International conference draws leading social work scholars

Under a sunny Southern California sky, hundreds of leading social work researchers, clinicians, and policy makers convened to discuss the latest breakthroughs in health and mental health during a recent international conference led by the USC School of Social Work and the Los Angeles County Department of Mental Health.

Held in the United States for the first time in its nearly two-decade history, the 7th International Conference on Social Work in Health and Mental Health featured more than 300 presentations and discussions on critical issues such as aging, integrated care, and homelessness.

“Southern California and the greater Los Angeles metropolitan area really is an ideal location to focus on the role of social work in client-centered health and mental health,” Marilyn Flynn, dean of the USC School of Social Work, said in her opening address to conference attendees. “Because of the size and diversity of our population, we’ve introduced many innovations in research and practice in client-centered care.”

Participants witnessed many of those strategies in practice during field visits to more than 30 service providers and clinics throughout the region.

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In a calm, almost detached manner, Elyn Saks described fantasizing about suicide and self-immolation.

She described falling into a deep depression, losing weight, and injuring herself on purpose.

She described looking into the mirror one day as a graduate student at Oxford University and not recognizing the emaciated, vacant-eyed, wild-haired woman staring back.

As the final speaker during the 7th International Conference on Social Work in Health and Mental Health, Saks described her personal battle with schizophrenia and offered several strategies to ensure others don’t face the same struggle.

Despite being diagnosed with chronic schizophrenia and given a poor prognosis, Saks earned degrees from Oxford University and Yale University, recently received a MacArthur Fellowship, and teaches mental health and family law at the USC Gould School of Law.

She documented her experiences in *The Center Cannot Hold: My Journey Through Madness*, a book she quoted extensively during her speech beginning with a description of her childhood in Florida.

Although she had caring parents and didn’t experience any significant trauma, Saks said she was prone to night terrors and phobias, turned to drug use for a brief time, and as a teenager began to feel her identity was coming apart at the seams.

At age 15, she experienced a psychotic episode at school and left her classroom to walk home.

“As I walked along, I began to notice that the colors and shapes of everything around me were becoming very intense, and at some point I began to realize that the houses I was passing were sending messages to me,” she said. “Look closely, you are special. You are especially bad.”

Tired, hot, and frightened, she told her parents what she had seen and heard. They took her to drug rehab and nothing more was said of the incident.

At Vanderbilt University, Saks became class valedictorian and excelled, but warning signs emerged. Her personal hygiene was appalling. She had more episodes that, although ultimately resolved, scared her.

While studying ancient philosophy at Oxford University on a Marshall Scholarship, she was diagnosed with severe depression and mild paranoia.

She lost weight, dropping below 100 pounds despite her 5-foot, 10-inch frame. She withdrew from others.

“I wasn’t supposed to talk,” Saks said. “I thought talking would spread my evil around.”

She visited a psychiatrist and checked herself into a hospital. When she saw her reflection one day, of a gaunt-faced and disheveled stranger, she vowed to do whatever it took to get out of the hospital, even agreeing to take antipsychotic medication. For four months, nothing seemed to work, until she was referred to a psychoanalyst.

Saks said she felt heard in those sessions, that her analyst wanted to know what she was thinking and feeling. Her psychoanalyst also recommended that Saks stay at Oxford and continue her studies.

“That was very wise,” she said. “The doctors were recommending that I withdraw from school and go back to the States.”

Although her psychosis continued, Saks was able to find respite in her work and after graduating, she applied to law school. At Yale University, her thoughts again spiraled out of control

*SAKS | continued on page 3*
Health inequities among different populations are not solely a function of personal attributes and biological factors—the larger effects of history and society on the health of individuals must be considered.

That was the argument posed by Nancy Krieger during a plenary speech at the 7th International Conference on Social Work in Health and Mental Health, that disease and death cannot be viewed solely from a fixed perspective of population traits based on individual characteristics but must include both societal and ecological contexts to understand the nature of risk.

“Observed differences between populations are simply that: observed in a given context, not clear-cut indicators of innate difference,” said Krieger, a professor of social epidemiology with the Harvard School of Public Health. “Decontextualized theories and explanations can be not only deceptive but dangerous, potentially posing a threat to societal health and exacerbating health inequities.”

