Profiles in Social Work

Episode 41 – Michel Jones

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 – Michel Jones

My name is Michel Jones and I graduated from the University of Toronto, Factor-Inwentash Faculty of Social Work in 2009.

I had originally been a documentary filmmaker for films about social issues. I began to think about what it was about documentaries that appealed to me and what it was about the documentaries I made that appealed to me, and I realized it was advocacy. The films were in effect advocacy work. So I thought "what else would be valued by the bigger world with the skills that I've got". In talking to a number of social workers, it seemed to me that social work was the right fit for what I wanted to do and my skills.

I met a lot of great people when I was here at the Faculty and some of them have remained friends to this day. The thing I took away was that there are so many different things you can do with social work and the people that I met here, they are involved with so many aspects of social work that I didn't even know existed, and they seemed really excited about it, and it's just all very cool.

One of the things I really learned here was the notion of privilege. I am a middle class white lady of middle age, and I have my own cultural and social history behind me. I have always considered myself a very liberal, very humanist, very empathetic person

but I began to realize that I am circumscribed by aspects of my life. It was an opportunity to really question those things and to try to see things from other people's point of view and having the class where people were sharing those points of view was very helpful because I didn't have to make it up in my head. Like "I wonder what someone from another country would think", or "I wonder what somebody who's now eighteen years old would think". I got to hear a lot of these voices while I was here and I got to make my empathetic mistakes as it were, in a safe place. That to me was a real learning experience; to be aware of my privilege.

I work at a large mental health hospital, expanding their telepsychiatry program. The telepsychiatry program has been around for quite a while, but it was used mainly as an adjunct to in-person assessments. Psychiatrists from our hospital would fly up to various remote communities and meet with individuals and then would do follow-up with them several months later via telepsychiatry to see how they were doing, how the meds were working and so on. And that's really all it was.

I work in Ontario, Canada and the majority of our population is in the south and in the large cities. North of Lake Superior which is the northern part of the province, there is maybe thirty thousand people total and most of them are First Nations. They are up in communities that are extremely remote. They may have winter roads or they may be fly-in communities. For them to access somebody from the outside is very difficult. We also have people that live in remote farming communities and rural communities. They are also somewhat isolated. If somebody in a large city goes to see their therapist it could take them half an hour to get there. Somebody up north it could take three hours to get there and three hours to drive home for a one hour session. It's impossible. Also we have pretty severe climate conditions sometimes, and we have a long winter. So people are trying to drive over roads, through blizzards and so on. It just makes it really impractical. For them to be able to get to a clinic that is within twenty minutes of their house, that's doable.

There is an additional problem with remote and rural communities in that you may go to see your therapist, but your therapist is also your cousin, or is married to your cousin, or somebody you see at the grocery store every day and you might not want to share some of your problems with them. You wouldn't want to air your dirty laundry so to speak. Sometimes it's a lot easier and more effective to talk to somebody who is outside of your community, that you don't know and you can come to with your problem or your issues and this is specifically what they do and your only relationship with them. There's something very safe about that.

There's a number of ways you can do remote psychiatry and one of them is by telephone, another is by the internet, like email, there's also Skype; however all of those methods with the possible exception of telephone are not very secure. People can hack into emails, people can hack into Skype, so the way we work at the hospital is that there would be a studio set up in a clinic or hospital in the remote communities, and the individuals would go to that clinic so it would be kind of like going to meet with your therapist, however you're speaking to someone and they're speaking to you from a secure line, you can see them on a large television screen. And I thought at first that that would have some problems, the lack of sharing the same space with somebody, the lack of body intimacy that you're in the room with the person, but amazingly I have found that after maybe a couple of minutes of unease, people feel very comfortable with it.

I do a lot of trauma counselling, people who have been somewhat severely traumatized by experiences in their past. I work with them mainly on coping skill training. I look at "how are you managing now? What are the things that you are doing that help you cope? How can we help you expand those coping skills and tools?" and include things that maybe you hadn't thought of that'll help you self-regulate.

One of the benefits of having people go to a clinic or a local hospital for the sessions is there's people there. One of the worries that I had when I started this work is what if I'm talking to somebody and they really descend into a dark place and they say to me "I'm going to go kill myself" or "I might hurt my family" or they become very agitated and they're at an emotional level that it is impossible to help them stabilize. Then I know there's people there. I can say "hang on a second" and I can call and the nurse practitioner can come in and sit with them.

One of my challenges going forward is to try to figure out how to do group work with people who are not even in the same room and are seeing each other on split screen television. I haven't done it yet. We're developing that and I am excited about the concept, but I think it's a challenge to do something like that.

I was hired as the only social worker so far in this particular program to work with helping develop programs for the future, learning within the communities. There's a lot of mental health workers in these communities but they lack some of the training because they're simply too far away to get a lot of it. So it's a combination of offering education courses to people who may not have access to them otherwise, that would then encourage them to do some peer learning with each other.

There's the challenge of getting the service known and helping family practitioners and nurse practitioners see that there's a need for this. In the last couple of decades psychiatric care has really involved a lot of medication. There's been perhaps less emphasis on the interpersonal counselling, psychotherapy and helping people through counselling than through medication. And I know a lot of people that I've spoken to from these communities, that's a distinct sample, feel that the pills just aren't enough. There really isn't a pill for trauma and a lot of these people are on a cocktail of medications that are effectively deadening them, but they are not really helping them get to the next level. So my goal is to help people find the power within themselves to heal themselves and use the coping skills and coping tools that they already have been using, but use them in a more mindful way, and a more directed way, to actually address the issues that are bringing them this grief.

I have to say I also like working with the psychiatrists. They've been very generous with their knowledge about medications, anti-psychotics, anti-depressants, mood stabilizers, things like that. And I've come to understand a lot more about the interplay between medication, behaviour, emotions and I can see how the piece that I do fits into that. So it's not an either/or as far as I'm concerned, it's what the client needs at the time. Sometimes they need the medication. Other times they really need the counselling. Usually they need both. A lot of my work is really dealing in the social piece; what's happening in your community, what's happening in your family. Helping them see that this could be part of what's going on with them and how they can move forward and connect better within their community and find supports within their community that they didn't think were there. I can help them look beyond the bio piece, the medical piece, and look more at the social piece, and the interpersonal piece.

I get very excited about what I do because it's new, it's different and the people that I see are not jaded at all. I may be the first time they've had an opportunity to actually talk about what's going on with them. They may not even be able to tell their family practitioner what's going on with them, because again they're in a small community and they may know the doctor socially. Their sense of relief of actually having someone to talk to about these things, someone who's willing to listen and not judge, respond in a way that's respectful, and is empowering for them, is a great experience. That's what they've told me. They only see people for six sessions, which seems like nothing, like a drop in the bucket, but as someone said to me "if you spend six hours really intently being with somebody, that's a very powerful thing" and I try to make those six hours as powerful and empowering as possible.

To me being a social worker means I get an opportunity working directly with individuals and communities to advocate for them, for better mental health, and for more connectedness within their communities. Be aware that there's a lot of opportunities out there that go beyond what you might think is available to social workers. It's one of those professions where you can mould the job in a way to fit your skills. You can find the job that reflects your skill level, rather than trying to fit yourself into some mould that's already existing. There's so many different kinds of jobs out there that use our skills. You'll find a job that really fits you – or you can create one.

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