center. The participants were chosen based on these
categories and identified during their stories as belonging to at least two of the categories.

Table 2 participant basic demographic information and utilization of internal Seabird Island Primary health care and external primary health care services

<table>
<thead>
<tr>
<th>PARTICIPANT</th>
<th>Male</th>
<th>Female</th>
<th>SI Member</th>
<th>SI Staff</th>
<th>SI Services</th>
<th>External Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>N</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>y</td>
</tr>
<tr>
<td>5</td>
<td>N</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>4</td>
<td>N</td>
<td>Y</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>3</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>2</td>
<td>Y</td>
<td>N</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
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<td>1</td>
<td>Y</td>
<td>N</td>
<td>N</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>TOTALS</td>
<td>3</td>
<td>3</td>
<td>5</td>
<td>4</td>
<td>5</td>
<td>5</td>
</tr>
</tbody>
</table>

The interviews were recorded. The semi-structured format allowed for guidance on obtaining information but allowed the participants to tell their story in a comfortable and safe space. The researcher endeavored not to interrupt or insert herself into the story by contributing her own life experiences. Each participant was thanked and gifted for their time and allowing the researcher to use their knowledge to support the community.

Each interview was transcribed with the identification given by the researcher attached to the notes and any personal information removed from the notes. Recorded interviews were deleted by the researcher. The names used in this research paper were assigned to ensure the anonymity of all participants.

3.3. CAB Analysis Support

A session with the CAB was held to review the themed data from both the observations and interviews. A PowerPoint was provided including slides explaining each circle of the Perspective and utilizing the observation and interview data to help inform each circle. Feedback from the CAB was provided to support further analysis of the information along with the Perspective of Wellness itself.

The information reviewed with the CAB included the observation analysis. The researcher utilized the Perspective of Wellness to code the observation field notes.
Coding started with the third circle as the foundation to which the fourth and fifth circles provided additional context to statements, interactions and activities observed during the three workshops in which the researcher participated. This process was explained by the CAB who understood and supported the analysis approach.

Data was depicted in tables itemizing the number of occurrences of each code. Analysis and context were provided underneath each table utilizing specific observational data from the field notes, mainly the interactions witnessed. The researcher also brought in examples from the interview process that supported what the data was disclosing about wellness journeys.

These tables were updated applying the CAB advice. The CAB provided additional context to certain pieces of the data utilizing their lived experience of being Seabird Island staff and/or community members. The data generated ideas in the CAB on what opportunities they have to support additional programs and services or revise the current compliment. There was also acknowledgement of the success of their current organization.

The CAB and researcher reviewed the four interview questions followed by the themes that were identified through the first two questions. The researcher had provided to the CAB, in advance of the session, each question with the themes, researchers’ initial analysis and specific quotes. The quotes were added to provide initial context to the analysed info.

Only some of this information was included in the presentation although the CAB was provided with copies of each question breakdown along with hard copy of the presentation to ensure the CAB had all the information on hand for discussion. It was evident during the interviews that each individual used personal experience to explain what a wellness journey was comprised of so it made sense to combine the analysis of the two questions.

This was further ratified when the researcher was analyzing the data, specifically the themes. The researcher presented the information to the CAB as a combined analysis along with the rationale for this approach. The CAB understood the rationale and confirmed the approach aligned with their views on how ‘everything is one’ or Nawt Sa Mawt. The Coast Salish people have not provided a written (published) explanation
for their world view. The only published perspective of this world view (perspective) is found in the publication of Nuu Chah Nulth Elder, Dr. Richard Atleo, the understanding of heshook-ish tswalk meaning the interrelatedness of the spiritual and physical world. (Atleo, 2004)

To bring further clarity, explaining the concept of a wellness journey relies on an individual’s understanding of themselves based on their own experiences. This was exemplified during the interviews as noted when the initial question was asked of each participant they would start to answer conceptually but would add their experiences as a way to confirm their understanding. During one of the interviews, only the first question was asked of the participant who then answered all the questions throughout the telling of his story.

Question three and four were presented separately to the CAB for consideration. The CAB supported further analysis and guided the research with additional context for improved clarity.

Finally, the researcher asked the CAB if they had additional thoughts or required additional information (data) to review. The CAB did not have any additional requirements and did not think the research required more information (data).

3.4. Rigour

The researcher was a participant as an observer, or a participant observer, during the observation method of the project. It is important to note the importance of the role of participant observer as stated in Creswell (p. 166-167, 2013), “The participant role is more salient than the researcher role. This may help the researcher gain insider views and subjective data.” Creswell goes on to say that it may be harder to record data in this role. The researcher was able to mitigate this issue by recording field notes before and after the observations. This allowed the researcher to participate with other workshop participants in the activities while observing the activities and participants.

Rigour in analysis of the interview data for this project included guiding questions the researcher asked while reviewing and noting the data. While focussing on meaningful statements identified in the transcripts, the researcher asked herself:
How this statement is related to the four interview questions (see table 3.1)?

How is this information related to the perspective of wellness?

How is this information related to the themes identified in the observational method?

The analysis using these questions identified themes relating to one of the interview questions. When 3 or more of the participants provided similar information, the researcher considered this a theme. The researcher’s notes and specific quotes were chosen that exemplified or provided context to the analysis. All of this information was provided to the CAB for additional context.

3.5. Reflexivity in the research

“The supposition of subjectivity and the interpretive nature of qualitative research imply a relational approach to research. Reflexivity is the term often utilized within a variety of qualitative research approaches to reference the relational. Reflexivity is the researcher’s own self-reflection in the meaning-making process. (Kovach, p. 32, 2009)

The best approach for an Indigenous researcher is to be transparent in their subjectivity within the research project. Seabird Island is not my community and I am not Stó:lō. I am a First Nation woman with a relational context to the participants of the project. This context includes colonization, family, community and historical trauma setting the stage for a relational experience between the researcher and those providing answers to the research questions. The phenomenological approach taken by the researcher is appropriate.

The phenomenon being researched – a wellness journey description – can be described by the researcher within her context. The researcher can identify self-experience or family relational experience to the phenomenon. Creswell (2013) describes how the lived experience can support phenomenological research. All parties participating in the research project: researcher, CAB, and research participants have both subjective experiences with their own wellness journey as a First Nation person or as a person working with First Nation people. This also applies then to their objective perspective, the commonality of ascribing to a wellness journey.
All actors in this research project (researcher, CAB, observation and interview participants) are related to wellness services in at least one way. This displays the relative nature of a wellness journey: participants in a First Nation research project can access primary care services, provide support for First Nation people accessing services, or be a First Nation person accessing these services or be all of these.


The researcher’s relationship with the community and individuals in this project was integral for its success. The researcher built trust with the CAB members who then introduced the researcher to the workshop leaders. By having a relationship with the CAB and workshop leaders, the researcher was able to gain the trust of the workshop and interview participants. Introducing herself and being honest about who she was, what the project was about and why the community and researcher thought it was important, supported building the trust. Acknowledging the participants in traditional ways such as the offering of food and to just listening when people spoke with the intention to understand also supported the trust building.

While analyzing the data alone and with the CAB, it was important for the researcher not to bring in personal or work experiences. The focus was on the information provided by the research participants and the CAB. This bracketing (Creswell, 2013) of experience supports an objective perspective on the data. Utilizing tools such as the Perspective of Wellness when theming the field notes and guiding questions while reviewing the interview data was also useful.
Chapter 4. Findings

4.1. Perspective of Wellness

Understanding the Perspective of Wellness is to understand the various circles. In the application for this research, I have listed below the circles used to theme the observational information. The FNHA outlines the understanding of all the circles on their website. I utilized these outlines in the context of this project and focussed on the circles starting from the centre and extending out to the fifth circle.

