

2025年9月27日(土)

Symposium | Community care : [Symposium 55] Deinstitutionalization and Community Care2-Freedom first on the basis of Human Rights-

2025年9月27日(土) 9:00 ~ 10:30 Session Room 2 (Main Hall B)

[Symposium 55] Deinstitutionalization and Community Care2-Freedom first on the basis of Human Rights-

Moderator: Itsuo Asai (Heart Clinic Medical Corporation)

[SY-55]

Deinstitutionalization and Community Care2-Freedom first on the basis of Human Rights-

Itsuo Asai¹, Donato Zupin², So Hee Lee³, Seiyo Mukaiyachi⁴, Pablo Farias⁵ (1. Heart Clinic Medical Corporation (Japan), 2. MHD-WHO Collaborative Center (United States of America), 3. National Medical Center Seoul (Australia), 4. Health Sciences University of Hokkaido (Canada), 5. Hospital Civil de Guadalajara (Mexico))

[SY-55-01]

A full-scale open-door, no-restraint mental health system in Trieste, Italy

*Donato Zupin^{1,2,3,4} (1. DDSM - Mental Health Area-WHO Collaborative Center, ASUGI. Psychiatrist (Italy), 2. Italian Institute of Transcultural Mental Health (Italy), 3. Transcultural Psychiatry Section, Italian Society of Psychiatry (Italy), 4. World Association of Cultural Psychiatry (Italy))

[SY-55-02]

Community Measures to Reduce Involuntary and Long-Term Hospitalization of Individuals with Mental Illness

*So Hee Lee¹ (1. National Medical Center (Korea))

[SY-55-03]

The Process and Current Challenges of Deinstitutionalization in the Eastern Hidaka Region, Hokkaido

*IKUYOSHI MUKAIYACHI¹ (1. Health Sciences University of Hokkaido (Japan))

[SY-55-04]

Dilemmas of deinstitutionalization in contexts of absent psychiatric care: reflections from Chiapas, Mexico.

*Pablo Farias¹ (1. Bats'i Lab (Mexico))

Symposium | Schizophrenia : [Symposium 56] Current status of psychiatric research using genetic medicine and genomic medicineImportance of collaborative research among East Asians

2025年9月27日(土) 9:00 ~ 10:30 Session Room 3 (Large Hall A)

[Symposium 56] Current status of psychiatric research using genetic medicine and genomic medicineImportance of collaborative research among East Asians

Moderator: Nakao Iwata (Fujita Health University School of Medicine), Hailiang Huang (The Broad Institute of MIT and Harvard)

[SY-56]

Current status of psychiatric research using genetic medicine and genomic medicine Importance of collaborative research among East Asians

Nakao Iwata¹, Weihua Yue², Po-Hsiu Kuo³, Hailiang Huang⁴ (1. Fujita Health University School of Medicine (Japan), 2. Peking University Sixth Hospital (China), 3. National Taiwan University (Taiwan), 4. the Broad Institute of MIT and Harvard (United States of America))

[SY-56-01]

Pharmacogenomic Research on Antipsychotic Therapy in Chinese Han Population

*Weihua Yue^{1,2,3,4,5} (1. Peking University Sixth Hospital (China), 2. Institute of Mental Health, Peking University (China), 3. NHC Key Laboratory of Mental Health (Peking University) (China), 4. National Clinical Research Center for Mental Disorders (Peking University Sixth Hospital) (China), 5. PKU-IDG/McGovern Institute for Brain Research (China))

[SY-56-02]

Multimodal Genomic and Mobile Sensing Reveals Genetic and Behavioral Signatures in Mood Disorder Phenotypes

*Po-Hsiu Kuo^{1,5,8}, Chiao-Erh Chang¹, Ting-Yi Lee¹, Shiau-Shian Huang^{2,3}, Ying-Ting Chao^{1,4}, Hsi-Chung Chen⁵, Ming-Chyi Huang⁶, I-Ming Chen⁵, Chuhsing Kate Hsiao^{1,7} (1. Institute of Epidemiology and Preventive Medicine, College of Public Health, National Taiwan University (Taiwan), 2. Department of Psychiatry, Taipei Veterans General Hospital (Taiwan), 3. College of Medicine, National Yang Ming Chiao Tung University (Taiwan), 4. Department of Medical Research, National Taiwan University (Taiwan), 5. Department of Psychiatry, National Taiwan University Hospital (Taiwan), 6. Department of Psychiatry, Taipei City Psychiatric Center, Taipei City Hospital (Taiwan), 7. Institute of Health Data Analytics and Statistics, College of Public Health, National Taiwan University (Taiwan), 8. Psychiatric Research Center, Wan Fang Hospital (Taiwan))

[SY-56-03]

Contribution of common and rare variants to schizophrenia risk in East and South Asian ancestries

*Hailiang Huang^{1,2,3}, Stanley Global Asia Initiatives (1. the Broad Institute of MIT and Harvard (United States of America), 2. Massachusetts General Hospital (United States of America), 3. Harvard Medical School (United States of America))

Symposium | Anxiety : [Symposium 57] Perception and stigma, trans-ethnic genetics, virtual reality treatment of anxiety disorder, and Hyperemesis Gravidarum

2025年9月27日(土) 9:00 ~ 10:30 Session Room 4 (Large Hall B)

[Symposium 57] Perception and stigma, trans-ethnic genetics, virtual reality treatment of anxiety disorder, and Hyperemesis Gravidarum

Moderator: Kazuo Yamada (Toyo Eiwa University)

[SY-57]

Perception and stigma, trans-ethnic genetics, virtual reality treatment of anxiety disorder, and Hyperemesis Gravidarum

Tsuyoshi Akiyama¹, Yong-Wook Shin², Kazutaka Ohi³, Junhyung Kim⁴, Wan Asyikin⁵ (1. Rokubancho Mental Clinic (Japan), 2. University of Ulsan (Korea), 3. Gifu University (Japan), 4. Kangbuk Samsung Hospital (Korea), 5. Hospital Permai (Malaysia))

[SY-57-01]

Breaking the Stigma: Cultural Norms, Celebrities, and Social Media

*Yong-Wook Shin¹ (1. Department of Psychiatry, Asan Medical Center (Korea))

[SY-57-02]

Transethnic Genetic Etiology of Panic Disorder: Approaches Using Polygenic Scores and Their Machine Learning-Based Classification

*Kazutaka Ohi¹, Takeshi Otowa², Hisanobu Kaiya³, Tsukasa Sasaki⁴, Hisashi Tanii⁵, Toshiki Shioiri¹ (1. Department of Psychiatry, Gifu University Graduate School of Medicine (Japan), 2. Department of Psychiatry, Teikyo University (Japan), 3. Panic Disorder Research Center, Warakukai Medical Corporation (Japan), 4. Department of Physical and Health Education, Graduate School of Education, The University of Tokyo (Japan), 5. Center for Physical and Mental Health, Mie University (Japan))

[SY-57-03]

Enhancing Early Treatment Response Prediction in Panic Disorder Using a Virtual Reality-Based Assessment Tool: Integrating Multimodal Indicators with Machine Learning

*Junhyung Kim¹ (1. Department of psychiatry, Samsung Kangbuk Hospital, Sungkyunkwan University School of Medicine, Seoul, Republic of Korea (Korea))

[SY-57-04]

Anxiety, depression and marital satisfaction in women with hyperemesis gravidarum: A comparative cross-sectional study in Malaysia

*Wan Asyikin Binti Wan Azlan¹, Magendra Ramalingam¹, Rosdinom Razali¹, Mohamad Farouk Abdullah¹, Fairuz Nazri Abdul Rahman¹ (1. Malaysia Ministry of Health (Malaysia))

Symposium | Cultural Psychiatry : [Symposium 58] 25th Anniversary of the Korea-Japan Young Psychiatrists Association (KJYPA)-Friendship and Research Collaboration

