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**BUILDING MENTAL HEALTH**  
**RESILIENCE ACROSS THE LIFESPAN**

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## PLENARIES AND SPECIAL LECTURES

### PLENARY 1

# World Mental Health: Its Importance and Relevance to the Pacific Rim

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### ABSTRACT

Twenty years after WHO published its landmark World Health Report: Mental Health (2001), WHO launched the World Mental Health (WMH) Report 2022 to advocate for a transformation in mental health care based on the latest research evidence available, while showcasing examples of best practices from various countries and highlighting the lived experiences of people with mental health problems. The Pacific Rim College of Psychiatrists is an Association of psychiatrists from countries bordering the Pacific which is home to one of the most diverse regions globally in terms of cultures, ethnicities, geography, and economic development. Such characteristics present both challenges and opportunities for the regional countries for the development and provision of accessible, effective, and affordable mental health care. In this region, mental health conditions currently remain widespread and undertreated, and services to address them are inadequately resourced. The WMH Report calls on all stakeholders globally to work together to increase the value and commitment to mental health, improve the determinants that impact on mental health, and strengthen the existing mental health systems. Decision-makers and stakeholders in both health and mental health sectors are urged to implement mental health reform, increase investments, and facilitate multi-lateral and multi-sectoral collaborations to ensure better mental health, social wellbeing, workplace productivity, and sustainable growth for the Pacific Rim region. This call is also echoed by the regional framework for the future of mental health in the Western Pacific 2023–2030.

**Keywords:** Mental health; challenges; reformation

## PLENARY 2

# The Best Ways to Prevent Depression in Women, Men, and Young People

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## ABSTRACT

The world is failing to tackle the global crisis of depression, a leading cause of avoidable suffering and premature death. Poor understanding of this condition and lack of psychosocial and financial resources are holding back prevention as well as diagnosis and treatment and the impact on the economic prosperity of nations. Despite effective strategies for prevention, treatment and care, not enough is done to avoid and alleviate the suffering and disadvantages linked with depression, and few governments acknowledge the brake that depression places on social and economic development. The recently published report of The Lancet – World Psychiatric Association Commission on depression calls on governments, health care providers, researchers, people living with depression, and their families to work together. Making depression a priority means taking a public health approach to its prevention and treatment and to recovery from it. The Commission calls for a whole of society approach to prevention for men and women across the life course and across settings and ecological levels to achieve benefits similar to those in other health fields. In addition, early intervention and sustained care for those with ill-health, using a personalised staged care approach provided through collaborative care, allow its integration with health and social care appropriate to each setting. The report advocates for a cutting-edge science agenda while also presenting robust evidence on what can be done now to prevent and treat depression. It calls for united action to integrate these interventions with wider health and social systems even in scarce resource contexts.

**Keywords:** Prevention; Depression; Public health; Scarce resource settings; Partnerships

PLENARY 10

## Mental Health in the City

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### ABSTRACT

By 2050, it is estimated that 66% of the world's population will live in cities. The economic health of cities depends on the mental health of the people living in the cities. Parks, gardens and forests provide not just beauty to cities but also spaces for recreation, social gathering and exercise. This lecture will discuss a study on the Therapeutic Garden to improve the mental and physical health of seniors. The study was assessed by the Institutional Review Board, and informed consent was obtained from all participants. The study on the Therapeutic Garden is a randomised controlled trial (RCT) in the NUS Mind Science Centre dementia prevention program. There were 70 seniors in the study, and the assessment included neuropsychological tests and biological markers like cytokines. The program involved a weekly horticultural therapy session with visits to various parks in Singapore. After 3 months, we found that seniors in the horticultural therapy group did better than the control group in the life satisfaction scale, memory and psychological well-being. There was also improvement in social relationships and connectedness. In assessing the biomarkers, we found a significant reduction of the pro-inflammatory protein, cytokine interleukin-6, in the horticultural therapy group compared with control (Sia A, et al. Nature Research Scientific Report 2020). **Conclusion:** Therapeutic horticultural activities can improve physical and mental health. With the growth of cities worldwide, investment in the green environment is vital for planetary health.

**Keywords:** Therapeutic garden; city; mental health; green environment; horticultural therapy

PLENARY 15

# Morbidity, Stigma and Associated Factors of Mood Disturbances among Patient with Cancer: Its Impact on Seeking Help

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## ABSTRACT

Stigma often comes from a lack of understanding and fear about something that most of us feel not good or normal. Common stigmatised victims are people with mental illness, infectious diseases, drug abuse, racism, gender identity, etc. It often contributes to poor physical and mental health outcomes not only of the victims but also for their families or caregivers. Despite the advances of medical sciences, stigmatisation is, however, not uncommonly seen in present societies as it was in the early ages. Among the odds, cancer is one of the highly stigmatised illnesses as it could affect the intention and help-seeking behaviours of the patient, consequently leading to delayed diagnosis and treatment. We studied 2 cohorts of cancer patients (head & neck, and lung) to examine such impact and its relationship with psychiatric comorbidity, using structured interviews and validated schedules of shame and stigma. Most of the patients had low socio-economic conditions, a high prevalence of substance use (tobacco, alcohol, betel nuts), and high comorbidity with mood disorders of depression and anxiety. Many attributed their cancer to destiny and karma and inferred that their suffering was because of bad Karma, which further led to negative emotional responses and behaviours, as well as self-stigma. Patients with head and neck cancer experienced different changes in anxiety and depression in the first 6 months of treatment and a higher level of shame, stigma and self-discrimination than those with lung cancer due to changes in physical functions, particularly speech and oral intake. Negative relationships were found between quality of life and mood disturbances, and poor outcome was generally seen in those who had self-stigmatized, which impacted their help-seeking behaviour and treatment.

**Keywords:** stigma; cancer patients

## SPECIAL LECTURE 1

# Women's Mental Health in the 21st Century

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### ABSTRACT

Women's mental health is connected closely with their social and family lives. For those living in poverty, subject to violence, or displaced by conflict and natural disasters, this is clearly evident. Poor mental health continues to cause widespread distress and impairment, a situation exacerbated by the COVID-19 pandemic. The mental health needs of women and girls need to be addressed by policymakers and service planners worldwide. Meeting these needs requires a coordinated community development and health response with close attention to providing person-centred care across a range of healthcare and community settings. Psychiatrists and other mental health specialists have active roles in strengthening community capacity to respond to the needs in various ways: through engaging primary health workers and communities in mental health work; through their direct clinical actions; and through their roles in public mental health and advocacy.

**Keywords:** Women's mental health care; gender-sensitive care; perinatal care; community development; public mental health

## SPECIAL LECTURE 2

# Psychological Disorders in Old Age

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### ABSTRACT

The data is from our 5-year study on dementia prevention in Singapore using non-drug interventions. This is a cohort study of seniors, 60 years or more, living near Jurong Point Mall. Our nurses surveyed 50 blocks of public housing flats around Jurong Point Mall and invited seniors 60 years of more to our research base called Training and Research Academy (TaRA) in Jurong Point Mall. We planned for 1000 seniors but only 644 participated. Assessment included physical, mental and social health. Biological markers included full blood count, renal and liver function tests, thyroid hormone, vitamin B6 and 12, immunological studies, and MRI brain scan. The non-drug interventions are health education, tai-chi exercise, mindfulness practice and art, music and horticultural activities. For those with mild cognitive disorder, we conducted 4 randomised controlled trials (RCT) comparing health education and mindfulness practice, art, music and horticultural activities. We had a fortnightly consensus meeting by 3 psychiatrists and the diagnosis is based on DSM 5. The 644 seniors were assessed by nurses, psychologists, and psychiatrists. The prevalence of psychological disorders in the beginning of the study was depression 7.3% and dementia 1.9%. In the RCTs, we found that cognitive functions improved marginally in mindfulness practice and art activity compared with health education. Social connectedness improved most in the music-reminiscence and choral singing group. After 5 years, the prevalence of depression was 4.5%, anxiety 0.9% and dementia 2.9%. It is possible to prevent psychological disorders in old age using non-drug interventions, but it is not possible to prevent all psychological disorders.

**Keywords:** Prevention; depression; dementia; anxiety; community

SPECIAL LECTURE 3

# Introduction to the National Association of Practising Psychiatrists (NAPP) Guide to the Management of Gender Dysphoria in Young Persons

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## ABSTRACT

The treatment of gender dysphoria in children and adolescents is a highly controversial topic within the medical community. Gender dysphoria is a condition where an individual experiences significant distress due to a mismatch between their gender identity and their biological and assigned sex at birth. There are two primary approaches to treating gender dysphoria in children and adolescents. One approach is an affirmation model, which involves supporting the child's gender identity and offering rapid gender transition with the use of puberty blockers and cross-sex hormones. Another approach is a more cautious model that emphasizes psychological counselling and exploration of gender identity before making any decisions about medical intervention. Proponents of the affirmation model argue that allowing children and adolescents to transition early can improve their mental health and reduce the risk of suicide. They argue that gender dysphoria is a serious condition that requires prompt treatment to alleviate distress and prevent long-term harm. Proponents of the more cautious approach argue that affirmation and rapid transitioning may miss addressing underlying conditions and can lead to irreversible physical changes and may not be appropriate for all children and adolescents. Some studies suggest that the use of puberty blockers and cross-sex hormones can have long-term effects on bone density, fertility, sexual function and cognitive and emotional development. Additionally, these critics argue that children and adolescents may not have the maturity or cognitive ability to fully understand the long-term consequences of their decisions. The proponents of a more cautious approach argue that psychological counselling and exploration of gender identity can help children and adolescents better understand their feelings and make more informed decisions about medical intervention. They argue that this approach allows for a more individualized and nuanced approach to treatment that considers the unique needs and circumstances of each patient. The NAPP Guide offers a respectful, compassionate, cautious, evidence-based and practical approach to caring for children and adolescents with gender dysphoria. While the best approach to treating gender dysphoria in children and adolescents remains a subject of debate and controversy within the medical community, the NAPP Guide provides a clear pathway for a thorough evaluation of each patient's individual circumstances, considering their age, maturity, and other medical and psychological factors and family circumstances in order to deliver treatment that is both safe and effective.

**Keywords:** Gender identity; gender dysphoria; treatment controversy; cautious

## **SYMPOSIUM 1**

# **Unique Challenges in the Implementation of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) in Persons with Serious Mental Illness – A Discussion Regarding Substitute Decision Making in Two Pacific Rim countries**

S1-01

# Contention of Two Perspectives About Substitute Decision Maker (SDM) - SDM versus Clients Working with SDM

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## ABSTRACT

The United Nations' Convention on the Rights of Persons with Disabilities (CRPD) is a major achievement in promoting the rights of those with disabilities. Launched in 2008, there are 164 signatories and 186 parties as of 2023, including most countries in the Pacific Rim (e.g., Canada, Japan, but not the USA). For people with serious mental illness (SMI), implementation of the CRPD has been more controversial, as Article 12 of the CRPD promotes a rights-based approach in treatment decision-making, and the Committee overseeing the implementation of the CRPD and other advocacy groups have mandated the abolishment of current capacity-based practices. Symposium presentation and discussion on a specific example of the CRPD proposed replacement of the substitute decision-maker (SDM) model for a person who is found incapable of treatment decision, with supported decision making. Using two Pacific Rim perspectives, we will 1) introduce the concept and controversy related to the CRPD, provide data on two Canadian perspectives (family and patient) on SDM; 2) overview the current Canadian Mental Health Act in terms of level of compatibility with the CRPD; 3) review the current state of SDM practices in Japan and challenges to meet the CRPD mandate; and 4) contrast current practices in medical decision making in children and youth in Canada and Japan in the context of CRPD. While the principles of the CRPD are inspirational, there are active concerns that people with SMI often may not have the insight and judgement to make the best treatment decisions even with supported decision-making, often rejecting timely and necessary treatment, placing them in a further vulnerable state if without treatment. We aim to increase awareness and familiarity of the CRPD and discuss with the diverse attendants to generate possible ideas that may reconcile and bridge the described controversies.

**Keywords:** Convention on the Rights of Persons with Disabilities (CRPD); Rights-based, Capacity-based; Substitute Decision Making; Supported decision-making

S1-02

## Canadian Mental Health Acts: Rationales, Practices and Pitfalls

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### ABSTRACT

The author will present the current mental health legislation in British Columbia as a provincial example of the Canadian approach to involuntary mental health treatment. The Canadian mental health legislation are largely based on the rights and protections enshrined in the Canadian Charter of Rights and Freedoms. As such, multiple safeguards are in place for involuntary measures to detain patients with severe mental illness. The Canadian approach is consistent with the proposed language in the UN Convention on the Rights of Persons with Disabilities. Under the current Canadian law, a mental health patient can be involuntarily detained if there is imminent danger to self or others, or if there is a risk of significant physical or mental health deterioration. To safeguard against arbitrary detention, the patient is entitled to review board challenges. Transparency and the right to challenge involuntary admission are integral to mental health acts. The provision of care, including decision-making, is individually based, although, in those who lack capacity, decisions can be made by a qualified psychiatrist. The Canadian system tends to create a system of adversarial confrontation between the patient and the physician. The threshold for involuntary admission is high and tends to focus on crisis intervention. Significant gaps exist in the care of those with persistent mental illness whose conditions do not meet the criteria for involuntary admission. There are also limited legislative means to involve the family in mental health care delivery. The Canadian approach highlights the protections and the pitfalls in a legalistic and often adversarial approach to mental health treatment.

**Keywords:** Canada; Mental Health Legislation; involuntary treatment; UNCRPD

S1-03

## Current Practices in Japan - Under the Mental Health and Welfare Act

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### ABSTRACT

The author will first present the current state of psychiatric practices in Japan under the Mental Health and Welfare Act, then focus on the impact of the UNCRPD on them. In Japan, institutionalisation remains prevalent, with the most psychiatric beds per capita and the longest average hospital stay worldwide. There is also a shortage of community-based services. The lack of transparency and disparity between general medicine and psychiatry are structural. Under the current law, there are two ways of involuntary hospitalisation: order by Prefectural Governor (sochi) for imminent danger to self or others, and hospitalisation for Medical Care and Protection (iryu-hogo) that requires consent by one next-of-kin or guardian. In the latter case, the provision of care, including decision-making, relies heavily on the family system, although a qualified psychiatrist makes the decision. The Civil Code still obliges next-of-kin to give support. In 2014, Japan ratified the UN Convention on the Rights of Persons with Disabilities. Legal developments have been in progress, such as the Basic Act for Persons with Disabilities, the Act on Comprehensive Support for Daily and Social Life, and the Act on Eliminating Discrimination. Recent patient abuse scandals in psychiatric hospitals have also raised the general awareness that a lack of transparency can allow these institutions to neglect human rights. However, most psychiatrists remain indifferent or sceptical about the UNCRPD because they still cannot imagine treating acute and severe mental illness without involuntary hospitalisation or coercive treatment. Lastly, the author will discuss the ongoing agendas, including law amendments, integration into the community-based care system, and research on adequate inpatient treatment in psychiatry.

**Keywords:** Japan, Structural disparity, Family system, Involuntary treatment, UNCRPD

S1-04

# The United Nations' Convention on the Rights of Persons with Disabilities (UNCRPD) and Convention on the Rights of the Child (UNCRC): Healthcare Decision-Making and Deinstitutionalization in Children

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## ABSTRACT

Children's participation in healthcare decision-making occurs within intricate ethical, legal, cultural, and social contexts. The United Nations' Convention on the Rights of the Child (CRC) and the Convention on the Rights of Persons with Disabilities (CRPD) advocate for children's autonomy and decision-making. On one hand, in many countries, including Canada and Japan, promoting a child's autonomy often hinges on the concept of the child's capacity. On the other hand, the CRPD introduced a social model approach to comprehending disability. This presentation reviews the current practising frameworks for children's healthcare decision-making in Canada and Japan, discussing the role of capacity in supporting the child's autonomy. Additionally, it compares the current status of the deinstitutionalisation of children in both countries and discusses the implication of the social model approach introduced in CRPD. Within the current medical and legal frameworks, capacity's role does not seem dismissible in promoting the child's participation in healthcare decision-making. While some argue that placing the child in an institution or residential care may be justified in limited circumstances to safeguard their best interests, others express concern that these exceptions could lead to prolonged institutionalisation of children with disabilities. **Conclusion:** Further deliberation concerning the interpretation and implementation of the CRPD and its relationship with the CRC is imperative.

**Keywords:** Convention on the Rights of the Child (CRC); Rights of Persons with Disabilities

## **SYMPOSIUM 2**

# **The MENTARI IT System: A Clinician-led Experiment in Digital Mental Health for Community-based Psychiatric Services**

S2-01

## THE MENTARI PROGRAM: Groundwork and Governance

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### ABSTRACT

When the Mental Health Act and Regulation were enforced in June 2011, there was curious anticipation on how the main custodian of the Act – the Psychiatric Services, Ministry of Health Malaysia (MOH) - would be able to translate the provisions for Community Mental Health Centres (CMHC). The MOH provided one-off funding, launching the first CMHC, the 'Mentari', in November 2011 in Putrajaya, insisting on a more transparent service design before investing in nationwide deployment. In response, the project team led by Hospital Selayang began consensus building with different stakeholders using these inputs to draft an implementation guideline. Instead of introducing blueprints to replace existing services, they proposed an extended scope for psychiatric departments. The main service thrusts are supported employment, community psychiatry, early intervention, and collaborations. The initial phase took off engaging a small group of motivated, handpicked professionals. Each MENTARI was only given broad principles and started redistributing existing resources and staff. The tactical step was placing MENTARIs in community-based locations while interfacing closely with its parent department. With these in place, the Medical Development Division MOH continuously provided annual funding nationwide, starting with twelve MENTARIs in 2014 and expanding to thirty-three in 2023. Data management for MENTARI faced many challenges due to increasing numbers, unconventional treatment approaches and diverse locations. An innovation that arose from this is the creation of the MENTARI IT System (MITS), with its own application, portal, and built-in module for the "Self-harm Hospital-based Accurate Reporting Project" (SHHARP). In contrast to the conventional top-down inception of government IT projects, MITS worked its way up from the ground. The presentation will describe the complexities of this clinician-led effort. Apart from clinical work, psychiatrists also use know-how in service design, policy analysis and digitalisation to upgrade services.

**Keywords:** MENTARI; service design; supported employment; IT system; SHHARP

S2-02

# The MENTARI IT System: The Framework and Function that Bridge Community Psychiatry Service to the People

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## ABSTRACT

The MENTARI program deployed nationwide in 2014 and has increased. It uses community-based approaches to ensure continuity of treatment and reintegration of people with serious illness. MENTARI IT system 2.0 (MITS2) is designed as a platform facilitating communication, awareness, and accessibility to mental health services. The initial attempt to centralise psychiatric data collection began in 2016 using a commercial application system (MITS1) for patient assessment and data reporting. It was costly and not easily accessible. The rapid expansion of MENTARI requires more funding to maintain the system. This project aimed to reduce the maintenance cost for the system while making it accessible. MITS2 is an application consisting of two components: the Portal, which is open to the public for mental health education, self-referral, and appointment requests. The application design framework consists of business requirement specification (BRS) and specification (SRS) that includes system setting, patient management, appointment management, assessment (test) intervention, supported employment, and report management, implemented to track patient outcomes, treatment effectiveness customised according to the practitioner's preferences and workflows stated in MENTARI MOH guidelines. An innovative component is the Volunteer-Outreach-Networking (VON) module, which allows the public to collaborate with mental health professionals in programs to achieve work-oriented recovery. The system has operated since 31 January 2023; it is accessible via web and mobile devices. It is user-friendly, and patients can self-refer to the nearest MENTARI via the website. For the past six months, 88 applications were received for the Volunteer program. The development of MITS2 reduced the cost of purchasing the commercial application system. It was more accessible to the public, enhancing the mental health service delivery and strengthening the current community psychiatric outreach program through multi-agency collaboration. The current challenges are ensuring the program's sustainability (resources: funding, assets and manpower).

**Keywords:** MENTARI; IT-System; Digital Mental Health; Community Psychiatry Service; Community Mental Health Centre

S2-03

## SHHARP@MITS: A Surveillance System for Self-harm in Malaysia

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### ABSTRACT

Annually, more than 700,000 individuals die by suicide, and it is estimated that for each suicide, 20 others engage in self-harm behaviours. Previous self-harm is a significant risk factor for suicide. The World Health Organisation (WHO) emphasises the importance of timely registration and regular monitoring of suicide and self-harm as the core foundation of suicide prevention. In response to the WHO's recommendation, the Psychiatric Services of the Malaysian Ministry of Health (MOH) initiated the Self-Harm Hospital-Based Accurate Reporting Project (SHHARP). Its primary objective is establishing a reliable surveillance system for self-harm cases presented at Malaysian government hospitals. A dedicated committee was assembled in 2020 to coordinate, execute, and maintain the surveillance system. In 2022, a pilot phase of self-harm data collection was launched across eight major government hospitals in Selangor state. By 2022, SHHARP had documented 1223 self-harm cases in Selangor government hospitals. The patients were primarily aged 15-44 (88.1%), females (75.0%), Malay (61%), single (72%), with at least secondary education (88%), and engaged in work or study (78%). The prevalent self-harm methods included drug overdose or self-poisoning (64.9%) and self-cutting (32.1%). The post-discharge diagnoses mainly comprised depressive disorders (52.9%), stress-related disorders (15.2%) and personality disorders (7.6%). Compared to the existing hospital information system (HIS), SHHARP demonstrates superiority in identifying self-harm cases and accurately documenting diagnoses. The ongoing effort to digitise SHHARP into an electronic database, e-SHHARP, was initiated in 2020. This database is integrated into the Mentari IT System (MITS) and is currently in Selangor's debugging and test-run phase. The future vision of SHHARP involves collecting self-harm data from all 65 MOH hospitals nationwide, offering invaluable insights to healthcare professionals, researchers, and policymakers for the strategic planning of effective preventive and intervention strategies.

**Keywords:** Suicide; Self-Harm; Surveillance; Prevention; SHHARP project

## **SYMPOSIUM 3**

# **Addressing Co-morbidities in Community Mental Health Patients**

S3-01

## Two-year Cohort-up Study of Clozapine Prescription in Chinese Patients With Schizophrenia Treated in Rural Primary Care

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### ABSTRACT

Few studies have examined clozapine in cohort studies of Chinese patients with schizophrenia in rural primary care. The objective of this two-year cohort study was to describe the usage of clozapine and investigate and identify the demographic, clinical correlations and risk variables which affect the use of clozapine in patients with schizophrenia. A random cluster sampling technique was used, and participants were collected from the China National Psychiatric Management System (CNPMS). The variables for clozapine use in individuals with schizophrenia who had undergone a two-year follow-up were determined using the generalised estimating equation (GEE). In this study, 742 patients with schizophrenia were invited, and 491 completed the two-year follow-up study. Being married, having more years of education, having more waist circumference, using mood stabilisers, using anticholinergic, and having higher ITAQ (Insight and Treatment Attitude Questionnaire) scores were more significantly related to using clozapine. Older age of onset, using second-generation antipsychotics (SGAs) except clozapine, predicted a lower prevalence of using clozapine. The usage of clozapine was very common in patients with schizophrenia treated by primary care physicians and was influenced by a variety of factors, including the price of drugs, clinical factors, health regulations, and the characteristics of the treatment environment. Further examination of the rationale and appropriateness of clozapine in primary care in China is necessary.

