Symposium | Psychiatric Diagnosis：[Symposium 115] Clinical Diagnosis is critical to advancing the improvement in clinical care and outcomes through research in mental health

Sat. Sep 27, 2025 4:30 PM - 6:00 PM JST | Sat. Sep 27, 2025 7:30 AM - 9:00 AM UTC Session Room 8 (Meeting Room 1)

[Symposium 115] Clinical Diagnosis is critical to advancing the improvement in clinical care and outcomes through research in mental health

Moderator: Megan Galbally (Monash University)

[SY-115]

Clinical Diagnosis is critical to advancing the improvement in clinical care and outcomes through research in mental health

Megan Galbally[1], Josephine Power[1], Izaak Lim[1], Katherine Sevar[1], Harish Kalra[1] (1. Monash University (Australia))

[SY-115-01]

Comparison and stability of measures of inattentive symptoms in childhood

*Josephine Power[1] (1. Monash Health (Australia))

[SY-115-02]

Assessing depression in fatherhood research: Challenges and complexities in diagnostic and symptom measurement

*Izaak Lim[1,2] (1. Monash University (Australia), 2. Monash Health (Australia))

[SY-115-03]

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*Katherine Sevar[1,2], Harish Kalra[1] (1. Monash University (Australia), 2. Monash Health (Australia))

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Megan Galbally[1], Josephine Power[1], Izaak Lim[1], Katherine Sevar[1], Harish Kalra[1] (1. Monash University (Australia))

Keywords：Clinical diagnosis、Research、Perinatal、Child

The importance of clinical diagnosis underpins much of contemporary health care decision making and poor diagnostic accuracy is frequently identified as a significant modifiable contributor to clinical variation and incidents. Research in perinatal and child mental health the use of diagnostic clinical measures would be by exception rather than an expectation of research design and methods in most research undertaken. Yet reviews continue to highlight as one of the barriers to progress in mental health research examining causal and aetiological pathways the gap in accuracy of phenotype and in particular the absence of inclusion of robust diagnostic measurement even when labour intensive and expensive methodologies such as genome wide association is undertaken. The paper will present data from a longitudinal pregnancy cohort study of 887 women that has followed these women and then their children from early pregnancy to 8 years of age using repeat diagnostic clinical measures in both mothers and children together with repeated dimensional and symptom based measures. This paper will first focus on the findings for repeat measurement of SCID and EPDS in mothers and the second part will focus on the repeat measurement of PAPA at 4 years and DISC at 8 years together with repeat CBCL in children within the study. Highlights will be the relationship between these measures of mental health, associations with predictors and outcomes in this sample and finally an exploration of subtypes of perinatal depression using EPDS and then the SCID collected in this study in mothers.

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Moderator: Megan Galbally (Monash University)

[SY-115-01] Comparison and stability of measures of inattentive symptoms in childhood

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Keywords：Inattentive symptoms、Diagnostic measurement、Child psychiatry

Accurate measurement of inattentive symptoms in children is essential to identify developmentally vulnerable individuals and plan intervention. However, discrepancies often arise between self-report tools and structured diagnostic interviews, complicated by interpretation of developmental norms. Measurement tools differ in mode of administration and content, their intended use for screening or diagnosis, and may vary in usefulness according to child developmental stage and age.
This study explores the alignment and predictive value of self-reported inattentive symptoms using the Child Behavior Checklist (CBCL) in comparison with clinician-administered diagnostic assessments—the Preschool Age Psychiatric Assessment (PAPA) and the Diagnostic Interview Schedule for Children (DISC) across two timepoints in childhood (4 and 8 years of age).

Participants included a community-based cohort of children assessed at early childhood and again at school age. At each wave, caregivers completed the CBCL as a measure of inattentive behaviors, while trained interviewers administered the PAPA and the DISC to establish the presence of inattentive symptoms meeting the threshold for DSM 5. We examined correlations and agreement between measures, assessed longitudinal stability of inattentive symptoms, and evaluated the predictive validity of early self-reports for later diagnostic outcomes.

Preliminary findings of this analysis will be presented. The results underscore the importance of integrating both caregiver-reported and diagnostic data in the evaluation of attention-related symptoms. These findings contribute to the ongoing discussion about the utility of brief screening tools versus structured diagnostic approaches, with a focus on early
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Moderator: Megan Galbally (Monash University)

[SY-115-02] Assessing depression in fatherhood research: Challenges and complexities in diagnostic and symptom measurement

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Keywords：Fathers、Perinatal、Child and family

There is a growing body of research examining fathers' mental health and its impact on child development and family wellbeing. Depression has been of particular interest because of its high prevalence and potential impact on parenting experience and behaviour. Yet most of the screening tools and diagnostic frameworks for depression do not account for gender differences in symptom expression. This may have contributed to the under-recognition and under-diagnosis of depression in men.

This issue is especially relevant in perinatal mental health research, where studies of fathers rarely use diagnostic measures and typically rely on screening tools developed for mothers, such as the Edinburgh Postnatal Depression Scale (EPDS). Previous research has demonstrated that the EPDS has a different factor structure for fathers, and a lower positive predictive value for depression in fathers compared to mothers.

The transition to fatherhood represents a unique context for the onset of depression in men, associated with a unique combination of biological, psychological and social stressors. Yet few measures of depression have been validated in perinatal men, and most fail to capture the externalising symptoms more commonly reported by depressed men, such as irritability, substance use, risk taking, and poor impulse control.

Further conceptual and empirical work is required to enhance our understanding of depression in fathers and improve the methodological rigor of perinatal mental health research.

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Keywords：perinatal psychiatry、cultural psychiatry、social determinants of psychiatry

The influence of migration on perinatal depression has been examined with evidence of the effect being mixed. A systematic review was undertaken to critically examine the influence of migration on the risk of developing perinatal depression among migrant women.A comprehensive search strategy using broad terms to capture the variation in language used to describe migrants, on multiple databases was applied. Most studies demonstrated increased perinatal depression in migrants with the majority of the studies (18/20) utilising only self-report measures with 15 using varied cut off scores of Edinburgh Postnatal Depression Scale (EPDS). The two studies utilising clinical diagnostic measures of depression demonstrated no difference in rates of perinatal depression.Firstly, the presentation will highlight the limitations of the reliance on current evidence using self-report measures for diagnosis of perinatal depression among women residing in low and middle income countries (LMIC), and women who migrate from LMIC.Secondly, the findings of the systematic review will be discussed with an emphasized need for robustly designed studies with inclusion of clinical diagnostic measures of depression and common covariates of perinatal depression, to influence policy and response.Thirdly, the presentation will argue that elevated scores on self-report measures including Edinburgh Postnatal Depression Scale (EPDS) may represent psychological distress secondary to other covariates such as domestic violence, or violence experienced during migration.