She outlined the use of epidemiology in relation to population science as a strategy to explore health inequities based on analysis of population distribution and health-related phenomena. Determining how populations are defined, as well as who has developed those definitions, is essential to push past the dominant assumption that individuals within a larger group can be considered representative of the whole.

“We have to remember we are not one day a woman or a man, another day white or a person of color, another day straight or LGBT, another day working class or a professional, and still another day native or foreign-born,” she said. “We are all of these at once, with our histories, individual and societal. … Our bodies integrate this knowledge every day, and it is up to us to do likewise conceptually and analytically, so that we can contribute our public health knowledge for all people to live healthy and dignified lives.”

History, Krieger said, is an essential component of how scientists, clinicians, and social workers perceive epidemiological theory and culture when attempting to reduce health inequities across different racial, ethnic, gender, and demographic populations.

Two views outline how health inequities are understood, she said. The dominant view, which informs most contemporary research on disease distribution, focuses on the implicit biophysical nature of health, that patterns of disease are merely reflective of individual cases and thus the whole is the sum of its parts.

In contrast, the alternative view focuses on the theoretical premises of health, is population oriented, and recognizes cause and effect in shaping social contexts; thus, the whole shapes the properties of its parts.

Theory, or how causal inferences are constructed, should be the driving force behind both perspectives when analyzing variables involved in health inequities, Krieger said, and is necessary for elucidating how different social contexts influence health.

“We need to understand how our bodies daily embody and integrate our experiences … how denial of dignity in one domain might translate into another.”

Nancy Krieger

“...she was an exhibit, a specimen, a bug impaled on a pin and helpless to escape,” she said.

It never occurred to me that I wouldn’t finish my degree, although it had occurred to a lot of other people," Saks said.

She entered psychoanalytic treatment again and excelled academically, being selected as class marshal during graduation. After a stressful yet boring stint at a legal services office, she decided to enter academia and eventually took a position with the USC Gould School of Law.

Having found a new psychoanalyst, Saks said she began to avoid taking medication and tried to hide what she was feeling. Thoughts of evil beings surrounding her began to flood her mind. She saw an expert on schizophrenia who urged her to enter a hospital or at the very least avoid work.

When she met a colleague in the hall one day, Saks began to describe seeing little people and explosions. Her colleague, who had a basic understanding of her illness, realized what was happening and drove her home. She agreed to take medication again.

“I could not deny the truth and I could not change it,” Saks said. “The law that kept me, Elyn, Professor Saks, separate from that insane woman I had seen in that mirror long ago lay smashed and in ruins.”

She began taking a new antipsychotic drug, Zyprexa, and eventually switched to clozapine, which had fewer side effects. Her illness was still there, she said, but it wasn’t pushing her around. “The clinical result was, not to overstate it, like daylight dawning after a long night,” she said.

In the years that followed, Saks met a librarian at USC named Will who invited her to lunch and then to the Antelope Room/Courtesy of Nancy Krieger
Allies of youth

By Charli Engelhorn

More than 300 homeless youths between 18 and 24 years of age find a safe haven in the Jeff Griffith Youth Center each month.

The center, established in 1995 and affiliated with the Los Angeles Gay and Lesbian Center, moved into a new, larger facility in October 2012, allowing staff members to expand services for young people experiencing homelessness.

“Since we have moved to our new space, we aren't necessarily seeing more unduplicated youth, but the youth we do see are coming here more often,” said Kris Namath, the center’s director. “They are coming back because they feel safer and more engaged. It's working.”

A group of attendees of the 7th International Conference on Social Work in Health and Mental Health toured the facility and learned about the different programs and services the center offers to the homeless youth population in Los Angeles.

Those programs include legal services and counseling, case management, outreach, mental health services, medical triage and testing, HIV/STD interventions, individual behavioral counseling and future planning, and group programs on topics such as drugs, sexual behavior, and self-image.

Attendees toured the main hub of the center, the youth drop-in facility, where young people can find a safe place to stay, even if only for a day. The facility provides computers, laundry machines, showers with private dressing areas, clothing, and personal hygiene supplies.

Two outreach workers, a health educator, and five case managers help clients navigate the facilities and develop a sense of independence and normalcy; youths are free to use services as needed.

“We start with basic-level interventions to start building relationships and have conversations about simple aspects of daily life,” Namath said. “We try to keep things on a standard schedule and model how life typically works to provide some structure.”