**Keywords:** Clozapine; schizophrenia; rural area; China

S3-02

# Prevalence and Co-morbidities of Major Depressive Disorder and Subthreshold Depressive Symptoms in Guangdong Province, China

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## ABSTRACT

Information on major depressive disorder (MDD) and subthreshold depressive symptoms (SDS) is rarely reported in South China. This study examines the prevalence rates and patterns of MDD and SDS in South China. The Guangdong Mental Health Survey, a provincial population-based study with a representative sample of adults aged 18 and older from the 21 cities in Guangdong province, was conducted from September to December 2021. Multistage stratified cluster sampling was used. Face-to-face interviews were done with a two-stage design, trained interviewers with the Patient Health Questionnaire (PHQ-9) and Mini International Neuropsychiatric Interview (MINI). 16,377 inhabitants were included and interviewed using standardised assessment tools. The weighted prevalence rates of MDD and SDS were 2.5% (95%CI: 2.2%-2.9%) and 14.7% (95%CI: 14.0%-15.5%), respectively. MDD patients were likely to suffer from hypertension (OR=1.85, 95%CI: 1.13-3.30), cardiovascular diseases (OR=4.72, 95%CI: 2.18-10.21), hyperlipidemia (OR=3.01, 95%CI: 1.15-5.98), arthritis (OR=4.35, 95%CI: 2.68-7.04), intervertebral disc disease (OR=1.88, 95%CI: 1.21-2.91), chronic gastroenteritis / ulcer (OR=2.92, 95%CI: 1.68-5.10), gallstone/cholecystitis (OR=3.30, 95%CI: 1.62-6.72), hepatitis/ cirrhosis (OR=6.17, 95%CI: 2.95-12.94), cataract/glaucoma (OR=3.70, 95%CI: 1.83-7.74), gout (OR=3.17, 95%CI: 2.03-6.78), cancer (OR=7.53, 95%CI: 2.28-24.85), anemia (OR=2.92, 95%CI: 1.75-4.89), and multimorbidity (OR=5.93, 95%CI: 3.88-9.07) compared to health controls. People with SDS were more likely to have hypertension (OR=1.34, 95%CI: 1.06-1.70), diabetes (OR=1.43, 95%CI: 1.02-2.00), cardiovascular diseases (OR=2.09, 95%CI: 1.35-3.24), hyperlipidemia (OR=1.72, 95%CI: 1.17-2.53), arthritis (OR=1.70, 95%CI: 1.29-2.25), intervertebral disc disease (OR=1.96, 95%CI: 1.53-2.52), chronic gastroenteritis/ ulcer (OR=1.61, 95%CI: 1.16-2.25), gallstone/cholecystitis (OR=1.66, 95%CI: 1.10-2.52), cataract/glaucoma (OR=2.03, 95%CI: 1.24-3.33), gout (OR 1.72, 95%CI: 1.21-2.45), anemia (OR 1.93, 95%CI: 1.43-2.58) and multimorbidity (OR=2.29, 95%CI: 1.82-2.89). There are serious challenges related to the high burden of depression, but it also offers valuable opportunities for policymakers and healthcare professionals to explore and address factors that affect mental health in China.

**Keywords:** depressive disorder; subthreshold depressive symptoms; co-morbidity; community; China

## **SYMPOSIUM 4**

# **The Current State of Clinical Practice and Research on ADHD in Asia**

S4-04

# ADHD from Childhood to Young Adulthood: Comorbidities and Implications for Clinical Management

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## ABSTRACT

Attention-deficit/hyperactivity disorder (ADHD) is a common childhood disorder. It is characterised by a persistent inattention and/or hyperactivity-impulsivity pattern and is associated with chronic impairments in multiple domains. Having ADHD has an increased risk of developing other psychopathologies, yet it is often missed or misunderstood. Cases differ in presentation, primarily associated with the individual's responsibilities and functioning. They are affected by their feelings about themselves, their adaptation, cognitive and academic performance, peer relationships, parenting support, and availability. ADHD continues to affect the individual's functioning and possibly through adulthood. Thus, adolescents with ADHD and comorbid symptoms are at risk of depression and self-injury behaviour right into their adulthood. Parenting styles and behaviours play a pertinent role. The clinical experience and research show that many adolescents with ADHD experience family difficulties. Studies found higher parenting stress in parents with ADHD children than in those with typically developing children. Research indicates that parents with ADHD children are more authoritarian and unavailable. Caregivers' responses and interactions with the children during their formative years influence the individual's self-esteem, self-regulation, and adaptation. Insecure attachment styles result from parents being unavailable, harsh, critical, and dismissing their child. An insecure and chaotic family environment is associated with increased mental health difficulties. Research and clinical experience suggest a clear association between ADHD and insecure attachment. The presentation emphasises the need for clinicians treating children and adolescents to screen for ADHD and primary support group difficulties. Early intervention in working with adolescents, added to parent work, may prevent attachment problems. Additionally, adults with ADHD will need treatment for their insecure childhood attachment issues. Not recognising and offering proper intervention to these children and adults has serious long-term consequences.

**Keywords:** ADHD; attachment; comorbidities; family conflicts

## **SYMPOSIUM 5**

# **Human Right-Based Mental Health Care: Supporting Alternatives to Coercion**

S5-01

# The WPA Program on Implementing Alternatives to Coercion in Mental Health Care

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## ABSTRACT

The World Psychiatric Association (WPA) adopted in October 2020 a Position Statement and Call to Action: "Implementing Alternatives to Coercion: A Key Component of Improving Mental Health Care." The work program specialises to the provisions of the UN Convention on the Rights of Persons with Disabilities (CRPD). It builds on WPA's history of recommending an ethical and rights-based approach to improving mental health care. It aims to develop a movement across countries, promoting realistic alternatives to coercion in mental health care by adopting practical rights-based policies and practices. The work proceeds in collaboration with people with lived experience of mental health conditions and their families, and other government, research, and civil society groups, including the WHO Quality Rights initiative. The call for alternatives is growing within the profession and among people with lived experience of coercion in mental health care. However, there are different opinions about the degree to which and the speed with which coercive practices can be replaced. WPA's approach is to advocate and work towards a practical approach to implementing alternatives to coercion rather than focus on that debate. The program aims to demonstrate how shared experiences and outcomes assessments can promote the spread of good practices across countries, while keeping in mind the adaptations needed with the different laws, resources, and cultural norms in each place.

**Keywords:** Mental health care; Human rights; Quality care; Coercion; CRPD

S5-02

# The Continuing Journey of Mental Health Care Reform and Alternatives to Coercion in Australia

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## ABSTRACT

One of the most harmful examples of coercive practice is the use of seclusion and restraint. Australia's journey to decrease and eventually eliminate the use of seclusion and restraint in psychiatric inpatient units began with the setting of a National Safety Priority in 2006 to reduce harm in psychiatric care; the following year, eleven beacon sites or demonstration projects were established to implement change. The initial approach was the adoption of the Six Core Strategies for reducing seclusion and restraint, establishing a national network to share practices, and developing systems to measure rates of seclusion and restraint accurately. There is now a national commitment involving every inpatient unit (over 180) in quality improvement by publicly reporting data on seclusion (since 2013) and restraint (2016). Key success factors include concentrating on staff development and training, meaningful involvement of service users and families, shifting mindsets and service culture, policy and legislation that establishes transparency, and support for ongoing reform. The most significant gains have come when the focus is not just on the immediate incident of restraint or seclusion and service user behaviour but the consideration of the quality of care, promotion of human rights, building relationships, early interventions and safety planning, recognising trauma and the risk of re-traumatisation, and creating an inclusive service culture, evidence-based and positive rather than blaming. Australia established a national peak body, the Consumer and Carer Forum, in 2002, which allows the involvement of people with lived experience of mental illness at all levels of government and services. These contributions as equal and productive partners in reform have been vital. Despite some significant gains (the national seclusion rate halved between 2009-10 and 2021-22), most services have not yet been able to eliminate seclusion and restraint. Future directions and opportunities will be discussed.

**Keywords:** coercion; seclusion; restraint; human rights; mental illness

S5-05

# A Model of Psychiatric Rehabilitation Services in Indonesia with a Human Rights Concept: An Effort to Overcome the Stigma of Mental Disorders in the Community

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## ABSTRACT

Stigma against mental disorders in the community is a factor causing obstacles, social inequality and discrimination. The impact that emerges is an increased risk of human rights violations. Recovery-oriented mental health services have become the focus of global changes in mental health services today. Psychiatric rehabilitation provides a pathway to recovery for people with mental disorders (ODGJ). The psychiatric rehabilitation developed in several mental hospitals in Indonesia is usually referred to as psychosocial rehabilitation. The program has used the service-oriented concept of recovery. The seven principles used are: (1) cultivating positive expectations, (2) establishing partnerships and collaboration, (3) ensuring organisational commitment and evaluation, (4) recognising consumer rights, (5) focusing on self-centeredness and empowerment, (6) recognising individual uniqueness and social context, and (7) facilitating social support. Indonesia's mental hospital-based psychiatric rehabilitation model is now trying to promote human rights in mental health care by the UN Convention on the Rights of Persons with Disabilities and the WHO Quality Rights Initiative. Indonesia also has a mental health law covering various innovation models related to mental health services. The Dr Soeharto Heerdjan Mental Hospital in Jakarta, Indonesia seeks to reduce stigma through the development of services for rehabilitation. The concept of providing constant and sustainable mental health. The various programs: inpatient rehabilitation activities before the discharge process from safe wards, simple productive activities and skills development in daycare vocational services, independence strategy night care unit (rehabilitation homestead), work-club facilities (empowerment, proper support coordination, and access to work opportunities), regular suicide prevention programs, intensive case management discussions, collaborative initiatives in the form of simultaneous visits from community mental health installations in a mental hospital to several local institutions that have long-term hospitalisation, and adaptation to advances in digital technology.

**Keywords:** People with Mental Disorders (ODGJ); psychiatric rehabilitation model; human rights; stigma; community

## **SYMPOSIUM 6**

# **Epidemiological Study of Mental Health on COVID-19 Pandemic**

S6-01

# Community Survey of Mental Health Problems Among Survivors in China During the COVID Pandemic

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## ABSTRACT

Impacts on mental health during acute COVID-19 infection have been reported, but the long-term effects are less evident. We reported findings of community survivors 20 months after diagnosis of COVID-19 in a community-based cohort in China. Mental symptoms were collected from four validated questionnaires, including depression symptoms measured by the Patient Health Questionnaire-9 (PHQ-9), anxiety symptoms measured by the Generalized Anxiety Disorder-7 (GAD-7), insomnia symptoms measured by the Insomnia Severity Index (ISI), and PTSD symptoms measured by the PTSD checklist for DSM-5 (PCL-5). 1000 participants were included in the study with a median follow-up duration of 625.0 days (615.0–634.0) after COVID-19 diagnosis. The mean age of the participants was 55.9 (13.8) years, with 446 (44.6%) men. 85 patients (8.5%) were diagnosed as severe or critical cases in the acute phase. The median length of hospital stay was 31.0 days (21.0–48.0). 514 (51.4%) had at least one physical comorbidity, 43 patients (4.3%) had a history of mental disorders, and 10 (1.0%) had a family history of mental disorders. 369 (36.9%) participants reported at least one mental symptom. The most frequent mental symptoms after 20 months were depression (25.2%) and insomnia (24.5%), followed by anxiety (20.1%) and PTSD (4.3%). Physical comorbidities, history of mental disorders, extended hospitalisation periods and severe acute illness were significantly associated with at least one mental problem. The overall effect of the pandemic has been associated with persistent psychological problems. Over one-third of survivors bear a significant burden of mental health symptoms 20 months after the acute infection. Early comprehensive measures should be used to prevent long-term mental health problems.

**Keywords:** COVID-19; long-term; depression; anxiety; insomnia

S6-02

## Nationwide Survey of Chronic Neuropsychiatry Sequelae among COVID-19 Survivors

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### ABSTRACT

As COVID-19 cases exceed hundreds of millions globally, it is clear that many survivors face cognitive challenges and prolonged symptoms. Neuropsychiatric complications after the acute COVID-19 infection in Malaysia have never been studied. Despite mounting evidence from publications from other countries, it has demonstrated substantial depressive, anxiety, and PTSD symptoms, in addition to neurocognitive impairment. A nationwide online survey of chronic neuropsychiatric sequelae among COVID-19 survivors was conducted between 1 Aug and 30 Sept 2021. The survey consists of a self-administered questionnaire, Patient Health Questionnaire (PHQ-9), Generalized Anxiety Disorder-7 (GAD-7), Post-traumatic Stress Disorder Checklist for DSM-5, and Dementia Screening Interview (AD8). A total of 558 post-COVID-19 survivors completed the survey entirely. The results demonstrated that more than 1/3 of them had at least a moderate severity of depression, more than 1/3 of them had a least moderate severity of anxiety, approximately 1/3 of them had a positive screening result for PTSD, and almost 1/3 of them had cognitive impairment. Depression, anxiety, PTSD, and cognitive impairment appeared to be interlinked.

**Keywords:** COVID-19; depression; anxiety; cognitive disorder; PTSD

S6-03

## Mental Health with COVID: Medical Students and Public Health Doctors at the Frontline

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### ABSTRACT

This presentation covers the "Impact of COVID-19 on Lifestyle, Personal Attitudes, and Mental Health Among Korean Medical Students" and "Associations between the working experiences at the frontline of COVID-19 and the mental health of Korean public health doctors". Two cross-sectional surveys were performed among 454 medical students and 350 public health doctors working at the COVID-19 frontline in 2020. A directed acyclic graph estimated the directional propagation of COVID-19 in the daily lives of the medical students, initiated from the perception of unexpected events, propagated to nervous and stressed feelings, trouble relaxing, feeling like a failure, followed by trouble concentrating, feeling the loss of control for the situation, and fear of infecting colleagues. These features were also principal mediators within the intra-individual covariance networks comprising changed lifestyles, personal attitudes, and mental health during the pandemic. For public health doctors, perceived distress, lowered self-efficacy at work, anxiety, and depressive mood were reported by 45.7, 34.6, 11.4, and 15.1% of respondents, respectively. Predictors of poor mental health found in the multivariate logistic regression analyses were environmental, e.g., insufficient protective equipment, workplace screening, prolonged work hours and psychosocial (fear of infection and death, social stigma and rejection) aspects of working experiences at the frontline. Satisfaction with monetary compensation and proactive coping (acceptance and willingness to volunteer at the frontline) predicted better mental health. Psychosocial supports targeting nervousness, trouble relaxing and concentrating, fear of spreading the infection to colleagues, and feelings of failure or loss of situational control are required for better mental health of medical students during COVID-19. Also, a sufficient supply of personal protective equipment and training on infection prevention at the frontline, proper work hours, satisfactory monetary compensation, and psychological support are required for better mental health of public health doctors at the frontline of COVID-19.

**Keywords:** Mental health, COVID-19, medical students, public health doctors, directed acyclic graph

S6-04

## Mental Health Issues among Minority Groups in the COVID-19 Pandemic

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### ABSTRACT

The COVID-19 pandemic has posed unique challenges for minority groups. We examined mental health issues in the COVID-19 pandemic among children with attention-deficit/hyperactivity disorder (ADHD) and their caregivers. In total, 252 caregivers of children with ADHD were recruited between August 2021 and January 2022. Children's psychological and behavioural changes and caregivers' mental health, and difficulties in managing children's sleep and internet-using behaviours during the COVID-19 pandemic were assessed. Many children with ADHD had intensified sleep difficulties and internet/smartphone use. Older children, severe inattention symptoms, and worsened depression were significantly associated with increased difficulty in caregivers managing their children's sleep behaviours. A short duration of education, poor general mental health, unaffectionate/uncaring and overprotective parenting styles, older children, and inattention and ODD symptoms were significantly associated with increased caregivers' difficulty in managing their children's smartphone use. Based on the relevant factors identified in this study, an intervention should be developed to enhance the skills of caregivers of children with ADHD concerning the management of children's sleep and smartphone use during the COVID-19 pandemic.

**Keywords:** child, COVID-19, attention-deficit/hyperactivity disorder, sleep, depression

## **SYMPOSIUM 7**

# **Hikikomori: Clinical, Psychosocial, and Public Health Implications of Social Withdrawal**

S7-01

# Hikikomori: An Overview and Update on Current Research

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## ABSTRACT

Hikikomori is a form of severe social withdrawal in which affected individuals isolate themselves in their homes for 6 months or longer. Over the last decade, an increasing number of studies from an increasing number of countries in the Pacific Rim and beyond have examined hikikomori. This presentation will present work from an ongoing systematic review of hikikomori. In particular, we will summarise how hikikomori has been defined in the medical literature and review available tools used in evaluating and assessing hikikomori, including scales that can be used for screening for hikikomori symptoms and a structured diagnostic interview. Empirical research on co-morbidity with various psychiatric disorders and risk factors, including the influence of culture, will be reviewed. Finally, the presentation will address the extent to which research on interventions for hikikomori has been examined and present a potential staged approach to evaluating and treating hikikomori.

**Keywords:** social withdrawal, social isolation, culture

S7-02

# Hikikomori: Youth Physical and “social Suicidal” Behaviour in Hong Kong: A Snapshot of Mixed Methods Studies From a Transdisciplinary Perspective

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## ABSTRACT

Self-harm and suicidal behaviour are recognised as public health concerns. Prolonged social withdrawal behaviour or hikikomori is reported as a risk factor for suicidal behaviour. To examine the occurrence and additional risk of prolonged social withdrawal behaviour on self-harm and suicidal behaviour among Chinese young people. A few studies have been conducted by the authors in Hong Kong that adopted both quantitative and qualitative study methodologies. A cross-sectional online survey was conducted with three universities in southern China. Hierarchical logistic regression analyses were conducted to investigate the different and similar sociodemographic and psychological correlates of self-harm and suicidal behaviours among male and female participants with hikikomori status. Prolonged social withdrawal behaviour status was significantly associated with self-harm (OR=2.00, 95% CI=1.22, 3.29) and suicidal behaviour (OR=2.35, 95% CI=1.45, 3.81). In this presentation, we will present some of the findings of our previous studies that may show that prolonged social withdrawal behaviour may be seen as a form of self-harm behaviour. Both behaviours lead to detrimental psycho-social outcomes in the short and long term for the young people and their caregivers.

**Keywords:** Self-harm behaviour, prolonged social withdrawal behaviour, Hikikomori, Hong Kong, mixed-methods studies

S7-03

# Public Discourse Towards Hikikomori: Infodemiology Study of Twitter Data

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## ABSTRACT

Analysing social media posts can be a valuable instrument to measure people's thoughts about Hikikomori. These methods have the potential to detect topics that have not been identified in prior studies that used traditional methodologies, e.g., surveys and interviews. Furthermore, it allows for cross-cultural comparisons, which is especially important in the case of Hikikomori, as there is debate regarding the extent to which Hikikomori is perceived as a problem outside of the Japanese context. We analysed publicly available tweets using the hashtag #hikikomori between February and August 2018 in 5 Western languages. Tweets were first classified as whether they described Hikikomori as a problem or a nonproblematic phenomenon. We analysed if they referenced scientific publications or the presence of Hikikomori in countries other than Japan. We also examined measures of interest in content related to Hikikomori, including retweets, likes, and associated hashtags. A total of 656 tweets were included in the content analysis. Most included tweets were written in English (44.20%) and Italian (34.16%), and most discussed Hikikomori as a problem. Tweets referencing scientific publications (3.96%) and Hikikomori as present in countries other than Japan (13.57%) were less common. Tweets mentioning Hikikomori outside Japan were more likely to be retweeted and liked than those not mentioning it. In contrast, tweets with explicit scientific references were more retweeted than those without that reference. During the same time, we also collected tweets posted in Japanese using # Hikikomori (its Japanese equivalent). In the 4859 tweets analysed, we identified 9 codes relevant to tweets about Hikikomori: personal anecdotes, social support, marketing, advice, stigma, educational opportunities, refuge (ibasho), employment opportunities, and medicine and science. Tweets about personal anecdotes were the most common, suggesting the potential to identify individuals with Hikikomori through Twitter.

**Keywords:** Hikikomori, Twitter, Infodemiology, social withdrawal, social isolation

S7-04

## Hikikomori in the Malaysian context

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### ABSTRACT

Hikikomori is a unique culture-bound syndrome of Japanese origins. However, in recent times, this syndrome has been observed in other cultures. Using a series of case vignettes, the phenomenon of hikikomori will be examined through the lens of Malaysian culture. The first case highlights the social isolation experienced by a young adult, whereas the second case showcases hikikomori in the context of a grieving older gentleman. Hikikomori is very much present in the Malaysian context. More serious light must be shed on this fascinating phenomenon to understand its nuances, comorbid psychiatric conditions, and possible treatment options.

**Keywords:** Hikikomori, Malaysia, culture

## **SYMPOSIUM 8**

# **Addiction: The Fear, the Facts and the Fascination**

S8-01

## Addiction Treatment in Malaysia: Are we ready for change?

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### ABSTRACT

Addiction treatment in Malaysia has gone through a paradigm shift. Over the years, the understanding of addiction progressed from a moral to a biopsychosocial model. These lead to changes in treatment, from punitive to holistic rehabilitative approach. The presentation reviews the current situation and treatment availability for addiction in Malaysia. In 2019, the Minister of Health announced that Malaysia plans to decriminalise drug use. The review looks into various aspects to ensure the success of the initiative. The existing harm reduction and medication-assisted treatment program for addiction requires expansion. Adequate investments in trained health staff and proper infrastructures are pivotal for this expansion. Capacity building and ensuring proper guidelines for trained health staff are crucial areas. These ideas and plans need a concerted effort from various agencies to form an integrated and evidence-based drug policy. Recovery approach initiatives need to be addressed adequately.

**Keywords:** Decriminalisation, addiction, harm reduction, rehabilitation, recovery

S8-02

## Profiles of Substance Use Disorder (SUD) Patients Diagnosed between 2018 to 2021 in State Hospitals of Malaysia

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### ABSTRACT

According to the World Health Organization (WHO), the use of psychoactive substances causes detrimental effects on one's physical and mental well-being. Substance use contributes to crimes and violence and may lead to severe mental illnesses and increase infection vulnerability. The objective of this study was to study the profiles of substance use disorder (SUD) patients diagnosed between 2018 and 2021 in state hospitals in Malaysia. Data from medical records of SUD patients diagnosed between 2018 and 2021 was collected from 15 September 2021 to 31 December 2021. Data on different types of profiles was extracted: (1) sociodemographic, (2) comorbidities, (3) substance use, and (4) other profiles. Descriptive analysis was conducted using SPSS version 22. A total of 9,606 patients with SUD were identified, of which 82% were males and 18% were females. The mean age was 35.4 (SD 12.1), ranging from 10 to 92 years old. The majority of the patients were aged between 26 to 44 years old (56%), Malays (57%), single (46%), had up to a secondary level of education (43%), and worked in the private sector (36%) or unemployed (35%). Among SUD patients, about 63% had psychiatric comorbidities. About 62% of the patients smoked and 40% consumed alcohol. The most used substances were amphetamines (ATS), with 43%, followed by cannabis (17%) and opioids (13%). Almost 60% were poly-substance users. The most common reason for initiation of substance use was peer pressure. The mean duration of substance use was 12.1 years (SD 9.7). Among the SUD patients, about 15% had a history of incarceration (15%). **Conclusion:** By understanding the profiles of SUD patients, more targeted and specific programs on awareness, prevention and management can be implemented, reducing the percentage of SUD in Malaysia.