The centre is the Human Being and the focus as the Individual at the centre. Human Being and Individual have been capitalized through this text to acknowledge these words represent First Nation people - the focus of this research project. The FNHA utilized the feedback from engagement with Elders and health workers to inform the Perspective of Wellness including the having the individual at the centre as “Wellness starts with individuals taking responsibility for our own health and wellness…” (Gallagher, Mendez,, Kehoe,, 2015)

The second circle speaks to the balance of the Human Being through four quadrants – emotional, mental, physical and spiritual. Balance of the four quadrants is essential to wellness. When one, or more, of the quadrants is not present or fully functioning, the Human Being is not balanced. One interview respondent commented:

“…means balance. When I think of balance in the medicine wheel between the social, the emotional, mental, physical, and spiritual and with the Creator being the center of it all like a higher power or God. I think wellness to me is when you look at those four components, how well are you doing and each of them. If you're taking care of each of those components, you should be fairly balanced. To me, that would lead to your overall wellness, body, mind, and spirit." (Emily – staff)

All quadrants are equally important and manifest in different ways depending on the individual. Nurturing each is important for wellness. The wellness journey is about identifying what this balance is for the individual. The second circle is impacted by the third circle which illustrates values of the individual.

These overarching values are essential - wisdom, respect, responsibility and relationships – to support the intention of an interaction or activity. A more complete
explanation can be found when describing the continuum of cultural understanding and how this can relate to health service provision. The concept of cultural safety asks a health professional to go beyond a general understanding of the person they are interacting with for the service(s) and requires the health professional to recognize the power dynamic in the relationship between health professional and patient.

A Human Being is grounded in the environment they originate from - family, land, nations or community. The fourth circle explains who and what the foundations of a Human Being’s life are. These aspects influence the balance of the four quadrants in circle two and identify where our values in the third circle originate. The third circles intentions can be traced back to the where and who the Human Being belongs to.

“You know, I think I finally figured out what it means to live a good life.” That declaration really caught my attention, because “a good life” is a serious concept within aboriginal traditions, and because Elders seldom tell others what they should think, say or do. “Maybe, “ Maria told us, “you know you’re living a good life when you get to my age, and you look back maybe five years or so, and you find yourself saying, ‘Boy, I sure didn’t know too much...way back then!’” (Rupert Ross, 2014, p. xx)

The above quote is from Rupert Ross’ book Indigenous Healing (2014). The experiences of Mr. Ross as a Crown Attorney in northwestern Ontario, where he conducted criminal persecutions amongst the territories of the Cree and Ojibway peoples, helped inform him of Indigenous self-conceptualization. His understandings were forever changed by the people and situations he encountered. Rupert’s book is valuable generally for the way it may guide individuals through Indigenous worldviews, from his lived experiences. More specifically this book is of value as it exemplifies how a connection can be created between separate worldviews when individuals are motivated to understand each other and create relationships.

Relationships are based on connections individuals have with one another in everyday life. The fifth circle is a reflection of the disconnect Indigenous individuals may have to others in their everyday lives due to the historical and current day context of trauma. It is important to note the short time frame that this disconnect has occurred in and the context of how it occurred. The Aboriginal Healing Foundation (AHF) was created in 1998 in response to the support required for survivors of Indian Residential Schools and their families. It was an Indigenous non-profit organization which provided research, funding and programs across Canada.
The AHF Research Series includes a specific report on suicide among the Indigenous population of Canada. This report (Kirmayer, Brass, Holton, Paul, Simpson & Tait, 2007) illustrates the impact colonization has on the indigenous population in Canada through continued traumatic events in the lives of individuals, families and communities.

During this research project with Seabird Island, interview participants spoke of current trauma and the impact it continues to have on their journey.

One respondent in my research provided a good example of these elements of the Perspective of Wellness are related. An interview participant related her daughter’s addictions and attempted suicides to guilt she carried surrounding the death of her father. While telling her journey of wellness, the mother related her emotional, physical, spiritual and mental wellness with that of her daughter’s. The impact to her physical wellness included blood infections and other ailments requiring the primary health care system and other health professionals such as chiropractic care. She sought out mental health supports through counselling and Al-Anon. She stated she would like to be part of the culturally specific programming but it usually occurs when she is working. This mother explained how her daughter’s illness impacted her ability to work and be able to support her other children and take care of herself. At one point she acknowledged she is now starting to think about what she needs to be well.

4.2. On the land – Medicine gathering

Driving out to the community of Seabird Island usually takes me about an hour and 15 minutes from Vancouver. The drive takes me through my childhood memories – the places I would go and the people I knew – and I would reflect on the time when I worked at Stó:lō Nation and learned how events work and people intertwined with Seabird Island. The closer I got the more I thought about the people I knew from this specific community. I wondered if anyone I knew would be part of the observations. Relationships are important when creating trust, or is it the other way around; anyway the thoughts continued to focus on the importance of building the trust of the workshop participants.

This is important to me, and to the research, as uncomfortable situations arise when inserting a new person(s) in to a space normally populated with family and
community members. This can create mistrust between participants and cultural worker or the workshop could have been judged to be an unsafe environment thus limiting the opportunity for the participants to learn and grow from the development of relationships with other community members. This was mitigated by a short introduction from me explaining who I was and what I was doing. The participants were provided the opportunity to ask questions but were satisfied with the information I had already provided.

The intention of me as a participating observer is to witness the interactions amongst the other participants, their responses to the activity along with their interaction with the workshop leader. The CAB members describe how these activities allow for the participants to engage in an activity their ancestors did which provides a collective knowledge of cultural practices but it also provides an opportunity for them to talk about what being indigenous means to them, the connectedness they may feel for the workshop leader or the other participants.

The CAB suggested that these specific activities may help break down walls individuals may have in communicating during other more clinical therapy activities such as group or one-on-one counselling.

No eye contact is required during a program and allows for individuals to keep busy and not be the centre of attention or deal with immediacy of their trauma or subsequent addictions. The activity as a group provides time away from the normal day to day routine. The workshop, or activity, leader provides the teachings which align with the activity. The combination of the two aspects brings the participants closer to their ancestry and links them to their culture. It can bring a sense of understanding and belonging.

The first workshop was held in August 2017 during a weekday morning. I was to meet the cultural worker (who I will refer to as Anna) at the Seabird Island College. Anna was the lead for the cultural workshops at Seabird Island. She was responsible for identifying, organizing and implementing the various workshops offered to community members and staff. I was early and therefore able to meet some of the college staff.

While on her way to the location, Anna picked up the one of the community’s 15 passenger vans and the items she needed for the day all the while trying to locate
participants for the workshops that day. When Anna arrived at the college, the staff there helped Anna connect with a community member who worked at the K-12 school across the road. They also contacted the band office regarding others who had emailed or called Anna about interest for the workshop.

The Seabird Island staff discussed how they had connected with those interested in the workshops by text, email and Facebook. They agreed that social media seemed a good way to get a hold of specific people. They also discussed how to organize participation for future workshops. The staff identified two participants for the first workshop (Beth and Clara). Both were from the community school.

The participants were sisters and knew Anna and the staff from the college. Beth offered to drive the van so I hopped in the seat behind her while Clara sat beside me and Anna sat in the front passenger seat.

The four of us travelled towards Sts’ailes, a neighbouring community, to find Anna’s spot to pick the tea.

During the ride, discussion flowed naturally as it does with someone they know closely. While the topics of discussion seemed to flow together, I focussed on one area of the discussion which spoke to the multifaceted dynamics within family, community and nation.

The life of a canoe that was housed at Seabird Island School was very important to Beth. She told the story of how certain people tried to ‘fix’ it and damaged it more, how it was then taken by the sister to another community where it now sits in the longhouse and it is happy.

Throughout the observation the participants conversed on the various dynamics encountered in their lives through family, work, and community events. Several of these dynamics, interpreted by the researcher, were where people chose to focus their efforts in life. Was time to be spent focussing on the negative, such as lack of capacity in their work lives or to focus on their cultural practices and spending time on the land. An example for this was how the teachers were hearing the youth state they are bored. The youth’s focus is not on their traditional territories and not utilizing cultural practices such as going out on the land to gather medicines, hunt, fish or materials to create baskets.
The discussion also included how the youth are not taught these practical skills or the teachings that go with them.