2025年9月27日(土) 9:00 ~ 10:30 Session Room 5 (Conference Room A)

[Symposium 58] 25th Anniversary of the Korea-Japan Young Psychiatrists Association (KJYPA)-Friendship and Research Collaboration

Moderator: Takahiro A. Kato (Department of Psychiatry, Hokkaido University Graduate School of Medicine), Seok Woo Moon (Konkuk University Chungju Hospital)

Discussant: Toshihide Kuroki

[SY-58]

25th Anniversary of the Korea-Japan Young Psychiatrists Association (KJYPA)-Friendship and Research Collaboration

Takahiro A. Kato¹, Moon Seok Woo², Muneyuki Suzuki³, Michiko Fujimoto⁴, Gi Whan Byeon⁵, Seng Yoon Kim⁶ (1. Hokkaido University (Japan), 2. Konkuk University Chungju Hospital (Korea), 3. Fukuma Hospital (Japan), 4. Osaka University Graduate School of Medicine (Japan), 5. Department of Psychiatry, Seoul St. Mary's Hospital, College of Medicine, The Catholic University of Korea (Korea), 6. Daegu Catholic University School of Medicine (Korea))

[SY-58-01]

The academic solidarity and friendship between Japan & Korea (KJYPA)

*SEOK WOO MOON¹ (1. KONKUK UNIVERSITY MEDICAL COLLEGE (Korea))

[SY-58-02]

Korea Japan Young Psychiatrists' Conference (KJYPC) is a group cultural psychotherapy session for Korean and Japanese psychiatrists.

*Muneyuki Suzuki¹ (1. Fukuma Hospital (Japan))

[SY-58-03]

Trends in cultural psychiatry in the Korea-Japan Young Psychiatrists' Conference

*Michiko Fujimoto¹ (1. Health Care Division, Health and Counseling Center, The University of Osaka (Japan))

[SY-58-04]

Differential Effects of Soluble and Plaque Amyloid on Late-Life Depression: The Moderating Role of Tau Pathology

*Giwhan Byeon¹, Su Hyung Kim², Sunghwan Kim³, Seunggyun Ha⁴, Yoo Hyun Um², Sheng-Min Wang³, Hyun Kook Lim^{3,5,6}, Dong Woo Kang¹ (1. Department of Psychiatry, Seoul St. Mary's Hospital, College of Medicine, The Catholic University of Korea, Seoul, Republic of Korea (Korea), 2. Department of Psychiatry, St. Vincent's Hospital, College of Medicine, The Catholic University of Korea, Seoul, Republic of Korea (Korea), 3. Department of Psychiatry, Yeouido St. Mary's Hospital, College of Medicine, The Catholic University of Korea, Seoul, Republic of Korea (Korea), 4. Division of Nuclear Medicine, Department of Radiology, Seoul St. Mary's Hospital, College of Medicine, The Catholic University of Korea, Seoul, Republic of Korea (Korea), 5. Research Institute, NEUROPHET Inc.; Seoul, Republic of Korea (Korea), 6. CMC Institute for Basic Medical Science, the Catholic Medical Center of The Catholic University of Korea, Seoul, Republic of Korea (Korea))

[SY-58-05]

Hikikomori or Early-Onset Schizophrenia? Diagnostic and Therapeutic Considerations in Adolescent Social Withdrawal – A Case-Based Review

*Seng Yoon Kim¹, Jung Yeon Moon¹, Tae Young Choi¹ (1. Daegu Catholic University School of Medicine (Korea))

Symposium | Trauma : [Symposium 59] Cultural Responses to WW2 in Japan: Interdisciplinary Reflections and Intercultural Dialogue

2025年9月27日(土) 9:00 ~ 10:30 Session Room 6 (Conference Room B)

[Symposium 59] Cultural Responses to WW2 in Japan: Interdisciplinary Reflections and Intercultural Dialogue

Moderator: Yuki Imoto (Keio University), Kai Ogimoto (Sagami Women's University) Discussant: Koh Eugen (University of Melbourne)

Discussant: Eugen Koh (University of Melbourne)

[SY-59]

Cultural Responses to WW2 in Japan: Interdisciplinary Reflections and Intercultural Dialogue

Ritsu Yonekura¹, Chizuko Tezuka², Kai Ogimoto³, Eugen Koh⁴ (1. Nihon University (Japan), 2. Independent (Japan), 3. Sagami Women's University (Japan), 4. Australian National University (Australia))

[SY-59-01]

Bias toward “Narratives of Sacrifice” in Japanese “August Journalism” and Collective Memory of War in Postwar Japan

*Ritsu Yonekura¹ (1. Nihon University Department of Law (Japan))

[SY-59-02]

Japanese Narrative of World War 2 through the Cultural Lens of Japanese Tanka: Tragic Acceptance of War Realities and Its Implications

*Chizuko Tezuka¹ (1. formerly Keio University (Japan))

[SY-59-03]

On the Myth of "Izanaki and Izanami": Mythological Thinking and Inability to Mourn after WW2 in Japan

*Kai Ogimoto¹ (1. Sagami Women's University (Japan))

[SY-59-04]

Cultural work in the healing of cultural trauma from the Second World War

Discussant: Eugen Koh¹ (1. University of Melbourne (Australia))

Symposium | Suicide prevention : [Symposium 60] Suicide and Psychotherapy**■ 2025年9月27日(土) 9:00 ~ 10:30 会場 Session Room 7 (Conference Room C)****[Symposium 60] Suicide and Psychotherapy**

Moderator: Naoe Okamura (Hatsuishi Hospital)

[SY-60]**Suicide and Psychotherapy**

Nobuaki Eto^{5,6}, Rachel Gibbons^{1,3}, Jo O'Reilly^{1,2,3}, In-Soo LEE⁴ (1. The Royal College of Psychiatrists (UK), 2. Medical Psychotherapy at the North London NHS Foundation Trust (UK), 3. British Psychoanalytic Society (UK), 4. Korean Psychoanalytic Center (Korea), 5. Fukuoka University (Japan), 6. Japan Psychoanalytic Society (Japan))

[SY-60-01]**Psychoanalytic assessment as postvention**

*Nobuaki Eto¹ (1. Fukuoka University (Japan))

[SY-60-02]**The 'Truth' About Suicide: Insights and Challenges for Clinicians and the Bereaved**

*Rachel Gibbons¹ (1. Royal College of Psychiatrists (UK))

[SY-60-03]**The containment of persecution and recovery of thought; the role of a psychodynamically informed risk panel when working with suicidal states of mind.**

*Josephine Kate O'Reilly¹, Rachel Gibbons¹, Nobuaki eto (1. Royal College of Psychiatrists London (UK))

[SY-60-04]**Shame and the Unbearable Self:****Psychoanalytic Reflections on Suicidality in the Korean Context**

*In-Soo Lee¹ (1. Korean Psychoanalytic Center (Korea))

Symposium | Forensic Psychiatry and Violence : [Symposium 61] Ethnic diversity, psychiatric conditions, and transgressive behavior: Insights from cases in forensic mental health care

2025年9月27日(土) 9:00 ~ 10:30 Session Room 8 (Meeting Room 1)

[Symposium 61] Ethnic diversity, psychiatric conditions, and transgressive behavior: Insights from cases in forensic mental health care

Moderator: Charlotte Clous (Centre for Transcultural Psychiatry Veldzicht), Marjolein De Pau (Department of Special Needs Education, Ghent University)

[SY-61]

Ethnic diversity, psychiatric conditions, and transgressive behavior: Insights from cases in forensic mental health care

Charlotte Clous², Marjolein De Pau¹, Morten Deleuran Terkildsen^{3,4,5}, Ilaria Rossetto⁶ (1. Department of Special Needs Education, Ghent University (Belgium), 2. Centre for Transcultural Psychiatry Veldzicht (Netherlands), 3. Department of Forensic Psychiatry, Aarhus University (Denmark), 4. Institute of Clinical Medicine, Health, Aarhus University (Denmark), 5. DEFACUM - Public Health Research (Denmark), 6. University of Milan, School of Medicine (Italy))

[SY-61-01]

Exploring the impact of mandatory repatriation on cultural identity and pathways to recovery of migrant forensic psychiatric patients in a Dutch Centre for Transcultural Psychiatry.