**Keywords:** substance use, drug use disorder, dependence, addiction, substance abuse

S8-03

## Addiction Psychiatry Sub-specialty Service in Malaysia

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### ABSTRACT

Addiction Psychiatry is one of the recognised sub-speciality in psychiatry. It is an essential sub-speciality due to the numbers and complexities of substance-related cases presented to the psychiatric service. In Malaysia, the National Anti-Drug Agency (NADA) is the lead agency for drug-related matters. However, most of the medical treatment for people who use drugs (PWUD) in Malaysia is handled by medical practitioners working in the Ministry of Health, public university hospitals and the private sector. Medical treatment is crucial, especially in the era of synthetic drugs and Novel Psychoactive Substances (NPS), as it provides medical and psychological stabilisation before the commencement of any psychosocial treatments. The Addiction Psychiatry Sub-specialty Programme in the Ministry of Health Malaysia has slowly evolved from an area of particular interest in the early to mid-2000s to a well-structured sub-specialty programme. It started with one psychiatrist undergoing advanced addiction training abroad around 2005, to the current group of 5 addiction psychiatrists, continuing with another eight sub-specialist trainees. There are also a few general psychiatrists with a particular interest in addiction psychiatry, running the specialised addiction psychiatry service. The sub-specialty programme is also supported by leading figures in addiction treatment from local universities and private practices regarding training, research, and service. The Addiction Psychiatry Sub-specialty Programme aims to expand its service throughout the country, being present in all state hospitals, followed by major specialist hospitals, and finally, the cluster hospitals of each state. Centres with a high clinical, training, and administrative responsibility burden will need at least 2 addiction psychiatrists. The service expansion is a lengthy 10-year project that requires additional manpower, infrastructure, and system support. To achieve the targeted number of addiction psychiatrists alone, the programme requires an intake of 3-4 candidates annually. The core service consists of 4 components delivered as a specialised treatment catering to complex and complicated substance-related issues. Training for all staffing levels will be enhanced to ensure a quality supply of addiction treatment service providers. The programme is also active in research, collaborating with both local and international institutions. Hopefully, the Addiction Psychiatry Sub-specialty programme will attract practitioners with the quality and potential to work in a boisterous and congenial environment.

**Keywords:** addiction, psychiatry, expansion, programs

## **SYMPOSIUM 9**

# **Learning and Supervising Psychodynamic Psychotherapy in Malaysia**

S9-01

# Psychodynamic Psychotherapy Training in Malaysia: Past, Present, and Future

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## ABSTRACT

Psychodynamic psychotherapy is a compulsory module in the Malaysian curriculum of psychiatric training ever since its inception. The recently revised national postgraduate psychiatric curriculum has maintained this criterion but with additional supervision through work-based assessment to evaluate the trainees' competency. This reflects the relevance of psychodynamic psychotherapy and continual effort to improve its training for current and future practice of psychiatry. Past criticisms of psychodynamic psychotherapy, including it being too speculative, subjective, and non-scientific, did not undermine its usefulness and utilisation in modern psychiatry in various clinical settings, albeit with various adaptations. Psychodynamic understanding has benefited different clinical settings, including those with high-volume services, inpatients and outpatients. Nevertheless, current challenges in the delivery of its training include the limited number of keen and trained supervisors, lack of "Training of Trainers' programs for supervisors and a wide variation of supervisory style. Trainees' supervision has conventionally been carried out individually for psychodynamic psychotherapy. It is also often perceived as intense, highly time-consuming, and less structured. Learning derived from interpretations of each session is kept between the trainee and the supervisor. All these factors threaten psychodynamic psychotherapy as an attainable skill and risk it being flawed with inconsistencies. The presentation will further discuss how these barriers and challenges in psychodynamic psychotherapy training have led to innovations in the learning method. Digital technology opens collaboration for peer supervision with world experts in psychodynamic psychotherapy, which encourages knowledge sharing and enhances mentoring, consolidating knowledge, competency, consistency, and confidence for trainees and supervisors. Another outcome of such collaboration is a more robust and closer network of experts who are no longer working in silos as traditionally.

**Keywords:** Psychodynamic psychotherapy; psychiatric training, Malaysia

S9-02

# A Good Enough Psychodynamic Psychotherapy Supervision: Malaysian Context

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## ABSTRACT

Ever since its inception, psychodynamic psychotherapy is a compulsory subject in the Malaysian curriculum of psychiatric training. While the local interests in this psychotherapeutic approach have an older and more recent developmental history, the perceived gaps in providing ideal psychodynamic psychotherapy supervision are significant compared to European or American counterparts. A narrative review focused on the qualities of a good enough psychodynamic psychotherapy supervision essential for the effective learning experience among Malaysian psychiatric trainees. While there seems to be a need for an ideal supervisor to ensure the most significant learning experience for trainees, the process of psychodynamic psychotherapy supervision is akin to the idea of a "good enough mother." Good enough is not mediocrity or merely exemplary. A supervisor who is too intrusive or too good interferes with the supervisee's separation and development of selfhood, and a supervisor who is too distant, i.e., not good enough, generates anxiety in the supervisee. In either case, the failure to supply good enough supervision can disrupt the personal development of the supervisee, both within and outside the therapy context. The qualities of such supervisors include competent in theories and possessing clinical experience, strong communication skills and analytic thinking, empathy, capable of self-reflection, flexibility and openness to diversity in their approach, respect for the autonomy of the supervisees, ethically conscious, supportive and willing to give constructive feedback, self-engagement in ongoing professional development, promoting self-care. These qualities are dedicated to the individual growth of the supervisees. From the potentially limited availability of academic resources and clinical expertise to managing patients' socioeconomic-cultural diversity, supervising psychodynamic psychotherapy often stirs anxiety among local supervisors. Good enough supervision ensures an effective learning experience.

**Keywords:** Psychodynamic psychotherapy; supervisor; quality; learning; Malaysia

S9-03

# Learning and Supervising Psychodynamic or Psychoanalytic Psychotherapy in Malaysia: What Are the Patients' Cultural and Socioeconomic Differences Significant for Consideration?

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## ABSTRACT

Due to its history and tradition, psychodynamic psychotherapy naturally favours the ideals and worldview of the West. Adapting to cultural sensitivity and therapeutic approach would improve treatment acceptance and efficacy in the East. Psychodynamic psychotherapy emphasises a level of independence and individualism, i.e., celebrating personal growth and success, which often clashes with the collectivistic values of many non-western populations, placing importance on the interconnectedness of the family unit and community. Group achievement, unity and conformity are valued, along with sacrifice, obligation, and deference to authority. A certain level of interdependence is socially acceptable and encouraged. Likewise, direct communication is foreign to many non-Westerners. Indirect communication is often preferred to preserve harmony, including in the here-and-now therapeutic setting. The therapist's readiness to read between the lines and be attentive to non-verbal cues may prove rewarding. Similarly, psychotherapists might find it beneficial to consider religion and spirituality sensitively when conducting psychodynamic psychotherapy in Eastern populations. These beliefs are essential to their identity, including the superego, which is particularly important in sexuality, gender identity, and emotions. Religious concepts and rituals may help believers cope with distressing life events and deal with anxiety related to existential concerns, e.g., death, isolation, and freedom. Yet, many non-western communities remain under-served. In public government facilities, monthly sessions are often considered a luxury; sustaining weekly sessions is impossible. While private centres may offer better availability, only a tiny segment of the population can afford the frequent regular sessions due to the high cost and limited insurance coverage. Long gaps between sessions may reduce the efficacy of expressive-based treatments and the intensity of transference-countertransference interactions. Thus, a more directed, eclectic, and supportive approach may be necessary. Single-session psychotherapy, which addresses a particular issue, may be an option.

**Keywords:** psychodynamic psychotherapy, culture, communication, underserved

S9-04

## Seriously!?!? A Supervisor's Experience Teaching Psychodynamic Psychotherapy: Challenges and Tribulations

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### ABSTRACT

Supervision is a process where one offers guidance and input for personal, professional, and educational development. Training in psychiatry requires residents to have competency in psychodynamic psychotherapy in the context of trainees providing safe and appropriate patient care. Supervision is pertinent for learning to be effective. The supervisory role is complex and challenging and must be handled carefully. It is an emotional load. Invariably, learning psychodynamic psychotherapy becomes personal. The supervisory role and relationships are often stretched beyond teaching knowledge. Comments, feedback, and discussions are unavoidable. The work often results in trainees' transference and defences. The outpouring of negative emotions and defences is palpable and invariably disrupts one's learning. The supervisor realises she must stay alert and make sense of any acting-out behaviours. Challenges that emerged are the exploration of trainee-supervisor dynamics and the transference-counter transference relationship affecting the quality of the supervisory relationship. Conflicts appear with hearing and receiving comments, writing, and passing up sessions on time, and attending weekly supervisions. It aggravates the awakened self-awareness and perceived low emotional support. Supervisors offering a supportive and understanding role, being flexible and not punitive, help reduce defensiveness and build a strong and more open learning alliance. Being aware of interpersonal elements helps. Willingness to listen to each other and being able to clarify and discuss ideas in timely and regular sessions help trainees gain confidence while reducing their perception of being misunderstood or feeling not competent. Invariably, the role and work often take a toll on the supervisors, sometimes leaving them supervisors dejected and drained. Conclusion: Despite the challenges, the experience is often rewarding and priceless. Seeing the trainees' personal growth makes one feel worth the journey! What lingers on is what can be done to reach the rest.

**Keywords:** psychodynamic, supervisory role, relationships, transference, countertransference

## **SYMPOSIUM 9A**

# **Emerging Paradigms of Anti-stigma Activities**

S9A-01

# Awareness and Attitudes about Mental Health in the Republic of Korea

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## ABSTRACT

Discrimination and prejudice against mental illness in Korea is an issue that has not yet been resolved. There is still a significant difference in opinion between the public and experts, and there are many difficulties in improving the system to resolve this. To solve these problems, consensus is needed among people. The changes over the past five years through the results of 'A survey on public awareness and attitude toward mental illnesses and related issues could give us something to discuss.

**Keywords:** mental illness, stigma, prejudice, discrimination

S9A-02

# Stigma, Depression, and Anxiety Among Patients With Head and Neck Cancer

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## ABSTRACT

This study aimed to comprehensively compare HNC patients' stigma, depression and anxiety, and elucidate the underlying relationships among them. This cross-sectional study recruited inpatients with HNC from a medical centre. Measurements included a psychiatric diagnostic interview, the Shame and Stigma Scale (SSS), the Hamilton Anxiety Rating Scale (HAM-A), the Hamilton Depression Rating Scale (HAM-D), the Explanatory Model Interview Catalogue (EMIC), and stressors of HNC patients. Structural equation modelling was used to establish models of potential mechanisms. In total, 153 patients with HNC were successfully recruited and completed the measurements. Most of them were male (95.4%). The mean age was  $56.9 \pm 9.4$  years. Their mean education level was  $10.4 \pm 3.1$  years; 67.3% were married, and 51.6% were employed. Those patients having stressors of worry about health ( $t=5.21, p < 0.001$ ), worry about the job ( $t=2.73, p = 0.007$ ), worry about family ( $t=2.25, p = 0.026$ ), or worry about economic problems ( $t=2.09, p = 0.038$ ), showed significantly higher SSS score than those having no such stressor. Depressed HNC patients had higher SSS and EMIC scores than non-depressed HNC patients. The SSS total score was significantly correlated with HAM-A ( $r=0.509$ , Bonferroni-corrected  $p < 0.001$ ), HAM-D ( $r=0.521, p < 0.001$ ) and EMIC ( $r=0.532, p < 0.001$ ) scores. Structural equation modelling the possible effect of stigma on anxiety ( $\beta=0.51, p < 0.001$ ), and then the possible effect of anxiety on depression ( $\beta=0.90, p < 0.001$ ). **Conclusion:** Stigma is significantly correlated with anxiety and depression in HNC patients. Proper identification of comorbidities and reducing stigma should be advised in mental health efforts among patients with HNC.

**Keywords:** stigma, anxiety, depression, head and neck cancer

S9A-03

## Promotion of Work Recovery and High School Education in Japan

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### ABSTRACT

The purpose of psychiatric treatment and care should aim at recovery. Often work capacity is an essential aspect of recovery. In Japan, there has been a steady focus on the work capacity recovery of people with mental illness. First, people who develop a mental illness at work will relapse if they return to work without appropriate preparation. The Re-work program improves these people's resilience to continue working without relapse. The program comprises sub-programs such as psychoeducation about illness, improvement of cognition/communication/problem solving, learning to monitor one's conditions while working, and stress management. Second, peer support is crucial in motivating people with mental illness to recover. The government wanted to enhance paid peer support activities for intellectual, physical, mental, intractable disease, and higher brain dysfunction disabilities. To assure the quality of paid peer support activities, our study group developed curriculums for basic, advanced, and follow-up courses to train peer supporters. In 2021, the government included peer supporter activity in welfare insurance. Third, the government also wants to motivate corporations to hire disabled population. Thus, the Disabled Persons Employment Promotion Act penalises corporations if they fall short of attaining the required disabled population employment rate. Due to this act, the number of disabled employees, especially those with mental disabilities, has steadily increased. Recent progress includes learning about five mental illnesses, schizophrenia, mood disorder, eating disorder, substance dependence, and anxiety disorder, in health education for senior high school students. To assist meaningful learning, the Japanese Society of Psychiatry and Neurology prepares videos interviewing persons with these illnesses so that the students can hear their voices directly. We need to see whether these efforts reduce the stigma against mental illness in Japan.

**Keywords:** work capacity recovery, adolescents, mental illness

S9A-04

# Attitudes towards People with Mental Illness among Medical Officers in A Malaysian Hospital

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## ABSTRACT

Public stigma towards mental illnesses is still concerning. However, little is known about the professional stigma from healthcare professionals. This study sought to measure the mental health stigma among medical officers and determine whether stigmatising attitudes are associated with socio-demographic and workplace factors. This study was cross-sectional, using a socio-demographic questionnaire, the Attitudes towards Psychiatry (ATP-30) scale, and the Community Attitudes to Mental Illness (CAMI) scale. University Malaya Medical Centre's medical officers in all departments were sampled using convenience sampling. The study included 179 medical officers. 49.2% (n=88) of the respondents had high stigmatising attitudes towards people suffering from mental illnesses. Psychiatry medical officers had more positive attitudes than general medical officers ( $p<0.001$ ). Indian respondents were more optimistic about psychiatry ( $p=0.002$ ) and had fewer stigmatising attitudes about persons with mental illnesses ( $p<0.001$ ). Those who have mental illnesses ( $p=0.023$ ), a favourable attitude toward psychiatry ( $p<0.001$ ), and frequent contact with those who have mental illnesses ( $p<0.001$ ). Mental health stigma must be overcome for people with mental illnesses to receive adequate and high-quality healthcare services. Mental health professionals should be able to assist and serve as role models in this discourse. The study's findings also emphasise the importance of national training initiatives aimed at medical professionals to improve their stigmatising attitudes toward persons with mental illnesses.

**Keywords:** Stigma, attitude, mental illness, medical officers

## **SYMPOSIUM 10**

### **Let's REAP (Research on Asian Prescription Pattern)**

S10-01

# Hikikomori and Depression in Asian Countries: Based on the REAP-AD Survey

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## ABSTRACT

Hikikomori, pathological social withdrawal, has been observed initially in Japan since around the 1990s and is now spreading. I have established the world-first Hikikomori research clinic at Kyushu University Hospital, and revealed various sociocultural and psychiatric etiologies of hikikomori. For example, we revealed that hikikomori is highly comorbid with depression and social anxiety, which means that hikikomori treatment strategies for depression and anxiety may be suitable. By the way, Research in East Asia Psychotropic Prescription Pattern (REAP) is the most extensive and lengthiest international collaborative research on psychiatry in Asia. REAP on Antidepressants (REAP-AD) has conducted international collaborative surveys on patients prescribed antidepressants since 2003. The main objectives of REAP-AD are to study the symptom profile variations of depressive illness and the prescription pattern of antidepressants in the participating Eastern and Southern Asia countries using a unified research protocol. The REAP-AD study was initiated in three series, namely the REAP-AD (2003/2004), REAP-AD2 (2013) and the forthcoming REAP-AD3 (2023). In REAP-AD3, we have newly added self-rated questionnaires such as PHQ-9, GAD-7 and HQ-25M. HQ-25M is a newly developed scale to evaluate hikikomori-like tendencies during the current one month. We hope the new REAP-AD3 will reveal the relationship between hikikomori tendency, depression, anxiety, and pharmacological intervention in Asian countries. During our symposium, I will introduce the preliminary analysis.

**Keywords:** Hikikomori, social withdrawal, depression, HQ-25M

S10-02

## REAP Bipolar Disorder and Mood Stabilizer

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### ABSTRACT

Research on Asian Prescription Pattern (REAP) is Asia's largest and longest-lasting international collaborative research in psychiatry. REAP Mood Stabilizer (MS) is the first to survey the use of MS on illnesses beyond bipolar disorder (BD). The data collection was web-based, using convenient sampling from 2019-2019. Among 2003 patients with BD (52.1% female, 42.4 years) from 12 Asian countries, 1619 (80.8%) patients received mood stabilisers, 1644 (82.14%) received antipsychotics, and 424 (21.2%) received antidepressants, with 14.7% mood stabiliser monotherapy, 13.4% antipsychotic monotherapy, 48.9% simple polypharmacy, 20.3% complex polypharmacy, and 2.6% other therapy. The average psychotropic drug load was  $2.05 \pm 1.40$ . Over 70% of psychotropic regimens involved polypharmacy, which accords with the high prevalence of polypharmacy in BD under a permissive criterion (2 or more core psychotropic drugs) an increasing trend in antipsychotic use for BD treatment. For REAP MS, a total of 1557 psychiatric patients were enrolled. Schizophrenia, schizotypal, delusional, and other non-mood psychotic disorders (F20-F29, 55.8%) were the most common diagnosis, followed by non-bipolar mood disorders (F30, F31-F39, 25.3%), organic mental disorder (F00-F09, 8.8%), mental retardation (F70-F79, 5.8%) and anxiety, dissociative, stress-related, somatoform and other nonpsychotic mental disorders (F40-F48, 4.4%). The most frequently targeted symptoms (>20%) were irritability (48%), impulsivity (32.4%), aggression (29.2%), anger (20.8%), and psychosis (24.1%). Valproic acid was the most frequently used medication. Clinicians typically prescribe mood stabilisers as empirically supported treatment to manage mood symptoms in patients with diagnoses other than bipolar disorders, though there is no official indication for these disorders. The costs and benefits of this add-on symptomatic treatment warrant further investigation.

**Keywords:** Bipolar disorder, mood stabilisers, antipsychotics, antidepressants, combined medication

S10-03

# Pharmaco-epidemiology of Clozapine Prescription and Clinical Correlates in Bipolar Disorder: A REAP-BD Consortium Study

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## ABSTRACT

Pharmaco-epidemiological studies of clozapine used to treat bipolar disorder (BD), especially in Asia, are rare, though they can provide insights into associated clinical characteristics and support international comparisons of indications and drug dosing. We examined the prevalence and clinical correlates of clozapine treatment for BD in 13 Asian countries and regions (China, Hong Kong SAR, India, Indonesia, Japan, Korea, Malaysia, Myanmar, Pakistan, Singapore, Sri Lanka, Taiwan and Thailand) within an Asian Prescription Patterns Research Consortium. We compared BD patients treated with clozapine or not in initial bivariate comparisons followed by multivariable logistic regression modelling. Clozapine was given to 2.13% of BD patients overall, at a mean daily dose of 275 [CI: 267–282] chlorpromazine-equivalents mg/day. Patients receiving clozapine were older, more likely males, hospitalised, currently manic, and given more significant numbers of mood-stabilizing and antipsychotic drugs in addition to clozapine. Logistic regression revealed that older age, male sex, current mania, and several other antipsychotic usages remained significantly associated with clozapine treatment. Clozapine use was not associated with depressed mood, remission of illness, suicidal risk, or electroconvulsive treatment within the previous 12 months. The identified associations of clozapine use with particular clinical features call for vigilance in personalised clinical monitoring to optimise BD patients' clinical outcomes and limit the risks of adverse effects of poly-therapy.

**Keywords:** clozapine, pharmaco-epidemiology, bipolar disorder

S10-04

## The Prescription Pattern of Anti-Depressants in Malaysia: Have We Changed That Much in the Last Decade?

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### ABSTRACT

Research in East Asia Psychotropic Prescription Pattern (REAP) is Asia's most extensive and lengthiest international collaborative research on psychiatry. The Research in East Asia Psychotropic Prescription Pattern on Antidepressants (REAP-AD) conducted international collaborative surveys on patients prescribed antidepressants since 2003. The REAP-AD study was initiated in three series: the REAP-AD, REAP-AD2 and REAP-AD3. The main objectives of REAP-AD are to study the symptom profile variations of depressive illness and the prescription pattern of antidepressants in the participating Eastern and Southern Asia countries using a unified research protocol. To date, Malaysia has contributed the research survey data in the REAP-AD2 and REAP-AD3 studies. The REAP-AD2 study revealed that with depressive symptoms, persistent sadness and insomnia were the two most common presentations of depression in Malaysia. In contrast, guilt and agitation or retardation were the least common. The findings from REAP-AD2 in 2013 showed that Fluvoxamine, Sertraline and Mirtazapine were the top three most prescribed antidepressants. While Fluoxetine, Sertraline and Escitalopram were the most prescribed antidepressants in Asia. Similarly, the REAP-AD2 study revealed that Selective serotonin reuptake inhibitors (SSRIs), such as fluoxetine, sertraline, and escitalopram, were the most prescribed anti-depressants. The Malaysian data on the antidepressant prescription pattern in the REAP-AD2 study reflects the recommended second-generation antidepressants, particularly SSRIs, as the first and second-line treatment for depression, concurring with the Malaysian Clinical Practice Guideline on Management of Major Depressive Disorder (2007). The REAP-AD3 conducted in 2023 has been expanded to 16 countries as compared to 10 countries in the REAP-AD2 (2013) study and 5 countries in the REAP-AD study (2003/2004). We are embarking on another antidepressant survey in 2023 to compare the changes in the prescribing pattern over the last decade, focusing on the research data reported in Malaysia.

