

Oral

📅 Thu. Sep 25, 2025 3:55 PM - 5:25 PM JST | Thu. Sep 25, 2025 6:55 AM - 8:25 AM UTC 🏢 Session Room 8 (Meeting Room 1)

Oral 3

[O-3-01]

Evaluating the Effectiveness of the "*Shall We Talk?*": Program: A Culturally Tailored Intervention to Address Social Isolation and Improve Well-Being Among Chinese Older Adults in Ontario

*Florence Kwai Ching Wong^{1,2}, Ivy Cheung¹, Vida Lee¹, Sherlyn Hu⁴, Maria Choi¹, Alan Fung^{1,3}
(1. Seniors Wellness Centre, Department of Psychiatry, Mount Sinai Hospital (Canada), 2. Factor Inwentash School Of Social Work, University of Toronto (Canada), 3. Department of Psychiatry, Faculty of Medicine, University of Toronto (Canada), 4. Carefirst Seniors and Community Services Association (Canada))

[O-3-02]

Comparing the Psychiatric Diagnostic Capabilities of ChatGPT and other Generalist and Simulated Reasoning-based Large Language Models

*Karthik V Sarma¹, Kaitlin E Hanss¹, Anne L Glowinski¹, Andrew Krystal¹ (1. University of California, San Francisco (United States of America))

[O-3-03]

Using a Japanese concept, *ibasho*, as an intermediate term in therapy with multicultural persons struggling with cultural adjustment in Japan

*MICHIKO ISHIBASHI¹ (1. Hiroshima University (Japan))

[O-3-04]

Mental Health Research on Immigrants in Japan (2020-2024): Trends and Unaddressed Issues

*Janice Y. Tsoh^{1,2} (1. University of California San Francisco (United States of America), 2. Toho University Faculty of Medicine (Japan))

[O-3-05]

The project MHEALTH4ALL: Development and implementation of a digital platform for the promotion of access to mental healthcare for low language proficient third-country nationals in Europe

*Raquel Lazaro-Gutierrez¹, *Barbara Schouten² (1. Universidad de Alcala (Spain), 2. University of Amsterdam (Netherlands))

Oral

📅 Thu. Sep 25, 2025 3:55 PM - 5:25 PM JST | Thu. Sep 25, 2025 6:55 AM - 8:25 AM UTC 🏢 Session Room 8 (Meeting Room 1)

Oral 3

[O-3-01] Evaluating the Effectiveness of the "*Shall We Talk?*": Program: A Culturally Tailored Intervention to Address Social Isolation and Improve Well-Being Among Chinese Older Adults in Ontario

*Florence Kwai Ching Wong^{1,2}, Ivy Cheung¹, Vida Lee¹, Sherlyn Hu⁴, Maria Choi¹, Alan Fung^{1,3} (1. Seniors Wellness Centre, Department of Psychiatry, Mount Sinai Hospital (Canada), 2. Factor Inwentash School Of Social Work, University of Toronto (Canada), 3. Department of Psychiatry, Faculty of Medicine, University of Toronto (Canada), 4. Carefirst Seniors and Community Services Association (Canada))

Keywords : Loneliness、Cultural Tailored Intervention、Social isolation、Mental health、Chinese older adults

Objectives: The COVID-19 pandemic has intensified social isolation and mental health challenges, particularly among older Asian Canadian adults, who face increased loneliness and limited access to culturally responsive support. The "*Shall We Talk?*" program was co-designed as a culturally tailored intervention to enhance relational and resilient care, strengthen communication and interpersonal skills, and reduce social isolation among Chinese older adults. This study evaluates its effectiveness in improving loneliness, communication skills, and well-being.

Methods: This pre-post quasi-experimental study recruited 28 participants from community-based geriatric psychiatric services and organizations serving Chinese older adults in Ontario. The intervention included an online social skills course followed by five weekly group-based conversation circles. Data were collected at four-time points: baseline, post-online module, post-group sessions, and post-reunion. Primary outcomes included happiness, loneliness, social engagement, life satisfaction, social competence, and mental health symptoms (depression and anxiety), assessed using validated measures.

Results: Participants demonstrated significant improvements in happiness ($M=6.20$, $SD=2.76$ to $M=7.75$, $SD=1.02$, $\eta^2=.420$, $p=.023$), loneliness ($M=1.20$, $SD=1.01$ to $M=0.80$, $SD=0.52$, $\eta^2=.363$, $p=.024$), and life satisfaction ($M=1.45$, $SD=0.69$ to $M=1.60$, $SD=0.75$, $\eta^2=.194$, $p=.006$). Additional improvements were observed in conflict avoidance ($M=2.50$, $SD=0.83$ to $M=3.20$, $SD=0.95$, $\eta^2=.152$, $p=.041$) and mastery of social skills ($M=2.20$, $SD=0.52$ to $M=2.75$, $SD=0.97$, $\eta^2=.261$, $p=.018$). These enhancements were sustained over time, particularly following the conversation circles and reunion. While no significant changes were noted in depression or anxiety, qualitative feedback highlighted improvements in psychological well-being, loneliness, communication, confidence, and social connections, and underscored the importance of lifelong learning.

