Poster

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Poster 5

[P-5-01]

Burnout in humanitarian work: A qualitative study on the life experiences of workers in Malaysia

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[P-5-02]

A Relationship Between Depression and Obstructive Sleep Apnea among Patients Receiving Dialysis

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[P-5-03]

Is the Current Lights-Off Time in General Hospitals Too Early, Given People's Usual Bedtimes?

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[P-5-04]

Differences of Affective and Cognitive Characteristics in Depressive Patients according to the Severity of Somatization

*Kyoungbeom Kim[1] (1. Bongseng memorial hospital (Korea))

[P-5-05]

The practice of IPS(Individual Placement and Support) at a rural psychiatric hospital

*Shusaku - Fukutake[1], Eri Nakaoka[1], Noriyuki Harada[1], Rika Kawahara[1], Toru Nii[1], Miho Saita[1], Soichiro Sato[1], Mitsuru Hikiji[1] (1. Social Medical Corporation Takami Tokufuukai Kibougaoka Hospital (Japan))

[P-5-06]

Co-Production of a "22q Notebook" in Japan for individuals with 22q11.2 deletion syndrome

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[P-5-01] Burnout in humanitarian work: A qualitative study on the life experiences of workers in Malaysia

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Keywords：burnout、humanitarian workers、acceptance and commitment therapy

Humanitarian workers face numerous challenges when providing assistance to people affected by natural disasters, armed conflicts, and other crises, which often leads to burnout and psychological distress. This qualitative study investigates the interplay of factors that contribute to burnout among Malaysian employees of a refugee-focused humanitarian organization. Ten staff members participated in focus group discussions, which revealed five themes: positive and meaningful emotions; difficult and negative emotions; vicarious trauma, stress, and burnout; work environment, culture, and managerial policies; and structural and governmental stressors. The study emphasizes the need for improved support and resources for humanitarian workers, as well as enhanced organizational policies and practices to prevent and mitigate burnout. The findings suggest that culturally adapted interventions, such as Acceptance and Commitment Therapy (ACT), can help humanitarian workers address their unique psychological challenges. More research is needed to examine the issues present within humanitarian organizations using qualitative methods and adapt appropriate interventions to prevent the development of psychopathology in these settings.

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[P-5-02] A Relationship Between Depression and Obstructive Sleep Apnea among Patients Receiving Dialysis

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Keywords：end-stage renal disease / dialysis、mental health、sleep apnea

Background:
Obstructive sleep apnea (OSA) is a highly prevalent condition among patients with end-stage renal disease (ESRD). This study aims to examine the predictors of OSA in patients undergoing haemodialysis (HD) and peritoneal dialysis (PD).
Methods:
A total of 200 patients (comprising 150 haemodialysis and 50 peritoneal dialysis patients) were recruited from nephrotic outpatient clinics at our hospital in southern Taiwan between January 2015 and December 2015. The data collection process encompassed a range of demographic and social characteristics, dialysis-related variables, comorbidities, substance and alcohol use, and assessments using the Chinese Health Questionnaire (CHQ), the Taiwanese Depression Questionnaire (TDQ), the Pittsburgh Sleep Quality Index (PSQI), and the Berlin Questionnaire (BQ).In the subsequent phase, a psychiatrist conducted diagnostic interviews with individuals who were identified as potentially high-risk based on their questionnaire scores, with the aim of confirming any underlying psychiatric comorbidities. Structural equation modeling was employed to examine the relationship between CHQ, TDQ, PSQI and BQ.
Results:
The present study found that age and sleep duration had a negative effect on OSA. In addition, a higher BMI, hypertension, thyroid disease, peritoneal dialysis, and elevated post-dialysis BUN levels were associated with increased OSA severity. Furthermore, anxiety and common mental symptoms were found to be directly linked to OSA severity, and indirectly mediated by sleep disturbances.
Conclusion:
The results indicate a direct association between OSA and common mental symptoms, with sleep disturbances exerting an indirect influence. Addressing modifiable risk factors, comorbidities, sleep quality, and mental health may improve outcomes in this population.