**Keywords:** Prescription pattern, anti-depressants, REAP-AD study

## **SYMPOSIUM 11**

### **Methods and challenges in psychiatric epidemiological study**

S11-01

# Domestic Violence against Thai women and their families: Challenges in epidemiology

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## ABSTRACT

Domestic Violence (DV) against women and their families is being acknowledged more as a public health concern globally. Various preventive strategies and interventions are being implemented to stop violence and assist women and their families affected by it. Thai women's experiences of domestic violence and abuse are significantly impacted and worsened by cultural factors and stigmatisation. As per emerging data and international reports, the incidence of violence against women and girls, especially domestic violence, has increased since the COVID-19 outbreak. However, there have been few reports on this issue in Thailand. This preliminary study on violence against Thai women was conducted retrospectively, using a descriptive research method. The data was collected from the database of the One-Stop Crisis Centre (OSCC) for women, children and persons with disabilities who have been physically, mentally or sexually assaulted and Medical records in the Songklanagarind Hospital (Prince of Songkla University Hospital) between January 1st, 2017 to December 31st, 2022. According to the findings, during the COVID-19 pandemic, there was no significant difference in the overall reports of abuse compared to the three years prior. However, there were no reports of psychological abuse in this five-year record ( $n = 0$ ). Recognising psychological/emotional abuse, particularly in Thai culture, can be challenging. To ensure effective future studies, it is recommended to retrospect on 10 to 20 years and focus on psychological response, as it could be potential psychological/emotional abuse and mental disorders.

**Keywords:** Domestic violence, women, psychological abuse, COVID-19

S11-02

# Worry About Radiation and Mental Health After Fukushima Nuclear Power Plant Accident

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## ABSTRACT

Worrying about radiation is a long-lasting mental health problem after nuclear power plant accidents. We started a longitudinal survey of non-evacuee community residents in Fukushima five years after the 2011 Fukushima nuclear power plant accident. We sent a questionnaire to 4900 randomly sampled community residents and followed the respondents till almost 10 years after the accident. We found four intriguing characteristics of worries about radiation among community residents exposed to the nuclear disaster. First, worry about radiation was more strongly associated with posttraumatic stress symptoms (PTSS) than non-specific psychological distress such as depression or anxiety. Second, worry about radiation was associated with the current radiation level in their residence, i.e., five years after the disaster and more intensely than at the time of the disaster. Third, worry about radiation was stronger among those with disaster-related experiences such as house damage and injury. Fourth, traumatic events during the disaster increased trauma-unrelated worry, i.e., worrying about COVID-19 indirectly through worry about radiation and PTSS events 10 years after the disaster. Besides, we found an association between the distrust and mental health of the affected population; their distrust in the government was associated with PTSS. Furthermore, the association between distrust in the government and depression was more robust in the disaster-affected area than in a control area. Based on these findings, we assume that the long-lasting worry about radiation after the nuclear disaster stems from the traumatic events during the disaster, rather than the lack of understanding of radiation. My continuing concern is that, by measuring worry about radiation, what we researchers have assessed. What did the survey participants try to convey by expressing their worry about the radiation? What should we assess after the next nuclear disaster?

**Keywords:** Nuclear disaster, Fukushima, radiation, worry, mental health

S11-03

# Application of Healthcare 'Big Data' in Pharmaco-epidemiology Research: Taiwan ADHD Medication Study (TAMS)

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## ABSTRACT

Attention-deficit hyperactivity disorder (ADHD) is one of the most prevalent neurodevelopmental disorders in children and adolescents. Children with ADHD have an increased risk of mood disorder, conduct disorder, and substance use disorder and an increased risk of suicide, accidents, traffic violations, and road injuries. Consequently, a rise in premature mortality has been observed. According to treatment guidelines, stimulants are the recommended first-line treatment for ADHD. The debate concerning stimulant treatment's beneficial and adverse effects on ADHD remains. Taiwan's National Health Insurance (NHI) program is a single-payer insurance system operated by the government. This system was established in 1995 to support health nationwide, with a coverage rate of 99.6%. The Bureau of National Health Insurance gathered information on medical service utilisation, prescribed drugs, and procedures from outpatient and emergency room visits or hospital admissions. It assembled the National Health Insurance Research Database (NHIRD) for research use. The Taiwan ADHD Medication Study (TAMS) assembled a series of nationwide population-based cohort studies to investigate associations between medication use and long-term effects on the ADHD population. From the TAMS, stimulant treatment for ADHD was associated with a lower risk of bone fracture (adjusted hazard ratio, AHR:0.77, 95% CI: 0.63-0.94), traumatic brain injury (AHR: 0.49; 95% CI: 0.47-0.51), suicide attempt (AHR: 0.41, 95% CI: 0.19-0.90), transport accident (AHR: 0.23, 95% CI 0.19–0.26), infection disease (AHR:0.30, 95% CI: 0.28-0.33), burn (AHR:0.70, 95%CI:0.64-0.77) and mortality (AHR: 0.81, 95% CI: 0.67–0.98). Our finding that medication treatment was associated with reduced adverse health events among people with ADHD, especially those treated earlier after diagnosis and with longer treatment duration, should help reassure the treatment recommendation based on guidelines.

**Keywords:** Attention-deficit hyperactivity disorder, National Health Insurance, stimulant

S11-04

## Advance Statistical Methods in Epidemiological Study

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### ABSTRACT

Network psychiatry is a computational method used to describe the heterogeneity of psychiatric disorders. In node statistics, centrality is defined as the overall connectivity of the symptom in a network analysis; therefore, the central symptoms may have greater influence on the system than the peripheral symptoms. Network analysis approach is based on the proposal that "symptoms are not outcome factors of an underlying disease; symptoms and the associations between them are the disease itself." In other words, bottom-up processes can be newly conceptualized from the perspective of a network analysis approach to symptom interaction, whereas typical top-down constructs have been developed by the standard biomedical and reductionistic model." First, using data from the REAP for Antipsychotics (REAP-AP), network analysis has revealed that motor retardation is situated most centrally and hallucinatory behavior is situated least centrally within the network of Brief Psychiatric Rating Scale (BPRS) items. Overall, DSM symptoms are not more central than non-DSM symptoms within the symptom network of Asian patients with schizophrenia. Second, using data from the REAP-AP, network analysis has revealed that dyskinesia is situated most centrally and sialorrhea is situated least centrally within the Drug-Induced Extrapyrarnidal Symptoms Scale (DIEPSS) in 1,046 Asian patients with schizophrenia. Third, using data from the REAP for Antidepressants (REAP-AD), network analysis has revealed that guilt or self-blame is situated most centrally and agitation or retardation is situated least centrally within the ICD-10 diagnostic criteria for depressive disorder in 643 East Asian patients with depressive disorders. Lastly, using data from the REAP for Mood Stabilizers (REAP-MS), network analysis has revealed that suicidal idea or attempt is situated most centrally and agitation or retardation is situated least centrally within the DSM-5 diagnostic criteria for depressive disorder in 411 Asian depressed patients treated with mood stabilizers. Network analysis findings for data from the REAP survey have suggested a novel perspective of symptom presentations of Asian patients with schizophrenia or depressive disorders, which are partly inconsistent with operational diagnostic criteria.

**Keywords:** Network analysis, network psychiatry, psychopathology, operationalism, REAP

## **SYMPOSIUM 12**

# **The Efficacy of Interpersonal Psychotherapy (IPT) in the Treatment of Depressed Patients Facing Contemporary Challenges**

S12-01

# The Efficacy of Interpersonal Psychotherapy (IPT) for a Depressed Transgendered Person

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## ABSTRACT

Transgendered people face numerous challenges. The main challenge is transitioning from the gender assigned at birth to the gender that they identify with. The transgendered also experience interpersonal challenges, namely discrimination, abuse, and difficulties in their interpersonal relationships. This presentation focuses on a depressed transgendered person who was assigned the female gender at birth but currently identifies with the male gender. The patient was diagnosed with Major Depressive Disorder according to the clinical criteria of DSM-5 and offered IPT as a treatment modality. Informed consent was taken, with a commitment of 8 to 12 sessions of interpersonal psychotherapy. The PHQ-9 and GAD-7 were utilised as assessment tools for Depression and Anxiety, respectively. The first and second sessions were initial sessions, the following five sessions were middle sessions, and the eighth session was the terminal session. The IPT problem areas identified during the development of the IPT formulation were Role Transition and Interpersonal Conflict. The patient was assessed to have an insecure, dismissive attachment style. An Interpersonal Inventory was also done collaboratively with the patient, and the gender role transition and the interpersonal conflict were addressed. Gender affirmation was rendered throughout the entire course of psychotherapy. The patient's initial PHQ-9 score indicated that the patient was suffering from moderate depression, whereas the initial GAD-7 score revealed mild anxiety. After seven sessions of IPT, the PHQ-9 score was 1, and the GAD-7 score was 0. Thus, the patient appeared to have reached remission of depressive symptoms after seven sessions of IPT. This case study has revealed that IPT is efficacious as a treatment for depression in a transgendered patient. IPT can also address two commonly occurring problem areas in transgendered persons, that is, gender role transition and interpersonal conflict.

**Keywords:** Interpersonal Psychotherapy (IPT), Transgendered, Interpersonal Conflict

S12-02

# Effectiveness of Interpersonal Psychotherapy for a Depressed House Officer

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## ABSTRACT

Psychological morbidities are common among healthcare professionals, particularly among junior doctors. They are transitioning from being a medical student to becoming a doctor. They undergo many stressors during this period and are more vulnerable to psychological morbidities such as depression and anxiety. In this presentation, the speaker shared, via a case vignette, the implementation of Interpersonal Psychotherapy (IPT) to address specific interpersonal problem areas that house officers experience. Mr A is a house officer who started his job a year after graduating from medical school. He was feeling enthusiastic but was having difficulty adjusting to his job. He presented with depressive symptoms a few months after starting work. IPT helped Mr A gain a more balanced and realistic view of the transition with discussions on the positive and negative aspects of his new role as a young doctor. Mr. A was afraid to ask for advice from the medical officers during the housemanship. His communication patterns and interpersonal relationships with others were explored using IPT techniques. The therapist and Mr A worked on alternative ways of communication which are more effective. Mr A also had difficulties communicating his needs to others, resulting in unmet needs. With the IPT role-play technique, opportunities to model new ways of communication, interaction with new people and meet his needs were discussed. Mr A's support system was limited to only his wife, with whom he shared his feelings and problems. To help him further in the transition, the therapist and Mr A looked into ways to improve his social support by re-establishing existing social contacts and developing new social support. Mr A did well in the therapy, and with continued practice of IPT techniques, he can negotiate through the transition positively.

**Keywords:** depression, house officer, interpersonal psychotherapy

S12-03

# IPT for a Depressed Person With Traumatic Grief Due to COVID-19 Death

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## ABSTRACT

Interpersonal psychotherapy (IPT) is a widely respected and empirically supported psychotherapeutic approach intricately designed to alleviate the distress experienced by clients and concurrently enhance their capacities for healthy interpersonal functioning. This therapeutic modality has garnered significant recognition due to its evidence-based foundation, underscoring its efficacy in various psychological conditions, including but not limited to depressive, bipolar, and eating disorders. Central to the framework of IPT is its dedicated attention to addressing grief and loss as a pivotal problem area. The overarching objective is to guide them along a transformative path towards discovering personal meaning and resolution within their experiences of loss. However, when the integration falters, it can culminate in the development of Persistent Complex Bereavement Disorder or complicated grief, often intricate interaction with other psychological conditions, most notably Major Depressive Disorder (MDD) and Posttraumatic Stress Disorder (PTSD). The intertwining of these conditions can significantly complicate the treatment landscape, necessitating a comprehensive and tailored therapeutic approach that addresses the multifaceted nature of these comorbidities. This case study highlights the efficacy of IPT in treating complicated grief with traumatic experiences and depression caused by the loss of a loved one during the COVID-19 pandemic without undergoing exposure-based therapy. Over the course of treatment, the client engaged in a series of 12 sessions, scheduled bi-weekly. In addition to receiving antidepressant medication, the treatment plan was supplemented with antipsychotic medication. After undergoing IPT, the client experienced improved symptoms, gradual recovery of functional disability, and more meaningful interpersonal relationships. **Conclusion:** The case study presented provides evidence to suggest that IPT is a promising treatment approach for individuals struggling with trauma related to grief and depression. This approach appears promising in alleviating symptoms without necessitating exposure-based therapy.

**Keywords:** Traumatic grief, Interpersonal psychotherapy, depression, COVID-19 pandemic, grief and loss

## **SYMPOSIUM 13**

# **Setting Up Child & Adolescent Psychiatry Services: Rewards and Challenges**

S13-01

## Transferring Victorian experience to Melaka Child Psychiatry Service

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### ABSTRACT

The experience of undergoing Advanced Training in Child and Adolescent Psychiatry in Victoria for two years has given a different perspective on delivering the service to the Malaysian community, particularly in Melaka. Starting from scratch is not an easy experience. Still, the determination to create an organised system has given new hope for the service already running with minimal manpower and limited space. Even though Melaka is about 30 years behind in infrastructure and service, the demands have been overwhelming. We have brought smiles to our young patients and parents before they leave our clinic. This presentation describes the establishing of child and adolescent psychiatry services and the adaptation made, emphasising the training and service provision. The presentation will describe the data trend for outpatient referrals, in-patient services, and the evolution of child and adolescent psychiatry services. Among the adaptations involved are intake meetings, screening using telephone calls, group and individual supervision for the trainees and fellows, using psychodynamic approaches, play approach, cognitive behaviour therapy, school observation, school secondary consultation, multidiscipline team meetings and training at primary care level. Providing service for child & adolescent patients is not "just seeing another patient." The Victorian Experience has given an insight into how best we can help our patients as a team with favourable outcomes.

**Keywords:** Child and adolescent psychiatry, service, supervision, school consultation

S13-02

## Setting Up Child & Adolescent Psychiatry Service: Experience from the East Coast Malaysia

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### ABSTRACT

Malaysia's child and adolescent psychiatry service is steadily developing, with the number of subspecialists slowly increasing. However, to date, not all the states in Malaysia have child and adolescent psychiatrists. Pahang, the largest state in Peninsular Malaysia, has only one child and adolescent psychiatrist, with Hospital Tengku Ampuan Afzan providing the state-wide service. The objectives was to describe establishing the child and adolescent psychiatry services in Hospital Tengku Ampuan Afzan, Kuantan and the state itself. The presentation will describe the evolution of child and adolescent psychiatry services in the state hospital and the state, the available services and resources, a description of the trend of referrals, and strategies to overcome the challenges. The current status of the existing child and adolescent psychiatry services will be described. Achievements and challenges will be highlighted. Involving and training general psychiatrists, family physicians and medical officers to develop capacity in child and adolescent psychiatry services, as well as working in a multidisciplinary team and having intersectoral/interagency collaboration, are helpful approaches to overcoming limited resources and covering a large geographical area.

**Keywords:** Child and adolescent psychiatry, service, multidisciplinary team, interagency collaboration

S13-03

## Child and Adolescent Mental Health Service (CAMHS): From the Home of the Southern Tigers

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### ABSTRACT

The Child and Adolescent Mental Health Service (CAMHS) in Johor was established in 1999 and has since steadily grown to cater to the needs of Johoreans between the ages of four and 18. The most significant service, regarding the number of patients and staffing, is located in Hospital Permai Johor Bahru. The child and adolescent mental health services in other parts of Malaysia, Singapore, and Cambodia provided ideas for the current service development in the state. This presentation aims to review the development of Johor's child and adolescent mental health services over the years. This presentation will describe the evolution of child and adolescent psychiatry services in several facilities, including Hospital Permai, the two major state hospitals, and other district hospitals. Challenges in service development and collaborations with other agencies will be discussed. Research and available data on the prevalence of mental health issues among children and adolescents in Johor will be summarised, drawing on both local data and nationwide epidemiological studies. One recent development has been establishing an in-patient service in Hospital Permai, Malaysia's only gazetted child and adolescent admission facility. Possible future directions include providing systematic community mental health care and conducting epidemiological studies to identify disease prevalence and mental health needs among children and adolescents in Johor. The service has progressively developed throughout Johor over the past five years. The significant development has been mainly in Hospital Permai, while other service provision focuses mainly on outpatient services. Central planning of the state service is required to meet the needs of the intended population.

**Keywords:** Child and adolescent mental health service, service development

## **SYMPOSIUM 14**

# **User-led Research in Mental Health Care in Asia: Perspectives from Medical Anthropology**

S14-01

# Survivors, Users, or Peers? Emerging Identities in the Mental Health Field of Contemporary China

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## ABSTRACT

In recent years, new identities have emerged for psychiatric “patients” in China, such as “users,” “survivors, and “peers.” This study explores the social, cultural, and institutional conditions on which these identities emerged and their effectiveness in representing and empowering people with mental illness. The author reflects on changing discourses about patients’ identities, roles, and rights in mental healthcare. The observations were from 1) her long-term ethnographic fieldwork on care and services for people diagnosed with severe mental illnesses in China since 2008, 2) her ongoing involvement in advocating for patients’ rights, and 3) her newer project collaborating with stakeholders to develop, evaluate, and promote peer support services. In all these projects, the author interviewed people diagnosed with mental illness, their family members, psychiatrists, social workers, and activists about their perspectives on these identity terms. The author’s prolonged fieldwork and engagement in Chinese psychiatry shows that these identities have emerged with the circulation of global activism, the country’s ongoing welfare reconstruction, and the strategic alliances built by/with various stakeholders. In particular, they are responses to the dominance of institutionalisation in the country’s mental healthcare for people diagnosed with severe mental illnesses and the rise of community mental health that is still largely expert-driven and biomedically oriented. These identities allow people to resist medical oppression and assert their voices in institutional and community mental health policies. Still, some might also trivialise and misrepresent people’s lived experiences of vulnerability. **Conclusion:** Since psychiatrists and social scientists are often entangled in the production of these identities, we should be reflexive of their contexts of emergence, conscious of our own roles in the process, and open to the slow, uneven, and unexpected changes that these new identities might bring.

**Keywords:** Identity, service user, psychiatric survivor, peer support, China

S14-02

# Working Together for Greater Social Justice in Singapore's Mental Health Landscape: A Methodological Framework for User Research

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## ABSTRACT

User researchers working in mental health projects utilising co-production have long worried about the problem of co-optation when using biomedical frameworks, theories and terminologies. In response, survivor researchers have focussed on theorising lived experience as a legitimate form of knowledge. Still, a framework integrating social justice values, such as agency, to tackle structural challenges has yet to be conceived. My research hopes to fill this gap. Drawing on the fields of life writing, disability studies, postcolonial studies, and feminist perspectives on power, I will propose a methodological framework to suggest ways in for user research, ways that mitigate the risk of co-optation, and how this work applies to our understanding of the mental health landscape in Singapore. This presentation will interest user researchers interested in taking advantage of humanities-driven approaches that place lived experience at the centre of their research.

**Keywords:** User research, lived experience, methodology, co-optation, agency

S14-03

# Recovery and Discovery in the Autism Movement in Japan: from a Medical Anthropological Perspective

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## ABSTRACT

Focusing on the concept of recovery, this presentation examines the history and practice of autistic movements in Japan in comparison to the United States. The neurodiversity movement that emerged in the United States brought a perspective that saw autism not as a disease to be cured but as a natural human variation with its own unique values. From this perspective, autism can be seen as forming a kind of culture, and it has been problematised how various characteristics of autistic people are undervalued in terms of professional knowledge. This has often led to critical controversies about the treatment of autistic people. Against this background, this paper examines the movements of autistic people in Japan from a medical anthropological perspective based on archival research and fieldwork. Historically, strong self-advocacy movements such as the neurodiversity movement have been limited in Japan. As a result, different perspectives of self-knowledge and expertise on autism have developed, represented by the trend of *tojisha-kenkyu* (person-centred research), the collective practice of minorities to reconceptualise each of their impairments and disabilities. Minorities, including autistic people in Japan, are now creating a new mode of knowledge production that aims to create a collective hermeneutic resource from which each person can acquire self-knowledge. In comparison with the neurodiversity movement, this presentation aims to describe how the autism movement in Japan has sought to achieve the recovery of autistic people through the discovery of new self-knowledge.

**Keywords:** Autism, Japan, medical anthropology

S14-04

## Talking about the Brain Through the Tojisha Perspective: Dementia Medicine in Japan

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### ABSTRACT

Drawing upon medical anthropological fieldwork in clinics and hospitals, this paper examines the new talks about the brain among people with dementia and their families in Japan. With more than eight million people expected to be afflicted with dementia by 2036, Japan has witnessed the rise of a highly active and politicized users' movement that draws on the neurobiological model of dementia. Arguing against the depiction of dementia as an eerie, horrifying disease and an existential threat to one's sense of self, these psychiatric users instead urge people to think about the fundamentally cerebral nature of our common existence and the different forms and levels of neurobiological dysfunctions that we experience throughout our lifecycles as we age. At the same time, showing how such neurobiological dysfunctions can be mitigated and tamed not only by social considerations and ecological adjustments but also by learning about the fascinating world of the brain, they are generating a sense of optimism, even a new sense of unity among psychiatric users across the spectrum.

**Keywords:** dementia, brain, Japan, medical anthropology, tojisha

## **SYMPOSIUM 15**

# **Psychiatric Management for Cancer Patients**

S15-01

## Distress Thermometer as the 6th Vital Sign

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### ABSTRACT

Time constraints and stigma related to mental health commonly lead to failure to identify distress and referral to mental health services among cancer patients. Under-recognition of distress can lead to several problems, namely poor decision-making, and treatment adherence. The National Comprehensive Cancer Network Guidelines proposed using a Distress Thermometer (DT) as a mental health screening tool for all cancer patients. The project was inspired by a program conducted in Taiwan. The initial work involved engaging with the Director of the National Cancer Institute (NCI), oncologists, and palliative physicians. The subsequent four-month groundwork included establishing a referral process and a series of lectures to train doctors and nurses before it was launched in May 2017. The DT and its Problem List became part of the vital signs taken from all patients attending the NCI Multidisciplinary, Oncology, and Radiotherapy Clinics. A score of  $\geq 4$  was taken as the cutoff point. Causes of distress in those who scored  $\geq 4$  were further assessed using a Problem List. Regular monitoring by psychiatrists to facilitate any hiccups was performed during the first month. An audit of the data from May-December 2017 showed that 13,273 patients were screened using DT, and 159 (1.2%) had DT scores  $\geq 4$ . Hundred and seventeen patients reported Physical Problems as the cause of distress, followed by Emotional Problems (93), Practical Problems (59), Family Problems (27), and none for Spiritual Problems. Doctors and staff nurses reported no issues or extra burden in using the additional vital signs. Using DT as the 6th vital sign has been well received by the non-mental health care staff and has become part of their regular assessment.

**Keywords:** Distress thermometer, problem list, screening, cancer, vital sign

S15-02

## The Use of Psychotropic Drugs in Cancer Patients

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### ABSTRACT

Psychiatric conditions such as depression and anxiety are prevalent in cancer patients. It may relate to the cancer progress, psychosocial stressors, cancer treatment and physical impairment. In many instances, psychotropic drugs are needed in cancer patients. However, there are various concerns about the use of psychotropic drugs in this group of patients. The concerns include interaction with cancer treatment, side effects, reduced alertness, cost and stigma. Narrative review of a Dutch insurance database and a local teaching hospital database on the psychotropic prescription pattern in cancer patients. A narrative review of an article on the use of psychotropics for psychological and physical symptoms of cancer patients. Narrative review of two clinical trials. One involved psycho-stimulant as augmentation therapy, and another was on using multi-modal antidepressants for depression in cancer patients. Psychotropic usage was commonly prescribed in cancer patients. Psychotropics were helpful not only for psychological but also for various physical symptoms. Psycho-stimulants as augmentation therapy showed a rapid reduction of depression in cancer patients. Multimodal antidepressants not only improve depression but also the quality of life and cognitive function in cancer patients. There are various unmet needs in managing depression in cancer patients. Medications with rapid mode of action and favourable tolerability are crucial in this context.

