



Society for the Study of Psychiatry and Culture

Call for Papers for
Charles Hughes Fellowship
and
John Spiegel Fellowship
for
SSPC Annual Meeting
Philadelphia, Pennsylvania
April 27-29, 2017

Paper Submission Deadline: **November 1, 2016**

[Click here for Submission Form](#)

Culture and Mental Health: Family Matters

The call for fellowship applications for the 2017 SSPC meeting is now open. The meeting will be held in Philadelphia, Pennsylvania from April 27-29. The theme of the meeting is **Culture and Mental Health: Family Matters**. The deadline for fellowship paper submission is **November 1, 2016**. Trainees in clinical and social sciences are invited to submit papers for consideration for the *Charles Hughes* and *John Spiegel Fellowships*. Fellowships cover meeting registration costs and a \$500 award for travel and other expenses.

The ***Charles Hughes Fellowship*** is an annual award presented to a graduate student who has an interest in and commitment to cultural psychiatry and mental health. Graduate students in anthropology, public health, psychology, and related disciplines are encouraged to apply.

The ***John Spiegel Fellowship*** is an annual award presented to a medical student, psychiatry resident, or fellow in subspecialty training in psychiatry who is dedicated to improving clinical care through culturally-informed practice.

Trainees in these fields who are interested in competing for these fellowships should submit the materials listed below by November 1, 2016.

Submission materials

1. **Submission form:** The online submission form includes the following information:
 - **Identifying information** (name, affiliation, contact information) of applicant.
 - **Title of paper**
 - **Abstract**, composed of three parts
 - 2 learning objectives
 - Narrative abstract, up to 300 words
 - 2 related references
2. **Unpublished scholarly paper:** An original unpublished scholarly paper on a topic related to *Culture and Mental Health: Family Matters*. Key conference themes for culture, mental health, and the family are listed below. Papers are limited to 8,000 words inclusive of abstract, references, and tables. The applicant must be the first author on the paper. Additional authors can be included. Affiliation and contact information should be included for any additional authors.
3. **Biosketch:** A 200-word biographical sketch describing your professional training and activities related to culture, mental health, and family-related issues.
4. **Statement of Professional Commitment:** A 250-word statement about your interests and potential commitment to the mission of the *Society for the Study of Psychiatry and Culture*, and your vision for contribution to the organization.
5. **CV:** Your curriculum vitae.

The recipients of the Charles Hughes and John Spiegel Fellowships will present their papers in a *plenary session at the annual meeting in Philadelphia* on April 27-29, 2017. Recipients of the fellowships have all registration fees waived. An honorarium of \$500 is provided to help defer travel, lodging, and related costs.

Submit all materials [here](#).

Conference Themes

We welcome Hughes and Spiegel applications in any clinical and research areas of cultural psychiatry. Preference will be given to submissions based on clinical activities and research addressing one of 11 themes highlighted for the 2017 Annual Meeting.

The theme of the annual meeting is *Culture and Mental Health: Family Matters*. We are particularly interested in submissions based on how culture and family interact, especially to help define and pattern mental health, mental illness, and health care access and utilization. We will address questions such as: How is culture reconstructed and transmitted in the medium of the family? How does focusing on the family as a “meso”-level structure between the “macro” level of society and the “micro” level of the individual help clarify help-seeking choices and treatment expectations? How does societal change such as mass migration, war, and poverty affect family and individual health? Do a cultural/ community framework and effective family inclusion in care enhance clinical outcomes and reduce health care disparities? We also welcome papers, symposia, workshops, and posters in other clinical, education, and research areas at the intersection of culture and mental health.

Conference Learning Objectives

After attending this meeting, participants will be able to:

1. Identify cultural variations in the definition, composition, and dynamics of families and how this variation affects the mental health of its members, their interpretations of mental illness, and the process of help-seeking.
2. Integrate family assessment into the practice of cultural psychiatry and global mental health, including the use of family-focused interview instruments.
3. Discuss the theory and practice of therapy approaches that emphasize both family and culture, such as a culturally aware family therapy, a trauma-focused family systems approach for individuals with PTSD, and/or family-based suicide prevention models for diverse cultural groups.
4. Describe how families from different cultural traditions adapt differently to major mental illness, changes in gender roles and/or in gender identity, and other complex behavioral and psychological processes in their members.
5. Discuss the effects of the current refugee crisis on immigrant and host families, and the family's process of adaptation over time.

Conference Priority Themes

1. **Families, culture, and resilience** – What does resilience look like within family systems and how can mental health care providers benefit from viewing resilience as a feature of both families and individuals? How do cultural differences in attachment impact family systems and mental health?