*Charlotte Clous^{1,2}, Hannah Jongsma^{1,2}, Anniel Van Weeghel^{5,6}, Ria Reis^{4,3}, Wim Veling¹ (1. University Medical Centre Groningen (UMCG) (Netherlands), 2. Centre for Transcultural Psychiatry Veldzicht (Netherlands), 3. Leiden University Medical Centre (LUMC) (Netherlands), 4. Amsterdam institute for Global Health Development (AIGHD) (Netherlands), 5. University of Amsterdam (UvA) (Netherlands), 6. Arq Psychotrauma International (Netherlands))

[SY-61-02]

A Tapestry of Self: Laila's Intersectional Identity in Forensic Mental Health Care

*Marjolein De Pau¹, Tom Vander Beken¹, Stijn Vandevelde¹, Sara Rowaert¹ (1. Ghent University (Belgium))

[SY-61-03]

Culture and Care in Practice: A Greenlandic Forensic Psychiatric Ward in Denmark

*Morten Deleuran Terkildsen^{1,2,4}, Parnuña Heilmann³, Karen Aalling Mikkelsen¹, Irene Thorsager Kruitbosch Jensen¹, Ida Margrethe Nielsen^{1,3}, Harry Kennedy^{1,2,5}, Lisbeth Uhrskov Sørensen^{1,2} (1. Department of Forensic Psychiatry, Aarhus University Hospital Psychiatry, Denmark (Denmark), 2. Department of Clinical Medicine, Health, Aarhus University, Aarhus, Denmark (Denmark), 3. Psychiatric Area, Queen Ingrid's Hospital, Nuuk, Greenland (Greenland), 4. DEFACUM - Public Health Research, Aarhus, Denmark (Denmark), 5. Trinity College Dublin, Dublin (Ireland))

[SY-61-04]

Forensic Psychiatry and Migrant Populations in Italy: Clinical Challenges and Culturally Informed Response

*Ilaria Rossetto¹, Stefano Tambuzzi¹, Cristina Cattaneo¹, Lia Parente², Felice Francesco Carabello² (1. University of Milan (Italy), 2. University of Bari (Italy))

Symposium | Community care : [Symposium 62] Community mental health care: perspectives in Canada, Korea, and Japan inspired by a cultural -ecosocial view.

2025年9月27日(土) 10:40 ~ 12:10  Session Room 2 (Main Hall B)

[Symposium 62] Community mental health care: perspectives in Canada, Korea, and Japan inspired by a cultural -ecosocial view.

Moderator: Masayuki Noguchi (Okayama Prefectural Mental Health & Welfare Center)

[SY-62]

Community mental health care: perspectives in Canada, Korea, and Japan inspired by a cultural -ecosocial view.

Laurence Kirmayer², Boung Chul Lee³, Chiyo Fujii⁴, Masayuki Noguchi¹ (1. Okayama Prefectural Mental Health & Welfare Center (Japan), 2. McGill University (Canada), 3. Hallym University Hangang Sacred Heart Hospital (Korea), 4. National Institute of Mental Health National Center of Neurology and Psychiatry (Japan))

[SY-62-01]

Community Mental Health: A Cultural-Ecosocial Approach

*Laurence J Kirmayer¹ (1. McGill University (Canada))

[SY-62-02]

Disasters and Community Mental Health

*Boung Chul Lee¹ (1. Hangang Sacred Heart Hospital (Korea))

[SY-62-03]

Evolving Roles of Psychiatric Care Providers in Community Mental Health: Collaborative Outreach for People with Unmet Mental Health Needs in Japan

*Chiyo Fujii¹ (1. National Center of Neurology and Psychiatry (Japan))

[SY-62-04]

Community-based Integrated Mental Health Care System for People with Mental Health Needs in Japan: Addressing Unmet Mental Health Needs through the Public Mental Health Sector.

*Masayuki Noguchi¹ (1. Okayama Prefectural Mental Health & Welfare Center (Japan))

Symposium | Immigrant, Refugee : [Symposium 63] Rethinking Mental Health Support for Refugees

2025年9月27日(土) 10:40 ~ 12:10 Session Room 3 (Large Hall A)

[Symposium 63] Rethinking Mental Health Support for Refugees

Moderator: Simon Groen (De Evenaar Center for Transcultural Psychiatry), Hans Rohlof (Mental Care Center)

[SY-63]

Rethinking Mental Health Support for Refugees

UKAWA Ko¹, Hans J.G.B.M. Rohlof², Mario Braakman³, Simon Groen⁴, Valerie DeMarinis⁵, Claudia Blankenstijn⁶ (1. Taisho University (Japan), 2. Mental Care Center (Netherlands), 3. Tilburg University (Netherlands), 4. De Evenaar Center for Transcultural Psychiatry (Netherlands), 5. Umeå University (Medical School) (Sweden), 6. linguist (Netherlands))

[SY-63-01]

Narrative Language Therapy® for refugee children

*Claudia Blankenstijn¹ (1. linguist (Netherlands))

[SY-63-02]

Psychodiagnostic assessment and treatment of refugees

*Hans Rohlof¹ (1. Private Practice Rohlof (Netherlands))

[SY-63-03]

Victimmigration, a longitudinal study of refugees suffering from stress and trauma in Greece and the Netherlands

*Mario Hubertus Braakman¹ (1. Tilburg University (Netherlands))

[SY-63-04]

The recognition of grief in traumatized refugees in Dutch mental health care

*Simon Groen¹ (1. De Evenaar, Center for Transcultural Psychiatry, GGZ Drenthe (Netherlands))

[SY-63-05]

Examining the situation on mental health support for refugees in Sweden

*Valerie DeMarinis¹, Sofie Bäärnhielm², Mattias Strand² (1. Innlandet Hospital Trust, Norway; Umeå University, Sweden (Sweden), 2. Department of Clinical Neuroscience, Karolinska Institutet, Sweden (Sweden))

Symposium | Trauma : [Symposium 64] The long-term effects of the Asia-Pacific War and its transmission across generations in individuals, collectives and societies

2025年9月27日(土) 10:40 ~ 12:10 Session Room 5 (Conference Room A)

[Symposium 64] The long-term effects of the Asia-Pacific War and its transmission across generations in individuals, collectives and societies

Moderator: Koh Eugen (University of Melbourne), Tadashi Takeshima (Taisho University)

[SY-64]

The long-term effects of the Asia-Pacific War and its transmission across generations in individuals, collectives and societies

Koh Eugen², Tadashi Takeshima¹, Shin Kurumizawa³ (1. Taisho University (Japan), 2. University of Melbourne (Australia), 3. Hananotani Clinic (Japan))

[SY-64-01]

The transmission of Second World War Trauma across generations

*Eugen Koh¹ (1. University of Melbourne (Australia))

[SY-64-02]

The Impact of the Asia-Pacific War on Suicide and Mental Health Policy in Japan

*Tadashi Takeshima¹ (1. Taisho University (Japan))

[SY-64-03]

Transgenerational transmission of responsibility of perpetrator

*Shin Kurumizawa¹ (1. Hananotani Clinic (Japan))

Symposium | Asylum and Mental Disorders : [Symposium 65] Assessment and care for asylum seekers with severe mental health problems

2025年9月27日(土) 10:40 ~ 12:10 Session Room 6 (Conference Room B)

[Symposium 65] Assessment and care for asylum seekers with severe mental health problems