**Keywords:** depression, cancer, psychotropics, psycho-stimulant, antidepressant

S15-03

## Mindfulness-Based Interventions (MBI) for Breast cancer Patients

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### ABSTRACT

Breast cancer is the most common cancer in women. Diagnosis and treatment may drastically affect the quality of life (QoL), causing symptoms such as sleep problems, depression, anxiety and cognitive impairment. Breast cancer patients frequently use complementary therapies to improve QoL, symptoms, and side effects.

Mindfulness has been applied to improve cancer care by enhancing psychological well-being. There is evidence that mindfulness-based interventions (MBIs) such as meditation, mindfulness-based stress reduction (MBSR), mindfulness-based cognitive therapy (MBCT) and Acceptance and Commitment Therapy (ACT) might improve the quality of life and reduce stress in breast cancer patients. These interventions are becoming increasingly popular among cancer patients and survivors. Mindfulness-based stress reduction (MBSR) programme aims to reduce stress by developing mindfulness, being a non-judgmental, accepting moment-by-moment awareness. MBCT combines MBSR techniques with cognitive-behavioural methods such as psychoeducation, cognitive restructuring, and developing pleasant activities. Acceptance and commitment therapy (ACT) is a programme that promotes psychological flexibility in managing life's stressors.

**Keywords:** mindfulness-based therapy, stress reduction, cancer patients

## **SYMPOSIUM 16**

### **ECP (Early Career Psychiatrists) - MPA ACES Award**

S16-01

# Challenges in Mental Healthcare System in Sarawak District Setting: Harnessing the Superpower of Resilience

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## ABSTRACT

Resilience is the ability to adapt and bounce back from tragedy, trauma and any form of stress. Harnessing resilience enables us to survive and grow personally and professionally. Working in a mental healthcare centre in the Sarawak district setting has unique challenges. We encounter restraints in budget allocations and human resources. Furthermore, the geographical location of Limbang brings about logistic obstacles. Body: 1) With Acceptance comes Adaptation. Accepting our reality, we adapt and make meaning of our challenges. The team of 6 staff provide various services – outpatient, inpatient, liaison and community psychiatric services. Aware of our limitations, we visited as many homes in the community and conducted impactful mental health programmes. 2) Know Your Purpose and Focus on the End Goal. A clear purpose and goal gave the team the strength to prevail above our circumstances. We worked through the challenges of mobilising feasible care plans for the patients. We went as far as 50 km and ventured via sampans along Limbang River, a well-known habitat for crocodiles to reach those who were not accessible via the roads. Despite the scarcity of manpower and funding, we conducted 28 mental health literacy programs within 18 months. We even established an electroconvulsive therapy service! 3) Find Your Allies. Being resilient does not mean working alone. Everyone needs a support system. By bringing people along with us in our battles, we become more robust. 4) Foster Growth and Development. Regardless of urban or rural populations, every individual deserves the right to equal and quality healthcare. We made it our priority to provide optimum mental health care to the Limbang community. This article aims to shed light on mental healthcare services in a district setting and, more importantly, encourage us to work around our limitations when we harness the superpower of resilience.

**Keywords:** Mental healthcare system, challenges, resilience, district setting, Limbang Sarawak

S16-02

# Resilience During a Crisis and Beyond: A Tale Within the Land Below the Wind

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## ABSTRACT

The Keningau town, with its surrounding Interior Division of Sabah, is unlike other regions of Malaysia where the advancement of technology allows accessible communication between individuals. Mother Nature forms barriers between communities and becomes the main hindrance to successful outreach programs. Stigma against the mentally ill is common and more severe here than in developed cities due to a lack of awareness and understanding about mental illness. The unprecedented pandemic of COVID-19 and the movement control order further impede mental health promotion efforts in this region. Nevertheless, building mental health resilience during this challenging moment is imperative. To overcome the above obstacles, an older means of communication – the radio waves, was sought. Radio broadcasting can disseminate information to enormous areas in the shortest time. Whilst many radio stations were unavailable in this locality, the district's very own radio station – Keningau FM, was engaged. Through the collaboration with the station, the mental health promotional talks were delivered every Wednesday at 2.30 p.m. via the program "Santai Bicara." It was also an integral part of the Mental Health and Psychosocial Support Services (MHPSS) of the Interior Division of Sabah. The Hospital Keningau Psychiatry Department coordinated the program incorporating coping skills and education on common psychiatric symptoms encountered during the pandemic. Additionally, tips to maintain optimal mental health and enhance resilience were added. Subsequently, topics on various fields of psychiatry were discussed, ranging from child and adolescent to old age psychiatry, addiction, and many more. The objectives include education on mental illness, which is the perfect tool for reducing stigma, encouraging early help-seeking, and promoting good practices to achieve primary prevention. Strategies unique to the local community should be employed to ensure adequate mental health promotion in rural regions.

**Keywords:** mental health promotion, resilience, MHPSS, stigma, rural health

S16-03

# Body, Mind, and Plate: Exploring the Links between Sleep Quality, Perceived Stress, and Eating Behaviour among Medical Students in a Malaysian University

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## ABSTRACT

Sleep quality is a well-recognized predictor of good physical and mental health. However, sleep deprivation and poor sleep quality are common issues among medical students, as they are expected to handle a demanding and rigorous curriculum, long hours of study, and clinical rotations, leading to stress and sleep problems. Previous research reported stress associated with unhealthy eating patterns. Hence, this study aims to evaluate the sleep quality of medical students and determine its association with perceived stress levels and eating behaviours. This cross-sectional study was conducted in a Malaysian public university from January to April 2022 using a simple random sampling method. The respondents completed a set of self-administered questionnaires. This includes their demographic data, Pittsburgh Sleep Quality Index (PSQI), Perceived Stress Scale (PSS), and Adult Eating Behaviour Questionnaire (AEBQ). Among the 339 respondents, 72% of the respondents were female students. We found a high prevalence of poor sleepers (60.5%). Only 23.5% slept more than 7 hours/day. 7.1% reported using sleeping medication in the past month. 67.6% and 20.9% reported moderate and high stress levels respectively. Poor sleepers had significantly higher stress levels ( $t=6.192$ ,  $p<.001$ ) and were significantly associated with food avoidance eating patterns ( $t=2.281$ ,  $p=.023$ ). Pearson correlation analysis showed a positive correlation between sleep quality and perceived stress level, emotional over-eating, emotional under-eating, hunger, and satiety response while negatively correlated with enjoyment of food. Multiple linear regression revealed the perceived stress level is the significant predictor of sleep quality. The university urgently needs to address sleep quality issues among medical students. The medical curriculum should also emphasis building their mental health resilience by providing them with skills and resources to adopt helpful stress management and healthy eating habits while maintaining good sleep hygiene to enhance their learning experience and academic performance.

**Keywords:** Sleep quality, perceived stress, food approach, avoidance, medical students

## **SYMPOSIUM 17**

### **What is Taopsychotherapy?**

S17-01

## Introduction to Taopsychotherapy

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### ABSTRACT

Taopsychotherapy, which originated by the late Dongshick Rhee, the Korean Academy of Psychotherapists (KAP) founder, is a fusion of Western psychotherapy and Eastern Tao. To introduce Taopsychotherapy Dr. Dongshick Rhee's personal experiences and insights in his life and practice are briefly reviewed. The essence of Taopsychotherapy, which is 'nuclear feeling', 'empathy or compassion', and 'purification of mind or elimination of nuclear feeling', is examined in the context of clinical considerations. One of the most important things in Taopsychotherapy is empathising with the patient's feelings. Among them, from the very beginning of therapy, it is emphasised to identify and deal with the 'Nuclear Feelings' which dominate the patient's mind and behaviour at every moment throughout his or her life. Furthermore, in Taopsychotherapy it is emphasized that the therapist must have compassion to perfectly empathize with the patient's feelings and special emphasis is placed on the maturity of the therapist's personality. To reach a state of complete compassion, the therapist must resolve his or her 'Nuclear Feelings' through the purification of the mind. The ultimate goal and process of Taopsychotherapy is absolutely related to the recovery of subjectivity. Lastly, the author introduces the reactions and discussions by Western psychoanalyst or psychotherapists to Dr. Dongshick Rhee's actual treatment case.

**Keywords:** Taopsychotherapy, nuclear feelings, empathy, compassion, purification of mind

S17-02

## Korean Culture and Taopsychotherapy

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### ABSTRACT

The birth of Psychoanalysis was influenced by Freud's personal experiences and theoretical and social backgrounds. The Europe in which psychoanalysis emerged in the 19th century had a cultural emphasis on individual achievement and nobility, which resulted in individuals suppressing and not expressing themselves. When psychoanalysis was introduced to the United States, however, 20th-century American culture was characterised by gregariousness, in contrast to the inner-directed tendencies of 19th-century Europeans. These American sociabilities are often the servants of competitiveness rather than a genuine expression of liking for others. When psychoanalysis was introduced to Korea, the society was under Japanese colonial rule, and there was a problem of inferiority – the belittlement of Korean culture and the idealisation of Japanese and Western cultures. Modern psychoanalysis can be seen as having emerged in the process of addressing the problem in 19th-century European society - the disregard of emotion, and the problem in 20th-century American society - the discount of relationships. Similarly, it can be said that Taopsychotherapy also emerged in the process of overcoming issues – specifically the cultural complex in Korean society. While modern psychoanalysis and Taopsychotherapy can be seen as similar in their emphasis on emotions and relationships, Taopsychotherapy has unique characteristics that stem from its foundation in Korean culture and differs from modern psychoanalysis. This presentation aims to examine the original characteristics of Korean culture that influenced the emergence of Taopsychotherapy.

**Keywords:** Korean culture, Taopsychotherapy

S17-03

# The Taopsychotherapeutic Perspective on Resistance

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## ABSTRACT

Clients or patients often come to psychotherapy to alleviate psychological symptoms and pain but, paradoxically, soon behave in ways that seem to interfere with the process and progress of therapy. As early as the 1890's Freud began calling this phenomenon resistance and immediately realised that he needed to understand and deal with this matter to achieve therapeutic goals. Our understanding and ways of dealing with resistance in psychotherapy have undergone several developments over the years. Initially, psychoanalysts understood resistance as an obstacle to the therapeutic task and relationship and sought "to remove" it. However, over time, it has been realised that this is impossible, and the resistance also has an important function. In other words, the appearance of resistance was seen as an opportunity to understand the subjective experience of clients and the relational context in which it occurred. Dr. Rhee Dongshick, the founder of Taopsychotherapy, added a wholly fresh perspective in keeping with more recent relational perspectives. He came to see resistance as a therapist-centred concept and that what a therapist feels as resistance is, in fact, the result of the therapist's countertransference, essentially a failure of the therapist's empathy. He fully understood the patient's anxiety about admitting and facing unbearably painful emotions. Therefore, Rhee Dongshick's approach was to "melt" resistances by empathising with the patient's most distressing nuclear feelings with sustained, deeply empathic inquiry. In this paper, the author would like to examine in detail the perspective and therapeutic interventions of Taopsychotherapy in the face of resistance. Hopefully, this will propose meaningful guidelines for the conduct of psychotherapy, comparing these with some other well-known Western approaches to psychotherapy.

**Keywords:** resistance, Taopsychotherapy, countertransference, empathy, nuclear feelings

S17-04

# Comparison Between Schema Therapy and Taops psychotherapy

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## ABSTRACT

Schema Therapy is an integrative psychotherapy combining theory and techniques from previously existing therapies, assuming that the early experiences of deprivation or frustration of the subject's basic needs may lead to developing early maladaptive schemas (EMS) and moment-to-moment emotional states and coping styles to EMS, so-called maladaptive modes. There are four interventions of healing and change: (1) limited parenting, (2) emotion-focused work of imagery and dialogue, (3) cognitive restructuring, and (4) behavioral pattern breaking. With these interventions, the treatment of borderline personality disorder consists of the following processes: (1) resolving rigid copying style of detached protector mode, (2) freeing from punitive parent mode, (3) accepting the vulnerable child mode, and (4) living with adult mode. Although Schema Therapy provides the sophisticated classification of clients and various techniques, the categorical approach using too many terms and concepts may be limiting to treatment. In contrast, Taops psychotherapy is open to the use of any methods or techniques if one masters them and emphasizes more on the personality of the therapist rather than the technique. That is, Taops psychotherapy underscores empathic responses as well as accurate empathic understanding of the patient's subjective experiences. It also emphasizes that these empathic responses of therapists must come from a compassionate mind, which arises when you overcome love and hatred. Therefore, in this lecture, I would like to compare the similarities and differences of the two treatments and reconsider the characteristics of Taops psychotherapy.

**Keywords:** Schema, Tao, Psychotherapy, feeling, empathy

## **SYMPOSIUM 18**

### **Three in the Marriage: You, Me and ADHD**

S18-01

## Till ADHD (almost) Do Us Part

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### ABSTRACT

In the presentation, the speaker will talk about her personal account of being a woman with ADHD, sharing her experience navigating married life while managing her symptoms. She will discuss the challenges of balancing her condition with the demands of marriage, including maintaining open communication with her partner, managing time and household responsibilities, and addressing conflicts that arise. She also explores the impact of ADHD on her emotional well-being and relationships, highlighting the unique struggles and strengths of living with the condition. Through her story, the presentation aims to offer insights and perspectives that may be helpful for healthcare providers and mental health professionals working with this population.

**Keywords:** ADHD, women, marriage, marital conflicts

S18-02

## Married to A Queen of Distraction

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### ABSTRACT

Attention Deficit Hyperactivity Disorder (ADHD) was historically linked to hyperactive behaviours in boys and presumed resolved in adulthood. Girls with ADHD, often presented with inattention and emotional dysregulation, frequently went undiagnosed or misdiagnosed as depression and anxiety. The delayed diagnosis of ADHD in women has significant implications for their marriages. The impact on marital relationships can be viewed from two angles: the direct effects of ADHD symptoms and the responses of their spouses to these symptoms. Core ADHD symptoms, including attention dysregulation, disorganisation, impulsivity, and emotional dysregulation, substantially disrupt marital harmony. Societal expectations regarding women's roles in marriage, encompass responsibilities such as home organisation, childcare, and financial management, which intensifies the distress experienced by women with ADHD as they grapple with fulfilling these roles while contending with their symptoms. This often results in feelings of resentment, shame, guilt and a pervasive sense of failure. Simultaneously, their attention dysregulation, which alternates between distractibility and hyperfocus, can make spouses feel neglected and unimportant. Emotional and impulsivity can further strain the relationship. The first step in managing ADHD within a marriage is obtaining a proper diagnosis and recognising ADHD as contributing to marital conflicts. An accurate diagnosis can be a relief alongside grief. Comprehensive knowledge and understanding of ADHD offer a transformative perspective on the complex challenges faced in marriage. While medication may prove beneficial in addressing ADHD symptoms, a holistic approach is essential. Recognising strengths and vulnerabilities, addressing target symptoms through behavioural strategies such as implementing external structures for organisation, modifying the environment, and establishing routines that include regular emotional check-ins while employing empathetic and supportive communication are invaluable tools for managing ADHD within the context of marriage. Raising awareness of the concealed struggles faced by women with ADHD in marriage can lead to support for more robust and healthier relationships.

**Keywords:** ADHD, women, marriage, marital conflicts

S18-03

## A Marriage to A Predictably Unpredictable Man

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### ABSTRACT

Men with ADHD frequently experience marriage challenges due to the condition's symptoms. These challenges include organisation, time management, and impulsivity, which impacts their interactions, communication, following through with responsibilities, availability, and emotional regulation. These challenges often cause stress and frustration within the marriage, leading to conflicts and endless misunderstandings between partners. It can also break the relationship! ADHD in adults is often missed and dismissed. By recognising ADHD in these individuals, healthcare providers also provide support and validation for them and their partners struggling to understand why they are a mess. Many are unaware of the presence of ADHD and its impact on them. Healthcare providers providing support customised to the specific needs of men with ADHD is vital. Healthcare providers can help these individuals and their partners build more robust and successful relationships within their marriages.

**Keywords:** ADHD, men, marriage, challenges, marital conflicts

## **SYMPOSIUM 19**

# **The potential of digital technologies to realize resilient life for patients with mental disorders and chronic illness**

S19-01

# The Clinical Potential of Smartphone Log Application for Problematic Smartphone Use

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## ABSTRACT

Gaming disorder is a condition where individuals cannot control their gaming behavior, leading to addiction. Smartphones are the most commonly used gaming devices worldwide, and their portability and convenience increase the risk of addiction. Measuring the amount and frequency of use is crucial in addiction treatment, but individuals with gaming disorder may play for longer than intended, making it difficult to gather accurate data. A study aimed to objectively measure smartphone logs and trends in clinical practice to provide feedback for treatment. Researchers evaluated usage logs and patterns for patients with identified problematic smartphone use. Approximately half had a log collection rate of less than 50% during the first two weeks after downloading the app. The collection rate of logs was found to be correlated with treatment readiness. For those with logs, they measured changes in posture, continuous use time, and frequency of use. Improvement in social function and sleep conditions were observed when continuous use time was shortened. To encourage patients to use the app, healthcare professionals need to establish a strong therapeutic relationship and help them understand the benefits of logging their smartphone usage. Although difficult, all-day smartphone usage can be utilized to evaluate sleep, activity patterns, treatment readiness and treatment effectiveness.

**Keywords:** gaming disorder, addiction, smartphones, log applications, problematic smartphone use

S19-02

# Health Care Providers' Empathetic Attitude Toward Patients in Online Psychotherapy: A Preliminary Study Using Machine Learning Models

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## ABSTRACT

Online psychotherapy is rapidly gaining popularity due to the shortage of physicians in rural areas and the spread of infectious diseases, including COVID-19. However, online psychotherapy is more difficult than face-to-face psychotherapy to establish a relationship between health care providers and patients. We conducted online psychotherapy with a simulated patient through an experimental research design and extracted data on the medical provider's facial expressions, voices, and language from the online psychotherapy video. We used a machine learning model to predict the attitude of the medical provider that the simulated patients could perceive as empathetic.

**Keywords:** online psychotherapy, experimental research design

S19-03

# Association between Step Count Measured with a Smartphone App (Pain-Note) and Pain Levels in Patients with Chronic Pain: Observational Study

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## ABSTRACT

Chronic pain affects 20%-50% of the population globally. Physical activity, measurable via pedometers, is a recommended treatment. However, adherence issues can skew results. Few studies have explored the relationship between physical activity and chronic pain. We introduced the Pain-Note smartphone app, utilising the phone's pedometer, to study the correlation between daily steps and pain. (1) Examine the link between daily steps and pain in chronic pain patients. (2) Ascertain if the relationship was curvilinear. A cross-sectional study was conducted using the app's step data and questionnaires assessing pain duration, intensity, and related symptoms. We employed a restricted cubic spline model to analyse the nonlinear relationship between step count and pain. A subgroup analysis was also performed based on fibromyalgia criteria. From June 1, 2018, to June 11, 2020, 1323 out of 6138 records were analysed. Participants' average age was 38.7, with 81.9% being female. Chronic pain persisted for over 5 years in 43.2% of participants. 38.6% met fibromyalgia criteria, and 17% met clinical insomnia criteria. Participants taking more than 3045 and 5668 steps daily displayed a significant association between higher step count and reduced pain. The inflection point was at 5000 steps. This correlation wasn't evident in fibromyalgia patients. The Pain-Note app revealed a link between step count and pain level in chronic sufferers. While a negative correlation between steps and pain was observed generally, fibromyalgia patients showed a positive association below 2000 steps, indicating a distinct pain perception response in this subgroup.

**Keywords:** smartphone; cross-sectional study; chronic pain; fibromyalgia; step count

S19-04

# Development of Epileptic Seizure Prediction System Based on Heart Rate Monitoring

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## ABSTRACT

A warning before seizure onset can help improve the quality of life for epilepsy patients. The feasibility of a wearable system predicting epileptic seizures using anomaly detection based on machine learning is evaluated. An original telemeter is developed for continuous measurement of R-R intervals derived from an electrocardiogram. A bespoke smartphone app calculates the indices of heart rate variability in real-time from the R-R intervals, and the indices are monitored using multivariate statistical process control by the smartphone app. The proposed system was evaluated on seven epilepsy patients. The accuracy and reliability of the R-R interval measurement, which was examined in comparison with the reference electrocardiogram, showed sufficient performance for heart rate variability analysis. The results obtained using the proposed system were compared with those obtained using the existing video and electroencephalogram assessments; it was noted that the proposed method has a sensitivity of 85.7% in detecting heart rate variability change before seizures. The false positive rate of 0.62 times/h was not significantly different from the healthy controls. The prediction performance and practical advantages of portability and real-time operation are demonstrated in this study.

**Keywords:** epilepsy; wearable system; seizure prediction

## **SYMPOSIUM 20**

# **Mental Health Resilience in the Elderly**

S20-01

## Mild Behavioural Impairment – A Precursor to Dementia

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### ABSTRACT

Behavioural and psychological symptoms are highly prevalent in dementia; for some, these neuropsychiatric symptoms (NPS) precede the onset of cognitive symptoms. These pre-dementia NPS are considered the prodromal phase of dementia. At the face validity, Mild Behavioural Impairment (MBI) is conceptualised as pre-dementia NPS, which has been considered the prodromal phase of dementia. The research criteria for MBI were first proposed by Taragano et al, but newer criteria have emerged and evolved over the years by different researchers. The more comprehensive and widely accepted ISTAART criteria for MBI describe the construct as the emergence of sustained and impactful NPS after age 50 and as a precursor to cognitive decline and dementia. These pre-dementia NPS could be manifested in decreased motivation, affective dysregulation, impulse dyscontrol, social inappropriateness and abnormal perception or thought content. Based on the ISTAART criteria for MBI, Mild Behavioural Impairment Checklist (MBI-C) was subsequently developed to quantify the severity of behavioural symptoms in multiple domains at the prodromal phase of dementia. Multiple epidemiological studies consistently show that MBI or pre-dementia NPS predicts cognitive decline in cognitively normal populations and people with mild cognitive impairment. There is also emerging evidence from biomarker and neuropathological studies to suggest MBI can be an early manifestation of underlying neurodegenerative disease. Combining MBI with other existing predictive markers may be a potentially helpful approach to make a more precise prediction of cognitive decline or dementia.

