



Sun. Sep 28, 2025

Oral

 Sun. Sep 28, 2025 9:00 AM - 10:15 AM JST | Sun. Sep 28, 2025 12:00 AM - 1:15 AM UTC  Session Room 8
(Meeting Room 1)

Oral 17

[O-17-01]

From Burnout to Resilience: Leveraging AI to Optimize Workloads and Build Sustainable Healthcare Systems

*Nancy De Jesus^{1,2,3} (1. CNRS-INSERM-CERMES3, Université Paris Cité, 45 Rue des Saints-Pères, 75006 Paris (France), 2. Pôle94G16 Hôpitaux Paris Est Val de Marne, 12 Rue du Val d'Osne 94410 Saint Maurice (France), 3. SPI-DDH, WHO Europe Région (Denmark))

[O-17-03]

The spiritual domain on transcultural mental care: the role of faith, hope and charity through a case study of a Latin American woman in Japan.

*Marisa Tsuchida^{1,2} (1. Yotsuya Yu Clinic (Japan), 2. Keio University Neuropsychiatry Department (Japan))

[O-17-04]

Literature Review on Mental Health Support for International Students in Higher Education - How we promote Equity and Diversity

*Maya Yanase¹ (1. International Student Counseling Office, Student Support Center, Kyoto University (Japan))

[O-17-05]

The Japanese Society of Psychiatry and Neurology Fellowship Award Past and Future

*Toshitaka Ii¹, Ai Aoki², Tsuyoshi Akiyama³ (1. Aichi Medical University (Japan), 2. Nagoya University, Graduate School of Medicine (Japan), 3. NTT Medical Center Tokyo (Japan))

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Oral 18

[O-18-01]

Alcohol Relapse Rates based on the Advance Warning of Relapse (AWARE) scores at an Addiction Management Setting in India

Lendina Longkumer¹, *Prasanthi Nattala², Jayant Mahadevan³, Mariamma Philip⁴ (1. NIMHANS (India), 2. Nursing NIMHANS (India), 3. Psychiatry NIMHANS (India), 4. Biostatistics NIMHANS (India))

[O-18-02]

Psychoactive Substance Use in elderly persons at a government mental health setting in India

Mridusmita Sonowal¹, *Prasanthi Nattala², Sivakumar P.T.³ (1. NIMHANS (India), 2. Nursing NIMHANS (India), 3. Psychiatry NIMHANS (India))

[O-18-03]

The impact of different sources of social support on women's mental recovery after exposed to multiple traumatic events

*Yao Xu¹, Helen Herrman², Rebecca Bentley², Atsuro Tsutsumi¹, Thach Tran³, Jane Fisher³ (1. Kanazawa University (Japan), 2. University of Melbourne (Australia), 3. Monash University (Australia))

[O-18-04]

The Effectiveness of Tension and Trauma Release Exercises (TRE) in The Treatment of Trauma: *The Case Series of Arab Palestinian Samples*

*Wael Mustafa Fayeze Abuhasan¹ (1. Arab American University of Palestine (Palestine))

[O-18-05]

A long-term mental health care system for the 2011 Fukushima disaster area: responding to remarkable changes of the affected area never seen in natural disasters

*Masaharu Maeda^{1,2}, Tomoyuki Kobayashi^{2,3}, Yui Takebayashi^{2,4}, Tomoo Hidaka⁵, Michio Murakami⁶ (1. Prefectural Mental Health and Welfare Centre (Japan), 2. Fukushima Center for Disaster Mental Health (Japan), 3. School of Sociology, Kwansei Gakuin University (Japan), 4. Department of Disaster Psychiatry, Fukushima Medical University, School of Medicine (Japan), 5. Department of Hygiene and Preventive Medicine, Fukushima Medical University, School of Medicine (Japan), 6. Center for Infectious Disease Education and Research, The University of Osaka (Japan))

[O-18-06]

Medical Cannabis for Stimulant Use Disorder: A Colombian Preclinical Model Evaluating Cocaine, Alcohol, and Nicotine Under a Regulated Cannabis Framework

Jorge Ariel Martínez¹, *Fabian Leonardo Barreto¹, Maria Costanza Lozano¹ (1. National University of Colombia (Colombia))

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Oral 19

[O-19-01]

Sensitive Perinatal Mental Health-Systematized Review: What factors help mentally ill birth mothers navigate Child Welfare Services during the perinatal period?

