

2020 **JUNE**
5-6 AT THE
HALIFAX
CONVENTION
CENTRE

21st
Canadian Collaborative
Mental Health Care
Conference

ABSTRACT GUIDELINES



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**DALHOUSIE
UNIVERSITY**

FACULTY OF MEDICINE
Continuing Professional
Development

ABOUT THE CANADIAN COLLABORATIVE MENTAL HEALTH CARE CONFERENCE

The Canadian Collaborative Mental Health Care Conference aims to advance collaborative practice in mental health care in primary care and community settings. Our scope includes intra- and interprofessional collaboration, as well as collaboration with clients and caregivers. We value multiple forms of knowledge and 'evidence' including scientific knowledge, pragmatic knowledge of front-line healthcare providers and administrators, and experiential knowledge of people using mental health services, and throughout the conference, we seek to promote dialogue between these different perspectives.

This year our conference theme addresses "**Collaboration Cultivates Community**". Most close-knit communities become that way by sharing beliefs, values and most notably when they collaborate. Collaboration and conciliation enables greater access to resources and presents more opportunities for innovation and evolution of mental health care services. Our professional community requires the cohesiveness engendered by collaboration. As social isolation grows and technology advances, fostering community and identity within communities has become all the more relevant and necessary to our well-being and mental health. Cultivating community requires a **growth mindset**, which is necessary for successful collaboration, continual change, and adaptation. We invite you to submit an abstract and attend the conference to share your work, experience, and to connect with a diverse community who share a common interest in health services innovation to improve mental health.

CONFERENCE GOAL & LEARNING OBJECTIVES

Enhance knowledge about collaborative practice in mental health, and in particular:

- Illustrate the value of meaningful engagement of people with lived experience in the design, evaluation and improvement of care services, and in the development of collaborative practice
- Exchange knowledge related to collaborative practice in mental health to support replication and successful implementation of innovative and impactful programs ('evidence-based practice')
- Promote the participatory generation of new knowledge by engaging clinician-innovators, service users and others to evaluate and improve programs in practice ('practice-based evidence' and quality improvement)
- Facilitate dialogue between the various stakeholders who have a key role to play in advancing integrated and collaborative mental health care, including clinicians, service users and caregivers, policymakers and researchers

IMPORTANT DATES

Call for Abstracts Closes: January 5, 2020 | 11:59 p.m. (AST)

Notification of Acceptance: mid February, 2020

FOR FURTHER INFORMATION

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PROPOSALS SHOULD INCLUDE

- Title of the presentation (30 words maximum)
- Presenter name(s)
- Degree(s), professional designation(s), organization(s), if any
- Three learning objective(s) – [view a guide to creating learning objectives](#)
- Two literature references (as applicable)
- Description of presentation/abstract (max 250 words)

An individual/group may submit more than one proposal. Submissions from consumers and family members are particularly encouraged and bursaries are available for lived experience presenters. Accepted proposals must be presented in the language in which they were submitted (English or French).

Note ~ all accepted presenters will be required to pay to register for the conference. Early bird rates are guaranteed for accepted authors. Also all presenters must register for at least the day of their presentation.

PRESENTATION FORMATS

Contributors to the conference are invited to submit proposals for consideration by the Scientific Committee in one of the following formats:

- A **paper presentation** (20 minute presentation plus 10 minutes for questions) will address innovative programming, completed research that has been demonstrated through evaluation to have an impact on clinical practice, system design or policy development related to collaborative mental health.
- A “**works in progress**” (WIPs) paper presentation (20 minute presentation plus 15 minutes for coaching plus 10 minutes for questions and comments from the audience) is a relatively new format at the conference, introduced with the understanding that many attendees are innovators who desire (or are expected to) evaluate an innovation, but yet struggle with how to do that effectively. The aim of the WIPs format is to provide presenters and audience members guidance on designing and implementing an evaluation that can contribute to generalizable knowledge and/or to local improvement or sustainment. The presenter will describe the setting, innovation, objectives of the evaluation, and — if known — the proposed methods and measures to be used in the evaluation, followed by questions or areas that they would like help with. Invited Coaches will then provide feedback and answers, while also providing additional educational points about program evaluation, research and/or quality improvement. This is a unique opportunity to obtain assistance and feedback from an invited expert and diverse audience participants in a supportive milieu. In addition to learning objectives for the audience, **the presenter will need to identify learning objectives for themselves at the time of abstract submission.** Presenters who are selected for this format will be contacted in advance of the conference with a few specific questions that will enable coaches to prepare.
- A **poster presentation** will address programming or research underway related to the conference theme. Poster presentations facilitate face-to-face contact with attendees to increase the opportunity for discussion and professional networking.
- An **interactive workshop** (60–90 minutes) provides participants with the opportunity to reflect on and apply the material presented while achieving specific learning objectives. At least half the time should be devoted to active ‘hands-on’ learning. **These interactive elements and the time devoted to them must be described in the submission.**

- An **innovative presentation** (20–90 minutes) is one in which the presenter(s) utilize(s) one or a variety of media or formats to address key learning objectives relevant to the conference theme, for example, a film and commentary, interpretive dance, storytelling, performing music, performing a play, etc.
- A **symposium** (60–90 minutes combined) will include 3 or 4 papers and/or presentations on a common theme. All papers and presenters for the symposium must be listed at the time of abstract submission.

CRITERIA FOR ACCEPTANCE

All proposals will be evaluated according to the following criteria:

- Advances interprofessional collaboration in mental health in primary care and/or community settings
- Clarity and impact of the learning objectives
- Originality
- Rigour (grounding in literature and/or evidence of impact)
- Potential for the idea/innovation to be sustained and spread
- Consistency with the theme of cultivating community and the learning objectives of the conference (see previous page)
- Fit within one or more of the identified main conference tracks (note you will be asked in the submission to explain how you feel that your abstract fits into the track(s) you choose):
 - Engaging **patients, service users and careers in research and quality improvement**— this sub-theme demonstrates how meaningful engagement of people with lived experience in the design, evaluation and improvement of care services can advance the practice of collaborative mental health care.
 - Innovating in **policy, management, and models of care**— this sub-theme showcases and discusses local, regional, provincial, national and international policy and practice innovations that address systemic barriers to collaborative practice across disciplines, cultures and communities.
 - Overcoming isolation in **rural and remote mental health**— this sub-theme presents strategies, solutions and initiatives that target mental health of people living in rural and remote communities, as well as reducing isolation and increasing support for mental health and primary care providers in rural and remote communities.
 - Tailoring care to unique and **disadvantaged populations**— this sub-theme highlights initiatives addressing health inequities, recognizing the unique challenges certain populations face including First Nations, Metis and Inuit peoples, newcomers and refugees, youth, elderly, LGBTQ-identified people, people experiencing addictions, developmental disability, trauma, and other complex conditions.
 - Conducting rigorous **quality improvement and evaluation**— this sub-theme illustrates the use of quality improvement methods, program evaluation, and robust patient and family engagement, to continually improve, sustain, and spread effective collaborative care programs; this can include both completed projects and “works in progress”.