Moderator: Seline van den Ameele (Department of Psychiatry and Medical Psychology, University Hospital Brugmann, Brussels Collaborative Antwerp Psychiatric Research Institute (CAPRI), Antwerp University, Antwerp)

[SY-65]

Assessment and care for asylum seekers with severe mental health problems

Seline van den Ameele^{1,2}, Lukas Claus^{2,3}, Laura Van de Vliet^{5,3}, Sofie Vindevogel⁴ (1. Department of Psychiatry and Medical Psychology, University Hospital Brugmann, Brussels (Belgium), 2. Collaborative Antwerp Psychiatric Research Institute (CAPRI), Antwerp University, Antwerp (Belgium), 3. Psychiatric Hospital Sint-Alexius, Brothers of Charity, Grimbergen (Belgium), 4. EQUALITY ResearchCollective, University of Applied Sciences and Arts HOGENT, Ghent (Belgium), 5. POZAH, Psychiatric Care for Asylum Seekers, Sint-Alexius, Grimbergen (Belgium))

[SY-65-01]

The Voices Not Heard: Asylum seekers' explanatory models of mental illness as elicited by the Cultural Formulation Interview

*Seline van den Ameele^{1,2} (1. Department of Psychiatry and Medical Psychology, University Hospital Brugmann, Brussels (Belgium), 2. Collaborative Antwerp Psychiatric Research Institute (CAPRI), Antwerp University, Antwerp (Belgium))

[SY-65-02]

Value of the CFI in asylum seekers' diagnostic assessment

*Lukas Claus^{1,2} (1. Resident Psychiatrist at Vrije Universiteit Brussel (Brussels, Belgium); (Belgium), 2. PhD researcher CAPRI (Collaborative Antwerp Psychiatric Research Institute), Universiteit Antwerpen (Antwerp, Belgium) (Belgium))

[SY-65-03]

Barriers to mental health care for asylum seekers and how to overcome them: an introduction

*Laura Van de Vliet¹ (1. PZ St. Alexius Grimbergen (Belgium))

[SY-65-04]

Strengthening the frontline workforce to enhance transcultural mental health support in Belgian asylum reception centres.

*Sofie Vindevogel Vindevogel¹, Fayed Alabbas¹, Yasmine Boumahdi¹, Jürgen Magerman¹ (1. University of Applied Sciences and Arts Gent (Belgium))

Symposium | AI&IT : [Symposium 66] Digital Frontiers in Psychiatry: Innovative Approaches from Asia

2025年9月27日(土) 14:10 ~ 15:40 Session Room 2 (Main Hall B)

[Symposium 66] Digital Frontiers in Psychiatry: Innovative Approaches from Asia

Moderator: Taishiro Kishimoto (Keio University School of Medicine)

[SY-66]

Digital Frontiers in Psychiatry: Innovative Approaches from Asia

Taishiro Kishimoto¹, Hwa-Young Lee², Hsin-An Chang³, Hironobu Nakamura⁴ (1. Keio University School of Medicine (Japan), 2. Soonchunhyang University Hospital (Korea), 3. Tri-Service General Hospital (Taiwan), 4. Institute of Science Tokyo (Japan))

[SY-66-01]

Development of software as a medical device for depression screening

*Taishiro Kishimoto¹ (1. Keio University School of Medicine (Japan))

[SY-66-02]

AIOT (AI+IOT) based prediction system for suicide/aggressive behavior in psychiatric wards

*Hwa-Young Lee Lee¹ (1. Soonchunhyang University Cheonan Hospital (Korea))

[SY-66-03]

Diagnosing and Treating Major Depressive Disorder Using EEG-Based Machine Learning

*Hsin-An Chang¹, Yi-Hung Liu² (1. Department of Psychiatry, Tri-Service General Hospital, National Defense Medical Center, Taipei (Taiwan), 2. Institute of Electrical and Control Engineering, National Yang Ming Chiao Tung University, Hsinchu (Taiwan))

Symposium | Community care : [Symposium 67] De-hospitalization and community psychiatry-1. Human Rights

2025年9月27日(土) 14:10 ~ 15:40 Session Room 3 (Large Hall A)

[Symposium 67] De-hospitalization and community psychiatry-1. Human Rights

Moderator: Yuka Kudo (Gunma Hospital)

[SY-67]

De-hospitalization and community psychiatry-1. Human Rights

Kazuo Okuma, Vittorio De Luca⁶, Donato Zupin^{4,2,7,8}, Goffredo Bartocci^{2,7,8}, Yoshikazu Ikehara³, Yuka Kudo^{1,5} (1. Keio University (Japan), 2. Italian Institute of Transcultural Mental Health (Italy), 3. Tokyo Advocacy Law Office (Japan), 4. Mental Health Area – WHO Collaborative Center, ASUGI (Italy), 5. Gunma Hospital (Japan), 6. ASL ROMA5, Psychiatric Emergency Inward Monterotondo (RM) (Italy), 7. World Association of Cultural Psychiatry (Italy), 8. Transcultural Psychiatry Section, Italian Society of Psychiatry (Italy))

[SY-67-01]

Deinstitutionalization & human rights in emergency psychiatry in Italy

*Vittorio De Luca^{1,2,3}, Silvia Gubbini¹ (1. ASL RM5, Monterotondo (RM) (Italy), 2. Istituto Italiano di Igiene Mentale Transculturale (IMT) (Italy), 3. Istituto di Ricerche Europee in Psicoterapia Psicoanalitica (IREP) (Italy))

[SY-67-02]

Deinstitutionalization in Italy: the Trieste model and its complex cultural path to human and social rights

*Donato Zupin^{2,3,4,1}, *Goffredo Bartocci^{2,3,4} (1. DDSM - Mental Health Area-WHO Collaborative Center, ASUGI. Psychiatrist (Italy), 2. Italian Institute of Transcultural Mental Health (Italy), 3. Transcultural Psychiatry Section, Italian Society of Psychiatry (Italy), 4. World Association of Cultural Psychiatry (Italy))

[SY-67-03]

Roadmap to abolish involuntary hospitalizations and restore the dignity of persons with psychosocial disabilities by Japan Federation of Bar Associations

*Yoshikazu Ikehara¹ (1. Tokyo Advocacy Law Office (Japan))

Symposium | Trauma : [Symposium 68] Rethinking Trauma: Cultural Models of Care Across Clinical Practice and Treatment Systems

2025年9月27日(土) 14:10 ~ 15:40 Session Room 4 (Large Hall B)

[Symposium 68] Rethinking Trauma: Cultural Models of Care Across Clinical Practice and Treatment Systems

Moderator: Selim G. Atici (Princeton University and University of Tokyo), Junko Kitanaka (The Department of Human Sciences at Keio University in Tokyo) Discussant: Laurence J. Kirmayer (McGill University)
Discussant: Laurence J. Kirmayer (McGill University)

[SY-68]

Rethinking Trauma: Cultural Models of Care Across Clinical Practice and Treatment Systems

Jessica Carlsson¹, Charlotte Sonne¹, Naoko Miyaji², Selim G. Atici^{3,4}, Laurence Kirmayer⁵ (1. University of Copenhagen (Denmark), 2. Hitotsubashi University (Japan), 3. Princeton University (United States of America), 4. University of Tokyo (Japan), 5. McGill University (Canada))

[SY-68-01]

Comparative Analysis of Post-Traumatic Stress Disorder and Complex Post-Traumatic Stress Disorder utilizing the International Trauma Interview Across Three Distinct Trauma-Affected populations: Veterans, Civilians, and Refugees

*Jessica Mariana Carlsson Lohmann^{1,3,4}, Hinuga Sandahl^{1,3,4}, Sofie Folke², Erik Vindbjerg¹, Maja Bruhn^{1,4} (1. Competence Centre for Transcultural Psychiatry, Mental Health Centre Ballerup (Denmark), 2. Department of Military Psychology, Danish Veterans Centre, Copenhagen, Denmark (Denmark), 3. Centre for Culture and the Mind, University of Copenhagen (Denmark), 4. Faculty of Health and Medical Science, University of Copenhagen (Denmark))

[SY-68-02]

Integrating research in the treatment of trauma-related disorders in a transcultural context

*Charlotte Sonne¹ (1. Competence center for Transcultural Psychiatry (CTP), Denmark (Denmark))

[SY-68-03]

Trauma Island: Listening to Silenced Voices

*Naoko Miyaji¹ (1. Hitotsubashi University (Japan))

[SY-68-04]

Medico-Legal Recognition of Trauma for Asylum-Seeking Immigrants in Japan

*Selim Gokce Atici^{1,2} (1. University of Tokyo (Japan), 2. Princeton University (United States of America))

Symposium | Global Mental Health : [Symposium 69] Global Mental Health in a Polarized World: Building Bridges, Sharing Solutions.