*Hewa Liyana Arachchi Chamali Rangika Wanigasekera^{1,2}, Anne Buist^{1,2} (1. Austin Health, Melbourne, Australia (Australia), 2. University of Melbourne, Victoria, Australia (Australia))

[O-19-02]

Trajectories of Changes in Mental Health Symptoms During COVID-19: Evidence from a Systematic Review and Meta-analysis of 284 Studies

*Yin Wu^{1,2}, Ying Sun^{2,3}, Marc Parsons⁴, Nadia P González-Domínguez², Suiqiong Fan², Letong Li², Xiaowen Jiang², Amina Tasleem², Kexin Li², Yutong Wang², Tiffany Dal Santo^{2,5}, Jill T Boruff⁶, Palak Desai², Monica D'Onofrio², Ankur Krishnan², Claire Adams, Chen He², Andrea Benedetti^{4,8,9}, Brett D Thombs^{2,4,5,7,8} (1. Shanghai Jiao Tong University (China), 2. Lady Davis Institute for Medical Research, Jewish General Hospital (Canada), 3. Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland (United States of America), 4. Department of Epidemiology, Biostatistics and Occupational Health, McGill University (Canada), 5. Department of Psychiatry, McGill University (Canada), 6. Schulich Library of Physical Sciences, Life Sciences, and Engineering, McGill University (Canada), 7. Department of Psychology, McGill University (Canada), 8. Department of Medicine, McGill University (Canada), 9. Respiratory Epidemiology and Clinical Research Unit, McGill University Health Centre (Canada))

[O-19-03]

Impact of the Film 'Ray of Hope' on Enhancing Knowledge of Reproductive Health Risks from Smoking and Alcohol Use among College Students in the Indian Cultural Context

*Meena Kolar Sridara Murthy¹ (1. National Institute of Mental Health and Neurosciences (India))

[O-19-05]

Global Quality of Life as a Dynamic Predictor of Survival in Lung Cancer Patients Across Systemic Therapies

*Yin Wu¹, Leixin Xia¹, Xiaoshui Huang¹, Yaping He¹, Hui Wang¹, Zhonglin Chen² (1. Shanghai Jiao Tong University (China), 2. Shanghai Chest Hospital (China))

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Keywords : AI in healthcare、Workforce well-being、Burnout prevention、Digital health、Workload Optimization

The integration of artificial intelligence (AI) in healthcare holds transformative potential to address workforce challenges, particularly in mitigating burnout among health and care workforce (HCW). The WHO Europe SPI-DDH Working Group 4 (WG4) explores how AI can shift from being a digital tool to a strategic solution for enhancing HCW's resilience. Through an extensive study of **1,200 peer-reviewed articles, systematic and grey literature (2014-2024)**, we identified **16 scientific articles and 4 pertinent sources** that provide actionable insights into AI-driven burnout prevention and workload optimization. Key findings reveal that AI-enabled strategies can significantly reduce burnout risk by: (1) **predicting burnout hotspots** through real-time risk analytics (2) deploying **AI-powered red zone detection** to visualize high-risk departments and personalize interventions; and (3) implementing **adaptive workload redistribution** to dynamically adjust staffing based on real-time strain indicators. These approaches could enable healthcare systems to transition from reactive crisis management to proactive, system-wide burnout prevention. However, the successful implementation of AI-driven solutions require **real-world pilot testing**, alignment with workforce policies, and active engagement of HCW in the design process. Ethical considerations are essential to mitigate biases in predictive models and decision-making processes. Crucially, AI must **complement the roles of HCW**, rather than overwhelming them, to preserve the human-centric nature of healthcare. In conclusion, AI has the potential to enhance workforce well-being, optimize healthcare delivery, and build resilient systems. By prioritizing **HCW engagement, policy integration, and ethical AI use**, organizations can leverage AI to enable sustainable and equitable healthcare. AI could bridge immediate relief, such as burnout prevention, with long-term workforce evolution, driving resilient and adaptive systems. The SPI-DDH WG4's study highlights the need for cross-sector collaboration and AI infrastructure investment, positioning AI as a cornerstone of the future healthcare workforce.

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*Marisa Tsuchida^{1,2} (1. Yotsuya Yu Clinic (Japan), 2. Keio University Neuropsychiatry Department (Japan))

Keywords : Psychiatry and spirituality、 Faith、 Hope

According to the Christian beliefs the core of the human person is neither set in the body nor in the mind, but in the spirit. The three theological virtues: faith, hope and charity enact as traits of the spirit, decoding into the structures of the mind and body. For Fernando Rielo, intuition, fruition and freedom are the main reflection of this core, respectively into the knowledge, the will and the unitive act of performing what is in the thought and the will. Then, culturally and mainly on psychological domains, assessing faith, hope and charity is a task to achieve through the analysis of the expression of the above mentioned processes of intuition, fruition and freedom. How to integrate its evaluation into the psychiatric interview and treatment with the purpose of a sensitive transcultural mental health care? Moreover, could those traits be used as therapeutics tools or indicators of recovery and wellbeing? The following is a case study of a Latin American woman in Japan, with severe claustrophobia and depression, that were conditions aggravated by the Coronavirus pandemic. The patient received besides the pharmacological treatment; sensitive cultural care provided in her mother language. Throughout this case follow-up, the processes of intuition, fruition and freedom were analyzed in the context of Catholic faith. Finally, the patient succeeded to overcome both depression and claustrophobia.