**Keywords:** mild behavioural impairment, neuropsychiatric symptoms, pre-dementia

S20-02

# Resilience In Older Adults: Nurturing Strength and Adaptability

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## ABSTRACT

Resilience is a fundamental characteristic that enables individuals to overcome adversity and maintain positive well-being. As the population ages, understanding older adults' resilience becomes increasingly relevant, as it protects against the challenges they may face. Several studies emphasised the need to cultivate and strengthen resilience in older adults. The researchers highlighted various factors contributing to resilience, including social support networks, engagement in meaningful activities, adaptive coping strategies, and positive thinking patterns. Resilience is paramount in overcoming the challenges older adults face, such as chronic illnesses, loss, and social isolation; resilient older adults are more adaptive at navigating life transitions. Resilience also protects against mental health issues such as depression and anxiety, offering a buffer against age-associated declines in physical and cognitive abilities. Resilience fosters healthier interpersonal relationships; thus, older individuals can better manage conflicts, communicate effectively, and support others, improving relationships. Practical interventions focusing on tailored approaches to foster resilience in older adults include promoting active and healthy ageing, enhancing social connections through community engagement, providing access to mental health services, and encouraging the development of coping skills. Resilience plays a pivotal role in empowering older adults to face and overcome the challenges that come with ageing. Nurturing resilience through various factors can positively influence older adults' mental well-being, adaptability, and overall quality of life. Recognising and promoting resilience in older adults should be a key priority in psychiatric care, with the ultimate goal of helping them age gracefully and maintain a sense of purpose and fulfilment.

**Keywords:** Resilience, older adults, older person, elderly, adaptability

S20-03

## Resilience in Person Living with Dementia

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### ABSTRACT

Resilience among persons living with dementia is rarely discussed. While resilience might be a straightforward process in other clinical situations, it is not seen as easy as the “bounce back” process in a person with dementia. Dementia negatively affects one’s ability to think, organise, feel and behave. It is essential to facilitate resilience among persons living with dementia, knowing the challenges this population faces to reduce the illness’s adversity. The conceptualisation of resilience is different in dementia, which encompasses a more complex process of adaptation and engagement with a care partner to support the person throughout their journey. When fostering resilience in a person with dementia, several factors can be incorporated into the program, like overcoming negative influences, having effective coping strategies, and accepting the diagnosis and the change it brings to their life. There is literature examining the effect of psychosocial intervention on the resilience of a person with dementia. Most interventions were strongly associated with social connectedness, a sense of personhood, and self-empowerment. The presentation will discuss some of the interventions and their impact on the resilience of persons living with dementia, hoping to shed some light on how to improve resilience in the local scene.

**Keywords:** Dementia, resilience, cognitive, coping, social

## ORAL PRESENTATION

OP1-02

# Impact of a Patient's Suicide on Clinicians and the Support Clinicians Want and Receive

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## ABSTRACT

Suicide postvention has mostly focused on the impact of suicide on caregivers. However, patient's suicide can have a major effect on clinicians, including guilt, shame, fear, sorrow, depression, and fear of litigation. These feelings can impact the clinician's ability to provide optimal care. We conducted an anonymous internet survey of psychiatry residents, attendings, psychologists, nurses, social workers and nurse assistants at an academic department of psychiatry in the United States. Clinical discipline, prior patient suicide, subjective reaction, perceived peer, supervisor and institutional support. Based on the survey results, an initiative to provide support was launched. Clinicians from all disciplines and all divisions volunteered their time to serve on a committee to help peers at a time of emotional distress. Our survey was completed by 178 healthcare workers, with 19% of residents, 67% of attendings, 38% of nurses, 57% of social workers, 12% of nursing assistants and 8% of psychologists reporting having previously lost patients to suicide. For those who experienced it, support from peers, supervisors and institutions was reported as 6.9/10, 5.6/10 and 4.2/10, respectively. After the initiative's launch, the clinical teams who had lost a patient to suicide expressed gratitude and relief at the support they received. They reported being able to grieve without fear and think freely about practice improvements without feeling defensive about the incident.

**Keywords:** Suicide, postvention, clinician well-being, suicidology

OP1-03

# Psychological Wellbeing and Coping Strategies During COVID-19 Pandemic in Malaysia

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## ABSTRACT

The COVID-19 pandemic affected the world physically and mentally. Sudden changes in daily life and uncertainties have elevated the psychological well-being of the populations worldwide. This study evaluated psychological well-being in terms of perceived depression, anxiety and stress and the coping strategies used by the public during the pandemic. We conducted an online cross-sectional study recruiting 403 respondents from August 2020 to October 2020 to investigate this question. Self-reported questionnaires were sent out to gather sociodemographic details and assess the psychological well-being with DASS-21 and coping strategies with the Brief COPE inventory. The survey also assesses the respondents' knowledge about COVID-19. The total score for each sub-scale in DASS-21 and Brief COPE is summed to compare with the socio-demographic information. With the DASS-21, 34%, 32%, and 16% of the respondents have depression, anxiety, and stress symptoms, respectively. Individuals in the younger age group, less than 30 years old, non-Malaysian citizens, the unemployed, those with financial difficulties during the pandemic and a previous history of psychological distress had significant effects on perceived psychological symptoms. The most used coping strategy was acceptance (70%), followed by self-distraction (53.6%), active coping (52.8%) and positive reframing (52.4%), with the addition of religion (43.6%) in the older age group (>30 years). These data show the urgent need for a strategic approach and interventions to reduce the risk of perceived mental and emotional health in COVID-19 and other pandemics. In this study, gender was not significantly associated with depression, anxiety, and stress despite females scoring higher than males on the three scales. There were no significant differences among the genders in terms of coping strategies. Further studies should be conducted to investigate and understand the trend and progression of the population's mental health during pandemics.

**Keywords:** COVID-19, Pandemic, stress, depression, anxiety, coping strategies

OP1-04

# Invisible Wounds of War: A Descriptive Retrospective Study of Forward Psychiatry Services for Military Personnel During Combat Operations

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## ABSTRACT

The Lahad Datu engagement was one of the pivotal moments in Malaysian military history. The Combat and Operational Stress Reaction (COSR) Team, consisting of psychiatrists, medical officers, paramedics, and therapists, was deployed to treat military personnel who sustained psychological issues on the frontline. The objective of this study was to determine the descriptive characteristics of the personnel who presented to the COSR Team and its outcome. We conducted a retrospective chart review of military personnel who received forward psychiatry services during the Lahad Datu engagement between March and May 2013. Demographic and military-related data were collected, including marital status, age, rank, branch, trait, years of service, stressors, and presenting symptoms. We also examined the types of treatments given and the outcomes of those interventions. A total of 18 military personnel were included in the study. All of them are male. The mean age was 32 years (SD + 5.07), and the mean years of service were 11 years (SD + 5.58). The majority are Malays (94.4%), married (72.2%), from the Army (94.4%), other ranks (77.8%), and had combat roles (66.7%). The most common themes of stressors were Operational (88.9%), Work-Life Conflict (38.9%), and Combat-related (27.8%). The majority were presented with mood symptoms (50%), anxiety (33.3%) and behavioural symptoms (33.3%). All of them received psychotherapy, and 33.3% received psychotropic medications. Most patients (66.7%) reported improved symptoms and could return to duty. Forward psychiatry services effectively managed mental health concerns among military personnel during the Lahad Datu engagement. The findings suggest that forward psychiatry services can be a valuable resource for military personnel in high-stress combat situations. Further research is needed to explore the long-term impact of such services on military personnel's mental health and operational effectiveness.

**Keywords:** Forward psychiatry, acute stress disorder, military psychiatry

OP2-01

## Differences in Immunomodulatory Properties between Gender and Treatment Response in Elderly Patients with Major Depressive Disorder

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### ABSTRACT

Aging is characterised by chronic and low-grade Inflammation, which play a crucial role in the pathophysiology of depression, and identifying the specific cytokines targeted by different antidepressants and population is essential for personalised treatment. This study aimed to examine whether ageing causes different immunomodulatory effects of antidepressants when used to treat elderly patients with major depression and to clarify the relationships between plasma cytokine levels and the therapeutic effectiveness of these drugs. We recruited elderly ( $\geq 65$  y/o) Han Chinese patients with major depression who completed the 8-week SSRI or SNRI treatment and younger ( $< 65$  y/o) MDD patients. A multiplex assay measured cytokine levels in elderly patients with major depression before and after an 8-week antidepressant treatment. Cytokine levels were measured in younger MDD patients at the baseline. The 21-item Hamilton Depression Rating Scale was used to assess the changes in psychopathological symptoms from the baseline to the endpoint in each elderly patient. Treatment responders caused greater decreases in the levels of tumor necrosis factor- $\alpha$  (TNF- $\alpha$ ), interleukin-1 $\beta$  (IL-1 $\beta$ ), IL-2, IL-4, IL-5, IL-6, IL-8, IL-10 and GM-CSF than did treatment non-responders. Elderly MDD patients showed increased levels of inflammatory cytokines TNF- $\alpha$ , IL-1 $\beta$ , IL-2, IL-4, IL-5, IL-6, IL-8 than younger MDD patients. In gender-specific analysis, TNF- $\alpha$  and IL-6 levels are higher in the elderly MDD than in the younger group in the female population but not in the male population. Our results show that elderly MDD patients have a higher immune inflammatory response, and there are gender differences. Moreover, the inflammatory cytokines will decrease more for patients with better treatment responses.

**Keywords:** Elderly, inflammation, major depressive disorder, treatment response, gender difference

OP3-01

# Work-oriented Treatment in an Outpatient Service: Core Components, Processes, Outcome and Further Development

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## ABSTRACT

Many mental disorders impair the capacity to work. Getting and keeping a job impacts mental health and vice versa. Yet, in psychiatric treatments, work is often only marginally considered. Often, the sound assessment of the capacity to work is difficult for clinicians for a variety of medical, legal, and social reasons. Common obstacles to a work-oriented treatment in psychiatric care in a high-income country are examined and specified. The long-term implementation of evidence-based instruments and processes in an outpatient clinic and its effects on the reintegration to work are presented. Sometimes, there is a lack of time or knowledge in work-related topics, partners outside the institution are missing or unknown, the remission of symptoms is in focus, patients avoid contact with their workplace, or employers may show negative attitudes towards mental illnesses. However, it is possible and effective to establish work-oriented processes and attitudes in an outpatient setting. A regional network of interdisciplinary professionals was set up and is of great importance for the patients' outcomes. The treating psychiatrist or psychotherapist's main task is to carefully assess the functional limitations caused by mental disorders with regard to the requirements of the (potential) job. This is an indispensable precondition for a successful reintegration process. A reintegration-oriented attitude strongly supports psychiatric treatment and its outcome. An evidence-based tool (Mini-ICF-APP) to assess the capacity to work is highly recommended. Regular training of the whole therapeutic team is essential. Establishing and maintaining an interdisciplinary network is a key factor for an effective work-oriented treatment.

**Keywords:** Work-oriented treatment, functional capacity assessment tool, reintegration to work, interdisciplinary network

OP3-02

## Back To Work - Overview of the Social Security System in Switzerland

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### ABSTRACT

The costs of long-term mental illness are enormous for the patients as well as for employers, families, and society in high-income as well as low-income countries. In Switzerland, like in many other countries, there has been a big increase in disability pensions during the last two decades, mostly due to mental disorders. Especially when a long-term course of a disorder has set in, occupational reintegration is associated with a poor prognosis. Therefore, coordinated efforts are key to supporting the patients' return to work. The characteristics of the health and social security system and the labour market in Switzerland are examined. The effects of these conditions on psychiatric treatment are described. Switzerland has a state disability insurance provides comprehensive and targeted support to people with disabilities and health impairments. The main task is to support reintegration into the existing workplace or into a sheltered labour. The primary goal is to prevent a long-term incapacity from working. General practitioners and psychiatrists play a key role by integrating the topic of work in the treatment as well as by writing sick leave certificates and reports to the insurance. On the one hand, the certificate of incapacity to work entitles the patients to benefits like wage replacement; on the other hand, their integration into society and economic independence can be put at risk. A coordinated approach of the stakeholders, including the psychiatrist or psychotherapist, is essential to adjust the various elements of support to the patient's medical and mental situation. The knowledge of the complex health and social security system and of the labour market as well as a collaborative approach with all stakeholders, are essential for the successful support of the mentally ill with regards to their reintegration to work.

**Keywords:** Back to work, collaborative approach, Swiss social and health insurance system, Swiss labour market

OP3-03

## Mental Health Laws on Women's Psychiatric Rehabilitation: Lesson Learned From Thailand and India

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### ABSTRACT

The Convention on the Rights of Persons with Disabilities (UNCRPD) requires states to ensure that persons with mental health disabilities can enjoy their legal capacity on an equal basis with others. This study compared and discussed psychiatric rehabilitation among women regarding Thai and Indian Laws of mental health care. This study was a comparative documentary analysis based on the Thai Mental Health Act 2008 and 2019, the Thai Notification of the National Mental Health 2022, and the Indian Mental Health Care Act 2017. Indian and Thai psychiatrists and legal scholars reviewed and discussed the differences and similarities of protection for women with mental health difficulties. The study mainly focused on psychiatric rehabilitation included by the laws. All summarised data were the consensus among all authors for the best practice. Thai Mental Health Act 2008 and 2019 and Thai Notification of the National Mental Health Committee on the Guidelines and Procedures for the Rehabilitation of Patients 2022 have a specific part devoted to psychiatric rehabilitation, whilst the Mental Health Care Act of India 2017 includes a section devoted to the care of women with mental illnesses. Both jurisdictions have no substantial section devoted to the special provision for community and psychosocial rehabilitation of mentally ill women. Still, they have laid down the quality of mental health care and provided a penalty for violating their provisions in both India and Thailand. However, the definition of "mental illness" in both jurisdictions has not been the same in clinical diagnosis. Thai mental health laws have a part devoted to psychiatric rehabilitation. Indian laws on mental health care include a section devoted to caring for women with mental illnesses. However, both Thai and Indian laws have no specific part of psychiatric rehabilitation in women with mental illness.

**Keywords:** comparative study; mental health laws; psychiatric rehabilitation; women

OP3-04

# Child and Adolescent Mental Health in Malaysia: Challenges and Opportunities

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## ABSTRACT

Mental health is a crucial element for children to be happy. Mental health difficulties among children are a growing concern worldwide and can be challenging to be diagnosed from their many facets. Children generally express themselves less efficiently than adults, as they are still learning to communicate. However, are the adults listening well enough? The current article discusses the challenges and efforts to improve children's mental health in the country. Local and international studies were examined and discussed. In Malaysia, the parenting styles of most parents are primarily associated with authoritarian parenting; hence, the opinions and feelings of children are often left unattended or not listened to. Neglected and dismissed voices of children often shape an insecure attachment and, hence, poorer mental health outcomes. A shift to an authoritative parenting style has been emphasised, but the effort and implementation have been challenging. Collectivism and filial piety values are highly regarded in the country, which causes resistance to shifting parenting styles. In addition, adopting student-centred learning is still in its infancy stage, further limiting the expression of children's thoughts. The possible silver lining amidst the difficulties is the cultural shift from collectivism to individualism, which may or may not help the children's thoughts to be more respected. To help the young ones feel more secure and happier, tremendous efforts need to be implemented to lessen the mental health stigma and make their voices heard so they feel understood.

**Keywords:** challenges, child, Malaysia, mental health, opportunities.

OP4-01

## Treatment of Depression Focuses on Repressed Emotions

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### ABSTRACT

Since 1989, 5,915 patients have been hospitalised in fully open wards for depression. Thinking about the therapeutic environment, the patients can feel the change of nature in the room. Patients can see the changing sea level, sunrise, and sunset, and hear rain. For some, the beds were considered body buffer zones. We provided drug therapy along with individual and group psychotherapy. Family therapy clarified that the patient's emotion is repressed yet contrarily aggressive in the family setting. This different behaviour is the ambivalence of contact with people from infancy. I want to present my experience treating this emotional problem of depression. About this ambivalence, the patients express the same behaviour even in the hospital. After building a relationship with the patient, staff understood the vital meaning of his behaviour even when the patient expressed his emotion aggressively. Staff continued providing unvarying support. Through unwavering support, the patient experienced that it would not necessarily break the relationship with others, even if he expressed his negative emotions. In 2022, during the APA annual meeting, we presented 350 depressed in-patients data. Using the HAM-D, we found that the depression level changed from 26.3- 25.3 at admission to 7.1- 5.3 at discharge and in both male and female patients. Suicidal ideation decreased from 78% to 12% within one month. The findings showed the therapeutic environment and intensive team care provided patients with an option to solve their emotional problems. Additionally, we found that the patient's cognition and social behaviour towards others changed to some extent.

**Keywords:** Ward for depression, therapeutic environment, group psychotherapy, ambivalence, emotional problem

OP4-02

# Eco-spirituality and Sustainable Development: MyWORK@UM Project to Enhance Occupational Resilience among University of Malaya Campus Communities

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## ABSTRACT

Incorporating eco-spirituality within the Sustainable Development Goals (SDG) framework has positively impacted well-being through the conscious and meaningful relationships between the individual, nature, and God. Eco-spirituality emphasises the importance of the spiritual connection between human beings and the environment in attaining occupational resilience. The My Wellness, Occupational Resilience Tool-Kit at University Malaya (MyW.O.R.K@UM) project aims to fulfil the SDG 3: Good Health and Well-being agenda through i) the development of holistic wellness protocol that promotes resilience based on the spiritual, social and environmental domains, ii) establishing the MyS.O.U.L Support Group among the peers that offer conducive work culture and self-care practice, and iii) overcoming stigma in help-seeking behaviour among the UM campus workforce communities. Literature searches were carried out on wellness in the workplace and the implementation of training and intervention among workers to attain resilience, emphasising eco-spirituality and sustainable development. The articles were drawn from existing evidence-based guidelines in PubMed and Google Scholar, using the keywords: "wellness," "resilience," "eco-spirituality," "sustainability development," "workplace," and "SDG 3". The MyW.O.R.K@UM Eco-Spiritual Module was developed based on adapting theory- and evidence-based behaviour change interventions, resilience and ecological sustainability, and spiritual leadership. These inputs were transposed into spiritual and social-ecological components consisting of four submodules: Mindfulness Activity, Emotional Regulation, Oneness with the Environment, and Intervention Mapping Exercises. MyW.O.R.K@UM sustainable development project empowers the UM campus workforce to holistically integrate the eco-spirituality approach in self-care practice and provide psychosocial and spiritual support to fellow colleagues. The Eco-Spiritual Module exemplifies the SDG initiatives on Good Health and Well-being for all, especially among the workforce campus communities. Future research is imperative to determine the feasibility and usability of this module.

**Keywords:** eco-spirituality, wellness, occupational resilience, sustainable development, workplace

OP4-03

# Rehabilitation of Illness and Support for Education (RISE): The Three Tiers of Mental Health Support for Students of Higher Learning

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## ABSTRACT

Education is a fundamental human right. Despite the obstacles and challenges, students with mental illness have the right to pursue their education without discrimination and stigmatisation. The Rehabilitation of Illness and Support for Education (RISE) program aimed to provide comprehensive mental health support for students of higher learning in the largest university in Malaysia, Universiti Teknologi MARA. This pioneer-supported education program comprises three tiers of strategies for students to achieve academic excellence. The first tier of RISE is the primary intervention, the crucial stage to empower students with biopsychosocial and spiritual approaches to healthy lifestyles. This stage also serves to inculcate knowledge on psychological skills, introducing symptoms of mental illness and accessible mental health services for students of UiTM all over Malaysia. The "Health and Wellness @ Uni" module has been launched and is available via Massive Open Online Course (MOOC) and Micro-Credential Course. It also comes in a hardcopy and softcopy flipbook. This module may also raise awareness regarding mental illness among academic and non-academic staff lecturers. The second tier is the secondary intervention, which includes screening and early detection of mental health problems at Health and Wellness @ Uni, Klinik Minda Sihat and Counselling and Career Unit available all over UiTM campuses. The third tier is the tertiary intervention which provides supported education for students with mental illness, a collaborative effort between the Department of Psychiatry, Hospital Al-Sultan Abdullah (HASA) and various stakeholders including Students' Welfare Unit, Unit Perkhidmatan OKU (UPO), Zakat, Sedekah dan Wakaf (ZAWAF), Medical Social Welfare, HASA, Students and Academic Affairs, Universiti Teknologi MARA. Through this concerted effort, students with mental illness will excel to their full academic potential, live with optimum mental health conditions and RISE to their best health and wellness.

**Keywords:** supported education; rehabilitation; students of higher learning; university students; mental illness

OP4-04

## **Anxious Prone Personality and Self-Control in the Patient with Vaginismus: An Association Observed from Case Study**

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### **ABSTRACT**

Vaginismus is a penetration disorder in women that is not appropriately addressed. It is a medical condition involving the muscle spasm at the outer third of the vaginal, resulting in failure and painful penetration. However, difficulties discussing sexual disorders contribute to the low medical attention given to the subject. Hence, it leads to low self-esteem, worry, depression, fear and anxiety. Multiple aetiologies are reported to be associated with vaginismus, such as sexual abuse, traumatic sexual experience, upbringing and depression. Pain, catastrophic thinking, and particular personality are also associated with vaginismus. This paper aims to discuss the association of anxiety-prone personality and self-control with vaginismus based on three case series. The cases were referred for further management of unconsummated marriage. The sexual history and personality characteristics were explored. All cases had no history of sexual or psychological trauma. The internal and external factors that contribute to the personality development were explored. It was found that they shared similar upbringings and similar personality traits. They had high self-control and were anxiety-prone, leading to fear and worry about sexual activities. Individual psychotherapy, sexual education and couples therapy helped them discover about themselves and improved their sexual relationship. Anxious-prone traits and self-control contribute to the vaginismus. The insight about their conditions certainly assists them in understanding themselves better and with them changing to have more constructive coping strategies. Therefore, it enhances the readiness to engage in behaviour modification and sexual therapy to ensure the success of the intervention.

**Keywords:** vaginismus, personality, anxiety, self-control

## E-POSTER PRESENTATION

EP1

# Medical Pluralism Among Depression and Anxiety Patients in a Tertiary Hospital on the East Coast of Malaysia: A Qualitative Study

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### ABSTRACT

Many individuals in Asian countries, including Malaysia, connect psychiatric illness with indigenous, religious, or alternative beliefs, and their help-seeking behaviour has led to medical pluralism. In this study, medical pluralism is defined as adopting both Western and complementary medicine at least once during the same year. This study aims to understand why medical pluralism is adopted among patients with depression and anxiety in a tertiary hospital on the East Coast of Malaysia. A qualitative methodology, one-to-one in-depth interview was conducted on seven (7) depression and anxiety patients at Sultan Ahmad Shah Medical Centre @ IIUM, Kuantan Malaysia. All interviews were audiotaped, transcribed verbatim, and translated into English for academic presentation. The interview data were analysed using thematic analysis. The analysis found six emerging themes: minimising medical dependency, availability of medical pluralism, delaying until the symptoms escalate, issues in getting mental health treatment, the vague effect of mental well-being, and benefiting the overall well-being. Having identified the individual themes, they were categorised into three overarching themes: 1) Factors leading to practising medical pluralism, 2) Challenges in obtaining psychiatric treatment, and 3) The perceived effect of medical pluralism. Health illiteracy and stigma hinder early intervention. The role of social networks and healthcare providers expedites treatment-seeking. Improving access to care and addressing barriers faced by individuals seeking mental health treatment can help prevent symptoms from escalating. Planning mental health services, organising health campaigns, and increasing mental health literacy through awareness campaigns can help combat stigma and influence health-seeking behaviour. A robust therapeutic alliance may enhance treatment satisfaction, and collaboration with alternative practitioners is recommended to facilitate early intervention.