2025年9月27日(土) 14:10 ~ 15:40 Session Room 5 (Conference Room A)

[Symposium 69] Global Mental Health in a Polarized World: Building Bridges, Sharing Solutions.

Moderator: Itsuo Asai (Heart Clinic Medical Corporation)

[SY-69]

Global Mental Health in a Polarized World: Building Bridges, Sharing Solutions.

Itsuo Asai¹, Muhammad Irfan^{2,5}, Kenneth Fung⁴, Azaad Kassam³, Yonas Baheretibeb⁷, Samuel Okpaku⁶ (1. Heart Clinic Medical Corporation (Japan), 2. Peshawar Medical College (Pakistan), 3. University of Ottawa (Canada), 4. University of Toronto (Canada), 5. President-Elect, World Association of Cultural Psychiatry (Pakistan), 6. the Center for Health, Culture, & Society (United States of America), 7. Addis Ababa University (Ethiopia))

[SY-69-01]

Global Mental Health Equity: Addressing Barriers and Building Sustainable Solutions

*Muhammad Irfan¹ (1. Department of Mental Health, Psychiatry & Behavioral Sciences, Peshawar Medical College, Riphah International University, Islamabad (Pakistan))

[SY-69-02]

Cultural Psychiatry & Global Mental Health: Bridging Perspectives for Inclusive Care

*Kenneth Po-Lun Fung¹ (1. University of Toronto (Canada))

[SY-69-03]

Serving the Mental Health Needs of a Culturally and Geographically Diverse Faith Community

*Azaad Kassam¹ (1. University of Ottawa (Canada))

[SY-69-04]

Bridging Cultural and Biomedical Paradigms: An Inter-Modality Approach to Mental Health Services in Ethiopia through Holy Water Practices

*Yonas Baheretibeb Alemu¹, Sam Law², Lisa Andermann² (1. Addis Ababa University (Ethiopia), 2. University of Toronto (Canada))

[SY-69-05]

Reflections on Global Mental Health: Ethical and Humanitarian Considerations

Sam O. Okpaku¹ (1. Center for Health, Culture and Society)

Symposium | Psychotherapy : [Symposium 70] Approaches to the clients' 'everyday life' in psychotherapy and its links to 'mental liveliness'

2025年9月27日(土) 14:10 ~ 15:40 Session Room 6 (Conference Room B)

[Symposium 70] Approaches to the clients' 'everyday life' in psychotherapy and its links to 'mental liveliness'

Moderator: Rieko Shioji (Faculty of Health Sciences, Tokyo Metropolitan University), Yuichiro Abe (Department of Psychiatry, Ishiki Hospital)

[SY-70]

Approaches to the clients' 'everyday life' in psychotherapy and its links to 'mental liveliness'

Kentaro Morita³, Rieko Shioji¹, Farooq Naeem⁴, Francisco Figueroa Medina⁵, Yuichiro Abe² (1. Faculty of Health Sciences, Tokyo Metropolitan University (Japan), 2. Department of Psychiatry, Ishiki Hospital (Japan), 3. Day hospital (Psychiatric Day Care) Department of Rehabilitation, University of Tokyo Hospital (Japan), 4. Department of Psychiatry, University of Toronto & Centre for Addiction and Mental Health (Canada), 5. The Faculty of Integrated Human Studies, Kyoto University (Japan))

[SY-70-01]

Seikatsu-Rinsho: A Japanese Approach to Co-Producing Recovery through Everyday Life

*Kentaro Morita¹ (1. Department of Rehabilitation University of Tokyo Hospital (Japan))

[SY-70-02]

Morita Therapy's treatment process and its resonance with clients' daily lives

*Rieko Shioji¹ (1. Faculty of Health Sciences, Tokyo Metropolitan University (Japan))

[SY-70-03]

Southampton Adaptation Framework for culturally adapting Cognitive Therapy

*farooq naeem¹ (1. university of toronto, toronto, canada (Canada))

[SY-70-04]

Settling the Body, the Breath, and the Mind: *Zazen* Meetings as Group Therapy

*Francisco Figueroa Medina¹ (1. Kyoto University (Japan))

[SY-70-05]

Raising awareness of social rhythm in daily clinical practices

*Yuichiro Abe¹ (1. 1) Ishiki Hospital 2) Tokyo University and Graduate School of Social Welfare (Japan))

Symposium | Psychopharmacology : [Symposium 71] Exploring the potential of Traditional Indian yoga as a psychotherapy based on clinical experiences from other countries

2025年9月27日(土) 14:10 ~ 15:40 Session Room 7 (Conference Room C)

[Symposium 71] Exploring the potential of Traditional Indian yoga as a psychotherapy based on clinical experiences from other countries

Moderator: Sachiyo Morita (Shiga university of Medical Science Hospital, Cancer Center)

[SY-71]

Exploring the potential of traditional Indian yoga as a psychotherapeutic modality: Clinical insights and cross-cultural perspectives

Keishin Kimura², Sachiyo Morita¹, Kahori Ito³, TumurOchir Gantsetseg⁴, Hengsheng Chen⁵ (1. Shiga university of Medical Science Hospital, Cancer Center (Japan), 2. Japan Yoga Therapy Society (Japan), 3. Sinsapporo Mental Clinic (Japan), 4. National Center of Mental Health Mongolia, Department of Mental Health, School of Medicine, MNUMS (Mongolia), 5. China Academy of Sciences, Institute of Psychology Chengdu (China))

[SY-71-01]

Assessment and Instruction theory & methods in yoga as a therapy

*Keishin Kimura¹ (1. Japan Yoga Therapy Society (Japan))

[SY-71-02]

Effects of Yoga Therapy on Psychiatric Symptoms and Cognitive Restructuring

*Sachiyo Morita¹ (1. Shiga university of Medical Science Hospital, Cancer Center (Japan))

[SY-71-03]

Involvement of Yoga Therapy in Patients with Mental Illnesses

*KAHORI ITO¹ (1. Sinsapporo Mental Clinic (Japan))

[SY-71-04]

FROM THE RESULTS OF THE FIRST STAGE OF EXPERIMENTAL RESEARCH ON THE USE OF THERAPEUTIC YOGA IN PEOPLE DEPENDENT ON ALCOHOL

*Gantsetseg Tumur-Ochir^{1,2}, Nasanjargal Lkhgavasuren¹, Enkhchimeg Birenbaral¹, Uranchimeg Erdenebaatar¹, Enkhchimeg Chuluunbaatar¹, Binderiya Bayanmunkh², Uuriintuya Batmend^{2,3}, Naidan Bat-Ulzii^{3,4}, Bayarmaa Ganbold⁵, Gijir Jamsran¹, Enkhnaran Tumurbaatar^{2,3}, Enkhsaikhan Tumurbaatar¹, Kherlenzaya Enkhtungalag¹, Elena Kazantseva^{1,6}, Hiromi Mori⁷, Yukiko Kezuka⁷, Kimura Keishin⁷ (1. National Center for Mental Health of Mongolia (Mongolia), 2. Mongolian Neuroscience Society (Mongolia), 3. Brain and Mind Research Institute, Mongolian Academy of Sciences (Mongolia), 4. Department of Psychology, National University of Mongolia (Mongolia), 5. Creative Brain" Psychology Institute NGO (Mongolia), 6. SodMed Mental Health Center (Mongolia), 7. Japan Yoga Therapy Society (Mongolia))