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[O-17-04] Literature Review on Mental Health Support for International Students in Higher Education - How we promote Equity and Diversity

*Maya Yanase¹ (1. International Student Counseling Office, Student Support Center, Kyoto University (Japan))

Keywords : International Students、 University、 Language Barriers、 Mental Health Support

Background: The global mobility of students has grown significantly over the past two decades, with international students now comprising a substantial portion of university populations worldwide. International students often face elevated risks of psychological distress due to academic pressure, cultural adjustment, and isolation. Despite this, international students underutilize mental health services compared to their domestic peers due to stigma, cultural misperceptions or language barriers. University mental health services are a primary support channel but may not always be equipped with culturally or linguistically sensitive infrastructure. As a result, international students may feel unwelcome or misunderstood in these settings. Students may struggle to articulate emotional needs, leading to misdiagnosis or ineffective treatment and weaken the therapeutic alliance.

Aims: Brief literature review that synthesizes key findings from recent research on the mental health support landscape for international students in higher education.

Methods: Selective literature review and theoretical synthesis. **Results:** Despite growing interest, research lacks depth in several areas: few longitudinal studies assess the long-term impact of interventions, students from non-Western countries are underrepresented, and limited research addresses the integration of university services and external care (Kim & Murakami, 2023).

Discussion: Improving mental health support for international students requires a shift from domestic services to culturally responsive systems. Language barriers can hinder both the recognition of mental health needs and the ability to seek appropriate care. Some institutions have begun implementing inclusive mental health models, incorporating multicultural training, peer-led programs, and digital platforms tailored to international students. Multicultural self-awareness among professionals, culturally diverse therapeutic approaches, faculty involvement, and physical spaces that ensure confidentiality are identified to be key components. Lack of culturally competent care may lead the marginalization and burnout of current international student support staff. Recruiting diverse mental health professionals, allocating sustainable funding for international student support services are at least required.

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Past and Future**

*Toshitaka Ii¹, Ai Aoki², Tsuyoshi Akiyama³ (1. Aichi Medical University (Japan), 2. Nagoya University, Graduate School of Medicine (Japan), 3. NTT Medical Center Tokyo (Japan))



Keywords : the Japanese Society of Psychiatry and Neurology、Fellowship Award、International collaboration

Each year, the Japanese Society of Psychiatry and Neurology (JSPN) invites twelve early-career psychiatrists from abroad to take part in its Fellowship Award Symposium. The symposium is followed by an international joint meeting at which awardees and Japanese psychiatrists initiate collaborative research projects. To date, these collaborations have produced publications on a wide range of topics, including hikikomori (prolonged social withdrawal), social anxiety disorder, child-psychiatry training, psychotherapy education, and suicide.

In recent years, JSPN has also begun recruiting international members, thereby fostering a continuous network that extends beyond the annual meeting and promotes sustained collaboration between Japan and the global psychiatric community.

This presentation reviews the evolution of the Fellowship Award programme, summarises the themes of past symposia, and showcases the resulting international research projects. It also outlines plans for the coming year's Fellowship Award, with the goal of encouraging even greater participation by psychiatrists worldwide.

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Alcohol Relapse Rates based on the Advance Warning of Relapse (AWARE) scores at an Addiction Management Setting in India

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[O-18-03]

The impact of different sources of social support on women's mental recovery after exposed to multiple traumatic events

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A long-term mental health care system for the 2011 Fukushima disaster area: responding to remarkable changes of the affected area never seen in natural disasters

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[O-18-06]

Medical Cannabis for Stimulant Use Disorder: A Colombian Preclinical Model Evaluating Cocaine, Alcohol, and Nicotine Under a Regulated Cannabis Framework

Jorge Ariel Martínez¹, *Fabian Leonardo Barreto¹, Maria Costanza Lozano¹ (1. National University of Colombia (Colombia))

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Keywords : Alcohol dependence, AWARE, Relapse rates

Background: Alcohol dependence is known to be associated with high relapse rates following hospital management. The Advance Warning of Relapse (AWARE) Scale has been used overseas to identify persons at risk for relapse to alcohol, before discharging them into the community. As the first known attempt in a different culture, the present study used the AWARE to identify relapse rates based on AWARE scores, at the Center for Addiction Medicine of a government mental health setting in India.

Methods: Alcohol-dependent persons (N=84, males) admitted for inpatient management were recruited consecutively for the study, and were administered the AWARE before discharge from the Center for Addiction Medicine. Higher scores on AWARE indicate higher risk for relapse. Based on prior literature, participants were considered to have relapsed if they returned to baseline alcohol use levels within 2 months after they returned to their homes.