Beth brought up how important canoe pulling was to her and the three agreed it is something that has lost its original intention. It requires yearlong preparation including physical preparation and is linked to other cultural practices such as winter dancing and knowing your teachings. Beth let Anna know that she had perceived lateral violence or jealousy from other women who pull. Beth explained the different understandings of canoe pulling techniques and what is the best way to be the fastest.

Beth spoke to how a canoe is alive as are all things. The canoe has feelings and must be taken care of. The older people knew this and knew when the canoe is happy and when it is sad. You can also tell by the colour of the canoe. It is up to the people to make sure the canoe is taken care of. She was concerned that the lack of understanding from leadership about cultural practices, and how they are interpreted, can impact the whole community. She feared that leadership, and most of the community in general, did not know or understand what the old teachings were and how they should be applied now.

The group discussion progressed toward the decline of language because certain traditional activities are no longer practiced. There are recordings of elders who use different words and different ways of saying certain words – this was being lost. It is important to keep up traditional activities so certain words will be used and not be lost. The language is the connection to the environment.

Beth and Clara are both teachers. Clara was about to start teaching the upper river dialect of Halq’emeylem at Seabird Island school. She also achieved a designation that she could teach anywhere in the world. The women joked that she can look outward but she belongs in community.

Anna brought us to her spot where she has picked the tea for some time and considers it her spot. Anna showed us the path she had made the last time she was there. The narrow opening was not seen easily. Each of us had to hold on to a little tree to get down in to the bushes. While we waited our turn to enter the bushes, Anna asked if we could smell the medicine. It was a beautiful light smell similar to lavender.
The tea bushes were intermingled with other bushes. Anna ensured we knew which leaves to pick and how to pick them - by running your fingers up the stem to loosen the leaves. Because the bushes were beside the road, the leaves had a slight coating of dust.

The tea was all around. The sun was hot but felt good on my back. Anna provided us with pails to put the leaves in. She showed us how the leaves were different than the others and told us a story about another group she had brought out. Anna provided them with the same details but when they were done picking they showed her their leaves and she saw that they had picked the wrong plant! We all had a good laugh. We understood the teaching telling us the importance of paying attention to the work. The plants are all different, even though the leaves may be similar, and do not have the same purpose. I was cautious to make sure I picked the right leaves.

While we picked there were stories, laughter and silence. Beth joked about how the creator didn’t make everyone to pick tea. She let us know that she told this joke in various forms depending on the activity or circumstance she was in.

Before driving away, Anna showed us another spot to pick tea a bit down the road that she was going to use with another group. The drive didn’t seem as far on the way back. We heard how Clara decided on becoming a teacher and the schooling she had. Discussion continued about cultural activities and how not many people appreciate the access they have to traditional territories and the activities they can do on the land. Also more discussion about the canoe and where it is now and the work that needs to happen to keep it safe.

During the break between groups, Anna showed me how to soak the tea in water and a natural product to clean the leaves before they get put in the dryer. When we sat down to eat, Anna said she wanted to share with me why she does this work. She shared her story with me and wanted me to know how important it was for me to be doing this work (research) because it will help so many.

During the afternoon workshop there were 5 youth and their program leader. It was their first day of a 3-day camp. Anna and the camp leader, Deb, agreed to go for a walk with the youth in a park nearby.
I walked with the group of youth. Some of them had quite a bit of energy so they ran up the hill and back. The youth were between the ages of 13 and 17. They asked how far it was to go to the falls, how long it will take to get there. Anna and Deb joined us at the lookout at the bottom of the falls, where the water turned into a creek.

Anna took us away from the other people enjoying the falls. She brought us closer to the water and had us sit on a log while she spoke to the youth about how they needed to care for themselves, why it was important and how they could take of themselves. She spoke of how washing with water helps your spirit and is good medicine. She asked if the youth wanted to see the camp leader and I wash with the water. Anna had taken off her shoes and was standing in the water. The kids had also taken off their shoes as instructed by Anna. Deb and I had kept our shoes on.

While Anna was talking, the youth were picking up rocks as she had instructed them. Most of them had already picked up rocks on their own, it seemed natural for them. Anna spoke of how a person carries around feelings, experiences, and other things throughout life. She told the youth to pick up rocks and we will get rid of the rocks as we walk back down the hill. She asked the group to think about the things that we carry around, what we want to keep and what we want to get rid of. Anna told us to use the rocks to let go of the things we carried around with us we no longer wanted - let go of things that hurt us or make us sad. She also said we can use the rocks to make affirmations that you love yourself, you appreciate your family.

All the while she was talking, the two young men (Anna later told me they were brothers) were using rocks in the creek to build dams. The young women picked up rocks and examined them and started collecting those they liked.

The youth were ready to go and started walking down the hill once they had their rocks and their shoes on. Deb called them back so we could walk down the hill together. Anna let us know when to drop the rocks and what we should be thinking as we did this.

On the way down, Anna also showed the youth various plants and told them how the plants are important as medicine and how to use them.

Some of the youth had named certain natural occurrences like a hole in a tree. On the way down they wanted to put the rocks in the bear’s house (hole in the tree).
When we got back too Seabird Island, Anna showed the youth, Deb and I how to wash the tea and use the drying racks. Some of the youth helped her wash the dirt and grit off the leaves. The youth then brought the leaves in a bucket to the tables where the other youth distributed the leaves on the drying racks. Once all the racks were full, the youth and Deb headed back to their campsite.

4.3. Healing together – Men’s group

The group was being held at the Stó:lō Tribal Council offices located in a portable close to the communities’ school, band facilities (both k-12 and post-secondary), band office health centre. The recovery house was just down the road and across from the health centre, a couple minutes’ walk for the men attending the session. The women’s recovery house was in a different part of the community and required someone to drive the women to their sessions. The distance caused issues getting the participants to their group sessions.

I meet with the group lead, Henry, who welcomes me and brings me in to his office. Henry explains his approach to the group sessions including the use of an addictions curriculum developed in the US – The Red Road to Wellbriety in the Native American Way. He showed me both the text and workbook and informed me that it takes the 12 steps and brings Indigenous philosophy to it.

Henry discussed what he does in group and how he prepares for sessions. He usually shows a video and then the group discusses. He mentions he worked in Ontario in corrections and that was when he started noticing the inequities between the First Nation population and the other inmates. He mentions to me he finds it hard to introduce First Nations history to First Nations people when he himself is not First Nations. This part of his work is necessary though due to many of the First Nation clients who do not know their history. He reflected on this as he was wanting to show a movie on residential schools at group that day.

We discussed the movie (We Were Children) and our reactions upon watching it. I let him know that the opening scene was as far as I got in the movie. I didn’t go any further as it reminded me of my mom, who went to residential school, and when watching the start of the movie, it upset me, it made me cry, so I didn’t go any further.
and have not gone back to it. He let me know he watched it all and he turned in to a puddle.

Henry was not able to secure a DVD of this specific movie so he decided on some from YouTube. We sat in the meeting room, boardroom, and the men started arriving from the recovery house. The first two were young and not very chatty. Henry left the room and the two young men spent their time spinning their chairs round. The man on the same side of the table to me commented that the dizzy feeling from spinning was the closest he would get to the feeling of being drunk.

The other men start arriving in ones and twos. They enter through the door from the outside. Looking through one of the windows, I can see a few of them walking down the road. The men present talk about those that aren’t there and some go to the staff room to get coffee. A few come back with coffee and what looks like smoked fish. Some of the men, the older ones, acknowledge me and say hi. Henry lets them know he will introduce me after the session gets started.

