Poster

Fri. Sep 26, 2025 11:00 AM - 11:50 AM JST | Fri. Sep 26, 2025 2:00 AM - 2:50 AM UTC Poster Session (Foyer 2)

Poster 13

[P-13-01]

An Accessible, Affordable and Effective Clinical Nature-Based Intervention Programme for ASD Children and their caregivers

*Tammy Neo[1], *John, Chee Meng Wong[1,2], Angelia Sia[3], Esther, Yuen Ling Tai[1], Stephanie, Sze-Yin Seow[1], Michelle Lee, Christel Chang, Tiffany Ho[1], Natalie Lei[1], Maria Paula Leon Mora, Kenneth Khoo[3], Kian Seng Ding, Maria Koh, *Kee Juan Yeo[2] (1. National University Hospital, Singapore (Singapore), 2. National University of Singapore (Singapore), 3. National Parks Board of Singapore (Singapore))

[P-13-02]

Self-injury features (addictive features, modalities, and motives) and relationships with psychological factors, distal risk factors in adolescent inpatients aged 13–19: Network analysis and mediation path analysis

*AQian Hu[1,2], ZiXin Mao[4,3], WanJun Guo[1,2,3] (1. Affiliated Mental Health Center & Hangzhou Seventh People's Hospital, Zhejiang University School of Medicine (China), 2. Zhejiang university (China), 3. Mental Health Center and Psychiatric Laboratory, West China Hospital, Sichuan University (China), 4. Yichang Mental Health Center (China))

[P-13-03]

Switching at the Peak: The Malaysian Experience. A Case Series on Lemborexant as a Nondependent Agent for Managing Benzodiazepine or Z Drug Dependence in Insomnia.

*Julian Joon Ip Wong[1] (1. Universiti Malaya (Malaysia))

[P-13-04]

Association between anti-infective agent prescription and incidence of neurodevelopmental disorder

*yunhye Oh[1], Vin Ryu[1] (1. Hallym University Sacred Heart Hospital (Korea))

[P-13-05]

Virtual Hospitalization treatment for OCD

*Oded ben arush[1] (1. OCD treatment center clinical director (Israel))

Poster

Fri. Sep 26, 2025 11:00 AM - 11:50 AM JST | Fri. Sep 26, 2025 2:00 AM - 2:50 AM UTC Poster Session (Foyer 2)

Poster 13

[P-13-01] An Accessible, Affordable and Effective Clinical Nature-Based Intervention Programme for ASD Children and their caregivers

*Tammy Neo[1], *John, Chee Meng Wong[1,2], Angelia Sia[3], Esther, Yuen Ling Tai[1], Stephanie, Sze-Yin Seow[1], Michelle Lee, Christel Chang, Tiffany Ho[1], Natalie Lei[1], Maria Paula Leon Mora, Kenneth Khoo[3], Kian Seng Ding, Maria Koh, *Kee Juan Yeo[2] (1. National University Hospital, Singapore (Singapore), 2. National University of Singapore (Singapore), 3. National Parks Board of Singapore (Singapore))

Keywords：Autism Spectrum Disorder、Family Therapy、Nature Therapy、Emotional Well-being、Mental Health

Nature has been proven to be useful in improving the mental well-being of neurotypical children. A lack of affordable and accessible therapies for Autism Spectrum Disorder (ASD) children persists, with an even greater lack of family-based therapies and self-care programs.

A 6-week 90-minute intervention program curated based on DIRFloortime® principles involving caregiver-facilitator assisted nature play was carried out in specially designed Nature Playgardens. Participant dyads (n=28) were ASD boys aged 5-9 and their caregivers aged 21-80. Study consisted of 4 time-points, pre (T0), mid (T1), post (T2), post 4-weeks (T3) intervention. Pediatric Quality of Life Inventory (PEDsQL) measured child's psychosocial quality of life (QoL)at T0, T2, and T3, while the Emotional Regulation Checklist (ERC) tested for a child’s negative emotional reactivity at T0 and T2. General Health Questionnaire (GHQ-12) measured caregiver's mental well-being at T0, T1, T2 and T3 while Burden Scale for Family Caregivers (BSFC-s) measured caregiving burden.