Results: Participants' mean age was 38.0 years (SD: 7.0), and 62% relapsed. Higher AWARE scores were found to be significantly associated with higher relapse rates, earlier relapse, higher baseline quantity-frequency of alcohol consumption, family history of alcohol dependence, lower age and lower education levels of the participants ($p < 0.001$). Results of logistic regression however revealed that only baseline quantity-frequency of alcohol use significantly predicted post-discharge relapse. Higher AWARE score, although significantly different between relapsed and non-relapsed participants, was not a reliable predictor of post-discharge relapse in multivariate analysis.

Conclusion: Findings highlight the use of AWARE in a different culture to identify persons at relapse in the community following hospital management. This proactive approach is important in a country like India with escalating alcohol use rates, in terms of targeted interventions for those at risk for relapse. Further studies involving larger samples and longer follow-up rates are needed in this preliminary area, to improve post-discharge community outcomes in alcohol-dependent individuals.

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[O-18-02] Psychoactive Substance Use in elderly persons at a government mental health setting in India

Mridusmita Sonowal¹, *Prasanthi Nattala², Sivakumar P.T.³ (1. NIMHANS (India), 2. Nursing NIMHANS (India), 3. Psychiatry NIMHANS (India))

Keywords : Psychoactive substance use, Elderly, Geriatric Psychiatry

Background: Elderly persons face unique vulnerabilities; psychoactive substance use (PSU) exacerbates these vulnerabilities and challenges. However, literature on PSU among the elderly is sparse in India which is facing a demographic shift in terms of increasing aging population. The present study assessed PSU and its correlates in elderly persons seeking services at the Geriatric Psychiatry Unit (GPU) of a government mental health setting in India.

Methods: Elderly persons (≥ 60 years; N=100) were recruited consecutively and PSU among them was assessed using the Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) by the WHO.

Results: Participants' mean age was 67.68 years (SD=5.03), 61% were male. Lifetime PSU was reported by 62% (tobacco), 50% (alcohol), 8% (sedatives), 1% (opioids). Past 3-month PSU was reported by 44% (tobacco), 22% (alcohol). In the past 3 months, for tobacco and alcohol respectively: strong desire for PSU was reported by 41%, 40%; problems from PSU by 40%, 18%; failure to carry out responsibilities due to PSU by 35%, 18%. Forty-two percent of past 3-month tobacco users, and 37% of past 3-month alcohol users, said that family/friends had expressed concern about their PSU. Thirty-eight percent of past 3-month tobacco users, and 10% of past 3-month alcohol users, said that they had tried to cut down on their PSU. Past 3-month PSU (tobacco, alcohol) was significantly higher among males, illiterate, and rural residents. Reasons reported for past 3-month tobacco and alcohol use respectively, included: habit/'just like that'-79%, 53%; for socializing-15%, 34%. Other reasons reported for past 3-month tobacco/alcohol use included 'to beat stress, boredom, for relaxation'.

Conclusion: Findings highlight important insights related to PSU among elderly persons, particularly in a different culture like India, where PSU is considered as a problem of younger people. These insights have important implications in terms of targeted interventions for this vulnerable group.

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[O-18-03] The impact of different sources of social support on women's mental recovery after exposed to multiple traumatic events

*Yao Xu¹, Helen Herrman², Rebecca Bentley², Atsuro Tsutsumi¹, Thach Tran³, Jane Fisher³ (1. Kanazawa University (Japan), 2. University of Melbourne (Australia), 3. Monash University (Australia))

Keywords : PTSD、Prolonged grief disorder、Social support、Trauma

Background: Exposed to multiple traumatic events like disasters and child loss are highly associated with trauma- and stressor-related disorders. Social support is well recognised as an important predictor for post-trauma mental recovery. To explore the impact of different sources of social support on the mental recovery, this study investigated the prevalence of posttraumatic stress disorder (PTSD) and prolonged grief disorder (PGD) symptoms, and the relationships between different sources of support and the symptoms of these two conditions in women who had lost a child, for most, their only child, in an earthquake.

Methods: A cross-sectional survey was conducted by using individual structured interviews that incorporated widely used standardised psychometric measures. Path analyses were used to test the relationships. **Results:** Overall, 226 women provided complete data; 89% (201/226) of them reported clinical significant symptoms of PGD and 54% (132/226) symptoms of PTSD, 80% of whom (180/226) had indications of comorbidity in PTSD and PGD. Having a supportive, affectionate, confiding relationship with the intimate partner and having a subsequent child were each associated with fewer symptoms of PGD and PTSD. An intimate partner was a more important source of social support than support from other people. Participants who had given birth to a subsequent child since the earthquake had a more positive relationship with their partners and better mental health. **Conclusions:** Even accounting for an increased supply of needed psychological services in the area, social support played an important role in post-trauma mental recovery. The data suggested the necessity of mental health information and training to understand and address the quality of relationships between intimate partners and social support for women after traumatic events. More research is needed to establish the different effects of diverse sources of emotional and practical support on post-traumatic mental recovery.

