



Profiles in Social Work

Episode 33 – Bonnie Wong

Intro - Hi, I'm Charmaine Williams, Associate Professor and Associate Dean, Academic, for the University of Toronto, Factor-Inwentash Faculty of Social Work. Welcome to Profiles in Social Work. This podcast series is produced by our Faculty and Alumni Association. In 2014 the Factor-Inwentash Faculty of Social Work is celebrating 100 years of contributing to Social Work Practice and Education. You can find out more about us by visiting us online at www.socialwork.utoronto.ca We're glad you could join us today. The series Profiles in Social Work highlights how social workers are making a positive difference in our communities by presenting stories of how social work graduates are using their degrees. We hope you will enjoy this series. Especially if you are thinking about a career in social work or interested in hearing about what social workers do.

Profile – Bonnie Wong

My name is Bonnie Wong and I graduated from the University of Toronto Factor-Inwentash Faculty of Social Work in 2001.

When I was at University I stayed in the residence and we have about eight roommates. Three of the roommates, they are social work students. They spent three days a week in field placements and every time they came back to the campus they were very excited, they were very happy and they talk about how they help people; so it fascinated me just by hearing this immediate rewarding experience. I studied geography. My job is just with nature but not with people that much. So I am more a personable person so I think "I probably would like to consider change my study to social work" and then made a change. So that's how it began.

I came in as a mature student and I found that "wow" all the other students, they are much younger, [laughs] and lack working experience. They are more high tech, they know how to acquire information much faster than me, and they helped me out especially when we do projects. And so here I start to learn a lot of about group learning. The learning experience is different but I think that was good because I really like to think that it is not just what the prof tells me is going on, it's a lot of group learning and peer learning, that was also important too. The other part of it is doing the thesis.



That experience is good too because it is something I am interested in. The prof gives you the guidance on how to proceed. And then the third thing I really enjoyed is the field experience that I go to a suburban environment, to a local high school to run the anger management group for the young adults or the high school students on probation, or they have trouble with the law, so they have very high emotion, learning how to deal with their emotional health, how to do emotional regulation. It is very different as a female, as an Asian female, go to an all, very white, population with a lot of aggression and high emotions and how you learn how to help them, which was a fascinating experience. And that instructor who worked with me he was a dynamic group worker and he would actually introduce using dogs as a pet therapy to help those youngsters. I learned a lot from him.

My current job is an executive director of a community mental health organization serving Asian communities. It is a multicultural ethno-specific organization. My job is overseeing the operation of the organization and delivery of services. Most of the mental health programs are very treatment oriented; helping people when they are ill and they are unstable. The treatment services will help them to get stabilized, to get the right treatment maybe drug treatment or other alternative therapy treatment, counseling therapy. There are early intervention, early detection to help people understand more about what is mental health, what is mental illness. There is a lot of negative stigma attached to mental health and it stops people to seek help if they need it. In the eighties, there was an influx of refugees from the Southeast Asian countries because of the Vietnam War and then in Cambodia, and those refugees they don't have any English language and plus I think there were issues of the trauma because of the history of the war. A lot of them were suffering from post-traumatic stress disorder and some refugees they had been presenting a lot of mental health challenges, and there were no services.

So our organization, the reason why we were set up is to look at equitable access, so language barrier and also the culture differences. When we began our services, it was more to do translation supports to hospital staff. The people were in hospitals. They got misdiagnoses, they got wrong treatments and people were getting more sick than better. The service began there to provide counseling and support language and then the patients they returned back to the community. The community support is very limited, so the organization began to do more case management support, and the clinical services, to provide housing, because of the language barriers, the regular ESL classes cannot help them. They have problem of concentration, so we have to negotiation with a school board to hold some modified ESL classes, helping people to learn the language but in a more supportive environment, more tailor-made to their



needs. And then we also provide some social rehabilitation programs to break down that isolation and feel comfortable to come enjoy a warm meal and learn some life skills.