Linear Mixed Model Analysis controlling for age revealed at 95% CI:
Child participants’ negative emotional reactivity (ERC) significantly decreased from T0 to T2, mean difference = -4.71, p<.001, CI (-6.31, -3.11). Child’s psychosocial QoL (PEDsQL) significantly increased from T0 to T2 and T3. Mean difference (T2) = 5.96, p = .004, CI (1.98, 9.95). Mean difference (T3) = 6.82, p = .001, CI (2.84, 10.81).
Caregivers’ mental well-being improved with a significant decrease in GHQ-12 scores from T0 to T2, mean difference = -2.03, p = .046, CI (-3.82, -.034).Pearson correlation revealed a significant negative relationship between caregiving burden and child’s psychosocial QoL at T2, r(26) = -.42, p =.027.

Hence, this clinical nature-based intervention helped increase emotional and psychosocial health of ASD children, with this improvement simultaneously decreasing caregiving burden. An increase in overall caregiver psychological well-being was also observed, validating an effective, accessible and affordable self-care intervention program.

Poster

Fri. Sep 26, 2025 11:00 AM - 11:50 AM JST | Fri. Sep 26, 2025 2:00 AM - 2:50 AM UTC Poster Session (Foyer 2)

Poster 13

[P-13-02] Self-injury features (addictive features, modalities, and motives) and relationships with psychological factors, distal risk factors in adolescent inpatients aged 13–19: Network analysis and mediation path analysis

*AQian Hu[1,2], ZiXin Mao[4,3], WanJun Guo[1,2,3] (1. Affiliated Mental Health Center & Hangzhou Seventh People's Hospital, Zhejiang University School of Medicine (China), 2. Zhejiang university (China), 3. Mental Health Center and Psychiatric Laboratory, West China Hospital, Sichuan University (China), 4. Yichang Mental Health Center (China))

Keywords：Self-injury、Addictive features、Adolescents、Psychological factors、Stress

Background: Self-injury is an increasingly serious problem among adolescents and is associated with various mental health issues. However, little is known about the relationship between adolescent self-injury features and the underlying psychopathological mechanisms. This study aims to explore the relationships among self-injury features and the complex relationships with psychological factors and distal risk factors.

Methods: We recruited 471 hospitalized adolescents aged 13 to 19 who had engaged in self-injury within the past year. The study first classified self-injury by tool type into external-tool and own-body self-injury modalities. Network analysis was used to examine associations among self-injury features, such as addictive features, modalities, and motives. Using network analysis and mediating path analysis, we further explored the pathways between self-injury features and distal stressors (e.g., childhood trauma, adolescent stress) as well as proximal psychological symptoms (e.g., psychoticism, depression, anxiety, paranoid).

Results: Addictive features was the most central node in the self-injury features network; Psychoticism and depression were central nodes in the self-injury addictive features and risk factor network; In the pathways from distal risk factors, such as childhood trauma or adolescent stress, to self-injury addiction, psychological factors play a full or partial mediating role, respectively; Importantly, psychological factors influenced self-injury modalities differently: for external-tool self-injury, effects were mostly indirect via addiction and motives pathways; for own body self-injury, both direct and indirect effects were observed; External-tool self-injury exhibited higher addictive potential and stronger suicidal motives than own-body self-injury;

Conclusion: Addictive features are a core characteristic of self-injury and a critical target for intervention. Early intervention for psychological symptoms, especially psychoticism and depression, may prevent self-injury addiction triggered by distal risk factors. This study underscores the importance of tailoring intervention strategies according to different self-injury modalities. Specifically, external-tool self-injury requires early identification of suicidal motives and prevent addiction. Overall, this study offers valuable insights for early prevention and targeted intervention in adolescent self-injury.