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[O-18-04] The Effectiveness of Tension and Trauma Release Exercises (TRE) in The Treatment of Trauma: *The Case Series of Arab Palestinian Samples*

*Wael Mustafa Fayez Abuhasan¹ (1. Arab American University of Palestine (Palestine))

Keywords : Tension and trauma release exercises (TRE); Trauma; Arab Palestinian Samples; Dissociation; Anxiety; Depression; SATI; Sleep disturbance; Sexual problems.

Background: Trauma is spread all over in Palestine for the ongoing conflict since more than 70 years! Different approaches and techniques were developed to deal with such problematic events, and Tension and Trauma Release Exercises among such techniques and approaches.

Objective: The present study comes in the context of exploring as well highlighting to how much extent the tension and trauma release exercises are effective in treatment of trauma.

Methods: Descriptive analytical and correlational methods were employed to fulfill the objective of the present study. Where data was collected from 80 Arab Palestinian participants (males, females, young and adults) of different signs and symptoms of trauma. Briere and Runtz (1989) Trauma Symptom Checklist – 40 that assess the status of dissociation, anxiety, depression, SATI, sleep disturbance and sexual problems was used. Tension and trauma release exercises were introduced to all treated participants as well supervised carefully to enable each and every participant practice it as it should be without any complications and challenges. Informed consent was collected from all participants as ethical requirement. The collected data via SPSS and other statistical tools was applied to generate results and findings from data.

Results: Descriptive and inferential mainly t-test, ANOVA one and Pearson correlation outcomes showed strong significant statistical differences among the studied groups. Comparing post testing with pretesting readings indicate that tension and trauma release exercise has an observed effect in the treatment of trauma.

Conclusion: The findings indicate that tension and trauma release exercises are effective and fruitful in the treatment of trauma and related signs and symptoms (i.e., dissociation, anxiety, depression, SATI, sleep disturbance and sexual problems).

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[O-18-05] A long-term mental health care system for the 2011 Fukushima disaster area: responding to remarkable changes of the affected area never seen in natural disasters

*Masaharu Maeda^{1,2}, Tomoyuki Kobayashi^{2,3}, Yui Takebayashi^{2,4}, Tomoo Hidaka⁵, Michio Murakami⁶
(1. Prefectural Mental Health and Welfare Centre (Japan), 2. Fukushima Center for Disaster Mental Health (Japan), 3. School of Sociology, Kwansei Gakuin University (Japan), 4. Department of Disaster Psychiatry, Fukushima Medical University, School of Medicine (Japan), 5. Department of Hygiene and Preventive Medicine, Fukushima Medical University, School of Medicine (Japan), 6. Center for Infectious Disease Education and Research, The University of Osaka (Japan))

Keywords : Disaster Psychiatry、 Nuclear disaster、 community-based mental health support

The Great East Japan Earthquake, followed by the severe accident at the Fukushima-Daiichi Nuclear Power Station, caused substantial physical and emotional damage to a vast number of people, leading to long-lasting mental health effects. Over 160,000 people were evacuated to various locations across Japan and were forced to live as evacuees for unexpected, prolonged periods. There are nearly 25,000 people still evacuated inside and out of Fukushima Prefecture, while even over 14 years have passed since the accident. These long-term evacuations brought serious consequences for their health: more than 2,300 disaster-related deaths and approximately 130 disaster-related suicides. In addition, many unaffected people moved to the affected area near the power plant due to various support measures, including financial subsidies, whereas the original affected residents still hesitated to return to their hometowns. According to our study, which utilized national census data, the ratio of cumulative residents who have ever relocated to the total resident population was surprisingly more than 50% (Kobayashi et al., 2025). While the affected communities have undergone significant changes, as described above, a major facility, the Fukushima Center for Disaster Mental Health (FCDMH, “Fukushima Kokoro No Care Center”), has been actively providing various support programs in affected areas since 2012. The FCDMH was newly established based on national support, comprising about 40 mental health professionals. They have been conducting different types of activities, including outreach services for affected individuals, workshops for local care providers and stakeholders, and other population-based interventions. Focusing on the activities of the FCDMH, we will present recent mental health data for the affected people and discuss the current tasks of recovery from the Fukushima disaster. This work was partially supported by Research Project on the Health Effects of Radiation organized by Ministry of the Environment, Japan.

