

Symposium | Community care : [Symposium 87] General Hospital Psychiatry

 Sun. Sep 28, 2025 10:40 AM - 12:10 PM JST | Sun. Sep 28, 2025 1:40 AM - 3:10 AM UTC  Session Room 4 (Large Hall B)

[Symposium 87] General Hospital Psychiatry

Moderator: Sergio Armando Covarrubias-Castillo (University Center for Health Sciences; University of Guadalajara), Naoko Satake (National Kohnodai Medical Center, Japan Institute for Health Security)

[SY-87]

General Hospital Psychiatry

Sergio Armando Covarrubias-Castillo^{1,2}, Michitaka Funayama³, Katsuji Nishimura⁴, Shih-Cheng Liao^{5,6} (1. University Center for Health Sciences; University of Guadalajara (Mexico), 2. Department of Psychiatry, Hospital Civil de Guadalajara "Fray Antonio Alcalde" (Mexico), 3. Department of Neuropsychiatry, Ashikaga Red Cross Hospital (Japan), 4. Department of Psychiatry, Tokyo Women's Medical University (Japan), 5. Department of Psychiatry, College of Medicine, National Taiwan University (Taiwan), 6. Department of Psychiatry, National Taiwan University Hospital Hsin-Chu Branch (Taiwan))

[SY-87-01]

Psychiatric emergencies within a General Hospital: a Western Mexico 8-years experience

*Sergio Armando Covarrubias-Castillo^{1,2}, Francisco José Barbosa-Camacho² (1. University of Guadalajara; University Center of Health Sciences (Mexico), 2. Hospital Civil de Guadalajara "Fray Antonio Alcalde" (Mexico))

[SY-87-02]

How to Safeguard Psychiatric Units in General Hospitals: Overcoming Closure Risks for Community Support

*Michitaka Funayama¹ (1. Ashikaga Red Cross Hospital (Japan))

[SY-87-03]

Clinical ethics consultation focused on organ transplantation: a new challenge for general hospital psychiatry in Japan.

*Katsuji Nishimura¹ (1. Department of Psychiatry, Tokyo Women's Medical University School of Medicine (Japan))

[SY-87-04]

Toward an Optimal Treatment for Somatic Symptom Disorder in General Hospital

*Shih-Cheng Liao^{1,2,4}, Wei-Lieh Huang^{1,3,4} (1. Department of Psychiatry, College of Medicine, National Taiwan University (Taiwan), 2. Department of Psychiatry, National Taiwan University Hospital Hsin-Chu Branch (Taiwan), 3. Department of Psychiatry, National Taiwan University Hospital Yunlin Branch (Taiwan), 4. Department of Psychiatry, National Taiwan University Hospital (Taiwan))

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[SY-87] General Hospital Psychiatry

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Keywords : general hospital psychiatry、consultation-liaison psychiatry、medically-ill

The trend of integrating specialized mental health services from the traditional asylum-based model into general hospitals is not merely a passing trend; it is a global reality in mental health care.

For this reason, deepening the understanding of topics related to addressing mental health issues within general hospitals should become standard practice for every psychiatry and mental health expert.

This shift poses a significant challenge for many specialists who have devoted a substantial portion of their careers (and even their medical training) to specialized mental health care settings. Adapting to this new model of care requires not only advanced knowledge but also sensitivity and the acquisition of strategies to manage both the neuropsychiatric issues of medically ill patients and the non-psychiatric medical complications and comorbidities of individuals living with mental disorders.

This symposium aims, among other objectives, to provide insight into these challenges inherent in psychiatric care within a general hospital setting, reflecting on historical obstacles, generating a current perspective, and envisioning the future of psychiatry in general hospitals.

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[SY-87-01] Psychiatric emergencies within a General Hospital: a Western Mexico 8-years experience

*Sergio Armando Covarrubias-Castillo^{1,2}, Francisco José Barbosa-Camacho² (1. University of Guadalajara; Universitary Center of Health Sciences (Mexico), 2. Hospital Civil de Guadalajara "Fray Antonio Alcalde" (Mexico))

Keywords : psychiatric emergencies、 emergency department、 crisis intervention、 pandemics and psychiatry

Clinical care for individuals living with a mental disorder is, by definition, fraught with significant challenges and requires important clinical skills. Assessing this patient group within an emergency department in a general hospital presents additional challenges, increasing its clinical, pharmacological, and therapeutic complexity. It is also necessary to rule out that psychiatric symptoms are not due to an underlying non-psychiatric medical condition.

At the Hospital Civil de Guadalajara Fray Antonio Alcalde, the largest public general hospital in Western Mexico and one of the largest in the country, such evaluations are conducted daily. This presentation aims to share the experience (both clinical, interdisciplinary, and with updated statistics) within the Department of Psychiatry when assessing psychiatric emergencies in the context of a general hospital during the last 8 years (pre-, trans- and post- pandemics).

