



GLOBAL ALLIANCE
for Behavioral Health and Social Justice

**COMING
TOGETHER
FOR ACTION**



Social Justice • Interdisciplinary • Well-Being

CALL FOR ABSTRACTS

New Directions for Behavioral Health: Building Socially Connected
and Just Communities

Baltimore, MD, USA

October 28-30, 2022

This is the moment to demand change—with our voices and with our actions

-- U.S. Surgeon General Vivek H. Murthy, 2021

During the last two years, health disparities, social injustices, and fractured social connections have threatened the health and well-being of citizens globally. The uncertainty created by the COVID-19 pandemic combined with isolation, concern for the well-being of loved ones, and unrelenting stress took a toll on everyone, especially front-line workers, individuals living in densely populated neighborhoods, and youth. COVID-19 has exacerbated an already existing crisis in behavioral health.

Concurrently, countries are reckoning with the impact of structural racism that exists within and across their communities. Climate-related events are increasingly threatening livelihoods. And, conflicts persist, most recently in Ukraine, directly affecting millions.

Attention to the well-being of individuals, along with the pathways to, and systems supporting behavioral health must be reimaged. Strengthening behavioral health requires a comprehensive systemic approach in which there is shared responsibility among community members for addressing the determinants that shape mental health, including relationships with family and friends, neighborhood conditions, discrimination and oppression, and other social policies and practices.

At this time, the conference is in-person with limited capacity. If it is deemed necessary to shift the format, we will communicate any updates. Please stay up to date @bhjustice.org.

SUBMISSIONS DUE MAY 15, 2022

Submit your abstract at:
together4action.org



Registration opens in May 2022

Continuing education and
networking opportunities will be
available.

Areas of Focus



Underscoring the need to act, the Global Alliance for Behavioral Health and Social Justice invites submissions that illustrate innovative and effective efforts. Presentations may address **research, policy, and practice** on topics related to (but not limited to) the following areas of focus:

Equity

COVID-19 revealed the depth of disparities that exist in behavioral health services for populations. The concept of equity refers to fairness and justice. It recognizes that not all populations start from the same place so our efforts must focus on overcoming intentional and unintentional barriers that arise from bias and systemic structures.

Questions of interest include:

- What are the key components of a just and socially connected community?
- How have communities worked to address deep-rooted racial inequity?
- What strategies can be employed to address structural inequities?
- How can communities create opportunities for healing? For restoration?
- How can we achieve equity in research? In policy? In practice?
- What is the role of community planning and design in addressing structural inequity?
- How can we better integrate research into policy?

Behavioral Health across the Lifespan

Long before the coronavirus pandemic, the prevalence of anxiety, depression and mental distress was already increasing globally. By the end of the first year of the pandemic, the WHO reported that anxiety and depression had increased 25% globally. The growing behavioral health crisis was exacerbated by severe disruptions in behavioral health services especially for those most in need. In many countries, behavioral health services have not kept pace with other health services and, for many populations including youth, available behavioral health services do not match their needs.

Questions of interest include:

- What are the key components of comprehensive behavioral health for adults? For young people? For seniors?
- How does the built environment affect behavioral health?
- What is "equity" in behavioral health for populations that historically have been oppressed or discriminated against?
- What are the implications for changes in the workforce to implement comprehensive behavioral health?
- How do we encourage community responsibility for behavioral health?
- How can communities foster greater social connection among residents?
- How can a population mental health framework strengthen behavioral health?
- What innovations globally are informative for achieving the vision of comprehensive behavioral health?

Areas of Focus



Children and Families

In October 2021, UNICEF issued a dire warning in their *State of the World's Children 2021* report: "children and young people could feel the impact of COVID-19 on their mental health and well-being for many years to come." The pandemic has affected the mental health and well-being of children in several ways, including the loss of family members, isolation from friends and extended family, school closures and online learning, a lack of socialization, and family stress. The concern about children's mental health spans the globe. The World Health Organization has reported that suicide is the leading cause of death among young people in low- and middle-income countries, and the second-leading cause in high-income countries. In the U.S., the Children's Hospital Association has established *Sound the Alarm for Kids* to mobilize support for children's mental health in response to suicide rates.

Questions of interest include:

- How can we prevent mental health crises in children and youth?
- How has COVID-19 changed childhood? Parenting practices?
- What does social connection look like for children and youth?
- How can settings and environments foster meaningful engagement of young people?
- How can social media be a positive force in the lives of young people?

Other Topics

Presentations may also address research, policy and practice topics that include (but are not limited to) such contexts and foci as:

Systems, for example:

- Organizing systems and supports to reach underserved populations
- Policy change to support behavioral health
- System supports for culturally- and contextually-sensitive intervention
- Mechanisms to support cross-sector collaboration and coordinated care

Community, for example:

- Neighborhood or physical environment influences on behavioral health and social development
- Community and neighborhood initiatives to support individuals with behavioral health needs
- Place-based efforts to promote well-being and foster equity
- Strategies for promoting social inclusion
- Strategies for fostering support for individuals and families

Marginalized and Underserved Populations, for example:

- Promoting behavioral health and social justice for LGBTQ+ populations
- Preventing behavioral health problems and meeting behavioral health needs of Indigenous populations
- Supporting integration post-incarceration
- Supporting immigrant, refugee and asylee rights
- Prevention of and intervention for human trafficking
- Supporting the behavioral health needs of military veterans

Submission Components



- **Presentation form**

- **Presentation title**

(15 words maximum)

- **Short Abstract:**

These 75-word abstracts will be included in the conference program app. They are required for all submissions except poster presentation proposals.