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Jorge Ariel Martínez¹, *Fabian Leonardo Barreto¹, Maria Costanza Lozano¹ (1. National University of Colombia (Colombia))

Keywords : Medical Cannabis、 Cocaine、 CPP

Substance Use Disorder (SUD) remains a major global health concern, with limited pharmacological treatments currently available. The capacity of isolated cannabidiol (CBD) to modulate drug-associated memory processes is well established. However, the therapeutic potential of non-psychoactive cannabis extracts (NPCE) developed under medical cannabis regulation, remains largely unexplored in this framework. This study compared a full spectrum NPCE (containing 41% CBD, 0.6% cannabiol (CBN), 0.2% cannabigerol (CBG), 0.04% cannabichromene (CBC), tetrahydrocannabinol (THC) 0.70% and multiple terpenes) with isolated CBD to evaluate their effects on memory reconsolidation and the reinstatement (triggered by stress or a priming dose) of Conditioned Place Preference (CPP). CPP was induced using commonly consumed abuse substances in Colombia: smoked cocaine (AEME-cocaine), cocaine, alcohol, and nicotine. Additionally, the role of the 5-HT_{1A} and CB2 receptors in AEME-cocaine-induced reinstatement was assessed using selective antagonists WAY-100135 and AM630, respectively. NPCE significantly inhibited both the reinstatement and reconsolidation of CPP induced by cocaine and AEME-cocaine. It also accelerated extinction in AEME-cocaine-induced CPP suggesting strong potential to disrupt drug-memory associations and prevent relapse. In contrast, CBD showed no efficacy across these addiction-related measures. Stress-induced reinstatement was blocked by WAY-100135, indicating a central role of 5-HT_{1A} receptors, while CB2 receptor blockade had no significant effect. Notably, NPCE had no measurable impact on alcohol- or nicotine-induced CPP during either reinstatement or reconsolidation, supporting a substance-specific effect limited to stimulant-related models. These findings provide strong behavioral evidence supporting NPCE as a therapeutic candidate for Cocaine Use Disorder (CUD), likely due to the synergistic action of its phytocannabinoid and terpenes constituents. Developed in accordance with Colombia's medical cannabis regulation, this extract underscores the urgent need to translate preclinical data into clinical research and policy frameworks that enable the responsible integration of cannabinoid-based interventions.

Oral

📅 Sun. Sep 28, 2025 4:30 PM - 6:00 PM JST | Sun. Sep 28, 2025 7:30 AM - 9:00 AM UTC 🏢 Session Room 8
(Meeting Room 1)

Oral 19

[O-19-01]

Sensitive Perinatal Mental Health-Systematized Review: What factors help mentally ill birth mothers navigate Child Welfare Services during the perinatal period?

*Hewa Liyana Arachchi Chamali Rangika Wanigasekera^{1,2}, Anne Buist^{1,2} (1. Austin Health, Melbourne, Australia (Australia), 2. University of Melbourne, Victoria, Australia (Australia))

[O-19-02]

Trajectories of Changes in Mental Health Symptoms During COVID-19: Evidence from a Systematic Review and Meta-analysis of 284 Studies

*Yin Wu^{1,2}, Ying Sun^{2,3}, Marc Parsons⁴, Nadia P González-Domínguez², Suiqiong Fan², Letong Li², Xiaowen Jiang², Amina Tasleem², Kexin Li², Yutong Wang², Tiffany Dal Santo^{2,5}, Jill T Boruff⁶, Palak Desai², Monica D'Onofrio², Ankur Krishnan², Claire Adams, Chen He², Andrea Benedetti^{4,8,9}, Brett D Thombs^{2,4,5,7,8} (1. Shanghai Jiao Tong University (China), 2. Lady Davis Institute for Medical Research, Jewish General Hospital (Canada), 3. Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland (United States of America), 4. Department of Epidemiology, Biostatistics and Occupational Health, McGill University (Canada), 5. Department of Psychiatry, McGill University (Canada), 6. Schulich Library of Physical Sciences, Life Sciences, and Engineering, McGill University (Canada), 7. Department of Psychology, McGill University (Canada), 8. Department of Medicine, McGill University (Canada), 9. Respiratory Epidemiology and Clinical Research Unit, McGill University Health Centre (Canada))

[O-19-03]

Impact of the Film 'Ray of Hope' on Enhancing Knowledge of Reproductive Health Risks from Smoking and Alcohol Use among College Students in the Indian Cultural Context

*Meena Kolar Sridara Murthy¹ (1. National Institute of Mental Health and Neurosciences (India))

[O-19-05]

Global Quality of Life as a Dynamic Predictor of Survival in Lung Cancer Patients Across Systemic Therapies

*Yin Wu¹, Leixin Xia¹, Xiaoshui Huang¹, Yaping He¹, Hui Wang¹, Zhonglin Chen² (1. Shanghai Jiao Tong University (China), 2. Shanghai Chest Hospital (China))

Oral

📅 Sun. Sep 28, 2025 4:30 PM - 6:00 PM JST | Sun. Sep 28, 2025 7:30 AM - 9:00 AM UTC 🏢 Session Room 8
(Meeting Room 1)

Oral 19

[O-19-01] Sensitive Perinatal Mental Health-Systematized Review: What factors help mentally ill birth mothers navigate Child Welfare Services during the perinatal period?