The men situate themselves around the table and some of the men notice the title of the video on the television screen. They joke around about not knowing about addictions. Two of the men have a back and forth when the man next to me asks the man at the end of the table to the right of me what he knows about addictions. Most of the other men listen in and joke and laugh.

Henry starts the session by welcoming everyone and asking me to introduce myself. I let everybody know I am Secwepemc and that I am from the Kamloops Indian Band although I grew up in Rosedale. I know people from Seabird Island and that I am working with the community to tell their story about what wellness journeys looks like and how their primary health care services support a wellness journey. Henry asks the men to each introduce them self and what brought them there.

The participant to my left started the introductions and we went around the table counter clockwise. The first man’s introduction provided more details than all the other group members. He shared he was there because he had tried other treatment and this one seemed a better fit. So while he had an addiction to heroin most of his life, and had tried treatment programs, he was hopeful that this wellness program was working to help him.
The group’s substance use varied between alcohol and different drugs. The young man across from me was the newest to the group. He had arrived the day before. He let me know he was in the psych unit at a local hospital and was happy to be out of there. His addiction was cocaine. The others looked to be ages ranging from 35 in to their 60’s.

The man at the end of the table on my right let me know he was Secwepemc too and that he was there because he didn’t want alcohol to kill him. He had been sick and had been in the hospital because of his alcohol use. He as there to stop using alcohol so he could continue to live.

The group watched the first video which was a Ted talks on what you don’t know about addiction. I found it informative and relatable to the work I do. There was not much reaction from the men except when the speaker in the video made a joke about using alcohol or drugs, the group found it amusing and laughed. The next video was a graphic demonstration of the main points of the first video. It went fast and was a good summary.

The first video was a Ted talk with a man from England, Johann Hari, who used research, based on previous research on rats, as a basis for his rationale. The information presented (Ted Talks - Everything You Think You Know About Addiction is Wrong) focused on how society criminalizes and shames addictions but, instead, society should understand the cause of addiction. Addiction is not a chemical dependency but the loss of connection. Human beings need to bond and connect and in the absence of healthy human connections, humans will bond with other ‘things’.

Henry asked the group what they thought of the videos. The young man who was new to the group spoke up and said he had looked at these videos on his own. He was interested in understanding his addiction to cocaine. He stuttered a bit but seemed confident in speaking. He said he liked the videos and they helped him understand better why he used. He included why he thought he was missing connection – which was the main point of the videos - how he had connection to others growing up but then it went away. He did not provide details. Henry agreed with him but none of the other men spoke but some did nod their heads.
The third, and last video, lasted about 15 minutes and took the group through an exercise where they tensed their muscles and released. The video informed the participants when to breathe and why it was important.

Henry asked the group if they had questions or comments about the exercise. The same young man who spoke before stated he liked the exercise. Henry let everyone know the hour was up. The majority of the men got up immediately and left through the door connected to the outside. As most had their coats on there was no reason to pause and prepare to leave. The man beside me grabbed his package of cigarettes and was the first to leave. All the others on that side of the room followed.

The man who was the last to join the group that day and the older gentleman closer to the TV remained behind. Henry chatted with the man who was delayed in joining the group that afternoon. This man seemed to have a speaking impairment. The group member from my nation stayed behind to chat with me. He asked me about who my family was. He was planning on heading home after his time at the house. He repeated this several times. He mentioned he had been sick and was in hospital. This was when he decided he didn't want his use of alcohol to take his life. He didn't specify why he was in the hospital. I let him know who my family was and how I remembered driving through Chase as a child and visiting my family there.

He said he was going back to the house and asked if he would see me more, if I would be around the health centre more. I think he thought I worked there. I let him know I would be around a bit and I would probably see him again. I offered him some of the Christmas baking I brought. He opened the plastic container and said thank you. Put the container back down and said good bye.

The other man continued to chat with Henry and so I turned towards them. The man acknowledged me with a smile and continued to tell his story. Once he left, Henry got up and started to clean up the room. We chatted while he did this. I said it was a very informative session and I liked the movies. I gave him the rest of the Christmas baking to share with whoever or keep for himself. He let me know I was welcome to come and encouraged me to participate in another session. I thanked him and let him know I would be in touch.
4.4. Gathering Wisdom on People’s Journeys

The four interview questions guided the one-on-one discussions with participants. The focus was to understand the participant’s perspective on what wellness meant to them and what their journey has looked like so far. Each participant explained the supports they had utilized along their journey, or are still using, and the impact of those supports. The narrative each participant provided was their story and the questions supported this narrative when required. The interview questions were not always necessary as some participants provided the information through their story without needing to be prompted by the questions.

4.4.1. Findings: Wellness Journey

Themes emerged from the participants identification of what a wellness journey looked like and what their wellness journey has been. The table below follows a Coast Salish cultural practice of identifying what you keep and what you leave behind. Once an individual identifies what they need to keep in their lives and what they need to leave behind, the individual prayers and gives both to a fire or leaves them in the water. For me the prayer is like a commitment to myself to keep what I need and leave behind what I don’t.

<table>
<thead>
<tr>
<th>Keep:</th>
<th>Leave:</th>
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<tbody>
<tr>
<td>Belonging and purpose</td>
<td>Guilt</td>
</tr>
<tr>
<td>Individuality</td>
<td>Inability to express emotions</td>
</tr>
<tr>
<td>Gratitude and Spirituality</td>
<td>Self-doubt and fear based on shame</td>
</tr>
</tbody>
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_Belonging and purpose_ was seen as integral to wellness. A Human Being’s individual wellness journey was about relationships and belonging to and with others whether it was family or community. Identified along with this theme was the importance of giving back through work, through family, through learning and teaching cultural practices. One interview participant related purpose with wellness this way:
“Eating properly, sleeping properly and for me, you got to love what you do. I love my job, so, it's not stress, it's not just living paycheck to paycheck. I have a purpose.” (Bill - client)

**Individuality** is key for each journey. While the interview participants had pieces of their lives that were common amongst them, it was with uniqueness each of them told their story. This uniqueness that helped express their journey to date and the thoughts given to the future of their journeys. Almost all the participants identified that their journey was their own and they required different supports at different times. Interviewee Bill provided this statement:

“I noticed that being up at the house is, everybody has their own little journey. There's something's that help some people and then even though this person has the same addictions and the same boat and everything, that thing doesn't help them.” (Bill - client)

**Gratitude and spirituality** were key themes. Consideration for this theme involves the connection between behaviors and emotions. Gratitude is a behavior and an emotion. Spirituality is the connection between the emotion and behaviors that express gratitude. Two interview participants expressed their connection to gratitude and spirituality this way:

“I felt the presence of my mom helping me on this journey because I would walk when I was there. I went to see the cedar tree. I just said a prayer. Now, that I'm more open to understanding our cultural ways, that I don't need to be afraid of it and I don't need to judge it. I just need to allow it to be what it is. The burnings and all of our other ceremony, I understand them differently now.” (David – staff/client)

“The reason why I say "spirituality" first is because I believe we were really connected to the universe. We knew that Chichelh Sí:yam was something to be respected in order for everything else to work in life. We knew that there was something greater than ourselves that made all of the trees, the water, and the animals. If you make one change in that system, it changes the whole system. I believe our ancestors were very in tuned with the water, the land, and the animals. They knew when something was going on with the animals and the impact have never taken more than you need, right?” (Emily – staff/client)
The participants identified the ideal of a wellness journey, what is strived for. They also described what impacts this journey. One participant had very specific goal regarding her family:

“That would be so awesome. My journey is about getting back together with my mom and my siblings. That's where my goal is at right now. I don't know, it's my goal but that's my prayer to God, is unity. I know that it takes work, especially for me. If I want it, I have to meet God halfway, and I hear action speaks louder than words.” (Carrie - client)

“No, I don't know what others are there. Maybe like -- I joined the elders club and they kicked me off there. [laughs] My mom got me kicked off, yes. She's sneaky, that one, that girl. My first cousin said she set me up. That's what I was crying about before I came here. She's like loves me and hates me and loves me and hates me, and that's where I'm at with her. Right now she's hating me.” (Carrie - client)

Participants expressed how their wellness journeys were impacted by traumatic events through their attendance at residential or the intergenerational trauma they experienced through family or community members impacted by government policies. The impact manifested itself in several ways.