[SY-71-05]

An Intervention Study on Yoga Therapy-Based Body-Mind Relaxation Exercises for Improving Adolescent Depressive Symptoms

*HENGSHENG CHEN¹ (1. China Academy of Sciences Institute of Psychology Chengdu CHINA. (China))

Symposium | Medical Anthropology : [Symposium 72] Anthropology Philosophy, Spirituality, and Psychiatry**■ 2025年9月27日(土) 15:50 ~ 17:20 会場 Session Room 1 (Main Hall A)****[Symposium 72] Anthropology Philosophy, Spirituality, and Psychiatry**

Moderator: Tsuyoshi Akiyama (World Federation for Mental Health), Goffredo Bartocci (World Association of Cultural Psychiatry, Co-Founder and Past President)

[SY-72]**Anthropology Philosophy, Spirituality, and Psychiatry**

Tsuyoshi Akiyama¹, Nami Lee², Junko Kitanaka³, Marcos de Noronha⁴, Goffredo Bartocci⁵ (1. Rokubancho Mental Clinic (Japan), 2. Seoul National University (Korea), 3. Keio University (Japan), 4. Brazilian Association of Cultural Psychiatry (Brazil), 5. University of Torino (Italy))

[SY-72-01]**Dementia as a basis of neurodiversity in Japan: A Medical Anthropological Perspective**

*Junko Kitanaka¹ (1. Keio University (Japan))

[SY-72-02]**NEUROSCIENCE, SPIRITUALITY AND PSYCHIATRY**

*Marcos de Noronha¹ (1. Brazilian Association of Cultural Psychiatry (Brazil))

[SY-72-03]**The Role of Mythology in Shaping the Self and Its Transcendental Counterpart**

*Goffredo Bartocci^{1,2,3} (1. Italian Institute of Transcultural Mental Health, Co-Founder (Italy), 2. World Association of Cultural Psychiatry, Co-Founder and Past President (Italy), 3. Transcultural Psychiatry Section, Italian Society of Psychiatry, Co-Founder and Past President (Italy))

Symposium | Neurodevelopmental disorder : [Symposium 73] Recent Findings in Adult Neurodevelopmental Disorders

2025年9月27日(土) 15:50 ~ 17:20 Session Room 2 (Main Hall B)

[Symposium 73] Recent Findings in Adult Neurodevelopmental Disorders

Moderator: Haruhisa Ohta (Showa Medical University Medical Institute of Developmental Disabilities Research), Dan Nakamura (Department of Psychiatry, Showa Medical University)

[SY-73-01]

Recent Findings in Adult Neurodevelopmental Disorders

*Dan Nakamura¹, *Haruhisa Ohta², *Shoko Shimoyama³, *Pietro De Rossi⁴, Akira Iwanami¹ (1. Department of Psychiatry, Showa Medical University (Japan), 2. Showa Medical University Medical Institute of Developmental Disabilities Research (Japan), 3. Research Center for Advanced Science and Technology, The University of Tokyo (Japan), 4. Unit of Child and Adolescent Psychiatry, Ospedale Pediatrico Bambino Gesù (Italy))

[SY-73-02]

Diagnosis and Treatment of Adult Developmental Disorders: A Study Using autism diagnostic observation schedule, second edition

*Dan Nakamura¹, Kenji Sanada¹, Akira Iwanami¹ (1. Department of Psychiatry, Showa University School of Medicine (Japan))

[SY-73-03]

Brain imaging research on neurodevelopmental disorders

*Haruhisa Ohta¹ (1. Showa Medical University (Japan))

[SY-73-04]

Gender Dysphoria as a subset of *Pervasive Social Dysphoria*: A Qualitative Analysis of the Life Story of Japanese Autistic adults with Gender Dysphoria

*Shoko Shimoyama¹ (1. Research Center for Advanced Science and Technology, The University of Tokyo (Japan))

[SY-73-05]

Understanding ADHD in Adults

*Pietro De Rossi¹ (1. Bambino Gesù Children's Hospital (Italy))

Symposium | Global Mental Health : [Symposium 74] Psychiatry in times of disaster

2025年9月27日(土) 15:50 ~ 17:20 Session Room 3 (Large Hall A)

[Symposium 74] Psychiatry in times of disaster

Moderator: Glen Milstein (The City College of New York), Meryam Schouler-Ocak (Charité University)

[SY-74]

Psychiatry in times of disaster

Mian Yoon Chong³, Hiroaki Tomita⁴, Maiko Fukasawa⁵, Meryam Schouler-Ocak², Tsuyoshi Akiyama¹ (1. Rokubancho Mental Clinic (Japan), 2. Charité University (Germany), 3. HMI Medical, Singapore & Regency Specialist Hospital (Singapore), 4. Tohoku University (Japan), 5. Fukushima Medical University (Japan))

[SY-74-01]

Disaster Psychiatry: Managing crisis as a leader

*Mian Yoon Chong¹ (1. Regency Specialist Hospital, Malaysia (Malaysia))

[SY-74-02]

Worry about radiation and mental health after the Fukushima nuclear disaster

*Maiko Fukasawa¹ (1. Fukushima Medical University (Japan))

[SY-74-03]

Role of media during a disaster – how should the reporting look like?

*Meryam Schouler-Ocak¹ (1. Psychiatric University Clinic of Charité at St. Hedwig Hospital (Germany))

Symposium | Schizophrenia : [Symposium 75] Current Topic of Biological Psychiatry: Synapse, Glia and Inflammation

2025年9月27日(土) 15:50 ~ 17:20 Session Room 4 (Large Hall B)

[Symposium 75] Current Topic of Biological Psychiatry: Synapse, Glia and Inflammation

Moderator: Takahiro A. Kato (Department of Psychiatry, Hokkaido University Graduate School of Medicine), Shigenobu Kanba (Kyushu University)

[SY-75]

Current Topic of Biological Psychiatry: Synapse, Glia and Inflammation

Takahiro A. Kato¹, Shigenobu Kanba², Sota Kyuragi², Si Tianmei³, Masaaki Iwata⁴ (1. Hokkaido University (Japan), 2. Kyushu University (Japan), 3. Peking University (China), 4. Tottori University (Japan))

[SY-75-01]

Reverse translational research using human blood induced microglia-like (iMG) cells: Are microglia causing fires in the brain?