*Hewa Liyana Arachchi Chamali Rangika Wanigasekera^{1,2}, Anne Buist^{1,2} (1. Austin Health, Melbourne, Australia (Australia), 2. University of Melbourne, Victoria, Australia (Australia))

Keywords : Perinatal Psychiatry, Women and Infants, Identification of risk factors, prevention and early intervention, Child Welfare Services

Chamali Wanigasekera MBBS,AMC,MPsych,FRANZCP

Anne Buist MBBS,MMed,MD,FRANZCP

1. Austin Health, Heidelberg, Victoria, Australia

2. University of Melbourne, Victoria, Australia

Email: Chamali.WANIGASEKERA@austin.org.au; a.buist@unimelb.edu.au

Background: Mental Illness is common in the perinatal period. Given the dependency of infants, additional factors such as lack of support, family violence and comorbid drug use may place the infant at significant physical and psychological harm. Anecdotal information suggests that many of these women do not receive adequate support during the perinatal period. However, the factors that predict and protect families, enabling them to stay together and function in a “good enough” manner, remain unclear. Aims: To review the current literature examining protective service involvement in women who present with mental illness in the perinatal period.

Methods: A systematized review of the literature was conducted through a comprehensive search of databases for psychosocial and medical research (MEDLINE, PsycINFO, Embase, Emcare, Cochrane Library) and a targeted search of the grey literature to select the relevant studies that meet the inclusion criteria. Original papers were included if they were written in English and published before September 1, 2022. Sixteen studies were selected for inclusion.

Results: Protective and predictive factors that help mentally ill mothers to continue as primary caregivers will be presented. The factors that determine risks for child protective involvement and child removal in mothers with mental illness are also discussed.

Conclusions: The results of this research will provide recommendations on how to deliver sensitive perinatal mental health care for mothers already involved with the Child Welfare Services, aiming to minimize child removal.

Oral

📅 Sun. Sep 28, 2025 4:30 PM - 6:00 PM JST | Sun. Sep 28, 2025 7:30 AM - 9:00 AM UTC 🏢 Session Room 8
(Meeting Room 1)

Oral 19

[O-19-02] Trajectories of Changes in Mental Health Symptoms During COVID-19: Evidence from a Systematic Review and Meta-analysis of 284 Studies

*Yin Wu^{1,2}, Ying Sun^{2,3}, Marc Parsons⁴, Nadia P González-Domínguez², Suiqiong Fan², Letong Li², Xiaowen Jiang², Amina Tasleem², Kexin Li², Yutong Wang², Tiffany Dal Santo^{2,5}, Jill T Boruff⁶, Palak Desai², Monica D'Onofrio², Ankur Krishnan², Claire Adams, Chen He², Andrea Benedetti^{4,8,9}, Brett D Thombs^{2,4,5,7,8} (1. Shanghai Jiao Tong University (China), 2. Lady Davis Institute for Medical Research, Jewish General Hospital (Canada), 3. Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland (United States of America), 4. Department of Epidemiology, Biostatistics and Occupational Health, McGill University (Canada), 5. Department of Psychiatry, McGill University (Canada), 6. Schulich Library of Physical Sciences, Life Sciences, and Engineering, McGill University (Canada), 7. Department of Psychology, McGill University (Canada), 8. Department of Medicine, McGill University (Canada), 9. Respiratory Epidemiology and Clinical Research Unit, McGill University Health Centre (Canada))

Keywords : mental health、 pandemic、 Psychiatric Epidemiology

Background: Few systematic reviews could provide a comprehensive synthesis of the impact of the COVID-19 pandemic on mental health outcomes during the pandemic.

Objectives: To synthesize the trajectories of changes in general mental health, anxiety, and depression symptoms of diverse populations throughout the COVID-19 pandemic.

Methods: We conducted a living systematic review and searched among 9 databases. We conducted meta-regression with linear mixed models. Risk of bias (ROB) was assessed using an adapted Joanna Briggs Institute Checklist for Prevalence Studies.

Results: As of April 03, 2023, we reviewed 149,026 unique citations and included 284 eligible studies from 275 cohorts that had multiple data points of COVID-19 mental health outcomes during the pandemic. Most publications (275, 97%) reported all time points between January 1, 2020 and December 31, 2021, and were from high-income (226, 80%) or upper-middle income (54, 19%) countries. The main analysis results suggest no consistent pattern of temporal effects on changes of mental health outcomes. Each quarter of a year since COVID-19 onset was associated with a minimal improvement in general mental health (0.02 standardized mean difference (SMD), 95%CI -0.02 to -0.02) and in depression symptoms (0.03 SMD, 95%CI -0.03 to -0.03), while with minimally worsened anxiety symptoms (0.02 SMD, 95%CI 0.02 to 0.02). Estimates of all covariates' effects were close to zero or inconsistent, except the country stringency index which was associated with all three outcomes minimally (0.02 - 0.05 SMD; 95%CI 0.02 to 0.03 - 0.05 to 0.05). Results among 18 subgroups including general population suggested no consistent pattern of changing with time across all outcomes. Substantial heterogeneity and ROB were present across analyses.