The women and men interviewed equally talked about guilt. It was focussed on how their behaviors affected their children, partners and other family members. One participant mentioned guilt as related to god and how their focus should not be on them self as an individual.

“I do know that it's hard, it's really hard. I want to give up a lot. I'm going through crap right now with my mom. I was disowned by my parents or I should say my mom and all my siblings. Not so much my dad. Living on the same reserve with them is so hard. So much hate, and it's so funny. They show so much hate on me but whenever I haven't returned it, "Oh, I need this, I need that". It's always six brothers knocking on your door, draining the freaking grocery right out of your house. It's hard to say no to them, because I'm a Christian and they're not where I'm at. It makes me mad sometimes I'm a Christian because, for once, I have to put Christ first before my needs or whatever.” (Carrie - client)

Another interview participant reflected on guilt related to family:
“...since we stopped drinking. Before when I got help and went away to treatment and came back, I felt horrible as a parent, as a wife, as a daughter. I felt ashamed, "My kids. How could I do that to my kids and lose another job?" (Emily staff/client)

Two of the participants identified that they had been to residential school. They mentioned their inability to express emotions due to their experience at the schools.

“I did a lot of fighting. Won a lot of battles and lost a lot of battles. I remember this one guy, he cut me but I won the fight. After the fight, I was cleaning up because now I started bleeding and it hurts. My friend came up to me-- Actually, we just finished his memorial two weeks ago. He came up to me and he was holding me on my shoulder and he says, "Don't let them see you cry. Don't ever let them see you're weak." (David – staff/client)

“They thought the best solution was for us to go to the residential school. I think about all of the emotions. We didn't learn how to be with them. I think that spirituality and emotions are the two biggest ones for me.” (Emily – staff/client)

It is essential to understand how generational impacts from residential school had on future generations being able to identify and express their emotions. In many of the interviews the main emotion the participants mentioned was anger. Much of their wellness journey was focussed on learning and dealing with their anger, and reflecting on behaviors:

“When you look at emotions and if you're shut down, it's really hard to know how to express them. When somebody asks you to express them and you don't know how, we do express them. My go-to one before I started doing a lot of work on myself was anger. I was good at anger. I had to find out, "Okay. What's that anger about and what's underneath it?" I had to be honest with myself about my own history and the things that happened to me while I was growing up.” (Emily – staff/client)

There were many reasons why each participant had self-doubt and fear based on shame. Each of their journeys had many aspects where they were beaten down, depressed, traumatized. Most of the participants shared how the traumatic impacts that happened to them also affected their families, usually their siblings or children. One participant reflected on how he was impacted by trauma and the behaviours the trauma generated:
"They looked at me there and they said, "You're okay," so that I got out of there and I waited for a program, before that I had tried-- I had sabotaged my own program. I was on my way to treatment before that and I sabotaged it by drinking on the way there and I got there, they opened the door and they closed the door.” (David – staff/client)

"Everybody that is on their journey then take a way into the unknowns and not knowing why that happened or that it's happening today. It could be triggers, it could be post-traumatic stuff that just triggers back to what happened. A sound of a clock, a sound of somebody being hurt. Don't know. These people go back into trauma again and again, because it was either a traumatic event that really hurt them or that vexed them that they don't know why some of these triggers happen, or it's living in trauma because it's real, right now, that something's going on for them, that's continuously been going on, is what we see too. That's why when those guys ask me how you got better, I say, "Well, this is what I did. This is what I started doing for myself." I said, "First, you've got to be okay with yourself. I suggest you get to a doctor, get yourself a baseline." I read my blood pressures every second week.” (David – staff/client)

The link between why someone has certain emotions, whether anger, fear or shame, is related to the specific events they have encountered throughout their life. In order to ensure cultural safety throughout an individual’s journey it is apparent that the individual is met where they are at and that the individual informs the supports they require. Part of this is for the health and wellness service provider to provide the space for an individual to help guide and inform what will work for them. One participants provides his experience as an example of this approach:

"I said, "I can share with you what I did to help me get there." I said, "For everybody, it's different. Nobody has the same program." There ain't nothing that says there is A.A. There isn't nothing that says that you have to go away for treatment to become better. There ain't nothing in the book that says that you need 10 sessions of counseling, 10 visits when the natural path ended, a doctor's note that says that. "Okay, I've looked at this, he's good." (David – staff/client)
Chapter 5. Discussion

5.1. What does a First Nations Wellness journey look like?

5.1.1. Relationships

While researching the historical significance of canoes and their link to the Stó:lō and Coast Salish peoples, I found a section in the book “You Are Asked To Witness: The Stó:lō in Canada’s Pacific Coast History” (1997) which indicated the impact transportation changes had on the indigenous population. The connection between communities focused on the canoe which linked different villages, tribes and families socially, economically and spiritually. This link was forever changed by the settlement and colonization of the Coast Salish people, including the Stó:lō. This interruption to traditional transportation mirrors the other aspects of colonization. Another connection I found was to relate the traditional canoe journey’s with that of an individual’s journey. When disruption occurs, whether to transportation or mental health, the impact to an individual’s social, economic and spiritual well-being is felt.

The observations provided a basis for understanding the intent behind group connections and the development of relationships. Interactions occurring during the observed activities provided me with a better understanding of how family and community relationships are developed. The deepness, or intimacy of a relationship, I observed was a family connection. An example of this is teasing and joking about history shared or indicating those around know you and are comfortable to joke and tease with. An instance in the first observation demonstrated this when one of the participants joking with the cultural worker about her ability to pick the medicine efficiently – “the creator did not make everyone to pick tea” – showed the level of trust and connection between the two individuals as the participant felt comfortable enough to joke about what she thought was a skill she lacked.

A community connection was familiar and represented the roles assigned in a community setting. An example observed was the cultural worker being considered an Elder, someone with wisdom, and how the youth participating in the second observation displayed a high level of respect by listening to her and participating in the activities with her. When one of the young men found a stick and brought it to the Elder to use for
walking down the hill, for me, this showed respect and the development of an personal relationship, which had developed over an hour, between the young man and the Elder.

Family and community relationships are integral to these programs to ensure success. The third observation included a group with no discernable family or community relationships between the participants. The dynamic among this specific group was distinctive when compared to the other groups observed. The level of intimacy was not present even though I did observe some teasing and joking amongst the younger participants. The ’leader of the group was acknowledged to have a specific role but it was not the same as the cultural worker/Elder. It was obvious this group was new to each other. They did not have a long history, were not family and were yet to form to be a community within a community.

There could be many reasons as to why this group dynamic was different. The group members were new to one another; the activity focus was for the individuals in the group to learn about themselves and their substance use; the environment was more formal – boardroom instead of being on the land – and structured, a time limit was followed where participants were to arrive at a certain time and were expected to leave at a specific time; lastly the activity did not directly engage the participants with each other through most of the time they were together. The focus seemed to be more individualistic – watching the YouTube videos – as opposed to group interaction – discussion.

Levels of intimacy varied during these observations depending on who was interacting. During the first observation of picking medicine, we discussed as a group (I as researcher was more of a participating listener) the varied understandings in the Seabird Island community of traditional cultural practices. This shared experience required the four of us to understand the community dynamics and the importance of cultural practices to individuals we know within the community. I as part of this discussion, even as an active listener, I understood this importance and was able to relate at a deeper level informing a more intimate interaction.