2. **Cultural discourse on “family”** – The concept of “Family” has been utilized in varied ways in diverse cultural settings, from a rallying point for conservative factions to preserve values and a way of life, to use by marginalized groups as a means of solidarity and support against social injustice. How does discourse over the meaning and use of “Family” in such struggles over power and abandonment impact mental health? How does it impact efforts to treat and relieve distress? How does it contribute to the misuse of power and furthering of mental distress or to the effort to obtain power and voice in order to diminish suffering?
3. **Trauma and family** – When trauma, violence, and abuse occur within the family or culture, what are the pathways to healing? What can we learn from trauma-informed family treatment?
4. **Family and help-seeking** – What is the role of the family in shaping help-seeking choices and utilization patterns, including facilitating or interfering with mental health care? How is stigma recreated or mitigated within families, and how does this affect health care?
5. **Family-centered care for refugees, asylum seekers, and immigrant communities** – Migration of communities is often characterized by disruption of family networks. Differential access to refugee status, unaccompanied immigration, and resettlement processes lead to reconfiguring of family relationships and can be a major source of distress. How do these processes contribute to mental health problems, and how can they be addressed in mental health services?
6. **Families caring for their chronically mentally ill (CMI) parent or child** – What can we learn from different cultures, from successful models of community care, and from unification programs with homeless CMI persons?
7. **Evolving concepts of family** – As cultural concepts of family change, what is the impact on the mental health of extended families and family members? Increasing awareness of LGBTQI and non-binary communities for mental health practitioners presents opportunities for mental health treatment and promotion. What do such shifts in cultural constructs related to gender and sexual orientation require of mental health providers?
8. **The family and suicide** – With rising suicide rates globally, how can understandings of the family, its response to cultural change, and family-based care contribute to the prevention of suicidal behavior? Given high risks of suicidal behavior among Latino, Native American, and immigrant adolescents, how can family-based programs prevent suicide? Moreover, with the highest rates of suicidal ideation in the United States occurring among adolescents who identify as bi-cultural and multi-cultural, how can concepts of culture be used to improve treatments for these at-risk youth?
9. **The role of family in the internet and new technologies culture** – How does the family become reconfigured and what are new resources and supports for families in the era of rapid changes in technology? How do intergenerational differences in technological literacy and use impact family relationships? How do parents and caregivers navigate supportive potentials of social media while reducing risk of cyberbullying, sexual exploitation, and other hazards?

10. **Training in family therapy and culture** – We are interested in workshop proposals focusing on teachable skills, including the administration of a Family Cultural Formulation Interview, individual vs. family or combined treatment, or how to run multiple-family group therapy.
11. **Family through the lifespan** – How can a family-focused lens advance research, education, and clinical care for children, adolescents, and the elderly?

Recommendations for Paper Submissions

Papers submitted for consideration will be peer reviewed. Papers are judged on the following criteria:

1. **Original contribution of the trainee** – The paper should represent activities conducted by the applicant. First-hand research or clinical activities are required. This may include conducting interviews, ethnographic research, intervention implementation, clinical work, or other related activities. Papers with only secondary data analysis (either quantitative or qualitative) are not eligible for the fellowships.
2. **Research or clinical question and contribution to the field** – The research or clinical question should be grounded in the literature on culture, mental health, and the family. The question should be novel and have implications for future research and practice. The results of this study should be interpreted in light of the history of culture and mental health research and clinical work. Other areas that will have a contribution to the field such as capacity building for beneficiary communities, providers in cross-cultural settings, and advocacy groups could also be reflected in this score.
3. **Ethical conduct** – All research projects should include details on IRB approval from the applicant's home institution as well as IRB approval from the country where research was conducted if the research was carried out outside the United States. Papers that do not have information on appropriate IRB approval will not be considered for review. For clinical cases, IRB approval is not required, but appropriate anonymization practices should be observed in documentation.
4. **Methods/analysis** – Projects demonstrating high levels of participation in design, implementation, and interpretation with the beneficiary community will be prioritized. Rigorous methods and analysis using best practices in qualitative or quantitative research in culture and mental health are recommended. For qualitative methods – what type of theory was used for coding and theory building (e.g., grounded theory, interpretative phenomenological analysis, content analysis, etc.); was the selection of participants appropriate for a qualitative study; for ethnographic studies, how was participant observation incorporated into the design, etc.? For quantitative studies – were culturally validated instruments used or was there a cultural validation as part of the study; was the sample representative with regard to recruitment and target population; were statistical analyses appropriate for this study design, etc.?

Instructions for Preparing Learning Objectives

Please make sure you use learning objectives, not teaching objectives. Teaching objectives state what you are trying to teach. Learning objectives are what you expect the attendee to know or be able to do after attending your presentation.

The objectives must use action verbs, which allow for the measurement of quantifiable outcomes. For example, *At the conclusion of this presentation learners will be able to:*

- (1) define what an action verb is and list three characteristics of it*
- (2) describe two reasons why educational objectives are important*
- (3) discuss the importance of action verbs in preparing measurable educational objectives.*

An excellent reference for this task is Robert Major's *Preparing Instructional Objectives*, 3rd. edition, available from Amazon.com if not at your local library.

All individual papers must contain two or three learning objectives.

Instructions for Preparing Narrative Abstract

Abstracts should be structured, and they should NOT exceed 300 words, excluding the objectives. Guidelines for preparing structured abstracts, though slightly more detailed than we require, can be found in the *Archives of General Psychiatry's* Instructions to Authors section on preparing structured abstracts.

Abstracts should include the following subsections: (1) Background, (2) Aims/Objectives, (3) Approach/Methods, (4) Results/Proposition, and (5) Conclusion/Implications.

Submit all materials [here](#).

<p>For questions, please contact Bonnie Kaiser, at bonnienicolekaiser@gmail.com, or Liz Kramer, Executive Director, at ekramer931@gmail.com or call her at (484) 416-3915.</p>
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