

Call for Abstracts

**DEADLINE
MARCH 18TH
2019**

In addition to invited keynote presentations and focused communications the 12th Congress of the European Association for Mental Health in Intellectual Disability will offer researchers, scholars, professionals and others from the field a number of formats for presenting and discussing their recent work. Formats will include solicited and co-productive symposia, individual presentations and round-table discussions as well as poster presentations.

FORMATS FOR CONTRIBUTIONS

1. Solicited symposia

A solicited symposium typically relates to the overall theme of the congress (Working Together: the mental health and wellbeing of people with intellectual disabilities and their families in their communities) and is developed by a group of three to four colleagues who present and debate their work related to an overall theme. These symposia would typically be research driven or on a significant theme for which there is practice-based evidence. The group identifies a leader for their symposium, who will be responsible for the group's contact and exchange with the congress organisers. The group leader puts forward the overall theme of the solicited symposium as well as the abstracts of each individual contribution. A solicited symposium has an overall duration of 60 minutes, which would allow – depending on the number of presenters - between 15 to 20 minutes for each presentation, including discussion time. The sessions will usually be chaired by a non-presenting colleague. identified by the Congress scientific committee.

2. Co-productive symposia

A co-productive symposium will be based around an overall theme related to that of the Congress and is typically generated by a group up to five stakeholders. The emphasis of the presentation should be based on the principles of co-production i.e. recognition of service users and other stakeholders as being **assets** in developing and delivering approaches based on people's capacities rather than deficiencies. Working in **mutual** partnerships and **networks** in which there is a **sharing of roles** and in which professional acts as **catalysts** for change.

Examples might include:

- Improving the recognition of mental health problems and access to mental health care
- Addressing the social determinants of mental and physical health
- Workforce training and development related to mental health
- Fostering resilience and empowering individuals and families

and with contributions from, for example:

- People with intellectual disabilities
- Family carers
- Service providers / professionals
- Policy makers
- Scientists

The group identifies a leader who will be responsible for the contact and exchange of information with the congress organisers. The group leader puts forward the overall theme of the co-productive symposium with an abstract covering the aims of the session as well as the participants and their background. A co-productive symposium has an overall duration of 60 minutes, the format is for the submitting leader to propose. These sessions will be moderated by a colleague proposed by the group leader in discussion with the congress scientific committee. The moderator will briefly introduce the topic and the participants of such a co-productive symposium.



3. Individual presentations within free symposia

Individual presentations typically refer to research (e.g. basic and applied as well as used-inspired research) offered by single researchers or research groups. The congress organisers will arrange contributions with related and similar topics. The sessions will usually be chaired by a non-presenting colleague.

4. Round-table discussions

Round table discussions may cover a topic where there may be varied and uncertain opinions often based on missing and/or inconsistent evidence. The round-table leader selects a theme and a limited number of debating experts who will briefly present their differing positions and debate these with their opponents / co-presenters. The roundtable leader acts as moderator and in the final round opens the floor to the audience for questions and contributions. The roundtable leader puts forward an abstract with the overall theme (e.g. "Ageing with ID – A privilege or a burden?") and summarising the main positions and arguments, as well as the names and the backgrounds of the debaters. There will be one roundtable discussion per congress day and limited on each occasion to 45 minutes.

5. Posters

These depict individual researchers' ongoing and recent work with posters being presented in electronic format. The posters will be running in flat panel TV's under a navigation software.

These sessions will be organised thematically. Poster authors will be available during the poster sessions to exchange on an individual level with the congress delegates interested in their work.

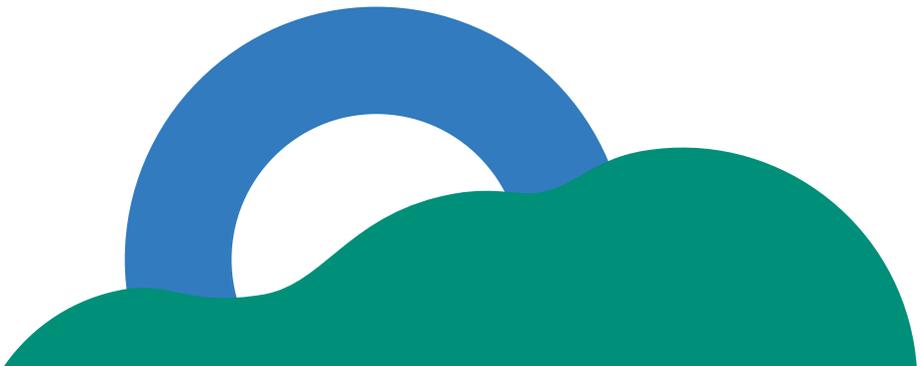


ABSTRACTS

Abstracts are submitted in English through the congress' homepage. Contributors first select one of the five formats and thereupon are offered a form with the respective instructions and structure. Abstracts for scientific contributions follow a structure typical for this kind of congress, whereas abstract structure for co-productive symposia and for roundtable discussions are designed according to the nature of these formats.