*Takahiro A. Kato¹ (1. Department of Psychiatry, Hokkaido University Graduate School of Medicine (Japan))

[SY-75-02]

Development of biomarkers of hikikomori focusing on inflammation and microglia

*Sota Kyuragi¹, Takahiro A Kato² (1. Kyushu University (Japan), 2. Hokkaido University (Japan))

[SY-75-03]

Study the Immunoinflammatory mechanisms of Depression: The role of protein tyrosine phosphatase receptor type Z1 and astrocyte-microglia interactions

*Tian-Mei Si^{1,2} (1. National Clinical Research Center for Mental Disorders(Peking University Sixth Hospital/Institute of Mental Health) (China), 2. The Key Laboratory of Mental Health, Ministry of Health (Peking University) (China))

[SY-75-04]

Antidepressant Effects of β -Hydroxybutyrate Based on the Neuroinflammation Hypothesis of Depression and Its Potential for Clinical Application

*Masaaki Iwata¹ (1. Tottori University (Japan))

Symposium | Cultural Psychiatry : [Symposium 76] Transcultural Education in Psychiatry: The Enduring Global Legacy of Prof. Norman Sartorius for Emerging Clinicians

2025年9月27日(土) 15:50 ~ 17:20 Session Room 5 (Conference Room A)

[Symposium 76] Transcultural Education in Psychiatry: The Enduring Global Legacy of Prof. Norman Sartorius for Emerging Clinicians

Moderator: Nozomu Oya (Kyoto Prefectural University of Medicine), Akihisa Iriki (Osaka Psychiatric Medical Center)

[SY-76]

Transcultural Education in Psychiatry: The Enduring Global Legacy of Prof. Norman Sartorius for Emerging Clinicians

Morio Aki¹, Michael Wallies², Ekachaeryanti Zain^{3,4}, Kumi Aoyama⁵, Masuo Tanaka⁶, Norman Sartorius⁷ (1. Kyoto University (Japan), 2. Therapie auf Augenhoeh (Switzerland), 3. Mulawarman University (Indonesia), 4. Niigata University (Japan), 5. Kanagawa Psychiatric Center (Japan), 6. Jikei Hospital (Japan), 7. Association for the Improvement of Mental Health Programmes (Switzerland))

[SY-76-01]

Cultivating Transcultural Leaders through Peer-Led Narratives: Twenty Years of the Course for the Academic Development of Psychiatrists (CADP) and the Japan Young Psychiatrists Organisation (JYPO)

*Morio Aki^{1,2}, Akihisa Iriki^{1,3}, Nozomu Oya^{1,4}, Toshihiro Shimizu^{1,5}, Fumiya Miyano^{1,6}, Toru Horinouchi^{1,6} (1. Japan Young Psychiatrists Organization (Japan), 2. Kyoto University (Japan), 3. Osaka Psychiatric Medical Center (Japan), 4. Kyoto Prefectural University of Medicine (Japan), 5. Saitama Psychiatric Medical Center (Japan), 6. Hokkaido University (Japan))

[SY-76-02]

'We owe it to humanity to have good people.' - The Impact of Norman Sartorius on European psychiatry

*Michael Wallies¹ (1. Therapie auf Augenhoeh (Switzerland))

[SY-76-03]

The Enduring Legacy of Professor Norman Sartorius on Psychiatry in Indonesia: Insights from Early-Career Psychiatrists

*Ekachaeryanti Zain^{1,2} (1. Department of Psychiatry, Niigata University Graduate School of Medical and Dental Sciences (Japan), 2. Department of Psychiatry, Faculty of Medicine, Mulawarman University (Indonesia))

[SY-76-04]

Beyond Education: Prof. Norman Sartorius' Mentorship and the Organizational Maturity of JYPO

*Kumi Uehara Aoyama¹ (1. Kanagawa Psychiatric Center (Japan))

[SY-76-05]

Before Course for academic development of psychiatry (CADP) to After Development supported by Professor Sartorius and JYPO members.

*Masuo Tanaka¹ (1. Zikei Hospital/Zikei psychiatric institute (Japan))

Symposium | Neurodiversity : [Symposium 77] Embracing Neurodiversity: Advancing Inclusive Workplaces for All Abilities

2025年9月27日(土) 15:50 ~ 17:20 Session Room 6 (Conference Room B)

[Symposium 77] Embracing Neurodiversity: Advancing Inclusive Workplaces for All Abilities

Moderator: Fuminari Obuchi (Kaien Inc.)

[SY-77]

Embracing Neurodiversity: Advancing Inclusive Workplaces for All Abilities

Keita Suzuki¹, Hasanen Al-Tairar, Takeo Kondo, Yoshihisa Kato (1. Kaien Inc. (Japan))

[SY-77-01]

Unlocking Potential: Neurodiversity as a Competitive Advantage in the Modern Japanese Workplace

*Keita Suzuki¹ (1. Kaien Inc. (Japan))

[SY-77-02]

Diverse Abilities Center Leader of EY Japan

*Yoshihisa Kato¹ (1. EY Japan (Japan))

Symposium | Suicide prevention : [Symposium 78] Suicide Prevention Laws in Japan, South Korea, and Taiwan: Achievements, Challenges, and Future Directions

2025年9月27日(土) 15:50 ~ 17:20 Session Room 7 (Conference Room C)

[Symposium 78] Suicide Prevention Laws in Japan, South Korea, and Taiwan: Achievements, Challenges, and Future Directions

Moderator: Shu-Sen Chang (National Taiwan University), Tadashi Takeshima (Taisho University)

[SY-78]

Suicide Prevention Laws in Japan, South Korea, and Taiwan: Achievements, Challenges, and Future Directions

SHU-SEN CHANG¹, Tae-Yeon Hwang², Kevin Chien-Chang Wu¹, Tadashi Takeshima³ (1. National Taiwan University (Taiwan), 2. Korea Foundation for Suicide Prevention (Korea), 3. Taisho University (Japan))

[SY-78-01]

Historical development of Japan's suicide prevention: its attainments and challenges

*Tadashi Takeshima¹, Kazuhisa Najima² (1. Taisho University (Japan), 2. Ryukoku University (Japan))

[SY-78-02]

Suicide Prevention Act and Action Plan of Korea

*Tae-Yeon Hwang¹ (1. Korea Foundation for Suicide Prevention (Korea))

[SY-78-03]

Suicide Prevention Act and Suicide Prevention Strategies in Taiwan

*SHU-SEN CHANG¹ (1. National Taiwan University (Taiwan))

[SY-78-04]

A Global Examination of Suicide Prevention Legislations

*Kevin Chien-Chang Wu^{1,2}, Shu-Sen Chang^{3,4,5} (1. Graduate Institute of Medical Education and Bioethics, National Taiwan University College of Medicine (Taiwan), 2. Department of Psychiatry, National Taiwan University Hospital (Taiwan), 3. Institute of Health Behaviors and Community Sciences and Global Health Program, College of Public Health, National Taiwan University (Taiwan), 4. Psychiatric Research Center, Wan Fang Hospital, Taipei Medical University (Taiwan), 5. Population Health Research Center, National Taiwan University (Taiwan))

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

2025年9月27日(土) 16:30 ~ 18:00  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 Galbally¹, Josephine Power¹, Izaak Lim¹, Katherine Sevar¹, Harish Kalra¹ (1. Monash University (Australia))

[SY-115-01]

Comparison and stability of measures of inattentive symptoms in childhood

*Josephine Power¹ (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]

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

*Katherine Sevar^{1,2}, Harish Kalra¹ (1. Monash University (Australia), 2. Monash Health (Australia))

Symposium | Community care : [Symposium 55] Deinstitutionalization and Community Care2-Freedom first on the basis of Human Rights-

2025年9月27日(土) 9:00 ~ 10:30 Session Room 2 (Main Hall B)

[Symposium 55] Deinstitutionalization and Community Care2-Freedom first on the basis of Human Rights-

Moderator: Itsuo Asai (Heart Clinic Medical Corporation)

[SY-55]

Deinstitutionalization and Community Care2-Freedom first on the basis of Human Rights-

Itsuo Asai¹, Donato Zupin², So Hee Lee³, Seiryo Mukaiyachi⁴, Pablo Farias⁵ (1. Heart Clinic Medical Corporation (Japan), 2. MHD-WHO Collaborative Center (United States of America), 3. National Medical Center Seoul (Australia), 4. Health Sciences University of Hokkaido (Canada), 5. Hospital Civil de Guadalajara (Mexico))

[SY-55-01]

A full-scale open-door, no-restraint mental health system in Trieste, Italy

*Donato Zupin^{1,2,3,4} (1. DDSM - Mental Health Area-WHO Collaborative Center, ASUGI. Psychiatrist (Italy), 2. Italian Institute of Transcultural Mental Health (Italy), 3. Transcultural Psychiatry Section, Italian Society of Psychiatry (Italy), 4. World Association of Cultural Psychiatry (Italy))

[SY-55-02]

Community Measures to Reduce Involuntary and Long-Term Hospitalization of Individuals with Mental Illness

*So Hee Lee¹ (1. National Medical Center (Korea))

[SY-55-03]

The Process and Current Challenges of Deinstitutionalization in the Eastern Hidaka Region, Hokkaido

*IKUYOSHI MUKAIYACHI¹ (1. Health Sciences University of Hokkaido (Japan))

[SY-55-04]

Dilemmas of deinstitutionalization in contexts of absent psychiatric care: reflections from Chiapas, Mexico.