Youths are free to come and go as they please. Their belongings are not

[ plenary session ]

Speaker outlines disability reform in Sweden

As minister of social affairs and deputy prime minister of Sweden in the early 1990s, Bengt Westerberg oversaw one of the most expansive reforms of disability policy in the country’s history.

Rather than receiving community-based services or being forced to live in institutional settings, individuals with significant mental and physical disabilities in Sweden benefit from personal assistants.

Despite its expense, which is difficult to compare to other forms of care due to complex factors such as loss of family income and reduced social interaction, Westerberg said the personal assistance approach has improved the lives of many individuals.

“For thousands of Swedes, the right to personal assistance has meant a freedom never before experienced, a revolution for those with the most significant impairments,” he said during a plenary session of the 7th International Conference on

Address highlights legacy of social work

In a rousing speech to fellow social workers during the opening festivities of the 7th International Conference on Social Work in Health and Mental Health, Elizabeth Clark delivered an emphatic argument that the profession needs to assume leadership on issues of social justice and human rights around the world.

Clark, the immediate past CEO of the National Association of Social Workers, called on attendees to embrace the conference theme of client-centered care and follow the example of historical figures in the social work field.

“I'm asking you at this conference to own our expertise,” she said. “We have a very rich legacy to build on.”

That legacy includes Jane Addams, Clark said, describing the well-known founder of Hull House and advocate for peace and women’s rights during the late 1800s and early 1900s. She also cited Dorothy Height, an activist in the civil rights and women’s movements who served as a social worker until two months before her death in 2010 at the age of 98.

As her final example, Clark highlighted the accomplishments of Barbara Lee, a
[ plenary session ]

Professor plots path in new era of health care

By Charli Engelhorn

With the advent of the Affordable Care Act, Sarah Gehlert believes the need for social workers in the health system will increase substantially and their roles will mirror those of the social work profession’s founding members.

Starting with Ida Cannon, the first full-time hospital social worker, she described the history of the health social worker as an advocate and translator of medical information during a plenary session at the 7th International Conference on Social Work in Health and Mental Health.

“Health social work has been through a lot in its first 100-plus years and has weathered multiple challenges with grace and agility,” said Gehlert, a professor at the George Warren Brown School of Social Work and the Department of Surgery at Washington University. “Its focus on client-centeredness is as strong today as it ever has been, but there are still challenges to be faced.”

Meeting the needs of immigrants and refugees, as well as the increasing number of individuals affected by violence and war, is a major challenge. Approximately 20 percent of U.S. residents are born outside the country to immigrant parents and an estimated 21 million individuals will remain uninsured in 2015 due to undocumented status and barriers involved in purchasing insurance through new exchanges.

The need to convince the medical field of the importance of social factors in health care and adapt how sick people are treated echoes the challenges faced by social workers at the turn of the 20th century.

More than 35 million Europeans immigrated to lower Manhattan in New York City between 1820 and 1924, creating a health crisis due to overcrowded tenements, unsanitary living conditions, food shortages, and a high rate of infant death. Multiple languages and cultural ideas about illness and treatment complicated the situation.

“You couldn’t help but notice that social factors were affecting health and conditions,” Gehlert said. “For the first time, attitudes started to change and family size and demographics started to be taken into account.”

Gehlert described the approach of Richard Cabot, a doctor who hired the first social worker with money from his own pocket in the early 1900s. He believed social workers should give feedback and act as a translator between physicians and family members, in addition to providing information on social and mental health factors.

This early bidirectional communication led to a decrease of patients returning to the hospital with the same condition, which drew the attention of leading health care officials. Placement of social workers in hospitals increased. In 1954, approximately 2,100 people attended a conference held by the American Association of Medical Social Workers.

However, a shift toward health management organizations (HMOs) by the U.S. government started an ongoing trend of increased health care costs, Gehlert said.

“The effect of HMOs on social workers was that forces were downsized and reconfigured, the duties now fell under nursing, less time was spent with the patients, and their abilities were limited in acting on their own assessment of patient needs, which made it hard to perform the work as outlined by the founders,” she said.

Social workers have responded by adapting traditional theories to fit time constraints set by HMOs and developing new roles, such as disease managers, professional navigators, and care coordinators.

Gehlert sees those roles expanding to new venues, such as behavioral health clinics and service systems for veterans. She heralded the strength of researchers to develop evidence-based interventions for marginalized and vulnerable populations and emphasized the need for increased transdisciplinary collaboration.