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[SY-87-02] How to Safeguard Psychiatric Units in General Hospitals: Overcoming Closure Risks for Community Support

*Michitaka Funayama¹ (1. Ashikaga Red Cross Hospital (Japan))

Keywords : general hospital psychiatry、 psychiatric ward、 closure risk

Psychiatric units in general hospitals are vital to communities, providing essential mental health services before referral to long-term care, providing inpatient treatment for conditions like acute psychotic episodes, suicide-related behaviors, and advanced therapies, address physical comorbidities, and facilitate differential diagnose. Despite their importance, psychiatric units in general hospitals often face closure. Japan has experienced a decline in psychiatric care in general hospitals due to a prolonged economic downturn. Between 2002 and 2022, the number of psychiatric units in general hospitals fell by 15.4%, and psychiatric beds decreased by 43% due to financial pressures and staffing shortages. While downsizing is unavoidable for streamlining and cost-efficiency, complete closures of psychiatric units in general hospitals within a county or prefecture would have severe impacts on communities. The Japanese Society of General Hospital Psychiatry is implementing strategies to address this crisis, which may serve as a model for safeguarding such units under adverse conditions. We have collaborated with the Ministry of Health to increase reimbursement for psychiatric units within the national universal health insurance system. Our efforts have increased reimbursement for psychiatric inpatients in general hospitals. We are also working to integrate general hospital psychiatry into Japan's medical policy, focusing on areas like suicide intervention, medical-psychiatric complications, palliative care, perinatal psychiatry, and decision-making support, in collaboration with the Ministry of Health. Strengthening ties with universities is vital for sustaining psychiatric units in general hospitals amid psychiatrist shortages, as unaffiliated hospitals face higher closure risks. Such partnerships create a win-win situation by offering valuable training for psychiatry residents and interns, who gain insights into the link between medical and psychiatric conditions—benefiting communities often overlooked by standalone departments or psychiatric hospitals. Finally, making data on psychiatric unit performance publicly accessible will help highlight the often underrecognized importance of these multifunctional units in general hospitals.

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[SY-87-03] Clinical ethics consultation focused on organ transplantation: a new challenge for general hospital psychiatry in Japan.

*Katsuji Nishimura¹ (1. Department of Psychiatry, Tokyo Women's Medical University School of Medicine (Japan))

Keywords : Transplant psychiatry、 Clinical ethics consultation、 General hospital psychiatry

In recent years, general hospital psychiatry in Japan has increasingly been involved in clinical ethics consultations, especially in organ transplantation. Due to organ shortages, Japan relies heavily on living donors—unlike many Western countries. In 2022, 88.9% of kidney and 79.6% of liver transplants were from living donors, mostly family members. This situation raises ethical concerns, including the risk of coercion within families and challenges in evaluating donors with impaired decision-making capacity (e.g., due to mental illness or dementia). Following a 2006 case of organ selling, the Japan Society for Transplantation revised its ethical guidelines, requiring interviews by “third parties” (e.g., psychiatrists) to ensure that donor decisions are made voluntarily. In response, the Japanese Society of General Hospital Psychiatry published A Guideline to Confirm Decision-Making Involved in Living Organ Donation in 2013. This guideline goes beyond assessing decision-making capacity, also focusing on whether donors are free from external pressure or coercion. A 2014 nationwide survey showed that 70% of kidney and 90% of liver transplant programs conducted such third-party interviews, with psychiatrists involved in most cases (90% and 83%, respectively). Clinical ethics consultation has thus become a key area of responsibility for general hospital psychiatry in Japan.

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[SY-87-04] Toward an Optimal Treatment for Somatic Symptom Disorder in General Hospital

*Shih-Cheng Liao^{1,2,4}, Wei-Lieh Huang^{1,3,4} (1. Department of Psychiatry, College of Medicine, National Taiwan University (Taiwan), 2. Department of Psychiatry, National Taiwan University Hospital Hsin-Chu Branch (Taiwan), 3. Department of Psychiatry, National Taiwan University Hospital Yunlin Branch (Taiwan), 4. Department of Psychiatry, National Taiwan University Hospital (Taiwan))

Keywords : Somatic Symptom Disorder、Integrated Care、General Hospital

Background: Since the DSM-5 introduced Somatic Symptom Disorder (SSD) in 2013, it has provided a more precise diagnostic framework for patients with persistent somatic complaints. This has facilitated collaboration between psychiatry and general medicine. However, SSD remains underdiagnosed, and its clinical burden—including comorbid depression, anxiety, and increased healthcare utilization—requires further investigation. **Objectives:** This study aims to examine the prevalence, clinical characteristics, and psychological profiles of SSD patients in Taiwan. Additionally, it evaluates healthcare access barriers, the impact of comorbid mental disorders on SSD outcomes, and the distinct subtypes of SSD to inform targeted intervention strategies.

Method: A series of epidemiological and neuropsychological studies were analyzed, utilizing nationwide surveys, cohort studies, and insurance claims data. Key assessments included the Patient Health Questionnaire-15 (PHQ-15), Health Anxiety Questionnaire (HAQ), and structured clinical interviews. Statistical models examined medical utilization, quality of life (QOL), psychiatric comorbidities, and healthcare costs.

Results: SSD prevalence in Taiwan is 5.00%, with higher rates in women and middle-aged adults. Comorbid depression and anxiety are common, significantly impairing QOL and functioning. Depression is the primary driver of disability, while anxiety increases medical visits. Only 27% of depressed individuals seek care, highlighting a significant mental health access barrier despite universal healthcare. Cluster analysis identified distinct SSD subtypes, with pain-fatigue syndromes exhibiting the most psychiatric distress. SSD patients have higher hospitalization rates, medical costs, and suicide risk, emphasizing the need for early intervention.

Discussion: Integrated psychiatric care in general hospitals is essential for SSD management. Addressing depression, early detection, and tailored interventions for SSD subtypes can improve patient outcomes and reduce healthcare burdens.