Conclusions: Generally high ROB and the extreme heterogeneity makes it essential to interpret findings cautiously. However, there is no clear trend of change across mental outcomes throughout the COVID-19 pandemic.

Oral

📅 Sun. Sep 28, 2025 4:30 PM - 6:00 PM JST | Sun. Sep 28, 2025 7:30 AM - 9:00 AM UTC 🏢 Session Room 8
(Meeting Room 1)

Oral 19

[O-19-03] Impact of the Film 'Ray of Hope' on Enhancing Knowledge of Reproductive Health Risks from Smoking and Alcohol Use among College Students in the Indian Cultural Context

*Meena Kolar Sridara Murthy¹ (1. National Institute of Mental Health and Neurosciences (India))

Keywords : Early aging、 reproductive health、 reproductive health risks、 Indian context、 cultural relevance

Objectives: This study quantitatively assesses the effectiveness of the film 'Ray of Hope' in enhancing college students' knowledge of reproductive health risks induced by cigarette smoking and alcohol abuse. It specifically addresses the critical gap in awareness of these risks within the Indian population, where cultural norms and limited open discourse often hinder comprehensive health education. We investigated how a culturally relevant media intervention can bridge this knowledge deficit.

Materials and Methods: A pre- and posttest survey was conducted with 44 college students to evaluate their knowledge of these risks. The questionnaire was aligned with the 20-minute film 'Ray of Hope' which covered the impact of smoking and alcohol on reproductive health, fertility, and early aging, tailored to resonate with an Indian audience. The posttest was administered 14 days after the intervention to assess knowledge retention.

Results: Results showed a significant increase in students' knowledge of reproductive risks from substance abuse, with the mean pretest score of 6.32 rising to 13.02 in the posttest ($P < 0.001$). Participants demonstrated a notably improved awareness of the harmful effects on fertility and early aging.

Conclusions: These findings suggest that targeted educational media can play a vital role in health promotion and prevention strategies among young adults. This study provides quantitative evidence for the film's effectiveness in the Indian cultural context, highlighting its potential utility in addressing specific public health needs.

Oral

📅 Sun. Sep 28, 2025 4:30 PM - 6:00 PM JST | Sun. Sep 28, 2025 7:30 AM - 9:00 AM UTC 🏢 Session Room 8
(Meeting Room 1)

Oral 19

[O-19-05] Global Quality of Life as a Dynamic Predictor of Survival in Lung Cancer Patients Across Systemic Therapies

*Yin Wu¹, Leixin Xia¹, Xiaoshui Huang¹, Yaping He¹, Hui Wang¹, Zhonglin Chen² (1. Shanghai Jiao Tong University (China), 2. Shanghai Chest Hospital (China))

Keywords : global quality of life、 cancer patient、 predictor of survival

This study evaluated the prognostic significance of global quality of life (QoL) in lung cancer patients undergoing systemic therapies, including targeted therapy (N=205), immunotherapy (N=318), and combination therapy (combine chemotherapy, targeted or immunotherapy) (N=339). Using both baseline and time-varying Cox proportional hazards models, we examined how patient-reported QoL, assessed via the EORTC QLQ-C30, relates to overall survival (OS) in each treatment subgroup. At baseline, higher self-reported QoL was significantly associated with longer survival across all treatment modalities. In the targeted therapy group, each 1-point increase in baseline global QoL was associated with a 21% reduction in the hazard of death. In the immunotherapy and combination groups, baseline QoL was similarly predictive, with hazard reductions of 16% (HR = 0.84, $p = 0.0019$) and 14% (HR = 0.860, $p = 0.0076$), respectively. Time-varying Cox models further confirmed that QoL measured at multiple time points dynamically predicted survival outcomes. For patients on targeted therapy, each 1-point increase in QoL was associated with a 7.5% reduced hazard of death (HR = 0.925, $p = 0.021$). In immunotherapy and combination groups, these reductions were 8.5% (HR = 0.915, $p = 0.00035$) and 9.4% (HR = 0.906, $p < 0.001$), respectively. These associations remained statistically significant and clinically meaningful across all groups. In conclusion, global QoL is a consistent and dynamic predictor of survival in lung cancer patients, regardless of treatment modality. These findings support the routine integration of QoL assessments in both clinical trials and real-world settings to inform prognosis and guide supportive care strategies.