Conclusion: The "*Shall We Talk?*" program demonstrated effectiveness in enhancing

communication skills, increasing happiness, reducing loneliness, improving life satisfaction, and promoting social competence among Chinese older adults. This study underscores the potential of culturally relevant programs to enhance social participation and overall well-being. Further research should explore its long-term effects and scalability across broader immigrant communities.

Oral

📅 Thu. Sep 25, 2025 3:55 PM - 5:25 PM JST | Thu. Sep 25, 2025 6:55 AM - 8:25 AM UTC 🏢 Session Room 8 (Meeting Room 1)

Oral 3

[O-3-02] Comparing the Psychiatric Diagnostic Capabilities of ChatGPT and other Generalist and Simulated Reasoning-based Large Language Models

*Karthik V Sarma¹, Kaitlin E Hanss¹, Anne L Glowinski¹, Andrew Krystal¹ (1. University of California, San Francisco (United States of America))

Keywords : artificial intelligence、 diagnosis、 large language models、 data science、 informatics

Background: The last two years have seen the advent of large language models (LLMs), a form of artificial intelligence (AI) that has shown promise in natural language understanding. Recent studies have demonstrated that the majority (78.4%) of patients are willing to use ChatGPT for self-diagnosis. Here, we evaluate the capabilities of these models to make psychiatric diagnoses, with attention to the comparison between generalist models and simulated reasoning (SR) models.

Methods: 28 full-text case diagnosis vignettes and associated diagnoses were retrieved from the DSM-5-TR Clinical Cases book. Five generalist models were selected: OpenAI's gpt-4o, Anthropic's Claude 3.5 Sonnet, Google's Gemini 1.5 Pro, Mistral's Large 2, and Meta's Llama 3.1 405B. Two SR models were selected: OpenAI's o1 and Anthropic's Claude 3.7 Sonnet. For each model, the positive predictive value and sensitivity for diagnosis were calculated for every vignette based on the predicted diagnoses and then averaged for a final result.

Results: The generalist LLMs exhibited a mean sensitivity (i.e., the proportion of author-designated diagnoses that were correctly predicted) between 71%-75% and a mean positive predictive value (PPV, i.e., the proportion of predicted diagnoses that were correct) between 50%-65%. No significant differences were found between the generalist models by the ANOVA test ($p=0.48$). The SR LLMs had mean sensitivity 72%-80% and PPV 70%-72%.

Conclusion: Both types of LLMs exhibited impressive out-of-the-box diagnostic performance. However, the generalist models exhibited significant overdiagnosis, producing an average of 0.5-1 incorrect diagnoses per correct diagnosis. SR models had improved PPV, with approximately 50% fewer incorrect diagnoses per correct diagnosis. Our findings raise concern that patients using these models for self-diagnosis may be presented with excessive pathologization of their concerns.

Oral

📅 Thu. Sep 25, 2025 3:55 PM - 5:25 PM JST | Thu. Sep 25, 2025 6:55 AM - 8:25 AM UTC 🏢 Session Room 8 (Meeting Room 1)

Oral 3

[O-3-03] Using a Japanese concept, *ibasho*, as an intermediate term in therapy with multicultural persons struggling with cultural adjustment in Japan

*MICHIKO ISHIBASHI¹ (1. Hiroshima University (Japan))

Keywords : Cultural Adjustment、 Multicultural Persons、 Multicultural Counseling/Therapy

People with multicultural backgrounds often find themselves making behavioral adjustments during a cultural transition, whether the change is minor or significant. Even if a particular behavior reflects the principle of their characteristics and sustains their well-being, they may still need to modify their behavior to fit into another culture. It is common knowledge that transitioning from one culture to another can shake the cultural values of identity. Identity crises can increase adjustment stress symptoms or even lead to a long-term struggle to understand oneself. It is important for them to find *ibasho*, a place and people, which bridges their cultural values from the past to the present and sustains their well-being. This presentation introduces a therapeutic approach using the Japanese concept of *ibasho* to support people with cultural adjustment and struggles with multicultural identity in Japan. *ibasho* is a Japanese term which refers to a place where one feels free, safe, and accepted. Several studies have shown that *ibasho* is deeply intertwined with one's sense of identity and well-being. During therapy, the concept of *ibasho* was introduced to patients as an intermediate term to help them assess their well-being, express their struggles, and process their adjustment issues to focus on the next helpful action and goals of finding their *ibasho*. It is a safe approach to discuss some difficult issues, as due to their cultural and personal characteristics, they may find it difficult to express direct words of *mental health* or *negative emotions* to therapists who may or may not understand their cultural struggles.