**Keywords:** Medical pluralism, depression, anxiety, qualitative study, Malaysia

EP2

## Association between Stress, Fear of COVID-19, and Salivary Immunoglobulin A Level Among Staff Nurses at Sultan Ahmad Shah Medical Centre (SASMEC): A Cross-Sectional Study

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### ABSTRACT

The COVID-19 pandemic has had a significant impact globally. Healthcare workers (HCWs) were forced to work with uncertainties about the virus, extended working hours, and increasing cases. It is known that stress causes immunosuppression, and salivary IgA (sIgA) is the immune marker most strongly related to work stress. However, the relationship between stress level, COVID-19 fear, and immunosuppression was unknown. The study investigated the relationship between COVID-19-related fear and stress of the sIgA level. A cross-sectional study was conducted among 109 staff nurses in SASMEC, Kuantan, Pahang. Stratified randomised sampling was done for selection of participants. The PSS-10 and FCV -19S-M Questionnaires were administered to objectively assess stress and fear, followed by non-invasive saliva sample collection. Quantitative measurement of IgA level was done using an Enzyme-linked Immunosorbent Assay Kit (ELISA) for sIgA. Pearson correlation test and coefficient of determination (R<sup>2</sup>) were applied. 86% of participants were female, 83% were aged between 26-45 years old, 75% were married, 95% had worked for more than 1 year, and 68% worked in high-risk stations. The majority of the participants scored moderate severity in terms of perceived stress (84%) and fear level (61%), and the mean sIgA level was 3.96ng/mL. Further analysis showed no linear correlation between stress and fear with salivary IgA levels. **Conclusion:** HCWs are inevitably exposed to high stress, especially during the pandemic, not just work-related stress and COVID exposure but also other demographic and situational factors. Though the current study revealed moderate stress and fear levels among the staff nurses with no significant association between salivary IgA and stress and fear, further study should examine other factors such as coping skills, working environment, and protective factors that may modify perceived stress and, subsequently, immunological response.

**Keywords:** COVID-19, workplace stress, salivary Immunoglobulin A, healthcare workers

EP3

# Developing Guidelines to Support Pandemic-Resilient Community Living for People with Mental Health Problems in Japan: A Project Agenda

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## ABSTRACT

Approximately 3.9 million people in Japan live in the community with mental health problems. The COVID-19 pandemic has tremendously affected them, their families, and those who support them. This research project agenda aims to identify the conditions and difficulties of community living faced by people with mental health problems during the pandemic and develop a consensus guideline to support the continuation of community living during a possible future pandemic. This project will be conducted in three phases. The first phase will survey people with mental health problems and their families and staff in day-care services; the second phase will survey medical professionals; and the third phase will integrate these findings to develop a consensus guideline for all these groups. In the first and second phases, interviews will be conducted with each group regarding changes and difficulties in their lives and work related to the COVID-19 pandemic and its psychological impact. In addition to living conditions, difficulties, infection prevention behaviours and needs, other measures such as physical and mental health, quality of life, and personal resilience will be used to examine the associations between each variable, and the results will be reflected in the content of the guidelines. In the third phase, experts and advocates reviewed and refined the draft using the Delphi method to develop a consensus guideline in 2025. A JSPS KAKENHI grant supported the project. The progress of this research project will be reported at conferences and in journals. The research project is conducted only in Japan. Therefore, the general guidelines will be developed considering Japan's mental health care system and sociocultural contexts.

**Keywords:** Pandemic-resilient, mental health problem, community living, COVID-19

EP4

## Two Cases Presented With Psychotic Symptoms After COVID-19

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### ABSTRACT

Symptoms of COVID-19 are wide-ranging. Psychiatric symptoms are often complicated, and patients are more likely to have psychiatric symptoms as they become more severe. I retrospectively examined the medical records and summarized the course of the symptoms. Case 1: A 26-year-old female with moderate mental retardation who had no psychiatric symptoms developed irregular movements of the limbs after suffering from COVID-19, gradually developing into a state of stupor from the fourth day. She was admitted to a psychiatric ward, and her psychiatric symptoms resolved 94 days after the onset of symptoms. She showed resistance to antipsychotic treatment and required electroconvulsive therapy. Case 2: A 22-year-old man with no history of psychiatric illness contracted COVID-19, and developed unknown behaviour, and became catatonic 14 days later. After being admitted to the psychiatric ward, the catatonic stupor gradually improved, and the psychiatric symptoms resolved 21 days after the onset. I encountered two cases of stupor, hallucinogenic delusions, and catatonic symptoms for the first time after contracting COVID-19 in patients with no prior psychiatric history. The cause of psychotic symptoms is thought to involve overproduced cytokines during COVID-19 infection.

**Keywords:** psychiatric symptoms, COVID-19, cytokines

EP5

# The Korean Medication Algorithm Project for Bipolar Disorder (KMAP-BP): Changes in Preferred Treatment Strategies and Medications Over 16 Years and Five Editions

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## ABSTRACT

The Korean Medication Algorithm Project for Bipolar Disorder (KMAP-BP) is based on expert consensus and has been revised five times since 2002. This study evaluated the changes in treatment strategies advocated by the KMAP-BP over time. The five editions of the KMAP-BP were reviewed, and the recommendations of the KMAP-BP were compared with those of other bipolar disorder (BP) treatment guidelines. The most preferred option for the initial treatment of mania was a combination of a mood stabiliser (MS) and an atypical antipsychotic (AAP). MS or AAP monotherapy was also considered a first-line strategy for mania, but not for all types of episodes, including mixed/psychotic mania. Although lithium and valproic acid were commonly recommended, valproic acid has been increasingly preferred for all phases of BP. The most notable changes over time included the increasing preference for AAPs for all phases of BP and lamotrigine for the depressive and maintenance phases. The use of antidepressants for BP has gradually decreased but still represents a first-line option for severe and psychotic depression. In general, the recommended strategies of the KMAP-BP were similar to those of other guidelines but differed in terms of the emphasis on rapid effectiveness, which is often desirable in actual clinical situations. The major limitation of the KMAP-BP is that it is a consensus-based rather than an evidence-based tool. Nevertheless, it may confer advantages in actual clinical practice.

**Keywords:** bipolar disorder, changes, consensus, guideline, KMAP-BP, treatment

EP6

# The Mediating Role of Empathy in the Relationship between Depression and Social Discomfort among Psychiatric Patients

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## ABSTRACT

Depression may lead to various problems in social function. While it has been known that impairments in social function are associated with deficits in empathy, evidence for impaired empathy in depression is heterogeneous. This study aimed to examine the mediating effect of empathy in the relationship between depression and social discomfort among psychiatric patients. A total of 107 psychiatric patients completed the Beck Depression Inventory-II, the Toronto Empathy Questionnaire, and the Social Discomfort in the Minnesota Multiphasic Personality Inventory-2 content scales. Regression analyses and the bootstrap sampling method were used for the data analyses. The results showed that not only depression positively predicted social discomfort, but also empathy significantly mediated the relationship between depression and social discomfort. The findings suggest that low empathy may significantly link depression and social discomfort. Therefore, addressing empathy in depression intervention may help prevent the development of social discomfort.

**Keywords:** depression, empathy, social discomfort

EP7

# Childhood Trauma and Parenting Styles among Patients with Schizophrenia in Hospital Bahagia Ulu Kinta

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## ABSTRACT

Childhood trauma and experienced parenting styles have been identified as risk factors for schizophrenia. Do parents with schizophrenia practise the same parenting styles they experienced? This study explored the association between experienced parenting styles and childhood traumas with practised parenting styles among patients with schizophrenia. The Childhood Trauma Questionnaire - Short Form, Parental Authority Questionnaire and Parenting Styles Dimensions Questionnaire were answered by 250 respondents in Hospital Bahagia Ulu Kinta. This study found that almost all the respondents were exposed to childhood trauma, with the most common being physical neglect (93.6%), followed by emotional neglect (89.2%), physical abuse (62%), emotional abuse (54.4%) and sexual abuse (44%). Among the 250 respondents, 78.8% had experienced three or more types of childhood traumas, 18% had experienced two types of traumas, and only 3.8% had experienced one type of childhood trauma. This study found that 51.6% of the 250 respondents (n=129) had experienced an authoritarian parenting style, and 71.1% of 83 parents (n=59) practised the same style. Participants who had experienced the authoritarian parenting style had odds of 7.584 in practising the same style with a p-value of 0.005. In contrast, those who experienced emotional abuse had the odds of 3.054 practising the authoritarian parenting style. Many patients with schizophrenia suffered a great deal of trauma and perpetuated the parenting styles they experienced. Further studies are needed on the effect of parenting education and a trauma-informed approach.

**Keywords:** Childhood trauma, parenting style, schizophrenia

EP10

# Factors Affecting Psychological Distress or Quality of Life, and Association Between Psychological Distress and Quality of Life in Korean Infertile Women

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## ABSTRACT

This was a prospective cohort study of 100 infertile women who voluntarily agreed to participate at their first visit from November 2018 to May 2019. Psychological distress and QoL were evaluated using the 2 questionnaires (SCREENIVF and FertiQoL) specifically designed for infertility. This was a prospective cohort study of 100 infertile women who voluntarily agreed to participate at their first visit from November 2018 to May 2019. Psychological distress and QoL were evaluated using the 2 questionnaires (SCREENIVF and FertiQoL) specifically designed for infertility. The prevalence screening positive for anxiety and depression risk were 42% and 29%, respectively. The number of miscarriage and in vitro fertilization (IVF) treatments were significantly associated with helplessness risk factor. Furthermore, women with 2 or more IVF treatments had lower emotional, and mind/body QoL domain scores than women with less than 2 IVF treatments. Regarding the association between the levels of psychological distress and QoL in infertile women, the largest association was observed between helplessness risk factor and mind/body QoL domain ( $r=-0.795$ ,  $p < 0.001$ ). Patients with more risk factors for psychological distress had the worse emotional, and mind/body QoL domain scores. The levels of psychological distress were significantly associated with QoL in infertile women. These psychologically vulnerable infertile women may receive psychological evaluations and interventions from various angles with conventional infertility treatments.

**Keywords:** Psychological distress, fertility quality of life, anxiety, depression, infertility

EP11

# Alternative Sedatives Besides Benzodiazepam in Elders with Insomnia, Anxiety, or Delirium: Choosing Wisely Campaign in Taiwan

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## ABSTRACT

“Choosing Wisely” was a campaign launched by the American Board of Internal Medicine (ABIM) in 2012. The campaign was subsequently extended and promoted in Taiwan. Supported by the National Health Research Institutes (NHRI), the Cochrane Taiwan research team suggested 5 topics to explore. We aimed at one of the five topics: “Do not use Benzodiazepam (BZD) drugs in elders with insomnia, anxiety, or delirium” and tried to find alternative drugs. Using the evidence-based medicine (EBM) tools, we formed two PICOs and searched essential databases. We found the six most relevant and valuable articles and did the necessary evaluation. For elders with insomnia, we concluded alternative drugs as stated: ramelteon, suvorexant, doxepine, antihistamine, trazodone, and antidepressants. For elders with anxiety: serotonin-reuptake inhibitors. For elders with delirium: Dexmedetomidine (in ICU), haloperidol and/or other antipsychotics (in non-ICU setting). We reviewed updated papers and listed possible alternative drugs for BZD use in elders. It may help to promote the specific topic of the Choosing Wisely campaign. The clinical benefit is pending evaluation.

**Keywords:** Choosing wisely, Taiwan, Benzodiazepam, elder, insomnia

EP12

# Sleep Timing as a Predictor for Obesity in the Large Sample Population

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## ABSTRACT

Little is known about the association between bedtime and obesity in the real-world population. Therefore, we examined the association between bedtime and obesity among Koreans in a nationwide sample. We obtained the cross-sectional data from participants aged 19 years or more from the 2018 Korean Community Health Survey. The demographic characteristics and presence of hypertension and diabetes mellitus were collected by well-trained interviewers. Body mass index was calculated from the measured value of height and body weight. The Pittsburgh Sleep Quality Index and Patient Health Questionnaire-9 were provided to the sample. Logistic regression models tested associations between sleep timing and obesity. The analysis was stratified by demographic variables, hypertension, diabetes mellitus, and depression in case of observing significant interactions. Among the nationwide sample, 169,313 subjects (55.5±17.40 years; 43.8 % of males) were included for analysis. Participants with bedtime earlier than 11:00 PM were older ( $p<0.001$ ), less yearly income ( $p<0.001$ ) and shorter duration of education ( $p<0.001$ ) compared to the later bedtime (later than 11:00 PM) group. The prevalence of hypertension ( $p<0.001$ ), diabetes ( $p<0.001$ ), depression ( $P<0.001$ ) and obesity ( $p<0.001$ ) were significantly higher in the early bedtime group. Logistic regression models stratified by significant variables showed an association between sleep timing and obesity (odds ratio, 1.059; 95% confidence interval, 1.034 to 1.081). Later bedtime was associated with a higher prevalence of obesity in a large community-based sample. Further studies would be needed to delineate the pathogenesis of obesity among the late-sleeping population.

**Keywords:** Bedtime, body mass index, obesity, sleep timing, skeletal muscle

EP13

# Correlation Between Severity of Depression and Heart Rate Variability

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## ABSTRACT

Depression is a serious mental illness characterised by recurrent episodes and chronicity. It is also an important risk factor for cardiovascular morbidity and mortality in patients with coronary artery disease. Studies of autonomic nervous system (ANS) dysfunction in patients with depressive disorders and changes in ANS activity in response to stress support the notion that depression is associated with an increased risk of physical illness. Heart rate variability (HRV) reflects the central ANS providing information about autonomic nerve activity that extends to the heart. HRV has been extensively investigated in patients with depression, but the relationship between depression severity and HRV remains unclear. The primary purpose of this study is to determine the association between depression severity and heart rate variability. This study is a retrospective design from 533 patients with depressive disorder, excluding comorbidities such as intellectual disability, dementia, and arrhythmia. Demographic data, including age, gender, medication history, Patient Health Questionnaire – 9 (PHQ-9), and HRV data, were analysed for patients with a first visit between September 2019 and December 2022. The data is from 303 females and 230 males, and there was no significant difference in the score of PHQ-9, but there were significant differences between genders in HRV parameters, such as Sdnn and low frequency (21.2 vs. 22.8,  $p = 0.004$ ; 63.1 vs. 121.0,  $p < 0.001$ , respectively.). Pearson's correlation analysis revealed that PHQ-9 was correlated with Rmssd ( $r = -0.09$ ,  $p < 0.05$ ). Our results demonstrated a weak association between the severity of depressive symptoms and the power of the sympathetic nerve system. This weak association, in contrast to our expectation of a strong association, might be attributed to the retrospective study design and the failure to consider other comorbidities, such as hypertension. Further research is needed to clarify the hypothesis of this study.

**Keywords:** Depression, Heart rate variability, Autonomic nervous system

EP15

# Proposal of Inpatient Suicide Prevention Methods: Based on Korea Patient Safety Reporting and Learning System (KOPS) and National Police Agency's Investigation Records

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## ABSTRACT

Inpatient suicide and self-harm are continuously reported, although medical institutions strive to prevent patient safety accidents. We aim to analyse a nationwide survey on inpatient suicide to suggest the prevention of suicide accidents and recurrence. We analysed the National Police Agency's investigation records of 833 complete suicides, specifically within medical facilities, about the general characteristics, related factors, and warning signs of suicide for five years, from 2013 to 2017. The Korean patient safety reporting and learning system (KOPS) was analysed to find the suicide factors and relapse prevention information on 355 subjects from January 2016 to December 2020. According to the National Police Agency's investigation records, jumping (49%) was the most common method, followed by hanging (39.7%). 658 (94.3%) of the 698 suicide deaths showed verbal, behavioural, and emotional changes before death. 569 (57.2%) were diagnosed with psychiatric diseases. The diagnosis of psychiatric diseases includes depressive disorder (191, 19.2%), dementia (104, 10.5%), alcohol use disorder (81, 8.1%), and schizophrenia (60, 6.0%). Suicide and self-harm in medical institutions occurred relatively more in the elderly than in the younger age. The detailed location of the accident occurred in the order of the hospital room (57.2%), the bathroom (11.8%), the hospital lobby (7.6%), and the hospital outdoor garden (4.2%). The methods of suicide and self-harm were the order of hanging (27.3%), falling and stabbing (23.7%), and poisoning (12.1%). There is a need for a medical system that can closely observe rapid changes in the high-risk group to prevent suicide and self-mutilation incidents within medical institutions. To prevent hanging and falling, which are the most frequent suicide attempts used in the hospital, it is crucial to manage the facilities and environment. For facility management, the ward and the external space are essential.

**Keywords:** Inpatient suicide, suicide prevention, psychological autopsy

EP16

# COVID-19 pandemic-related job loss impacts on mental health in South Korea

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## ABSTRACT

The economic hardship brought by the COVID-19 pandemic has caused mental health problems among people of different socioeconomic statuses (SES). We investigated the association between job loss related to COVID-19 and depression, anxiety, and suicidal thoughts, the differences in the effects according to SES, and the mediating effects of social support. The effects of COVID-19-related job loss on depression, anxiety, and suicidal thoughts among 1,364 people were investigated through semi-structured and self-administered questionnaires: Patient Health Questionnaire-9, General Anxiety Disorder-7, and the Functional Social Support Questionnaire. Logistic regression and sub-group analyses were performed to assess the association between job loss and mental health status and the moderating effects of income and educational levels. Moreover, the mediating effects of perceived social support on the association between job loss and depression, anxiety, and suicidal thoughts were analysed. COVID-19-related job loss increased the risk of depression and suicidal thoughts. Adults with lower income and education levels were at higher risk of depression, anxiety, and suicidal thoughts; perceived social support level had significant mediating effects on the association between job loss and depression/anxiety, and income level had significant moderating effects on this mediating pathway. COVID-19-related job loss was likely to be significantly associated with adverse mental health outcomes, especially among individuals with low income and education levels. As social support had buffering effects on such outcomes, related government policies cooperating with the governance of communities and stakeholders must be prepared.

**Keywords:** COVID-19, job loss, depression, anxiety, suicide

EP17

## Effects of Inpatient Family-based Treatment for Anorexia Nervosa Using Data-sharing With Families: A single-case Design

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### ABSTRACT

Family-based treatment (FBT) for anorexia nervosa (AN) is where a patient's family and healthcare provider collaborate to restore physical health and establish normal eating behaviours. Its efficacy has been well demonstrated, especially in outpatient treatment for patients younger than 18 years within three years of onset, and its outcomes are influenced by paternal participation. Cultural and environmental factors, such as the availability of paternal work and limited session time because of insurance policies, have challenged the widespread implementation of FBT in Japan. Thus, this study explored how FBT can be effectively implemented in an inpatient setting using data sharing with families. Parents attended three meal sessions daily, and the ward nurses supported the sessions. Parents recorded the patient's daily weight, BMI, and meal sessions on a shared Google spreadsheet, which the father subsequently maintained. A visual analysis was conducted using a single-case design. We administered FBT to seven female inpatients with AN aged 12–36 years between April 2022 and March 2023. Paternal participation was 100%, and the fathers maintained treatment responsibility in the spreadsheet even if they missed a session. The patients' BMI were between 10.9–15.7 on admission and 15.1–17.5 on discharge. Six patients achieved a BMI of 20 within 3–8 months of discharge. Using the spreadsheet data facilitated the identification of weight gain and appropriate eating behaviours. Parents were aware of the risk of AN to their children's lives, and a sense of urgency greatly motivated participation in the FBT. The father's active participation and the presence of ward nurses in meal sessions contributed to weight gain and appropriate eating behaviours. While these positive results highlight potential indications for inpatient FBT in Japan, the findings are limited to this single-centre study.

**Keywords:** inpatient family-based treatment, anorexia nervosa, ward nurses, data sharing

EP18

# Sex-specific association of Low Muscle Mass With Anxiety Symptoms in Asymptomatic Adults

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## ABSTRACT

Anxiety disorders are the most common psychiatric disorders worldwide. A growing body of evidence indicates that people with anxiety symptoms are at increased risk of chronic musculoskeletal diseases, increasing the likelihood of developing sarcopenia. The relationship between anxiety symptoms and low muscle mass (LMM) has been poorly studied. We aimed to investigate the association between LMM and anxiety symptoms. A total of 174,262 adults aged 18 to 89 who underwent mental health tests and body composition analyses were enrolled. Skeletal muscle mass index (SMI) was calculated based on appendicular muscle mass (kg)/height (m<sup>2</sup>). LMM was defined as lower than 7.0 in men and 5.4 in women. We screened for anxiety symptoms using the Clinical Useful Anxiety Outcome Scale (CUXOS). The association between LMM and anxiety symptoms were examined via multivariable logistic regression analyses. The prevalence of LMM was 20.17% in women, 3.86% in men (p<0.001). Among the participants, 23.92% had anxiety symptoms (CUXOS>20). In multivariable-adjusted models, the risk of sarcopenia was the highest in the group with severe anxiety symptoms(CUXOS>40: aOR [95% confidence interval], female; 1.18[1.07–1.3], male; 1.36[1.06–1.74]), followed by those with moderate anxiety symptoms(CUXOS>30: 1.17[1.11–1.24]; 1.35[1.19–1.53] and mild anxiety symptoms(CUXOS>20: 1.13 [1.08–1.17]; 1.17[1.08–1.27]) (p<0.001). Participants with more severe anxiety symptoms reported a significantly higher risk of LMM. This study demonstrated an independent association of LMM with anxiety symptoms in asymptomatic Korean women and men, suggesting its usefulness in stratifying and identifying patients at elevated risk of anxiety symptoms in clinical practice. Clinicians should focus on maintaining muscle mass and encourage proper diets and muscle-strengthening training for subjects at high risk for anxiety disorder.

**Keywords:** Sarcopenia, anxiety, skeletal muscle, cross-sectional studies, resistance training

EP21

# A Scoping Review Protocol of Trauma-Informed Practices in Japan: Toward Dissemination and Practice Improvement

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## ABSTRACT

In Japan, the frequency of adverse childhood experiences, such as disasters, abuse, and potentially traumatic events, is significantly higher among outpatients in general psychiatric clinics than in the general population, and appropriate care for such trauma is required. In the United States, trauma-informed care (TIC) and approach have been used since the 1990s as a conceptual framework for a holistic care delivery system for people who have experienced trauma. The TIC concept was introduced in Japan in the 2010s. Socio-cultural backgrounds and healthcare systems must be considered, especially when introducing psychosocial therapeutic approaches. Therefore, our paper aims to conduct a systematic scoping review to clarify the state of practice of appropriate TIC in Japan and promote its dissemination. The current presentation will report the review protocol. This systematic scoping review will cover review questions, including the definition of TIC in Japan, what is being done, to whom, and in what settings, the outcome measures, and whether these measures have been effective. The literature will be retrieved from "Ichushi Web," a Japanese online medical literature database, with the term "trauma-informed" used in full texts. The inclusion criteria include a post-2000 publication year, including descriptions of practices. The sample or participants, concepts, and contexts corresponding to the review questions will be extracted from the collected literature, qualitatively analysed, and compared with the contents of guidelines and practice reports in the United States. A preliminary search in April 2023 resulted in 149 relevant articles, the oldest of which was published in 2014. From these, the target literature will be selected according to the inclusion criteria. This literature analysis can contribute to clarifying trends and characteristics in Japan regarding trauma-informed care.