Poster

Fri. Sep 26, 2025 11:00 AM - 11:50 AM JST | Fri. Sep 26, 2025 2:00 AM - 2:50 AM UTC Poster Session (Foyer 2)

Poster 13

[P-13-03] Switching at the Peak: The Malaysian Experience. A Case Series on Lemborexant as a Nondependent Agent for Managing Benzodiazepine or Z Drug Dependence in Insomnia.

*Julian Joon Ip Wong[1] (1. Universiti Malaya (Malaysia))

Keywords：clinical psychiatry、insomnia、DORA、benzodiazepines、z-drug

We describe two clinical cases of successful crosstapering from benzodiazepines and z drugs to lemborexant, with clinical utility in facilitating transition from conventional hypnotic dependence and minimizing adverse effects.

Poster

Fri. Sep 26, 2025 11:00 AM - 11:50 AM JST | Fri. Sep 26, 2025 2:00 AM - 2:50 AM UTC Poster Session (Foyer 2)

Poster 13

[P-13-04] Association between anti-infective agent prescription and incidence of neurodevelopmental disorder

*yunhye Oh[1], Vin Ryu[1] (1. Hallym University Sacred Heart Hospital (Korea))

Keywords：Anti-infective agent、Neurodevelopmental disorder、Infection

Early-life infections may increase the risk of neurodevelopmental disorders, but the role of anti-infective agents remains unclear. This study aimed to examine the association between hospitalization for infections in infancy and subsequent exposure to anti-infective agents with the risk of neurodevelopmental disorders. Using a nationwide claims database from South Korea, we constructed a matched cohort of children hospitalized five or more times due to infection before age five, and a control group hospitalized for inguinal hernia. Propensity score matching was applied to reduce confounding. We found that the frequency and duration of anti-infective agent use, particularly antibacterial and antifungal agents, were associated with increased risk of neurodevelopmental disorders. Antiviral agents showed no significant association. The association was strongest for exposures occurring before one year of age. These findings suggest that early repeated infection-related hospitalizations and anti-infective exposures may contribute to neurodevelopmental vulnerability. Judicious use of anti-infectives in early childhood may be warranted.

Poster

Fri. Sep 26, 2025 11:00 AM - 11:50 AM JST | Fri. Sep 26, 2025 2:00 AM - 2:50 AM UTC Poster Session (Foyer 2)

Poster 13

[P-13-05] Virtual Hospitalization treatment for OCD

*Oded ben arush[1] (1. OCD treatment center clinical director (Israel))

Keywords：OCD treatment、Virtual Hospitalization、Intensive outpatient treatment

AbstractVirtual Hospitalization treatment for OCD Oded Ben Arush, Joseph Zohar, Lior CarmiThe Israeli Center for the treatment for obsessive and compulsive disorders, Modiin Israel Obsessive-compulsive disorder (OCD), due to its distinct features, requires specialized behavioral and pharmacological interventions.
Virtual hospitalization is an innovative approach to delivering intensive, continuous care in the frame of outpatient clinic, and could also replace physical hospitalization.Virtual hospitalization utilizes technology—including WhatsApp groups, remote monitoring, and specialized applications—to provide real-time support. At the Israeli Center for OCD, patients and their families are integrated into dedicated WhatsApp groups, facilitating 24/7 immediate communication with the treatment team. Patients report obsessive thoughts or compulsive urges as they arise, enabling prompt intervention. Some patients are required to record and share videos of their exposure exercises, ensuring adherence to therapeutic guidelines and preventing maladaptive coping mechanisms, such as reassurance-seeking from family members.This model not only enhances patient accountability within their natural environment but also fosters independence rather than reliance on hospital staff. It allows for precise exposure therapy, guided by a consensus-driven approach among clinicians regarding intensity and technique. Furthermore, virtual monitoring enables the safe administration of high-dose serotonin reuptake inhibitors (SRIs) while closely tracking side effects.Over the past decade, this approach has demonstrated effectiveness across a wide spectrum of patients, particularly those with severe OCD.Exclusion criteria include individuals at risk of suicide, aggression, or severe impulse control issues, who require different programs before joining virtual care.