



David Conley

As a new faculty member at the College of Health and Human Services, what brought you to UNCW/Wilmington?

UNCW seemed like a really good fit for me for teaching and research. The location is great obviously, but the work-life balance and the culture really spoke to me as well. I felt like I meshed well with the staff and faculty.

What classes do you teach here at UNCW?

I teach Social Welfare Policy for the MSW [Master's in Social Work] program. Right now, I am also teaching Field Seminar for the BSW [Bachelor's in Social Work] program. I like teaching both for different reasons. My main area of focus is social policy, so I could talk about that all day long. I really like the Field Seminar as well because the students are brand new to field and there's a lot of learning going on. The students are like sponges ready to learn. They're excited. I like teaching both for different reasons.

What makes the Field Seminar for the BSW program stand out?

One, I've never taught it before. I like that this is the students' first time taking what they've learned in the classroom and applying it in a professional setting. It's really cool to see lightbulbs go off. That happens in the MSW program in policy as well, as I'm one of the first people grad students talk about policy with, but it's really cool to see it in the BSW program since it's their first time in a professional setting.

Do you have any ongoing research projects?

As a new faculty member who just finished their dissertation, the first thing you're gonna want to do is publish from your dissertation. There are two ways you can do your dissertation as a PhD student: you can do a three paper or a book. I chose a book which is more of the old-school way of doing it. I wasn't able to really dive very deeply into my area at my program because I was working for someone not in my area. Virginia Commonwealth University, where I attended graduate school, did not require that. Because of that, I was not able to do a lot of research in my area as a student.

Writing a book dissertation really helps you to dive deeper into your area before you publish. I also wrote it in a way where I could publish easily from it. When you're a new faculty member, you want to publish from that first while you're figuring out how everything works. Then, you can start original research after that.

Can you give a short summary of what your dissertation is about and how that is gonna be presented to your book?

I will publish several articles from the book dissertations. My dissertation examined mental health legislation across the country for structural stigma. I also examined predictors of bill passage. What predicts a mental health bill passing? Gender, race, political party, those types of things. I'm looking at mental health policies to expose stigma, but also find predictors for bill passage to give to advocates to help them increase their effectiveness with influencing policy. After I published several articles on the policies involved in the mental health policy process, I'll begin to study those involved in those processes.

Where would you put Virginia, the state where you went to school in, relative to the rest of the country's mental health policy?

Virginia is pretty far behind, but so is North Carolina from what I'm gathering. They're kind of similar. Richmond is very progressive in some ways, but also behind the times in terms of mental health. Relative to the rest of North Carolina, I'm getting the feeling Wilmington is in a similar position where it's fairly progressive in some ways, but fairly behind when it comes to mental health. The one thing that's different is that Richmond is the capital, so the legislature is right there. Here, it's in Raleigh which is still really close-- only two hours away. There's definitely some similarities.

For North Carolina, can you think of any bills when the mental health stigma you were talking about in your dissertation is exposed?

There's all sorts of stuff. What I did was look at stigma in two ways. I looked at the language of the bill. Did they refer to people as mentally ill? Did they stereotype or label them? Did they discriminate against them? I also looked at the intent of the bill, or rather the consequences of the bill. Did the bill overall take firearm rights away from those with mental illness? Did it make it easier to involuntarily commit somebody? Did the bill reduce their rights in any way? Those are just two ways to measure stigma in a bill. The content of the bills were all over the place-- criminal justice, kids and families, veterans, conversion therapy-- all sorts of stuff. Mental health fits into a lot of different areas.

How could legislators and lawmakers be more accommodating towards mental health bills?

Lawmakers can reduce stigma by listening to people with lived experiences. They need to listen to mental health experts. They need to prioritize mental health over other areas, Especially soon because of COVID. We're gonna see a spike in mental health issues. For example, when I was a lobbyist, we would talk to this really influential legislator over and over again. He was a Republican and we would try to lobby for Medicaid expansion. He would not go for it. Then, a family member of his was diagnosed with severe depression and his vote changed overnight because the stigma was

reduced. We have to reduce the stigma before we can educate. Right now, we're educating but haven't reduced the stigma. People are gonna be intrigued, but nothing is going to get done.

As a professor, do you have any advice for students who want to go down a similar path as you in relation to working with politicians to reduce mental health stigma?

Students can participate in macro-social work and political social work and still be a clinical MSW. In fact not only can they, they should. It's in our Code of Ethics. You can do that by advocating, and getting involved locally and at the state level. You can learn how to track bills. I think we're attempting to design a macro-track here, so students have the opportunity to get involved with that type of thing. One of the main pieces of advice though is to ask people with lived mental health experiences what they want and need. We can be educated all day long and have three thousand social work degrees, but if we don't ask the client what they need, we might not be advocating for the right thing. You can do that on both the clinical side and the macro-side.

Do you have any last words?

Vote! Go vote. There's a huge movement happening right now with the NBA. They are leading the charge in the media but only 20% of them are registered to vote which is a huge issue. We, as social workers, can't be taken seriously as advocates if we aren't registered to vote or don't vote.