**Keywords:** Trauma-Informed Care, TIC, traumatic events, scoping review

EP22

# Mental Health Characteristics of Municipal Personnel with Depressive Symptom

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## ABSTRACT

Depressive symptoms of employees reduce their quality of life and cause loss of work competence. The importance of mental health is not only applied to private workers but also to municipal personnel. However, there was not enough study on the mental health characteristics of municipal personnel in Korea. Therefore, this study aims to investigate depressive symptoms and attitudes toward suicide among municipal personnel of one metropolitan city near Seoul, and to identify the characteristics of those with depressive symptoms. We send SMS to all 1,012 municipal personnel in this city for this survey. The survey consisted of sociodemographic characteristics, CES-D (The Centre for epidemiologic studies depression scale), PSS (Perceived Stress Scale), GAD-7 (The 7-item Generalized Anxiety Disorder Scale), and perceptions and attitudes toward suicide. : The survey was conducted on 367 municipal personnel in one city who voluntarily agreed to the survey. Forty percent of subjects suffered from depressive symptoms. Although the prevalence of depressive symptoms was not different by sex, there were more younger age subjects in the depressive symptom group ( $p=0.004$ ) than control. Also, in the depressive symptom group, there were more subjects with psychological stress ( $p<0.001$ ) and anxiety symptoms ( $p<0.001$ ) than without depressive symptoms. Many of the study subjects showed a permissive attitude toward suicide. The ratio of agreeing to the rationality of suicide ( $p<0.001$ ) and accepting attitude toward suicide ( $p<0.001$ ) was higher in the depressive group than control. Many municipal personnel had depressive symptoms and a permissive attitude toward suicide. The results of this study can be used to develop more appropriate mental health services targeting people with depressive symptoms among municipal personnel in Korea.

**Keywords:** Municipal Government; depression; suicide

EP23

# Effects of Curcumin on Anxiety-like Behaviours in Rats May Be Associated With Modulation of Inflammatory and Neurotrophic Effect

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## ABSTRACT

Contemporary treatments of post-traumatic stress disorder (PTSD) are far from satisfactory. It has been noted that levels of cytokines were elevated in peripheral blood and brain areas of PTSD patients. Also, this disorder was associated with a higher risk of cardiovascular diseases and immune dysfunction, associated with dysregulation of inflammatory pathways. Curcumin, a major active component of *Curcuma longa*, has multiple biological actions, including potent anti-inflammatory, anticarcinogenic, antioxidant, and neurotrophic effects, and is beneficial for multiple domains of human health. The current study examined the effect of curcumin treatment on anxiety-like behaviours in rats receiving single prolonged stress (SPS), a well-established PTSD model. Four-week-old male Sprague-Dawley rats were used in all the experiments. These rats were randomly assigned SPS or control groups. SPS-exposed rats received intraperitoneal injections of vehicle, 20, 50, or 100 mg/kg/day of curcumin. After a 4-week treatment, anxiety-like behaviours were examined using an open field test (OFT) and elevated plus maze (EPM). Also, protein levels of tumour necrosis factor-alpha (TNF- $\alpha$ ), interleukin 6 (IL-6), interleukin 1-beta (IL-1-beta), and brain-derived neurotrophic factors (BDNF) in the amygdala were examined. We found that rats exposed to SPS showed significantly higher levels of anxiety-like behaviours, as shown in OFT and EPM tests. The elevated anxiety-like behaviours were decreased by treatment with curcumin in all concentrations for 4 weeks. In addition, we found that SPS significantly decreased the expression of BDNF protein in the amygdala, and the decrease was only marginally reversed by curcumin. Moreover, SPS significantly increased the expression of TNF-alpha and IL-6 in the amygdala, and the increase was significantly decreased after curcumin treatment. The results supported that curcumin treatment may improve SPS-induced anxiety-like behaviours, which may be associated with inflammatory response and neurotrophic effect. Further study was needed to examine the detailed mechanism.

**Keywords:** anxiety, curcumin, inflammation, post-traumatic stress disorder, single prolonged stress

EP24

# Reliability and Validity of the Korean Version of the Gotland Male Depression Scale

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## ABSTRACT

Globally, the prevalence of depression is about two times lower for men than women, but the suicide rate is significantly higher in men. This paradox may be attributable to inadequate screening for depression among men. The recent update of the Diagnostic and Statistical Manual of Mental Disorders (DSM) added contents concerning the varying symptoms of major depressive disorders between genders, and Rutz et al. developed the Gotland Male Depression Scale (GMDS), which includes symptoms commonly associated with male depression such as drinking and impulse control difficulties. Although the GMDS has been translated into Korean (K-GMDS), its validity has not yet been evaluated. The primary aim of this study was to validate the K-GMDS scale in psychiatric patients by evaluating its internal and external validity. The K-GMDS, PHQ-9 and BDI and outpatient records of 233 new patients at the outpatient psychiatry department at Daegu Catholic University Hospital from February 2022 to May 2022 were retrospectively reviewed. Internal consistency was measured using Cronbach's  $\alpha$ , and external validity was tested by analysing the correlation with PHQ-9 and BDI. Of 233 patients, 24 were excluded due to incomplete answers. 98 patients belonged to the depression group based on Psychiatric interviews. K-GMDS showed good reliability based on Cronbach's  $\alpha$ , 0.92. Also, external validity was established with a Pearson's correlation coefficient of 0.82 and 0.86, between the total score for the K-GMDS and the BDI, PHQ-9. The K-GMDS has satisfactory reliability and validity for psychiatry outpatients. The results of this study would be helpful in the use and development of male depression scales that are not available in South Korea.

**Keywords:** Major depressive disorder, Korean version of the Gotland Male Depression Scale, Beck Depression Inventory, Patient Health Questionnaire-9, Validity

EP25

# Impact of the COVID-19 Pandemic on the Mental Health of Children and Adolescents with ADHD and Their Parents: A Survey of Parental Perceptions

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## ABSTRACT

To investigate the impact of the COVID-19 (Coronavirus Disease) Pandemic on the mental health of children and adolescents with ADHD (Attention-Deficit/Hyperactivity Disorders) and their parents. Parents of children and adolescents aged 8-16 years who were diagnosed with ADHD before the COVID-19 pandemic declaration (March 2020) and had been receiving treatment until December 2022 at a psychiatric open clinic of a university hospital were enrolled. Parents were asked to fill out a self-report questionnaire about their children's symptom severity, daily functioning, and parents' psychological stress during the pandemic, which were rated on a 5 Likert scale (1= much improved, 2= slightly improved, 3= no change, 4= slightly deteriorated, 5= significantly deteriorated) to compare the pre-pandemic period. The data of 198 parents (152 mothers, 46 fathers) of ADHD patients (172 boys, 27 girls;  $11.46 \pm 2.72$  years old) who completed the questionnaire were used in the study. During the pandemic, most parents reported aggravation of ADHD symptoms and a decline in the function of their children (number of 4 and 5-point respondents: 70.4% and 70.9%). Parents of patients in upper grades (13-16 years old) reported more severe aggravation of symptoms and decline in function than those in lower elementary grades (4 and 5-point respondents each 81.4% vs 60.4%,  $p = .001$ ; 82.5% vs 60.4%,  $p < .001$ ). The gender of the child and parents did not show a statistically significant difference in reporting these deteriorations. However, reports of parental stress were significantly higher in mothers (4 and 5-point respondents 87.0% vs. fathers 19.4%,  $p < .001$ ). It was found that parents reported a decline in daily life function, and the severity of ADHD symptoms was more serious during the Pandemic than during the pre-pandemic period. Therefore, it will require attention from mental healthcare professionals in the future.

**Keywords:** COVID-19 pandemic, ADHD, parental perception

EP26

# Classification of Function of Psychiatric Units /in General Hospitals in Japan

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## ABSTRACT

In Japan, there are 240 general hospitals with psychiatric units, but recently, in general hospitals, psychiatric units which have only limited functions/ like as physical complications treatment are increasing. I am afraid of changes in the quality and function of psychiatric units in general hospitals in Japan. We, the Committee of Psychiatric Units in General Hospitals/ in Japanese Society of General Hospital Psychiatry, sent a questionnaire to the representatives of psychiatric units in general hospitals in each prefecture in Japan, and we asked them /which type each psychiatric unit belonged to. The type classifications are as follows;- Type 1: general function type. Treat all psychiatric diseases. Type 1a: corresponding to a psychiatric emergency. Type 1b: not corresponding to a psychiatric emergency. Type 2: limited function type. type 2a: specialised to psychiatric emergency. type 2b: specialized in physical complications treatment. Type 2c: specialized to voluntary hospitalisation by open ward. The answer was the following. Type 1 was 212 hospitals (88%), and Type 2 was 28 (12%). As to subtypes Type 1a was 141(59%), Type 1b was 71(30), Type 2a was 4(2%), Type 2b was 20(8%) and Type 2c was 4(2%). Most psychiatric units in general hospitals were general function type, whereas, in limited function types, the psychiatric units that specialised in physical complications treatment is gradually increasing. Most psychiatric units in general hospitals have general functions, but Japanese Psychiatry is yet hospital-based, and psychiatric hospitals occupy most psychiatric beds. It requires some attention to decrease psychiatric units in general hospitals and have general functions because it means increasing dependence on psychiatric hospitals in Japanese psychiatry.

**Keywords:** Japanese psychiatry, general hospitals, psychiatric units

EP27

# Establishment of Emergency Psychiatry and Progress of Deinstitutionalization in Japan

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## ABSTRACT

Japan has been criticised for its numerous psychiatric beds and prolonged hospital stays for patients. However, there's a slow move towards deinstitutionalisation. This study explores this issue from the perspective of Emergency Psychiatric Medicine with a literature review and using official statistics. Following WWII, the 1950 law and Psychiatric Special Provision accelerated the establishment of under-equipped psychiatric hospitals. These had a patient-to-doctor ratio of one-third of general hospitals, causing a surge in long-term hospitalisations and challenges in emergency care. In 1985, the well-equipped Chiba Psychiatric Medical Centre (CPMC) was founded by Dr Kenmi Kazuo, Dr Hirata Toyoaki and others with the goal of three-month discharges. By 2018, CPMC achieved an average stay of 40.8 days, contrasting with the national 265 days. The success of CPMC prompted the Japanese government to introduce Psychiatric Emergency Wards (PEW) in 1996. Two decades later, the number of PEWs expanded 15.5-fold, representing 8% of psychiatric beds but 41% of annual admissions. The average duration in these wards dropped by 32%, and admissions were reduced by 11%. The Japanese Association for Emergency Psychiatry (JAEP), founded in 1997 by the founders of CPMC and others, aimed to improve emergency care quality and reduce long-term stays, positioning CPMC as a benchmark. By 2023, the Psychiatric Emergency Medical System (PEMS), initiated in 1995 by prefectures, encompassed 1,117 facilities. Within PEMS, 186 PEWs, including CPMC, emerged as essential for emergency situations. Yet, the national average stay and bed count remained high into the 2020s. Despite advancements in psychiatric emergency care, Japan's journey to significant deinstitutionalisation is ongoing. The continued existence of under-equipped psychiatric hospitals, mainly as containment centres, signifies a lasting societal issue.

**Keywords:** Emergency Psychiatry, Deinstitutionalization, numerous psychiatric beds, and prolonged hospital stays, Japan

EP28

# Substance Use Before or During Pregnancy and the Risk of Child Mortality, Perinatal Morbidities, and Congenital Anomalies

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## ABSTRACT

There are few studies on child mortality, perinatal morbidities, and congenital anomalies born by women with substance misuse during or before pregnancy (DP or BP). **OBJECTIVE:** We aimed to investigate long-term mortality risks from birth to 13 years of age, perinatal morbidities, and congenital anomalies among children born to mothers exposed to substances during or before pregnancy. Taiwan Birth Registration from 2004 to 2014 linking Integrated Illicit Drug Databases used to include substance misuse participants. Children born to mothers with substance misuse DP or BP were the substance-exposed cohort. Unexposed comparison cohorts were established by exact match and propensity scores matching. Cox regression analysis was performed. The exposure group included 1776 DP, 1776 BP and 3552 unexposed individuals in exactly matched cohorts. A four-fold increased risk of death in children born to mothers exposed to substances during pregnancy was found compared to the unexposed group [hazard ratio (HR) = 4.54, 95%CI: 2.07- 9.97]. Further multivariate Cox regression models with adjustments and propensity matching substantially attenuated hazard ratios on mortality in the substance-exposed cohort (aHR = 1.62, 95% CI: 1.10-2.39). Raised risks of perinatal morbidities and congenital anomalies were also found. Increased child mortality risks, perinatal morbidities, and congenital anomalies were found in women who used substances during pregnancy. From estimates before and after adjustments, our results showed that having outpatient visits or medical utilizations during pregnancy was associated with substantially attenuating the hazard ratios on mortality in the substance-exposed cohort. Therefore, the excess mortality risk might partially explain the lack of relevant antenatal clinical care. Our findings may suggest the importance of early identification, specific abstinence programs, and access to appropriate antenatal care might help reduce newborn mortality. Adequate prevention policies may be formulated.

**Keywords:** child mortality risks, perinatal morbidities, women, substance use, pregnancy

EP29

# Association of Loneliness with Suicide Risk and Depression in Individuals with Schizophrenia: Moderating Effects of Self-Esteem and Perceived Support from Families and Friends

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## ABSTRACT

Loneliness is prevalent among individuals with mental illnesses. This cross-sectional survey study examined the moderating effects of self-esteem and perceived support from families and friends on the association of loneliness with suicide risk and depression in individuals with schizophrenia. In total, 300 participants (267 with schizophrenia and 33 with schizoaffective disorder) completed the University of California, Los Angeles, Loneliness Scale (Version 3); suicide module of the Mini International Neuropsychiatric Interview; Center for Epidemiologic Studies Depression Scale; Family and Friend Adaptability, Partnership, Growth, Affection, and Resolve Index; and Rosenberg Self-Esteem Scale. Moderation analysis examined the moderating effects of self-esteem and perceived support from families and friends on the association of loneliness with suicide risk and depression. Perceived support from friends significantly reduced the magnitude of suicide risk in participants with loneliness. In addition, self-esteem significantly reduced the magnitude of suicide risk and depression in participants with loneliness. Our findings indicate the importance of intervention programs that strengthen support from friends and self-esteem in reducing suicide risk and depression among individuals with schizophrenia and loneliness.

**Keywords:** schizophrenia, suicide, depression, loneliness, mental health

EP30

## Validation of the Korean Version of the Brief Irritability Test

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### ABSTRACT

Irritability is a common symptom in several psychiatric disorders, including mood disorders, anxiety disorders, and personality disorders. This study aimed to investigate the validity and reliability of the Korean version of the Brief Irritability Test (BITe) and adapt it for Korean patients with psychiatric disorders. A total of 296 patients at the Department of Psychiatry of Hanyang University Guri Hospital completed the BITe, Beck Depression Inventory-II (BDI-II), Beck Anxiety Inventory (BAI), State-Trait Anger Expression Inventory (STAXI), and Barratt Impulsiveness Scale-11 (BIS-11). We conducted correlation, internal consistency, and factor analyses. First, exploratory factor analysis indicated a single dimensionality of the BITe, and confirmatory factor analysis demonstrated a reasonable fit for the single-factor model (CFI=.974, TLI=.948, NFI=.968, GFI=.963, RMSEA=.123, SRMR=.031). Second, the convergent validity analysis revealed a significant positive correlation with depression, anxiety, and anger, except for anger control, a sub-variable of anger. Finally, the scale had good internal consistency with a Cronbach's alpha of 0.88. The result proved that the K-BITe has good psychometric properties and can be a valuable tool for assessing irritability in Korean psychiatric patients.

**Keywords:** Irritability, assessment, factor analysis, validation, Korean

EP31

## Relationship Between Hopelessness and Suicidal Ideation among Psychiatric Patients: The Mediating Effect of Sleep Quality and Interpretation Bias for Ambiguity

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### ABSTRACT

While the association between hopelessness and suicidal ideation is well-established, the specific pathways linking hopelessness and suicidal ideation remain unclear. Objective: This study examined the mediating effect of sleep quality and interpretation bias for ambiguity in the relationship between hopelessness and suicidal ideation in psychiatric patients. A total of 231 psychiatric outpatients and inpatients completed the Beck Hopelessness Scale, Pittsburgh Sleep Quality Index, Ambiguous/Unambiguous Situations Diary-Extended Version, and Ultra-Short Suicidal Ideation Scale. Data analysis was conducted using regression analyses and bootstrap sampling. This study showed that hopelessness directly affected suicidal ideation, and that sleep quality and interpretation bias for ambiguity mediated the association between hopelessness and suicidal ideation. Moreover, there was a significant double mediating effect of sleep quality and interpretation bias for ambiguity on the relationship between hopelessness and suicidal ideation. These findings suggest the need to improve low sleep quality and interpretational bias towards ambiguity to prevent hopelessness from leading to suicidal ideation in patients with mental health disorders.

**Keywords:** Hopelessness, suicidal ideation, sleep quality, interpretation bias for ambiguity, double mediation

EP32

## Effect of Anxiety Sensitivity on Irritability: The Mediating Effects of Anxiety and Sleep Quality

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### ABSTRACT

Although individuals with high anxiety sensitivity may become easily irritable, there is insufficient information to establish a clear pathway between anxiety sensitivity and irritability. This study investigated the mediating effects of anxiety and sleep quality in the relationship between anxiety sensitivity and irritability among psychiatric patients. A total of 105 psychiatric patients completed the questionnaires on anxiety sensitivity (Anxiety Sensitivity Index-3), irritability (Brief Irritability Test), anxiety (Beck Anxiety Inventory), and sleep quality (Pittsburgh Sleep Quality Index). The regression analyses and the bootstrap sampling method were conducted for the data analyses. The significant findings of this study were as follows. Firstly, anxiety sensitivity positively predicted irritability. Secondly, anxiety significantly mediated the relationship between anxiety sensitivity and irritability but not sleep quality. Lastly, the sequential mediating effect of anxiety and sleep quality was significant in the relationship between anxiety sensitivity and irritability. These results suggest that anxiety and sleep quality should be considered in the pathway from anxiety sensitivity to irritability. Therefore, addressing anxiety and sleep quality in anxiety sensitivity intervention may help prevent the development of irritability.

**Keywords:** Anxiety sensitivity, irritability, sleep quality, sequential mediating effect

EP34

## Association of Poor Sleep Condition and Suicidal Ideation Among the Psychiatric Outpatients

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### ABSTRACT

This study was conducted to explore whether poor sleep was associated with suicidal ideation above and beyond depression and whether specific domains of sleep were related to suicidal ideation. We also determined whether the association between sleep problems and suicidal ideation was mediated by depression. Patients aged 18 to 65 years visiting the psychiatric outpatient clinic of the tertiary university hospital were recruited for this study. The Beck Depression Inventory (BDI) and Pittsburgh Sleep Quality Index (PSQI) were used to assess psychiatric symptoms. Independent samples t-test, Chi-square test, Pearson correlation analyses, hierarchical multiple regression analyses, and mediation analyses were performed using SPSS PROCESS macro. Among 909 participants, the majority of participants with suicidal ideation also had sleep problems (94.9%). After controlling for age, marital status, and depressive symptoms, total sleep problems estimated by the PSQI global score were also significantly associated with suicidal ideation. Among seven sleep components derived from the PSQI, several components, including having a cough or snoring loudly, experiencing bad dreams, and using sleep medication, were associated with increased suicide risk. Also, the relationship between sleep problems and suicidal ideation was mediated by depressive symptoms indirectly. There was no convincing direct relationship between sleep problems and suicidal ideation. Investigating the pathways that connect sleep problems and suicidality is fundamental to developing suicide prevention. While it might be premature to suggest specific interventions, it would be important for clinicians to consider evaluating and managing sleep problems in the context of suicidality.

**Keywords:** Depression, mediation effect, sleep quality, suicidal ideation, suicidality

EP36

## Elderly in the Pandemic: Depression and a Suicide Attempt, a Case Report

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### ABSTRACT

Elderly individuals are among those with the highest risk of suicide. The coronavirus (COVID-19) pandemic forces isolation and causes an increased risk of depression, hopelessness, and perceived burdensomeness among the elderly. This, hence, increases the risk of suicide. This is a case report of an elderly single retired school principal with obsessive-compulsive personality traits who developed depression after being isolated during the COVID pandemic's movement restriction order (MCO). The social isolation led to depressive symptoms such as feelings of loneliness and hopelessness. However, he only started seeing a psychiatrist one and a half years later. The patient's depressive symptoms worsened after he developed physical illnesses, such as eye floaters, affecting his daily activities. This caused him to have suicidal ideation, so he attempted suicide by ingesting 90 ml of pesticide. Two weeks before that, he attempted to update his will and ask his friend to keep it. After the attempt, he vomited, had diarrhoea and epigastric pain, and called his friend, who brought him to the Emergency Room (ER). He was resuscitated and subsequently admitted to the Intensive care unit (ICU). He was eventually transferred to the psychiatric ward and received psychiatric treatment, such as antidepressants. This case report highlighted the psychological impact of social isolation during COVID-19 and other factors that may contribute to difficulty with psychiatric care among the elderly during the pandemic, such as stigma, poor social support, poor physical health, and easy access to lethal means of suicide. Suicide in the elderly population is a multifaceted phenomenon. Given the heightened risk in this age group, a more comprehensive screening, prevention, and management plan should focus more on elderly people.

**Keywords:** Suicide, elderly, COVID-19

EP37

## Korean Medication Algorithm for Bipolar Disorder: Changes in Preferred Medications for Mania Over 20 years

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### ABSTRACT

Many treatment guidelines for bipolar disorders have been published. Majority of these guidelines are based on the evidence from clinical trials. The Korean Medication Algorithm Project for Bipolar Disorder (KMAP-BP) was developed to adopt an expert-consensus paradigm which was more practical and specific to the atmosphere in Korea. This study investigated preferred medication strategies for acute mania over five consecutively published KMAP-BP (2002, 2006, 2010, 2014, 2018, and 2022). The KMAP-BP questionnaire using a nine-point scale covered some specific clinical situations divided into subsections with many treatment options. A written survey asked about the appropriateness of various treatment strategies and treatment agents commonly used by clinicians as the first line. The most preferred option for the initial treatment of mania was a combination of a mood stabiliser (MS) and an atypical antipsychotic (AAP) in every edition. Preference for combined treatment for euphoric mania increased, peaked in KMAP-BP 2010, and declined slightly. MS or AAP monotherapy was also considered a first-line strategy for mania, but not for all types of episodes, including mixed/psychotic mania. Among MSs, lithium and valproate are almost equally preferred except in the mixed subtype, whereas valproate is the most recommended MS. The preference for valproate showed a reverse U-shaped curve. This preference change of valproate may indicate concern about teratotoxicity. Quetiapine, aripiprazole, and olanzapine were the preferred AAP for acute mania in later editions. This change might depend on the recent evidence and safety profile. The most notable changes over time included the increasing preference for AAPs. Korean experts have been increasingly convinced of the effectiveness of a combination therapy for acute mania. There have been evident preference changes: increased for AAP and decreased for carbamazepine.

**Keywords:** KMAP-BP, guideline, mania, medication strategy