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searched, but they must be stored upon entry. Privacy is an important aspect of the center, Namath said, explaining that having a few moments to themselves might be the only positive experience of the day for some clients.

Beyond the necessities of health and hygiene, the center provides GED training and job support. The education program is self-paced, and specialists and tutors help clients study and take them to GED testing sites. Thirty-five youths have graduated so far.

The job center also offers career workshops, internships, shadow opportunities, job placement, and support after attaining a position. Training is provided for the interview process, and clothes are available for interviews and jobs.

“We have been building this program for the last two years, and over the last month, we had 100 youth using this program, which is a record,” said Namath. “Some have skills already and some don’t, but we are seeing there is no wrong door.”

The center’s emergency housing program provides 20 beds and four overflow cots. Beds are available on a first-served basis and youths are allowed to stay for extended periods, if necessary. If the center runs out of space, case managers link clients with other agencies that provide shelter. Beds are gender neutral and based on the gender identity of each individual, which can change on a daily basis, Namath said.

“This is a safe place for them, so we do not force them to choose an identity for their duration,” she said. “Of course, if a female desires a female-only room, arrangements are made to accommodate that. And if a youth has never been on the street, we will find them somewhere, even a couch.”

Erica Myrtle-Holmes, a conference attendee from the Veterans Affairs center in Washington, DC, said she chose this field visit to learn more about LGBT culture and the services most valued by LGBT individuals.

“A lot of vets are coming out, and it’s good to learn a little about the issues and how to help these people,” she said. “There are similarities between the youth here and our population as far as searching for where they belong and finding a sense of community. I think they do a great job of creating a community for the youth here.”

[Photo/Courtesy of Sarah Gehlert]
Sharing strategies

As a major health care safety net for many individuals in Southern California, the Los Angeles County + University of Southern California Medical Center sees approximately 500 to 600 patients pass through the doors of its expansive emergency department every day.

Many are individuals who are experiencing homelessness, suffering from substance abuse, struggling with mental illness, or facing some combination of physical and mental health issues.

During a field visit to the medical center, a group of attendees from the 7th International Conference on Social Work in Health and Mental Health experienced firsthand how many of those patients receive care and referrals to outside agencies for treatment.

“It was really interesting to see how they cared for people who don’t have insurance and how the state of care is so good,” said Karen Nelson, chief of social work and director of spiritual care at Ottawa Hospital. “We hear in Canada that people get no care or terrible care, and this is a great example of how the United States does manage to care for these patients.”

Conference attendees who participated in the field visit toured the medical center’s emergency department, explored the former hospital that was recently replaced by a 1.5 million square-foot facility, and visited Exodus Recovery, a psychiatric urgent care center located across the street from the medical center.

The new hospital facility, which cost $800 million in construction and $200 million in equipment, had approximately 33,000 admissions in 2011–2012 and features 76 licensed psychiatric beds.

Patricia Evans, the hospital's clinical social worker supervisor, described the two-tiered social work department. Clinical and psychiatric social workers focus on clinical interventions and diagnoses, whereas medical caseworkers help with the discharge process and referrals.

Social workers at the medical center are integrated into multidisciplinary care teams, she said, and often play a major role in helping homeless individuals

Session highlights social work in Canadian Forces

Upon returning from overseas deployments, 5 percent of service members in the Canadian Forces report symptoms of posttraumatic stress disorder or depression and 11.9 percent report a mental health problem of some kind.

Responsibility for identifying and treating those mental health issues falls on the Canadian Forces Health Services, which provides social work services among other forms of care to members of the military.

During a series of symposium sessions at the 7th International Conference on Social Work in Health and Mental Health, representatives of the Canadian Forces described support for soldiers and other service members who are deployed. Lt.-Col. Suzanne Bailey, who chaired the series, said she was thrilled to share Canada’s experiences with military social work during the event.

“One of the things I think is very exciting about this conference is the opportunity for such a small organization with military social workers to be able to showcase that even though we are small, we do have some interesting research going on and collaboration with other nations and organizations,” she said.

In Afghanistan, the Canadian military has worked in concert with other countries at Kandahar Air Field, where psychiatrists, nurse practitioners, social workers, psychologists, and physicians offered health and mental health services to approximately 40,000 coalition forces and civilian contractors in the region.

