Call for Papers for 37th Annual Meeting

May 5–7, 2016
Minneapolis, Minnesota
Hubert H. Humphrey School of Public Affairs, University of Minnesota

Abstract submission deadline: September 30, 2015
Click here for Abstract Submission Forms

Transforming Policy and Practice
for Culturally Competent Mental Health Care

The theme of the annual meeting is *Transforming Policy and Practice for Culturally Competent Mental Health Care*. We are particularly interested in submissions based on how culture is addressed in policies and practice of clinical care, research, education, and advocacy. What is and what should be the role of culture in policies ranging from the Affordable Care Act to Psychiatry Milestones in clinical training to the National Institutes of Health? How can the systematic inclusion of culture transform practice in a range of health-related activities? We also welcome papers, symposia, workshops, and posters in other clinical, education, and research areas of cultural psychiatry. Examples of topics and domains related to the conference theme include the following:

1. *Culture in education and training* – What policies, guidelines, tools, and curricula are used or should be developed to integrate culture in medical, nursing, psychology, social work, and public health education? What is the content of existing policies, guidelines, curricula, and evaluation material in mental health education? What has been the impact on cultural knowledge and skills of recent developments in policies, guidelines, and tools such as the Psychiatry Milestones project and the Cultural Formulation Interview?

2. *Policies and practices to address healthcare disparities* – How do guidelines and policies work to reduce (or exacerbate) disparities in health, health care, and research across population groups, between settings with varied cultural contexts of care, and between high- and low-income settings? How do policies address racism and discrimination in care and research? How do policies regarding services such as telemedicine and access to medical interpreters affect mental health outcomes?

3. *Culture in international, regional, national, local, and institutional service guidelines* – How is culture operationalized in guidelines and policies for mental health service delivery across a range of regional and institutional levels? What is the impact of this operationalization on practice and outcomes? How do regional and institutional service guidelines address existing health disparities and how do they attempt to prevent of disparities in services?

4. *Comparative practices and mental health systems* – How do mental health policies differ across countries or regions? What is the status of voluntary vs. involuntary care; community-based care practices; training requirements; and prevention of health disparities across countries?

5. *Multidisciplinary teams and practices* – How is culture addressed at patient and provider levels when working in multidisciplinary treatment and research teams? What are examples of policies that integrate culture and minimize discrimination in multidisciplinary approaches? What roles do social scientists play in developing and implementing guidelines in care and research initiatives?

6. *Culture in humanitarian mental health response* – How is culture addressed in guidelines, policies, and implementation of mental health services during humanitarian emergencies, such as earthquakes in Haiti, China, and Nepal and the Ebola virus disease outbreak in West Africa?

7. *Culture in research guidelines* – With recent developments in research recommendation and other guidelines to influence the strengthening of health systems, observational research, and clinical research, how do these guidelines impact practice and what are the commonalities across recommendations? (e.g., see the Lancet Commission on Culture and Health or National Institutes of Health Roadmap for Including Culture in Health Research)?

8. *Cultural competency guidelines and practice* – Given the strengths and weaknesses of an approach based on the concept of "cultural competency" to guidelines and practice in health, what are the lessons learned and best practices to improve care? What are approaches that can supplement or substitute for cultural competency, for example, structural competency?

9. *Policies and aspects of identity* – How do policies and guidelines categorize and incorporate (or neglect) groups and individuals based on geography, language, religion, age, gender, sexual identity, social identity, immigration or refugee status, exposure to torture and other traumas, living with medical conditions, and living with disabilities?

10. *Collaboration with persons with mental illness* **–** How do policies promote (or hinder) collaborative engagement with persons with mental illness, family members, and other advocates to improve care, education, and research?

Categories for Submission

Abstract forms can submitted for Workshops, Symposiums, Individual Free Papers or Posters, and Trainee Fellowship Papers. Workshops for participants to gain skills in policy and practice issues related to culture are strongly encouraged and will be given priority. Symposium submissions are also encouraged. Submissions with qualitative, quantitative, or mixed methods <u>primary</u> data and clinical encounters will be given preference over position pieces. Participants are encouraged to submit abstracts early. SSPC will provide technical assistance for abstract submissions up to 48 hours before the deadline.

[Click here for abstract submission forms.](#)

1. **Workshop** – Workshops are approximately 2 hours long. They should have one organizer and up to four co-facilitators. Workshops are required to have hands-on activities for participants and should address specific skills, debates, and/or concepts in policy and practice.

2. **Symposium** – Symposia are approximately 2 hours long. Three original papers may be included, with a recommended presentation time of 20 minutes each. The organizer or moderator may provide

introductory remarks on the topic. A discussant may be included if desired. Be sure to allot a minimum of 30 minutes for open discussion.

3. **Individual Papers or Posters** – Abstracts may be submitted by individuals indicating preference for paper or poster presentations. Individual papers will be grouped into symposia by the conference organizers.

4. **Trainee Fellowship Presentations** – Trainees in clinical or social sciences (masters, MD, PhD, or post-doc level) may submit papers for consideration for a fellowship presentation. A maximum of two fellowships are given each year. SSPC Fellows have registration costs waived and receive a $500 honorarium to offset travel costs.

The deadline for all submission types is **September 30, 2015**. Click here for submission forms for each category. Email completed PDF submission forms to SSPC2016@gmail.com. All submissions undergo a multiple-reviewer selection and scoring process. Notification of acceptance or rejection will be sent by early 2016. After notification of acceptance, all presenters, workshop facilitators, and discussants are required to pay the conference registration fee by February 1st for their submission to be included in the annual meeting.

For additional information, please visit the Annual Meeting page of www.psychiatryandculture.org.

If you have any questions, please contact
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