- **Long Abstract:**

These abstracts will inform the review and proposal evaluation process. Format-specific guidelines are noted for each session / presentation type.

- **Presenters / Authors,**

as well as their affiliations and contact information

- **Learning Objectives:**

A minimum of two learning objectives must be submitted with each abstract.

- **Topic areas:**

Submissions will indicate the primary topic area (e.g., Equity, Behavioral Health, Children & Families) from this call for abstracts.

- **Policy / practice relevance:**

All submissions must include a brief statement of the work's potential implications for policy and/or practice (maximum of 100 words).

- **Qualification statement:**

MUST be specific to the abstract and describe presenter's qualification and areas of expertise as it relates to the topic.

- **Additional requests,**

e.g., length of session, accessibility, any special accommodations

Presentation Formats



Abstracts should include adequate discussion of background/rationale, method/approach, results/findings/discussion objectives, and conclusions/implications so that reviewers can evaluate the submission's potential contribution to the conference.

- **Poster presentation:** Posters can provide valuable opportunities for one-on-one or small group discussion of a work. Submissions will be considered across all topic areas, and poster sessions will be organized to cluster work with similar themes, populations of focus, or emphases. Poster abstracts are limited to a maximum of 250 words.
- **Individual paper:** Submissions will be considered across all topic areas. Accepted submissions of these traditional presentations will be grouped thematically with one or more other related works in a 50-minute session. Depending upon space and scheduling availability, some individual paper submissions may be accepted as posters. Paper abstracts are limited to a maximum of 250 words.
- **Symposium:** Symposia typically include 3 or 4 papers organized around a central theme, issue, or approach. They also will generally include a chair or moderator as well as a discussant. Symposia can present different elements of a large-scale project, varying approaches to intervention / prevention, diverse perspectives regarding an issue faced by communities or systems, and the like. Symposium submissions should include a 200-word (maximum) abstract that provides an overview of the session and the planned approach as well as abstracts (250 words maximum) for each individual paper. The overall abstract should also include specific information about the presenters' planned approach for engagement of conference participants. At the time of submission, presenters will also indicate a preference for a 50- vs. 75-minute session.
- **Panel discussion:** These 50-minute sessions typically include multiple presenters and a moderator who facilitates discussion. Panels may include one or more brief presentations of ideas or key content; the primary focus is on the presentation of ideas, findings, and/or recommendations by panelists, with these presentations eliciting questions from and responses by conference participants. These sessions typically focus on timely issues in the field as well as needed future directions and recommendations for practice, programming, and policy. Abstracts must also include specific information about the planned strategies for facilitation and the proposed approach for engagement of audience members. Abstracts are limited to a maximum of 250 words.
- **Round table:** These 50-minute sessions are intended to foster discussion among presenters and conference participants. These sessions are typically less formal than panel discussions and often lend themselves to more audience participation. One or more facilitators may lead a session, which may include a brief presentation of foundational content prior to the interaction- or discussion-focused activity. These sessions provide a forum for sharing ideas and learning about diverse perspectives. They typically focus on critical issues in the field, innovative projects or initiatives, lessons learned, and needed future directions. Abstracts must also include specific information about the planned strategies for facilitation and the proposed approach for engagement of audience members. Abstracts are limited to a maximum of 250 words.
- **Workshop:** This presentation format focuses on skill-building or competence-enhancement. These sessions are usually focused on a method (e.g., using social network analysis in applied research; how Geographic Information Systems can inform community-based intervention), approach (e.g., community-based participatory research), or work within a particular setting or domain (e.g., policy, advocacy). Workshop instruction may be provided by a maximum of 3 presenters. Workshop abstracts (maximum of 500 words) must specify the content focus of the workshop, the proposed instructional methods, the learning objectives for participants, and strategies for engaging audience members and facilitating interaction. Submissions must also specify the preferred length of the workshop session (i.e., 60, or 90 minutes). Those proposing workshop sessions will also need to submit a brief biosketch (150 words) for each presenter and a short (maximum 10 pages) *curriculum vitae*.

Selection Criteria



Including but not limited to:

- **Alignment of the submission with conference theme and emphases**
- **Clarity of purpose and goal(s) for proposed presentation**
- **Relevance / significance of the topic for practice, education/ preservice training, research, or policy**
- **Implications / actionable recommendations for behavioral health practice or policy**
- **Appropriate methodology / rigor (as relevant)**
- **Potential contribution to knowledge / applied work**
- **Evidence of interdisciplinary collaboration**
- **Overall quality of submission; effective communication regarding planned presentation**