And also we see that the people they are supporting them, the caregivers, the family members, it was very stressful as well. So we need to provide some education and support, mentorship to the caregivers, so that they are able to support their family members who are ill. We use the community development approach to do volunteer training to community leaders. They are able to deliver mental health messages in their own community, like to go to their churches, temples, libraries, health centers using a peer leadership model to deliver messages and support.

We just conducted a youth health-needs survey for Chinese youth in particular and the initial findings are that over twenty percent of the youth disclose that they have thoughts of suicide and over twenty percent talked about actively using substances, in particular alcohol. So there are many different issues that we are dealing with from treatment to recovery, from illness to wellness.

We have a big lunch program. Every day we serve over thirty, forty meals and all these assistant cooks, they are actually consumers. They all have lived experience and they are recovering and providing volunteer work. Those are clients, they are unable to carry a full-time job because of their health issues; so they can learn budgeting skills, shopping skills, cooking skills and having a routine back.

Most of our mental health clients were on antipsychotic medications for a long time, so there were a lot of side effects of medications which may cause them to become obese, risk of diabetes and also a lot of metabolic syndromes. Those clients, they need a lot more time than regular family physician visits right. Usually you just go for ten minutes, or fifteen minutes maximum and then you're gone. But for somebody who has complex health needs they need a bit more time and sometimes they probably present some behavioral issues at the doctor's office. They may be agitated, short temper so they are not always so welcome in that kind of environment. So we decided to set up a clinic. A nurse practitioner led clinic which is primary care services. Nurse practitioners were trained to do more time on nursing assessment and the nursing assessment is more helpful to target chronic disease like diabetes management, heart health management, also the healthy lifestyle, talk about health needs, women's health. This is more comprehensive. It's a team of inter-professional healthcare providers including social workers, dietitians, health promoters. This clinic is targeting unattached patients. That means they don't have a family physician or they are mostly using just walk-in services.



That particular group, they are more vulnerable. The focus is on mental health and immigrants.

Originally when the founders set up the organization they think maybe eventually we don't need our service anymore. If all organizations provide culturally competent services, people don't have to come to our agency anymore. They can get service just like you get service in the library. It is grounded in your neighbourhood. Unfortunately up to today the needs are not met.

The United Nations high commissioner working for refugees approached us to provide training for the officials who work at the border because there were refugees being treated as a criminal and they were talking to how we can help together to think about some alternatives to detention. Our work has been validated in that they see something they can learn from our services. Our foundation just helped to subsidize a TV series to film our clients' recovery stories. The local Chinese television company, which is very popular, they helped us to do the filming and we have our clients sharing their stories. we hear very positive feedback from the audience. Our intake jet up two hundred and fifty percent.

It is very, very important that I'm hearing clients and staff successful stories and what kind of impact and what kind of change is made. Staff are feeling good and the clients feel good, this is the place for them, so that kind of sense of ownership and sense of achievement is the agency success.

I found that social work training has been very effective for me. I see the community differently. People skills I learned from the social work courses, and look at myself as kind of a glue. I'll be always trying to bring people together, and then talk, and work together. You have to be open, accept feedback, respecting people, start where people are, like all of those social work principles, are very important.

I really treasure ongoing learning. Even though you have not changed, the environment changes, the society changes. It's always necessary no matter where you're at, each organization, each service provider, they are entitled for some professional development so that they can gain new knowledge, new experience so that they can improve their work. Stay positive, no matter in what environment because you are modeling for your staff, modeling for your volunteers, modelling for your clients. And self-care is very important, work-life balance is very important, it's important that you have a good group of friends whereby you can share the joy and the pain. [laughs] We have to be very careful in how we take care of ourselves: Eat well, sleep well [laughs] and talk well.



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Outro - This is Charmaine Williams from the University of Toronto Factor-Inwentash Faculty of Social Work. Thank you for listening to our podcast. In 2014 our school is celebrating 100 years of social work research, teaching and community service. For more information about the faculty and our programs we invite you to visit our website at www.socialwork.utoronto.ca