Maj. Michele McCashion described the predeployment process for members of the Canadian Forces, as well as care provided to service members during deployment. Prior to leaving Canada, soldiers undergo an extensive screening process and attend psychoeducation classes to improve their awareness of stress management techniques and symptoms of mental health and behavioral problems.

“We try to reinforce this because it’s when you’re under stress that sometimes you don’t recognize these things in yourself,” McCashion said. “In a theater of operation, that stress will be amplified even more.”

Social workers conduct predeployment interviews with 500 to 800 soldiers a day, flagging any service member who exhibits concerning behavior for further assessment.
find housing and become self-sufficient, a critical strategy to help them receive consistent medical treatment rather than relying on the emergency room.

Exodus Recovery also handles a significant portion of individuals who come to the medical center due to psychiatric issues, helping reduce the strain on the emergency department. Kathy Shoemaker, senior vice president of clinical services, said the urgent care center had nearly 16,000 clients in 2012–2013. By law, staff members at Exodus have 23 hours to stabilize clients and refer them to outside agencies. Only 11 percent of their clients return to an inpatient unit within 30 days, Shoemaker said, along with 2 percent who return to a psychiatric emergency room and 2 percent who end up in the criminal justice system.

“We believe we are doing a good job with our partners in the community,” Shoemaker said.

After the tour, Nelson said she was impressed by the facilities and traded contact information with hospital officials to explore the possibility of developing an exchange program for social workers from both hospitals to experience health care in new settings. “We really need to see what care is like in the United States because Canada has a very jaded view because we hate everything that is not socialized medicine,” she said. “We think it is the way to go and Americans are wrong, and we only get propaganda about how bad it is here. This has opened my eyes about how it really works.”

Karen Nelson, chief of social work and director of spiritual care at Ottawa Hospital in Canada, would like to see increased collaboration and information sharing among health providers across borders.

Metta World Peace, a professional basketball player born Ronald William Artest, Jr., spoke during the conference’s gala dinner. An advocate for mental health awareness and outreach who has worked closely with the Los Angeles County Department of Mental Health, World Peace discussed his personal struggles with mental health issues during his childhood and how psychiatric counseling has helped him cope with challenges throughout his life.
Leading scholars debated strategies to securing housing and integrated services for the increasing number of homeless individuals around the world during a symposium series on homelessness at the 7th International Conference on Social Work in Health and Mental Health.

Blending interdisciplinary approaches and perspectives on these issues was a major goal of the symposia, said Suzanne Wenzel, professor and research council chair at the USC School of Social Work.

“We had the opportunity to tap into some leaders in the European Union and the United States to find out how some of the most promising and cost-effective, impactful programs are helping homelessness,” said Wenzel, who moderated the series. “Progress in science and social policy requires an interdisciplinary approach from multiple players, and this process is helping us learn from each other.”

Speakers from the United States and Europe discussed the issue of supportive housing, emphasizing the Housing First model as a successful approach. This model involves the immediate provision of permanent and supportive housing for all homeless individuals, regardless of mental health or substance use status.

This relatively novel approach differs greatly from typical housing models, such as a “staircase” approach, a form of the continuum-of-care model in which individuals work their way up through shelters and abide by strict rules, such as sobriety, curfews, urine tests, and social isolation, before gaining independence and attaining housing.

“Housing agencies started to realize that high-functioning people could meet these models, but the most severely affected people were not able to meet these milestones, mostly because they are multiply affected by psychiatric issues, substance abuse, and medical disorders,” said Susan Collins, a research assistant professor at the University of Washington.

“Housing is the primary goal and is a basic human right,” Collins said. “This contrasts other parts of the world where they have more social housing systems,” she said. “If you put these requirements on housing, it leaves all of the others whose service needs are based on poverty..."
Social Work in Health and Mental Health. “This does not mean that their lives have become easy. We cannot eliminate their disabilities. What we can do is partly compensate for them.”

A Swedish government agency found that 25 percent of Swedes between 16 and 64 years old report some form of disability, half of whom regard their ability to work as reduced and one fourth as greatly reduced.

Of the latter group, which consists of approximately 400,000 individuals, only around 20,000 people receive personal assistance for an average of 115 hours a week at a cost of roughly $5 billion. That represents 1 percent of Sweden’s gross national product and 2 percent of public expenditures.