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[P-5-03] Is the Current Lights-Off Time in General Hospitals Too Early, Given People's Usual Bedtimes?

*Eulah Cho[1], Junseok Ahn[3], Young Rong Bang[3], Jeong Hye Kim[4], Seockhoon Chung[2] (1. Seongnam citizens medical center (Korea), 2. Asan Medical Center, University of Ulsan College of Medicine (Korea), 3. Ulsan University Hospital, University of Ulsan College of Medicine (Korea), 4. University of Ulsan (Korea))

Keywords：insomnia、cognition、hospitals、lighting

Objective
This study aimed to investigate how shift-working nursing professionals perceive the current lights-off time in wards as early, appropriate, or late and how their perceptions can be influenced when considering people's usual bedtimes.
Methods
An online survey was conducted comprising queries about the current lights-off time in wards and respondents' opinions, self-rated psychological status, and perceptions of the current lights-off time considering others' usual bedtimes. Psychological status was evaluated using the Insomnia Severity Index, the Patient Health Questionnaire-9, the Dysfunctional Beliefs and Attitudes about Sleep-16, and the Discrepancy between Desired Time in Bed and Desired Total Sleep Time (DBST) Index, along with the expected DBST Index of others.
Results
Of 159 nursing professionals, 88.7% regarded the current lights-off time of 9:46±0:29 PM as appropriate. However, when considering others' usual bedtimes, the proportion perceiving the lights-off time as too early rose from 6.9% to 28.3%. Participants recommended delaying the lights-off time to 10:06±0:42 PM for patients' sleep and 10.22±0:46 PM for nursing care activities. Nursing professionals' insomnia severity was significantly higher among who responded that current light off time is too early after considering usual bedtime of other people.
Conclusion
This study underscores the need to reassess lights-off times in wards given individuals' typical bedtimes. The findings emphasize the need to address nursing professionals' perspectives and insomnia severity when optimizing lights-off schedules in healthcare settings.

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[P-5-04] Differences of Affective and Cognitive Characteristics in Depressive Patients according to the Severity of Somatization

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Keywords：Depression、Somatization、Alexythymia、Symptom interpretation

Objective : The purpose of this study is to investigate the differences of affective and cognitive characteristics in depressive patients according to the severity of somatization, and to find the association of these factors on the severity of somatization. **Methods :** 86 patients with depressive disorders who had somatic discomfort without clinically significant medical illness were enrolled. The following measures were used Patient Health Questionnaire-15, Beck Depression Inventory, State-Trait Anxiety Inventory, Toronto Alexithymia Scale-20-K and Symptom Interpretation Questionnaire. Patients were divided into two groups: mild to moderate somatization group as a score of <11, severe somatization group as a score of >11 on PHQ-15. The scales were compared with each group. **Results :** The mean score of Beck Depression Inventory in severe somatization group were significantly high. The score of total, subscale 1 <Difficulties identifying feelings> and 2 <Difficulties describing feelings> in Toronto Alexithymia Scale-20-K and the scores of total, psychological, physical and catastrophic interpretation in Symptom Interpretation Questionnaire were significantly high in severe somatization group. Finally, results of logistic regression showed that <Difficulties identifying feelings> and <physical interpretation> had significantly influence on the severe somatization. **Conclusion :** Among all variances, <difficulties identifying feelings> and <physical interpretation> were the most influential predictors for the severe somatization. These results suggested that therapeutic approach based on these characteristics according to the severity of somatization could be important for the management of somatizer.

