

Oral

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Oral 15

[O-15-01]

Philosophy of Psychiatry as an Interdisciplinary Continuum

Nikolay A. Bokhan¹, Igor A. Artemyev¹, *Svetlana V. Vladimirova¹ (1. Mental Health Research Institute (Russia))

[O-15-02]

Impact of perceived parental parenting on maternal–infant bonding impairment in the early postpartum period: mediating role of adult attachment style

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[O-15-03]

Bridging Institutional Gaps in Psychiatric Emergency Care for Immigrants: A Frontline Psychiatrist's Perspective from a Case of Severe Mental Illness

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[O-15-04]

Multilingual screening of mental health problems among refugees in Sweden - *development and evaluation of an online tiered screening procedure (i-TAP)*

*Jennifer Meurling¹, Elisabet Rondung¹, Gerhard Andersson², Anna Bjärtå¹ (1. Mid Sweden University (Sweden), 2. Linköping University (Sweden))

[O-15-05]

Renaming the high-risk for psychosis' concept in psychiatry. Young people's perspectives and cultural implications

*Andrea Roberto Polari¹ (1. Orygen (Australia))

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[O-15-01] Philosophy of Psychiatry as an Interdisciplinary Continuum

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Keywords : Cultural Psychiatry、Philosophy、cognition、consciousness

The relationship between philosophy and psychiatry ultimately comes down to solving the following problem: whether psychiatry is - and to what extent - a science more medical or more philosophical. In particular, psychiatry is considered as a philosophy of medicine on the basis that psychiatrists, like philosophers, do not have special material tools for understanding a person, only imprinted virtual knowledge. To trace the formation of an interdisciplinary field between psychiatric and philosophical knowledge, reflected in the Association for the Advancement of Philosophy and Psychiatry, the International Network of Philosophy and Psychiatry. The ideological kinship of psychiatry and philosophy is seen in the systemic virtual understanding of the dialectic of the life process (the prerogative of clinical psychiatry and the underlying mental activity of this understanding – philosophy). However, philosophy as a theory of the universal, the philosophy of knowledge is a tool - a method of knowing the world, so attempts to replace specific sciences and their methods with philosophy are deeply erroneous. The main problem in the field of psychiatry and philosophy is the disproportion of language. Difficulties arise in the ambiguous use of terms, in particular the term consciousness, which philosophy and psychiatry operate with. The former, as a rule, understand the totality of the results of cognition, occurring in any form, both sensory and logical. Philosophy considers consciousness and cognition as certain aspects of human essence and attitude to the world. Psychiatry is largely engaged in the study of disorders of consciousness (confusion, dream state, etc.). However, philosophy, with its inherent epistemological function, is immanently connected with other medical sections: surgery, internal diseases, etc., since the theory of diagnosis is built on this function not only in psychiatry, but also in other disciplines. It performs the function of an interdisciplinary continuum of the entire diagnostic galaxy.

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[O-15-02] Impact of perceived parental parenting on maternal–infant bonding impairment in the early postpartum period: mediating role of adult attachment style

*Muhammad Dwi Wahyu¹, Naoki Fukui¹, Yuichiro Watanabe^{1,2}, Ekachaeryanti Zain¹, Por Leakhena¹, Koyo Hashijiri¹, Takaharu Motegi¹, Maki Ogawa¹, Jun Egawa¹, Koji Nishijima³, Shuken Boku¹ (1. Department of Psychiatry, Niigata University Graduate School of Medical and Dental Sciences (Japan), 2. Department of Psychiatry, Uonuma Kikan Hospital (Japan), 3. Department of Obstetrics and Gynecology, Niigata University Graduate School of Medical and Dental Sciences (Japan))

Keywords : paternal parenting、maternal parenting、adult attachment style、maternal–infant bonding impairment

Background: This study aimed to investigate the direct and indirect effects (via adult attachment style) of perceived paternal and maternal parenting on maternal–infant bonding impairment in early postpartum.

Methods: Parental Bonding Instrument (PBI) and Relationship Questionnaire (RQ) at early pregnancy and the Mother-to-Infant Bonding Scale (MIBS) at 1 month postpartum were measured. Path analysis was performed to analyze the paternal and maternal parenting (PBI subscales), adult attachment style (RQ subscales), and MIBS subscales (Lack of Affection and Anger and Rejection).

Results: Perceived paternal and maternal parenting did not directly predict maternal–infant bonding impairment. However, both perceived paternal and maternal parenting predicted adult attachment style, with maternal parenting showing a slightly stronger effect than paternal parenting ($r = -0.32$ vs. -0.20 , all $P < 0.05$). Adult attachment style subsequently predicted bonding impairment, including lack of affection ($r = -0.15$) and anger and rejection ($r = -0.16$; both $P < 0.05$).

Conclusion: The effect of perceived parental and maternal parenting on bonding impairment in the early postpartum period is fully mediated by the adult attachment style.

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[O-15-03] Bridging Institutional Gaps in Psychiatric Emergency Care for Immigrants: A Frontline Psychiatrist's Perspective from a Case of Severe Mental Illness

*Yumiko TAKAHASHI¹, Kayuki KONDO⁴, Hironori IWASAKI³, Hina SHIRASAKI¹, Miyu NOMURA¹, Takayuki ABE¹, Mieko ISHIKAWA⁴, Shimpei HANAOKA^{1,2} (1. Chiba Emergency and Psychiatric Medical Center (Japan), 2. Division of Health Policy and Health Toho University Faculty of Medicine Service Research, Department of Social Medicine (Japan), 3. Chiba Pediatric Hospital (Japan), 4. International Social Service Japan (Japan))

Keywords : Immigrant mental health、Multilingual support、NGO collaboration

Background:

Japan is one of the world's fastest-aging societies and has adopted a de facto immigration policy since the 2020s. However, institutional frameworks supporting immigrants—especially in language, healthcare, and welfare—remain underdeveloped. Psychiatric care is particularly fragile for immigrants with severe mental illness, often relying on ad hoc responses.