“This can be regarded as a measure of the priority given to normalizing the living conditions of the individuals served by the act,” Westerberg said, referring to the legislation he helped shepherd through in 1993.

Before that major reform, life for individuals with disabilities was difficult. Those with intellectual disabilities in particular faced incarceration or sterilization.

“Over three decades, more than 60,000 people were sterilized,” Westerberg said. “The law remained on the books until 1975.”

By the late 1960s, institutional incarceration was considered the most humane option for those with physical or intellectual impairments, he said. More than 200 institutions housed approximately 15,000 people, one third of them children younger than 7.

However, the outlook began to change as criticism of institutionalization increased. Laws passed in 1968 and 1985 began to phase out this approach and promote housing and services for the intellectually disabled in open society.

The movement was led in large part by Adolf Ratzka, who was born in Bavaria and afflicted by polio in 1961 at age 17. Despite excellent grades, no German university would accept him, so Ratzka applied to and was accepted by UCLA. When he traveled to Sweden in 1973 to collect material for his dissertation, Ratzka brought insight and how their assistants should work,” Westerberg said.

After a meeting with Ratzka and his colleagues, Westerberg began pressing for disability reform based on their personal assistance model. In 1993, he succeeded in passing legislation that greatly expanded disability support, including companion service, domestic assistance, and arrangements for children and adolescents who need to live apart from their biological parents.

That trend continued in subsequent years, and the Swedish government has adopted a five-year strategy through 2016 to improve accessibility in public transportation, sports facilities, and educational institutions.

However, cost remains a significant challenge. Although it is difficult to determine how much personal assistance costs compared to older models, Westerberg estimated that between one third and one half of the expense of the personal assistant model can be considered an increase.

Nonetheless, the reforms have been met with considerable enthusiasm. More than 90 percent of beneficiaries reported being satisfied or mostly satisfied with their personal assistance benefits in a recent survey.

When he encounters politicians or other individuals who think personal assistance is too expensive, Westerberg often poses two questions: Do you think the lives of individuals with significant disabilities are too good? Would you like to change places with any of them?

“So far, the answers to both questions have been negative,” he said. “The discussion then tends to peter out.”

“A large majority of beneficiaries experience assistance as absolutely crucial for participation in social interactivity and a meaningful life. Almost everyone pointed to personal assistance as the most important factor for their quality of life.”

Bengt Westerberg
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from the San Fernando Valley to Long Beach, in addition to attending plenary sessions that focused on issues ranging from the role of social work in an increasingly interconnected world to efforts to improve disability care in Sweden.

The conference also featured a symposia series on advances in specialized topics such as cancer care, health reform, Latino health, and military personnel and their families.

Marvin Southard, director of the Los Angeles County Department of Mental Health, said the recent passage of federal health care legislation known as the Affordable Care Act gave the event particular relevance.

“The highlight for me is to hear from international colleagues and get feedback for some of the ideas we have, because many other nations have had more experience in integrative health systems than we have,” he said. “I hope that together we’ve learned something we can do to help the people of all of our nations lead better, richer, and fuller lives.”

To kick off the conference, Los Angeles County Supervisor Mark Ridley-Thomas gave a short address and praised the USC School of Social Work for producing a steady stream of well-qualified practitioners who often go on to provide services to many of the county’s 10 million residents.

A USC graduate with a doctorate in social ethics and policy analysis, Ridley-Thomas has championed community engagement on issues of health, mental health, and children’s services since being elected in 2008. During his opening remarks, he said the profession of social work plays a critical role in helping people facing challenging circumstances, from discrimination, abuse, and addiction to unemployment, disabilities, and mental illness.

“It seems to me we owe a great debt of gratitude to social workers,” he said. “They help prevent crises and counsel individuals, families, and communities to cope more effectively with the stresses of everyday life. Social workers rock!”

Ridley-Thomas noted that the profession is expanding rapidly, citing U.S. census figures indicating that approximately 845,000 people identify as social workers. That figure is expected to increase by 25 percent from 2010 to 2020, he said, faster than any other comparable occupation.

In addition to presenting a scroll signed by the Board of Supervisors to conference leaders recognizing the event, Ridley-Thomas also offered a few words of advice to the audience, encouraging them to showcase their work and highlight the profession as a rewarding career path.