This example could also be relatable at a nation level as the connection between communities on this specific topic – traditional cultural practices – can be broadened so that it is relatable to the Coast Salish Nation.
In BC, First Nations are diverse, and because of colonization, boundaries and connections are blurred and at times conflict arises due to this. Distinct traditional cultural practices are even more complicated due to connections through marriage, children, and other factors that at times create additional conflict among families, communities and nations.

Consideration of nations and cross section of connections to other nations and communities is vital to understanding where all First Nation individuals are grounded. The Elders speak of our connection to the land which is the basis of where all First Nations as Human Beings are grounded.

The fourth circle of the perspective of wellness informs the connection Human Beings have and is integral to their world view. This world view informs the fifth circle: environmental, social, economic and cultural - how a Human Being lives with in their world. Their social and cultural practices tell the story of who a Human Being is and how they interact socially through their cultural practices; their approach to their environment and their economic options.


The use of the environment in two of the three activities was observed to be instrumental in developing connections, with others and with the land. As discussed earlier, relationships were integral to the observed activities but the interaction with the environment was what grounded the activity. Being on the land, interacting with the flora and landscape, created a welcoming space the participants to create connections with one another. During the first observation, the activity of picking medicine supported the continuity and further development of the relationship between the cultural worker and the other community staff. It also developed the relationship between the cultural worker and myself.

While getting to the activity and picking the medicine, discussion of canoe pulling took place. This discussion provided the opportunity for the one participant to voice her opinion on a subject matter important to her. For her, canoe pulling is not only a social and sporting event but an opportunity to display culture and incorporate ceremony. This
activity was a yearlong commitment and involved more than just the physical aspects or sport. It involved the spiritual, emotional and mental pieces of her.

Canoe pulling is also a way for her to be on the water and be connected to her environment not only while canoe pulling but also during preparations for pulling when she would go for morning swims. The environment also becomes healing and ceremony.

This connection is also mentioned during the interviews. More than one interviewee explained the importance of being on the land and connected to the environment through morning swims, hunting, and gathering of medicines.

I observed and listened as the older sister, Beth, described what was important for her wellness journey. She did not intentionally realize that this was what she was doing when sharing with us how important canoe pulling was and the connected ceremony and activities. This conversation also tied many aspects together to explain the functioning of the community, the connected communities (Nation) and the role of the families’ understanding of cultural practice through teachings. The teachings that were passed down to her from family and Elders.

Cultural teachings are not always clear. Colonization of First Nations peoples, mainly through residential schools as described in the work of the Truth and Reconciliation Commission of Canada (TRC) and outlined in the various reports including What We Have Learned: Principle of Truth and Reconciliation (2015), interrupted oral traditions and cultural practices for continuous learning and understanding by future generations. While survivors have been able to tell their truth, reconciliation is still to be fully implemented as described by one participant below:

“These events do not bring the residential school story to an end. The legacy of the schools remains. One can see the impact of a system that disrupted families in the high number of Aboriginal children who have been removed from their families by child-welfare agencies. An educational system that degraded Aboriginal culture and subjected students to humiliating discipline must bear a portion of responsibility for the current gap between the educational success of Aboriginal and non-Aboriginal Canadians. The health of generations of Aboriginal children was undermined by inadequate diets, poor sanitation, overcrowded conditions, and a failure to address the tuberculosis crisis that was ravaging the country’s Aboriginal community. There should be little wonder that Aboriginal health status remains far below that of the general population. The over-incarceration and over-victimization of Aboriginal people also have links to a system that subjected Aboriginal children to punitive
discipline and exposed them to physical and sexual abuse.” (Emily – staff/client)

The TRC provides documentation of Residential School survivor’s experiences. This important information illustrates the history that has created disconnect among First Nation families, communities and nations and has impacted individuals in many ways including the intergenerational trauma they have endured as explained by an interview participant below:

“...I know more about some of that people's culture than they do themselves but we'll try and educate them on that. One to get back to understanding their roots and their understanding of how important they are...” (Adam - staff)

This disconnect created space for interpretation of cultural practice and the incorporation of other First Nation cultural practices to be included in the community reality today. This disconnect has also informed social and economic approaches not completely understood or agreed to by family, communities and nations thus creating conflict and uncertainty as described by interview participants:

“I was disowned by my parents or I should say my mom and all my siblings. Not so much my dad. Living on the same reserve with them is so hard. So much hate, and it's so funny. They show so much hate on me but whenever I haven't returned it, "Oh, I need this, I need that". It's always six brothers knocking on your door, draining the freaking grocery right out of your house. It's hard to say no to them...” (Carrie - client)

“I think about all the other ones that it was about a regimented place, structured. It wasn't set up in a way where you could develop good, healthy relationships. You were separated from the boys and you could see them, but you couldn't talk to them. When I was researching it, I just thought about how much hurt we experienced. The biggest hurt to me was being separated from my parents and not understanding why.” (Emily – staff/client)

For this specific research project it is important to understand colonization in relation to a First Nation human beings wellness journey. While the issues created by colonization were not expressed during the observations, the activities observed, which were created to bridge knowledge gaps created by the historical disconnect, were the important factor and how they allowed for interaction among community members and clients accessing services. The social, cultural, economic and environmental factors of a human being were all present to create interactions to support the other components of individual’s wellness.
There is a close link here to the Nuu-chah-nulth creation story that Dr. Atleo (2004) speaks to regarding the need of a community to be strong in their teachings so they are able to work together. When teachings were disturbed, forgotten and forcibly put aside, during colonization, the impact on communities was this disconnect which caused imbalance in individuals, families and communities.

The fourth circle of the Perspective is where disconnects manifest themselves. Who and what grounds us is not present, or we do not have the knowledge of who our connections are, which creates disconnect and impacts our value system and world view – the third circle. The values then do not create the balance we seek in the four quadrants. Or the quadrants are not balanced because we do not have all the knowledge or we only have some of the knowledge. One participant explains how imperative it is for a person to understand themselves:

“You’re dealing with the story yourself and you’re understanding these things yourself. Because if you don’t understand why you did it, how are you going to stop?” (Adam - staff)

During the interviews, examples of where the participants described imbalance, disconnect were in their day to day lives. An on-going struggle – wellness is not a smooth journey as expressed by Atleo (2004, p. 27), the natural state of family and community is impacted by other manifestations that can break down relationships, which is the core of family and community.

A relevant example of this is seen through the second observation. The activity focussed on bringing youth closer to their environment and culture through a social program. Bringing the youth to the land to explain traditional uses of plants, to inform them of how to use water as a tool to support their spiritual wellness, to clean and dry medicine that will help their physical health, to learn the teachings about mental wellness from the Elder, to create connection to who they are as Stó:lō, and to create healthy relationships, emotional wellness, between the youth including respect for themselves, their families and others in their community.

The perspective of wellness is illustrated by the second observation. The interactions and activities during the activity were not solely focused on one aspect of the perspective and were instead a combination starting with the third circle: the overarching values of a Human Being. The analysis then incorporates what grounds the
Human Being, the fourth circle: who or where a Human Being belongs. From there the analysis incorporates the fifth circle: the reality, day-to-day life, of an individual.

This observations illustrates how relationships within community effect a Human Beings social life - interactions with other Human Beings are instrumental in a person’s journey.

An example of this can be found in the third observation. The men’s group is a community within a community. The opportunity for the men to come together in a safe space and be introduced to information that can help inform their journeys. The group is part of an overall program offered by Seabird Island as part of their health services. As part of this interaction is the opportunity to share individual’s stories, ask questions and build relationships from common understandings. This of course takes time and the day I observed the group it seemed as they were still forming and had not yet created deeper relationships with each other.

The importance of relationships amongst family and community is outlined in Richard Atleo’s book Tsawalk: A Nuu-chah-nulth Worldview (2004). It is this world view that explains how the family and community supportive structure creates balance. Dr. Atleo provides the story of Aint-tim-mit and Aulth-ma-quus (Son of Mucus and Pitch Woman) as an example that community has to follow its teachings or it will weaken and this will allow for evil forces to take over. He goes on to write that the Nuu-chah-nulth origin story informs that good family and community require continual collaboration efforts to sustain good relationships.