Method:

We present a case of a foreign resident with chronic psychosis to highlight systemic gaps. Patient consent was obtained in accordance with the guidelines of the Japanese Society of Psychiatry and Neurology.

Results:

The patient was a woman in her 50s who had lived in Japan for 30 years. She spoke minimal Japanese and was socially isolated except for her Japanese husband. Her chronic schizophrenia went untreated and unnoticed for years. After her husband's death, local authorities urged her to seek care, but she refused. Her condition deteriorated, leading to emergency psychiatric hospitalization—her first contact with medical services. Discharge planning was hindered by visa-related concerns, lack of a guarantor, and absence of housing. Despite efforts, the hospital team could not secure discharge. With support from International Social Service Japan (ISSJ), multilingual communication, identity verification, family contact, and travel coordination were achieved, enabling safe repatriation.

Discussion:

This case underscores the essential role of NGOs like ISSJ in filling critical gaps left by Japan's healthcare and welfare systems, particularly for immigrant psychiatric patients. These services were provided voluntarily, without government funding or institutional support. As Japan's society becomes increasingly multicultural, formal policies and funding mechanisms must be established to institutionalize multilingual and culturally

competent care. Sustained collaboration among hospitals, government agencies, and NPOs will be crucial for building an inclusive and equitable psychiatric care system.

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[O-15-04] Multilingual screening of mental health problems among refugees in Sweden - *development and evaluation of an online tiered screening procedure (i-TAP)*

*Jennifer Meurling¹, Elisabet Rondung¹, Gerhard Andersson², Anna Bjärtå¹ (1. Mid Sweden University (Sweden), 2. Linköping University (Sweden))

Keywords : Accessible screening、Refugees、Multilingual、Multi-symptom

Background: Refugees are at increased risk of mental health problems, and prevalence is consistently found to be higher compared to the general population. Despite the high need for mental health interventions, services tend to be under-utilised by refugees resettled in high-income countries, and various barriers compromise access to mental health care. Multi-symptom online screening could increase accessibility to care, improve and facilitate initial assessment.

This study aimed to evaluate the i-TAP, a multilingual, multi-symptom, internet-based tiered screening procedure designed to identify clinically relevant psychiatric symptoms among refugees in Sweden.

Methods: We conducted a mixed methods study with 70 adult refugees speaking Arabic, Dari, Farsi or Swedish, in June-October 2022. Participants first answered the i-TAP, followed by a clinical interview accomplished by a psychologist. Adjacently, participants completed a short semi-structured interview about the user-experience and acceptability of the i-TAP. Diagnostic accuracy and screening efficiency were investigated, and reflexive thematic analysis was employed to explore acceptability.

Results: The i-TAP identified 91.7% of those with a clinical diagnosis, with an accuracy ranging from 77.1-84.3% for the respective disorders. The i-TAP was perceived as relevant, approachable, but not comprehensive of the refugee experience.

Conclusion: The results show that the i-TAP could identify clinically relevant symptoms of depression, anxiety, PTSD and insomnia, with good accuracy and efficiency among refugees in Sweden. Furthermore, the i-TAP was found acceptable and easy to complete by most participants, indicating feasibility. However, the lack of post-migration factors was put forward. Being a multi-symptom, adaptive screening procedure, available in several languages, the i-TAP poses an accessible, affordable and efficient alternative to formal help-seeking and initial assessment, and could thus facilitate access to mental health services for refugees.

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[O-15-05] Renaming the high-risk for psychosis' concept in psychiatry. Young people's perspectives and cultural implications

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Keywords : Early Intervention、Stigma、Diagnosis、Labels

The language used in psychiatry is important because it provides an understandable and accurate way of describing clinical and theoretical concepts. However, the use of labels has often been associated with stigma and reduced engagement with clinical services. The presentation will cover process of generation of new terms for the 'at-risk mental state' (ARMS) for psychosis' concept, the perception of what young people, their caregivers and clinicians thought of these new terms as well as terms commonly used in early intervention clinics. Additionally, the presentation will address the participants' preference related to the best timing to introduce the at-risk concept, the extent and context of the information presented. New terms illustrating the at-risk concept have been generated by a youth reference group with lived experience of mental illness in Melbourne, Australia: 'pre-diagnosis stage' (PDS), 'potential of developing a mental illness' (PDMI) and 'disposition for developing a mental illness' (DDMI). The preferred terms were PDS, PDMI and ARMS. The least favoured terms were Ultra High Risk and Attenuated Psychotic Syndrome, which were thought to be associated with the most stigma. Most participants agreed that disclosure about diagnosis should be delivered early in care by the key clinician. The presentation will look at the replication of those findings in culturally diverse settings such as Japan and Italy. Results indicate that partnership with people with living and lived experience is possible and that ARMS has good intercultural consistency. Depending on the cultural context patients-generated terms can be used, but may be stigmatizing too and not culturally appropriate. Stigma may be related to terms used, their translation and cultural setting.