“Don’t forget to toot your own horn,” he said. “My grandmother was clear about that. She said to me, Mark, it’s a mighty poor dog that doesn’t wag its own tail.”

The opening ceremony also featured a plenary session led by Elizabeth Clark, the immediate past chief executive officer of the National Association of Social Workers. She encouraged conference attendees to step...
Haluk Soydan, conference co-chair and associate dean of research, presents Soon Noi Goh with a set of golden chopsticks symbolizing the shift of conference leadership to a delegation from Singapore, which will host the event in 2016.

back before delving into specific abstract presentations and discussions with colleagues in the subsequent days, to consider social work from an international perspective.

Human rights, social justice, and client-centered care have always been primary tenets of social work, she said, but the profession has struggled to assume leadership in those key areas.

“Social work has become a global profession and we need to think broader about what we do,” Clark said. “I’m asking you at this conference to own our expertise. We have a very rich legacy to build on.”

Clark was followed by four other plenary speakers during the five-day conference, including Sarah Gehlert, the E. Desmond Lee Professor of Racial and Ethnic Diversity at the George Warren Brown School of Social Work and the Department of Surgery at Washington University, and Nancy Krieger, a professor of society, human development, and health at the Harvard School of Public Health.

Conference participants also attended a discussion by Bengt Westerberg, former minister of Sweden, about efforts to reform disability services in Sweden, where many individuals with disabilities now have access to personal assistants.

Elyn Saks, the Orrin B. Evans Professor of Law, Psychology, and Psychiatry and the Behavioral Sciences at the USC Gould School of Law, helped bring the conference to a close by discussing her personal experiences with schizophrenia, a presentation that brought attendees to their feet for a sustained round of applause.

During the closing ceremony, Haluk Soydan, conference co-chair and associate dean of research at the USC School of Social Work, passed the reins of the ongoing conference series to a delegation from Singapore, where the next gathering will take place in 2016. As the event drew to a close, Flynn said she was honored that the school was selected to host the conference and pleased with the results.

“I think it was very satisfying for an international audience,” she said. “I think we made excellent use of the campus and people better understand USC and the strength of our faculty and the beauty of this environment.”

CLARK | from page 4

social worker and the only member of Congress to vote against authorizing the use of military force against terrorists following the attacks of September 11, 2001, arguing that it gave overly broad powers to the president and could lead to an open-ended war with no exit strategy.

“She said we must step back for a minute and think through the implications of our actions today so this does not spiral out of control,” Clark said. She described Addams, Height, and Lee as powerful representatives of the social work profession. “These are people who have started this legacy that each of us has an obligation to continue.”

In terms of the global reach of social work, she emphasized the role of social workers in achieving the Millennium Development Goals established by the United Nations, which include issues such as reducing child mortality, eliminating extreme poverty, and combating diseases such as malaria and HIV/AIDS.

Clark also described a global agenda for social work created by several leading international social work organizations. The document outlines four broad goals to be addressed by 2016: promoting social and economic equalities, promoting the dignity and work of individuals, working toward environmental sustainability, and strengthening recognition of the importance of human relationships.

“If you only take away one message today, I would like it to be that social work has a moral mandate as a profession to help solve the problems that we’re facing worldwide with health and mental health,” she said. “If we don’t get involved, I’m not convinced we will solve these challenges.”

In closing, Clark urged her fellow conference attendees to pursue several key goals, such as challenging social injustices, engaging in respectful and collaborative research and practice partnerships, and testifying before governmental agencies.

She also pressed those in the audience to publish and present their findings as researchers and highlight their expertise and knowledge as practitioners.

“You need to make your efforts and your findings known,” Clark said. “If I criticize the profession of social work for one thing, it’s that we don’t tout our own horn. We do wonderful work and we never tell anybody about it.”

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In closing, Clark urged her fellow conference attendees to pursue several key goals, such as challenging social injustices, engaging in respectful and collaborative research and practice partnerships, and testifying before governmental agencies.

She also pressed those in the audience to publish and present their findings as researchers and highlight their expertise and knowledge as practitioners.

“You need to make your efforts and your findings known,” Clark said. “If I criticize the profession of social work for one thing, it’s that we don’t tout our own horn. We do wonderful work and we never tell anybody about it.”
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“Transdisciplinary science allows us to view problems holistically with teams of social, behavioral, and biological science,” she said. “Policy makers, clinicians, and community members join the social workers to create a powerful understanding of the issues. We get the best of science and the best of community realities and life experiences.”