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Thu. Sep 25, 2025 2:00 PM - 3:00 PM JST | Thu. Sep 25, 2025 5:00 AM - 6:00 AM UTC Poster Session (Foyer 2)

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[P-5-05] The practice of IPS(Individual Placement and Support) at a rural psychiatric hospital

*Shusaku - Fukutake[1], Eri Nakaoka[1], Noriyuki Harada[1], Rika Kawahara[1], Toru Nii[1], Miho Saita[1], Soichiro Sato[1], Mitsuru Hikiji[1] (1. Social Medical Corporation Takami Tokufuukai Kibougaoka Hospital (Japan))

Keywords：Individual Placement and Support (IPS)、Employment support、Recovery、Social inclusion、Psychiatric hospital

Background: Employment enhances quality of life, self-esteem, and social inclusion, and is therefore essential for mental health. Various models of employment support have been implemented as psychosocial interventions. Although the Train-Place model has shown limited effectiveness, Individual Placement and Support (IPS), a Place-Train model, has demonstrated effectiveness internationally. IPS has been promoted and institutionalized in countries such as the United States, where it originated, and the United Kingdom. In Japan, while no national policy has been established, approximately 30 employment support facilities and hospitals currently implement IPS, with reported employment rates of around 50%. Our psychiatric hospital is located in a city with a population of approximately 94,000, where few institutions provide employment support. In response to this need, we introduced hospital-based IPS, based on the principles of recovery and social inclusion.
Method:A multidisciplinary team including a psychologist, mental health social worker, nurse, and psychiatrist was formed. Individuals seeking employment were recruited regardless of diagnosis, age, or work history. Support was provided in accordance with the eight principles of IPS. At weekly team meetings, case discussions were held with the participation of service users, along with guidance from a hospital experienced in IPS practice.
Results: From April 2021 to April 2025, 79 individuals received IPS support, of whom 51 secured employment, resulting in 70 placements. There was no notable bias in terms of diagnosis or age among participants, and 14 of 16 individuals with schizophrenia achieved employment. The Japanese IPS Fidelity Scale score was 99 points in 2023. Employment rates over the past year have ranged from 55% to 75%.
Conclusion:IPS implemented in a rural psychiatric hospital demonstrated high effectiveness and replicability. IPS can be successfully implemented even in resource-limited regions, where such approaches may be all the more essential.

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[P-5-06] Co-Production of a “22q Notebook” in Japan for individuals with 22q11.2 deletion syndrome

*Yusuke Takahashi[1], Akiko Kanehara[1], Etsuko Fukaya[1,2], Miho Tanaka[1], Tomoko Ogawa[2], Kouta Sasaki[1,2], Yosuke Kumakura[1], Sho Yagishita[3], Kiyoto Kasai[1,2] (1. Department of Neuropsychiatry, The University of Tokyo Hospital (Japan), 2. Department of Child psychiatry, The University of Tokyo Hospital (Japan), 3. Department of Structural Physiology, Center for Disease Biology and Integrative Medicine, Graduate School of Medicine, The University of Tokyo (Japan))

Keywords：22q11.2 deletion syndrome、Co-Production、Shared Decision Making、Compartmentalization

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22q11.2 deletion syndrome is the most prevalent chromosome microdeletion syndrome. It combines congenital heart disease, cleft palate, immune deficiency and other multisystem anomalies, and patients frequently have intellectual disability. From childhood into adolescence many individuals develop anxiety disorders or schizophrenia-spectrum psychosis.
Because the care across medicine, education and social welfare is compartmentalized, agencies often fail to share information properly. Families are forced to repeat painful histories, suffer from excessive emotional labour, and may acquire secondary trauma that discourages future help-seeking.
To improve the recovery process, we are building a portable record that compiles key, highly individualised information and supports shared decision-making among patients, relatives and professionals. Adapting Japan’s Maternal and Child Health Handbook, we redesign its content and layout to include diverse disabilities across the life course.
This implementation study is grounded in co-production. Since planning, we have collaborated with the family association, adopting their ideas to highlight personal strengths and detailed transition sections. A trauma-informed attitude that prioritizes the psychological safety of patients and families underpins every stage of the making process.
This presentation will show the trauma-informed co-production process. Moreover, aiming for wider application, we will describe the steps needed to achieve person-centered, lifespan care with complex disabilities.