Incorporation of the history of colonization, and more specifically residential school, in healing programming helps inform those accessing the services as identified through the observations and interviews. First Nation people have varying degrees of knowledge of who and where their connections are to families, communities, nations and land. Programming can support these understandings. The last observation informed how an individual’s mental health aspect can be supported by providing information on the fourth and fifth circles of the Perspective, including the relational aspects between both circles.

During the third observation, a video was shown to the men’s group. This video informed the participants on how healthy connection are instrumental in Human Being’s
lives. When these connections are unhealthy or broken then some individuals use substances as replacement. An individual will form a bond with a substance instead of other humans. (Johann Hari: TEDGlobalLondon)

5.1.2. Responsibility & Respect

During the observations it became clear the importance of values within everyday interactions. In the previous section, I discussed the value of relationships. In this section I explore responsibility and respect as observed and explained by the research participants. I have grouped these two values together as there was clear interdependence between them as seen in this explanation by an interview participant.

“I wind up getting a name passed to me over the fire, which also opened my eyes up to where I want to get back into my cultural aspect. Because the name that I was passed, was to be a protector and somebody who keeps my family is close knit and I believe in these things. They were saying if you don't follow through with this and what not and then say you accept the name and you don't follow through with the steps and guidelines you’re supposed to.” (Bill - client)

Rupert Ross (2014) incorporates the explanation of the value of responsibility from an Indigenous perspective from two Aboriginal writers, Iris Heavy Runner and Joann Sebastian Morris:

“Cultural resilience is a relatively new term, but it is a concept that predates the so called “discovery” of our people. The elders teach us that our children are gifts from the Creator and it is the family, community, school and tribe’s responsibility to nurture, protect and guide them. We have long recognized how important it is for children to have people in their lives who nurture their spirit, stand by the, encourage and support them.” (Ross, p. 62)

Respect is considered part of who and where we belong: relational aspects to be considered between nations, communities and family. The connection of cultural and environmental-based activities in the first two observations support the value of respect. The third observation activity of the men’s group watching a movie together allowed for the participants to identify instances in their own life regarding this value.

An example of identifying this value during the men’s group was a participant identifying how he took the initiative to watch YouTube videos that helped him
understand why he used substances. This is individual responsibility that spans all aspects in the Perspective. This young man started with himself, Human Being, in the middle of his wellness journey. Responsibility to self.

5.1.3. Wisdom

During the observations, the value of wisdom was connected to family and land. When the cultural worker provided the small group access to her knowledge of traditional plants through location, identification of the plant, harvesting and processing of the medicine it recognized her wisdom gained from experience and passed on through her family and their connection to the land. She then passed this knowledge to us and the teachings that accompanied that day. This opportunity continued to support me and through my processing of the day, the knowledge I gained from her and will continue for the rest of my life. Specifically, I now know which medicine to use to boost my immunity and how and where I obtain this medicine, how I ensure it is ready for use and how I use it and the purpose of its use.

The cultural worker also shared her wisdom and knowledge with the youth on the importance of taking care of yourself, what plants and trees grew in their environment and their importance. The transfer of the information is important as is the delivery of the information. The information was shared in the place it made most sense, the forest. If the information was shared in a classroom it would not have had the same impact as the youth would not have been able to physically touch the water to cleanse themselves, touch the plants that heal, walk beside the knowledge keeper and experience what she was telling them.

Examples from interview participants regarding wisdom being exchanged in a family setting:

If we can sit around our dining room table and have some discussions around the real issues and concerns, to me, that's healing. The reason why I know that is because my dad comes over to our house once a week. (Emily – staff/client)

In a community setting:

I participated by helping families when families were in need. Then walking them through ceremonies and helped in some of those too. Then realizing the physical part of it because when you
are not feeling so good, when you are beating up your body and you don't even know it. (David – staff/client)

One participant addressed how people need to be ready to accept the exchange of knowledge, teachings, wisdom:

When people ask where they're going to get their help from, it comes to them. If they're open, if they're willing. That's what this side of this work does for you. It helps you, it enables you to be able to receive some of those messages. If you don't get that work and get the help from somebody that's going to ground you, that's going to catch you. (David – staff/client)

And at times, one participant recognized, that others are not willing to hear or accept from a family or community member:

...now, I've learned to say it and people look at me different. Sometimes I don't know how to take that. It can be hard sometimes when you do have the knowledge in you because I'd like to do a lot of changing. If people aren't changing into wellness, looking at their own wellness, you can be as smart. We have lots of smart people. Emotionally, they're doing some things that are harming themselves and their kids. It's not all just about being smart. (Emily – staff/client)

These examples provide the experiences of individuals who are not only trying to inform their own knowledge and wisdom but also that of their families and communities. Initially in the discussion section I described the impact of colonization on relationships. This section on wisdom can also be seen to explore the impact of colonization on this value.

5.2. What supports a First Nation wellness journey?

As individual Human Beings our journeys are different in the balance we seek in the four quadrants. This is a common theme from the interviews. Alex Wilson’s research (Wilson, 2004) with Manitoba Aboriginal communities reflects the importance of spiritual, physical, emotional and mental wellness. The information provided through the observations supports the perspective and the approaches being taken by the community service providers, those who create the programs at Seabird Island. The interviews add context to the following questions that support the description of wellness journeys. Below could be considered the sub questions to help answer the overarching research question.
• Who provides and accesses services, which is sometimes both;
• What information supports the journey;
• Where does the environment support the journey;
• How individualized is the service provided i.e. close by, safe providers, traditional territory;
• Why the service is provided i.e. who recognises the need; and,
• When is individualized service provided i.e. depends on the individual.

The following are areas that surfaced during the interviews and were considered when analyzing all the research information along with this section recognizing supports – primary care and others. I chose to answer the sub questions in table form utilizing the interview participants use of programs and services.

*Table 4 Program and Community supports identified by interview participants*

<table>
<thead>
<tr>
<th>Sub question</th>
<th>Interview participants use of programs/services (bold reflects what does not work)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who provides and accesses services? (Sometimes they are one in the same.)</td>
<td>Give back – is this part of belonging, relates to responsibility Support from others, caring Seabird Island supports First Nation doctors know something more than non-First Nation doctors; practice in community so don’t have to look outside of community Victim services, Alcoholics Anonymous, physiotherapy, naturopathy, chiropractor</td>
</tr>
<tr>
<td>What information supports the journey?</td>
<td>Balance – medicine wheel quadrants Balance of services – physical, emotional, mental and spiritual Wellness journey is not the number of sessions you have or services you use. Tools to support but not define the journey Exploration of what works: speaking truth, education, - identifying what works for each individual, relates to individuality, relates to programming providing information to support mental wellness or individuals seeking it out themselves (observation notes) Openness to the unexpected. Each day is different. Individual needs to own wellness, identify other options i.e. self-help books, social media, alternative therapies</td>
</tr>
<tr>
<td>Where does the environment support the journey?</td>
<td>Social determinants, more than just health care i.e. housing, employment, education, driving lessons, Social Assistance, employment health benefits Medical model supports i.e. family doctors, therapists, psychiatrists, psychologists, counsellors, pharmacists, dentists, tests (diagnostics), detox, Cultural supports i.e. women’s group Satisfaction of job – service providers Detox and treatment centres</td>
</tr>
</tbody>
</table>
| How individualized is the service provided? i.e. close by, safe providers, traditional territory | Family, ancestors, community and cultural beliefs and activities provide context to the themes i.e. ceremony and other opportunities to be in touch with ancestors, activities such as elders groups, funerals, fish camp create relationships to family – sense of belonging  
Self-power, don’t give it away – individualization  
Being able to speak up, speak our truth (Wishing healing for family/communities; speak truth in family, community, work setting without judgement – lateral violence)  
Perceived behaviors from others; isolation; better relationship with service providers; openness to interactions; fear and anger regarding rejection from family and community send individual back in to substance use and isolation.  
Supporting workers (overall theme to have community support its staff through different means i.e. education, time off, benefits, other)  
Open to new ideas, flexibility  
Family supports – longer term support once finished in the home. Bring the family together. Building the family after the parents have worked on themselves  
Support groups  
Supports from other communities: cultural supports ie swimming, sweats  
Cultural safety in services  
**Unhealthy supporting unhealthy – did not provide good service/supports**  
Cultural safety  
Women’s retreats |
| Why is the service provided? i.e. who recognizes the need | There is a solution for the problem – optimism, while a struggle need faith  
Patterns of behavior, wanting change, identify the behavior but continuing with activities – don’t change lifestyle |
| When is individualized service provided? i.e. depends on the individual | There is a solution for the problem – optimism, while a struggle need faith  
The individual may not be able to identify it immediately but supports can help them find it  
Is it a constant struggle for everyone?  
Readiness  
Client based  
**Current system is not supportive i.e. length of time to get support, process to get support**  
Bureaucracy  
extra costs current system does not allow for |
| What are deterrents to making change? | Continued racism in society and societal structures (bureaucracy); Participants recognized feelings of guilt and anger in themselves when it came to family;  
They also recognized certain behaviors in others as being anger focused;  
Identifying the difference between behaviors and emotions was not always clear for each participant |
The table above can be utilized in identifying current practice by service providers in primary care and in other forms of care services i.e. secondary to quaternary. It is not limited to Seabird Island in their programs and services. Funders and partners to Seabird Island can also be seen to have a vested interest in identifying what they are doing to support individual wellness journeys.