Gehlert believes the Affordable Care Act offers many potential tasks for social workers, including ensuring access to coverage and serving as navigators, certified application counselors, and educators. Social workers can integrate and coordinate care, facilitating a shift to a holistic focus on physical and mental health rather than a single episode of illness.

Due to expanded Medicaid and private coverage for behavioral health services, improvement of access and substance use treatment is projected to increase by 31 percent. The number of health social workers is expected to grow by 16 percent.

“We can’t dichotomize physical and mental disorders anymore, and training one without the other diminishes the outcomes,” Gehlert said. “This will expand the need and nature of the social worker in the future.”

Expanded coverage for ethnic and racial minorities will also require a renewed focus on social workers as translators to improve care for the underserved.

In closing, Gehlert called on conference attendees to be vocal about the need for social work in health care, work across nations and borders, learn from successes and failures, and prepare the next generations of health social workers.

“We can’t just get mad,” she said. “We have to work on these issues and make change. We need to pass the baton.”

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processes certainly needs to have some theory to guide inquiry and interpretation,” she said. “Theory is essential because it provides both vision and insight.”

Krieger described health inequities during the 1960s, before and after the abolishment of Jim Crow laws, to emphasize the importance of social factors such as racism, limited access to medical care, and psychological distress as determinants of health for black men and women.

She further discussed a study regarding levels of occupational, social, and relationship hazards and corresponding psychological distress as factors that affected the health of low-wage union workers.

In both examples, Krieger described the undeniable influence that cultural and individual contexts have on patterns of health, morbidity, mortality, and well-being and the development of health inequities.

In essence, she compared the dominant epidemiological approach of focusing on individual pathology, biology, and behavior with the alternative approach of examining contextual factors such as sociopolitical, psychosocial, and ecological factors.

“Links between our bodies and the body politic are intimate, palpable, and malleable and offer a radically different, inclusive, and promising perspective for public health, clinical medicine, and social work alike,” she said. “It frees us from assuming that observed differences in health status, especially by race/ethnicity and socioeconomic position, are innate and inevitable.”

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developed for social workers and mental health workers that seeks to address compassion fatigue and burnout.

Approximately 40 percent of physicians reported feeling burned out and 38 percent of counselors had active secondary posttraumatic stress disorder, according to a recent survey. Deployed to Afghanistan in 2010 and 2011, Marceau developed lectures on symptoms of compassion fatigue and strategies to handle stress, such as coping with death and seeing seriously injured fellow soldiers on a daily basis.

“You are seeing these people on the worst day of their life, when they are thinking there is no future,” she said.

The program Marceau helped develop also included monthly meetings to discuss difficult cases and how clinicians were coping. However, she said more research is needed to identify other issues faced by mental health workers in war zones to bolster programs that provide mental health care to caregivers and clinicians.

Bailey, the chair of the military social work symposium series, also called for increased collaboration across borders, particularly sharing information about what strategies for mental health prevention and treatment prove effective in military settings.

“I hope to inspire our social workers to engage in more research and communication with the folks we meet at this conference,” she said. “The more we can engage with people outside our organization, the more we can take things a step forward.”

sChizoPheRnIa | from page 3

Valley California Poppy Reserve. After they fell in love, she told him about her illness and he responded gently and kindly.

While recounting this particular story, she glanced to the back of the room at her husband, who was running the slide show that accompanied her speech, and proclaimed that he was blushing.

As her speech drew to a close, Saks said she doesn’t regret her life and doesn’t want pity. Instead, she wants to see changes in how people with schizophrenia and other mental illnesses are treated.

She offered several policy suggestions, arguing that individuals with schizophrenia need resources such as intensive treatment and medication to regain control. She said her personal experiences have shown that psychoanalysis can be an effective treatment for people with schizophrenia, despite naysayers and its relatively high expense.

She strongly recommended against the use of force if possible, describing it as making her feel helpless and denigrated.

Finally, she argued that mechanical restraints are particularly painful and damaging, particularly for victims of sexual trauma. Noting that one to three people die in restraints every week in the United States, Saks said a new law regarding when restraints should be used is critically needed.

“The humanity we all share is more important than the mental illness we may not,” Saks said. “With proper treatment, someone with mental illness will lead a full and rich life.”