Oral

📅 Thu. Sep 25, 2025 3:55 PM - 5:25 PM JST | Thu. Sep 25, 2025 6:55 AM - 8:25 AM UTC 🏢 Session Room 8 (Meeting Room 1)

Oral 3

[O-3-04] Mental Health Research on Immigrants in Japan (2020-2024): Trends and Unaddressed Issues

*Janice Y. Tsoh^{1,2} (1. University of California San Francisco (United States of America), 2. Toho University Faculty of Medicine (Japan))

Keywords : Cultural psychiatry、Immigrant mental health、Social psychiatry、Narrative review、Japan

BACKGROUND: Japan's immigrant population has surged due to an aging population, declining birth rate, and immigration policy changes addressing labor shortages. In 2024, over 3.7 million immigrants constitute 2.7% of Japan's population. Immigrants face mental health challenges exacerbated by language barriers, cultural differences, and socio-economic factors. This study identified recent trends and unaddressed areas in mental health research on immigrants in Japan through a narrative review of English-based literature.

METHOD: A literature search was conducted using PubMed and Embase, focusing on English-based studies published between 2020 and 2024. Keywords related to mental health and immigrants, including "Japan" in the title or abstract, were used. The search yielded 89 non-duplicate articles; 54 were excluded due to reasons such as no mental health variables assessed (32%), not immigrant-focused (24%), and not including immigrants living in Japan (22%). The final sample included 36 articles. Data on study design, methodology, key topics, and findings were extracted and thematically analyzed to identify dominant research trends.

RESULTS: The 36 studies included 9,285 participants predominantly from Vietnam (28%), China, Hong Kong, or Taiwan (22.5%), Brazil (10.6%), Korea (10.2%), and the Philippines (5.4%). Cross-sectional surveys were most common (56%), followed by qualitative interviews (17%), mixed-methods (8.3%), and longitudinal designs (8.3%). Medical records were the primary source in 4 studies (11%), and 1 (3%) was intervention study. Research focused on seven major themes: COVID-19 impacts on mental health, parental and child well-being, workplace and job satisfaction, social and community support, acculturation and ethnic identity, mental health assessment and intervention, and mental healthcare access and barriers.

CONCLUSIONS: This review highlights diverse research areas in immigrant mental health but reveals gaps in treatment and services research. Addressing evolving mental health needs in Japan's diverse immigrant communities requires comprehensive efforts, focusing on these gaps to enhance overall well-being.

Oral

📅 Thu. Sep 25, 2025 3:55 PM - 5:25 PM JST | Thu. Sep 25, 2025 6:55 AM - 8:25 AM UTC 🏢 Session Room 8 (Meeting Room 1)

Oral 3

[O-3-05] The project MHEALTH4ALL: Development and implementation of a digital platform for the promotion of access to mental healthcare for low language proficient third-country nationals in Europe

*Raquel Lazaro-Gutierrez¹, *Barbara Schouten² (1. Universidad de Alcala (Spain), 2. University of Amsterdam (Netherlands))

Keywords : mental health、 cross-cultural、 communication

According to the World Health Organisation (2022), 1 in every 8 people in the world experience and live with a mental illness. Compared to local populations, post-traumatic stress and psychosis disorder rates are remarkably higher for Third Country Nationals (TCNs), who also face barriers to mental health services due to a mix of linguistic and cultural issues (Priebe et al.; 2016 Satinsky et al., 2019). Additionally, providers often lack an optimum command of foreign languages and cultural awareness, which potentially leads to inappropriate care for migrants and/or refugees (Sheat et al., 2020). This problem is exacerbated by the fact that interpreting, translation and intercultural mediation services are not always available or are provided by non-professional individuals (Pérez-González & SusamSaraeva, 2012). In this context, the project MHEALTH4ALL brings together 13 partners from 9 European countries aiming to develop a multilingual, culturally-sensitive, evidence-based digital information and communication platform in mental healthcare (<https://www.mhealth4all.eu/>). The aim of this contribution is to present the results and deliverables of the project, publicly available from June 2025, which include: An open-access information and communication platform for mental health professionals and refugee and migrant patients with: A repository of resources targeted at healthcare providers and patients to enhance their knowledge of how to access language support in mental healthcare services. A set of education and communication strategies addressing language and culture-based access barriers and needs. A set of recommendations regarding the suitable integration of automated translation as a macro-strategy integrated into more comprehensive solutions for accessing mental healthcare. Educational videos based on the most severe barriers, salient needs, and recommended communication strategies. Educational videos about identified high-quality resources to mitigate the language barrier in mental healthcare.