The deadline for abstracts will be **March 4th 2019**

All abstracts will be peer-reviewed and the acceptance feedback will be given by **March 18th 2019**





GUIDELINES

Instructions to authors

Carefully read the guidelines below before submitting your abstract. Acknowledgement of the receipt of your submission will also be sent to the corresponding author's e-mail address immediately upon submission. If you do not receive the confirmation e-mail, please do not submit the abstract again, instead please contact the Abstract team at info@eamhidcongress.eu for advice.

Submission guidelines

- Abstracts can only be submitted electronically through the Congress website.
- You are allowed to be the presenting author of more than one abstract.
- You are allowed to be a co-author of more than one abstract.
- Submission of similar abstracts from the same group is discouraged.

Personal page

When entering the abstract submission system for the first time, you will be asked to create a profile. Through your account you will be able to access your personal page to submit one or several abstracts.

Abstract language and length

Abstracts must be written in English (or Spanish). The maximum length allowed for an abstract is 2500 characters (approximately 350 words) including blank spaces. The abstract title, the author(s) or names of institutions are not included in the count of 2500 characters.

Abstract structure and content

In order to make the abstract as informative as possible, please include a brief statement of the purpose of the study and/or the underlying hypotheses, the method used, the results observed, and the conclusions based upon the results. It is inadequate to state "The results will be discussed" or "The data will be presented". You may subtitle the paragraphs in the following order: Introduction, Objectives, Results, and Conclusion. The abstract title and body text should only include pharmacopoeia names printed in lower case. Trade names are not allowed. Non-proprietary (generic) names of drugs, written in lower case, are required the first time a drug is mentioned in the text. References, credits or the authors' academic degrees or grant support are not to be included in the abstract. Standard abbreviations may be employed in the text. Place special or unusual abbreviations in parentheses after the full wording at the first time it appears in the body of the text. Company names are not allowed in the title but can be named in the authors' affiliation.

Notification of acceptance

Notifications of acceptance or rejection of the abstracts from the regular submission is by the **March 18th 2019**. The corresponding author receives all correspondence concerning the abstract and is responsible for informing all co-authors of the status of the abstract.

Registration

The presenting author of an abstract must register for the Congress by **March 18th 2019**.

Failure to do so will result in exclusion from the final scientific program.

SUGGESTED TOPICS

Ageing

Dementia
Lifespan
Physical health
Care and support
Isolation and inclusion

Autism

Assessment
Interventions
Family and social support
Mental health
Behaviour issues
Health inequalities

Inclusion, society and community

Community
Accessibility
Coproduction
Deinstitutionalisation
Inclusive community living
Integrated Care
Participation
Policy
Practice
Social inclusion
Social networking
Sport & Exercise

Children and young people

Specific learning disorders
Early intervention
Family support
Education support and integration
Developmental issues
Adolescence

Neuro-biological

Behavioural Phenotype
Genetics
Neural sciences
Neurodevelopmental disorders

Mental health assessment / treatment

Addiction
Dual Diagnosis
Mental Health Promotion
Prevention
Psychiatric disorders
Psychopathology
Psychopharmacology
Suicide



Physical health / health inequalities

Epilepsy
Health and wellbeing
Health inequalities
Prevention
Sport & Exercise

Diagnosis and assessment

Adaptive Skills
Borderline Intellectual
Functioning
Classification
Cognition
Diagnosis

Development and developmental disorders

Developmental Disorders
Assessment
Models of social and emotional development

Behaviour disorders

Behavioural therapies
Challenging Behaviour
Problem behaviours

Psychological assessment and therapies

Attachment
Body-mind connection
Gender-related issues
Life Events
Psychopathology
Psychotherapies
Psychological therapies and interventions

Families

Family wellbeing
Support for families
Family functioning
Families and professional working together

Ethics / Human rights

Ethics & Human Rights
Philosophy and Humanities
Human rights in institutions

Models of care and support

Multiprofessional approach
Networking
Person-centred approach
Policy
Practice
Rehabilitation
Staff skills and support
Technologies

Quality of life

Determinants of QoL
Assessment of QoL
Family QoL

Education, occupation and training

Education – inclusive and special education
Employment and psychological health - wellbeing
Supported employment

Legal issues

Forensic issues
Legal capacity
Community support for offenders
Risk assessments
Legal frameworks for mental health and decision making capacity

Social and environmental issues

Anthropology
History of intellectual disability

Relationships

Social relationships
Sexuality
Social inclusion

Wellbeing

Determinants of individual and family wellbeing
Life Events
Spirituality
Sport & Exercise

Empowerment and independence

Advocacy
Autonomy
Empowerment
Resilience
Self determination

Vulnerability and safeguarding

Abuse
Resilience
Service responsibilities and responses

Research and epidemiology

Epidemiology
Outcome measures
Future research priorities
Engaging people with intellectual disabilities and families in research
Current research issues