While reviewing the information from the observations and interview participants, I reflected on the impact of trauma and how the participants did not name this directly. Stories were told on how historical circumstances, community, incidences and services impacted the individual, family or community yet no individual actually names these as traumatic. What was mentioned was how specific events can be the instigator for someone to change. The stories described what some individuals identified as circumstances that created the need to seek help. The circumstances were not identified as traumatic. Examples during the interviews included a grandchild almost drowning, daughter’s attempted suicides and unhealthy family relationships.

Generally identified, primary health care services from Seabird Island and cultural supports from nearby communities supported individual's wellness journeys. As well, individuals sought their own supports through social media options as described below:

I do a lot of my own little reads, if you will, spiritual and non-spiritual, on my social media stuff. I have Sober Indian, Sober Movement. (David – staff/client)

Each participant sought to fill their individual gaps in knowledge of their families, communities, culture and teachings. These gaps in knowledge included their First Nation history in Canada, knowledge on practices of their ancestors along with the impacts of colonization. One participant identified the following as additional learning they acquired:

I learned that from a Dr. Gabor Maté, listening to him write it. He really helped me, that book that he wrote, *When the Body Says No*. That helped me to change how I look at people because our body, we wear who we are. I know that we're more powerful than we give ourselves credit for because when you come back to the spiritual side of it, you'll be amazed that miracles happen all the time. We don't know that we're the ones that can do them. Jesus preached it. (Emily – staff/client)
Additional research could be collected in regards to balance and wellness. Information gathered from this research project illustrates stories from only one community. Expansion on the interconnectedness of balance and wellness may well be done to gather additional life experiences from additional communities and Nations in British Columbia, as well as the rest of Canada, to have a better perceptive on the connection culture plays in a First Nation person’s mental wellness journey.
Chapter 6. Limitations

Limitations on this research include the place I, as the researcher, situate myself within the research. When analysing the information from the observations and interviews, my interpretation of what was being said could be guided by my own perceptions of the situation or from my own experiences.

Because of this, the results were reviewed and discussed with the CAB to ensure they seemed reasonable and aligned with their understanding of their programs and services along with the understanding of those community members utilize them. The CAB guidance was integral to the research and to me the researcher. Their guidance ensured the research answered the questions posed in a “good way” meaning no one was harmed or would be harmed by the research and the research results.

Other limitation considerations included methods used and the saturation of the data. The three observations of events provided insight into different ages, genders, and activities from the community. Interview participants were community citizens, staff and in some cases they were both. The participant’s wellness journeys were different, but the analysis of each participant’s stories allowed for theming amongst the 6 participants. The information gathered through both methods provided enough data to inform the research question.
Chapter 7.  Recommendations

I chose to use the theme table, which illustrates the information the participants shared about what their wellness journey would include, to develop recommendations. The recommendations listed below apply broadly but should be considered by the Seabird Island Health Centre, FNHA and Fraser Health Authority. They may also apply more broadly to other service providers including other regional health authorities and the Provincial Health Service Authority, Aboriginal service organizations, post-secondary institutions and other allies.

All of these entities are implementing these recommendations in various forms at present. The FNHA is advancing the work of cultural humility and safety with all health authorities along with the regulating health professional bodies through signed commitments.

The table illustrates what the health system and communities should keep and what they should leave behind. This practice is used by certain First Nations in British Columbia whereby individuals are asked to write on paper, or make prayers concerning, what they would like to keep in their life and what they would like to leave from their life. These prayers and messages are given back to the creator in an appropriate manner such as leaving them in the river or burning them in the fire. I used this method as this is a practice I have participated in Stó:lō territory.

Table 5 Recommendations to support First Nation people’s wellness journeys

<table>
<thead>
<tr>
<th>Keep:</th>
<th>Leave:</th>
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<tbody>
<tr>
<td>Belonging and purpose</td>
<td>Guilt</td>
</tr>
<tr>
<td>Incorporate family and community into programs and services when,</td>
<td>Remove guilt or shame based programs and curriculum from schools and</td>
</tr>
<tr>
<td>and if, appropriate as directed by the individual.</td>
<td>service organizations.</td>
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<tr>
<td>Create opportunities to build family and community unity in healthy</td>
<td>Create programming and activities that build strength and resilience.</td>
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<tr>
<td>settings.</td>
<td></td>
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<tr>
<td>Educational and health providers create pathways and culturally safe</td>
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<tr>
<td>Individuality</td>
<td>Inability to express emotions</td>
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<tr>
<td>Health practitioners and program leads recognize and implement cultural humility and safety by developing relationships with the individuals, families and communities they serve.</td>
<td>Incorporate emotional intelligence development in health, and other services, professional's development and education.</td>
</tr>
</tbody>
</table>

Recognition of the role of the individual in their own journey by the individual themselves, their family, community and health professionals.

Create and implement culturally relevant emotional development and recognition skills for community members and their families.

Gratitude and Spirituality
Incorporating aspects in to primary care services and programs that resonates with an individual's spirit and/or incorporates space to recognize spirituality, grow in this area and time to express gratitude

Self-doubt and fear based on shame
Similar to the guilt items above but also include harm reduction activities for all community members including safe places to express their true selves, gifts and opportunities to reflect on their journeys.
Chapter 8. Conclusion

The research project aligns with an Indigenous Methodology though a narrative approach to explain the phenomenon of Indigenous wellness journeys plus the primary care and other supports these journeys require. The research project utilized observations and interviews with individuals who have experienced the phenomenon - living and working within the community therefore, experiencing and participating in the community, culture and society with access to the same primary health care services, both western medical model and traditional/ culturally focussed.

The phenomenon of an Indigenous wellness journey identified that respect for the land is part of an individual’s culture; respect for the land is part of an individual’s social life; respect for an individual’s family is cultural. Respect for one’s community manifests in all aspects of an individual’s daily life. Another important point from this research is the respect an individual has for the land is environmental as well.

All of these are considerations when supporting an Indigenous individual, family and community. Mental wellness, in connection to spiritual, emotion and physical wellness, is reflected in the wellness journey and must be reflected in all supports, services and programs to ensure balance.
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