*Pablo Farias¹ (1. Bats'i Lab (Mexico))

Symposium | Community care : [Symposium 55] Deinstitutionalization and Community Care2-Freedom first on the basis of Human Rights-

2025年9月27日(土) 9:00 ~ 10:30 Session Room 2 (Main Hall B)

[Symposium 55] Deinstitutionalization and Community Care2-Freedom first on the basis of Human Rights-

Moderator: Itsuo Asai (Heart Clinic Medical Corporation)

[SY-55] Deinstitutionalization and Community Care2-Freedom first on the basis of Human Rights-

Itsuo Asai¹, Donato Zupin², So Hee Lee³, Seiryo Mukaiyachi⁴, Pablo Farias⁵ (1. Heart Clinic Medical Corporation (Japan), 2. MHD-WHO Collaborative Center (United States of America), 3. National Medical Center Seoul (Australia), 4. Health Sciences University of Hokkaido (Canada), 5. Hospital Civil de Guadalajara (Mexico))

キーワード : de-hospitalization、abolition、psychiatric hospital、freedom first、human rights

Deinstitutionalization and Community-Based Psychiatry: Global Pathways Beyond Institutions

This symposium focuses on how psychiatric care systems around the world are moving beyond institutional models toward community-based approaches grounded in freedom and human rights. It examines practical pathways to deinstitutionalization, highlighting innovations and challenges in diverse sociopolitical contexts.

Dr. Donato Zupin will introduce the Trieste model in northeast Italy, a globally recognized example of radical deinstitutionalization. Drawing from the legacy of Franco Basaglia, the model promotes an open-door, no-restraint approach and integrates psychiatric care with housing, employment, and social services. Dr. Zupin will outline the key features of this system and reflect on how it continues to evolve amid shifting political and administrative pressures.

In South Korea, the Mental Health Act was significantly reformed in 2017, and institutional closures have been implemented in some regions. Dr. So Hee Lee will discuss what measures can be taken by the community in reducing involuntary admissions and long-term hospitalization.

From Japan, Professor Seiryo Mukaiyachi will share insights from municipalities in Hokkaido where psychiatric hospitals have been eliminated. His presentation will address how mental health care is organized in such areas and what outcomes have emerged.

Dr. Pablo Farias will present on psychiatric services in Central and South America, where hospitals are often scarce. He will raise key questions about whether such institutions are necessary, or whether community-based models can meet the needs of local populations.

Together, the symposium invites reflection on how to build sustainable, non-institutional mental health systems that uphold dignity, autonomy, and inclusion.

Symposium | Community care : [Symposium 55] Deinstitutionalization and Community Care2-Freedom first on the basis of Human Rights-

2025年9月27日(土) 9:00 ~ 10:30 Session Room 2 (Main Hall B)

[Symposium 55] Deinstitutionalization and Community Care2-Freedom first on the basis of Human Rights-

Moderator: Itsuo Asai (Heart Clinic Medical Corporation)

[SY-55-01] A full-scale open-door, no-restraint mental health system in Trieste, Italy

*Donato Zupin^{1,2,3,4} (1. DDSM - Mental Health Area-WHO Collaborative Center, ASUGI. Psychiatrist (Italy), 2. Italian Institute of Transcultural Mental Health (Italy), 3. Transcultural Psychiatry Section, Italian Society of Psychiatry (Italy), 4. World Association of Cultural Psychiatry (Italy))

キーワード : Deinstitutionalization、No-Restraint、Open-Door、Cultural psychiatry、Community mental health

The Trieste (Italy) model of community mental health care has long been recognized for its radical commitment to a no-restraint, open-door approach. Rooted in the legacy of Franco Basaglia and the Italian movement for psychiatric reform, this model is founded on the idea that mental health care must prioritize freedom, social inclusion, and respect for human rights, rejecting the logic of segregation and institutionalization.

While the core principles of the Basaglian model remain embedded in daily practice, the evolving political and administrative landscape continues to influence service delivery and clinical approaches. Maintaining this delicate balance between ideological commitment, local governance, and broader healthcare policies has always been a defining feature of Trieste's system.

This presentation will focus on how the principles of "open door" and "no restraint" are practically implemented in the current Trieste mental health system. Through the integration of psychiatric care with social services, housing support, and employment programs, the model ensures that mental health care remains firmly rooted in the social fabric of the community. Key operational strategies include 24/7 community mental health centers, assertive home-based interventions, crisis management without seclusion or mechanical restraint, and continuous relational work with patients and their social networks.

Focusing on the tensions between continuity and change, the presentation will reflect on how a radical deinstitutionalization model adapts over time to shifting institutional and socio-political contexts. Particular attention will be given to the challenges of sustaining a rights-based approach in everyday clinical work, while navigating new pressures and expectations. Ultimately, this contribution aims to offer not only a practical description of Trieste's methods, but also a critical reflection on the resilience and adaptability of community-based mental health care in the face of evolving social and political dynamics.

Symposium | Community care : [Symposium 55] Deinstitutionalization and Community Care2-Freedom first on the basis of Human Rights-

2025年9月27日(土) 9:00 ~ 10:30 Session Room 2 (Main Hall B)

[Symposium 55] Deinstitutionalization and Community Care2-Freedom first on the basis of Human Rights-

Moderator: Itsuo Asai (Heart Clinic Medical Corporation)

[SY-55-02] Community Measures to Reduce Involuntary and Long-Term Hospitalization of Individuals with Mental Illness

*So Hee Lee¹ (1. National Medical Center (Korea))

キーワード : Community Measures、Involuntary Hospitalization、Long-Term Hospitalization、Mental Illness

The main causes of involuntary and long-term hospitalization for individuals with mental illness can be broadly categorized into two factors. First, **frequent relapses and worsening symptoms due to decreased adherence** to medication. Second, **the inability to lead an independent life due to functional decline**. The issue of functional decline often results in a need for external assistance due to financial difficulties and a lack of self-care ability. When no available caregiver is present, discharge becomes difficult.

Therefore, community-based measures to address these issues include:

Ensuring Consistent Outpatient Care: Mental health welfare centers can provide services such as accompanying patients to medical appointments and monitoring their progress. Additionally, long-acting injectable medications for schizophrenia can be utilized to ensure adherence to treatment.

Expanding Rehabilitation Programs: Increasing infrastructure to operate programs such as day hospitals can enhance the life skills of individuals with mental illness and help them manage their medications consistently.

Providing Residential Facilities: For individuals with diminished self-care abilities and no caregivers, residential facilities should be established, and social workers should be assigned to manage cases and assist with medication adherence.

Post-Prison Outpatient Treatment Orders: For individuals with mental illness released from prison after committing offenses, outpatient treatment orders should be enforced to ensure the stabilization of psychiatric symptoms in the community.

With investments from the government and local authorities in these measures, a comprehensive management network for individuals with mental illness can be established. This would not only reduce involuntary and long-term hospitalizations but also enable individuals with mental illness to integrate and thrive in their communities.

Symposium | Community care : [Symposium 55] Deinstitutionalization and Community Care2-Freedom first on the basis of Human Rights-

2025年9月27日(土) 9:00 ~ 10:30 Session Room 2 (Main Hall B)

[Symposium 55] Deinstitutionalization and Community Care2-Freedom first on the basis of Human Rights-

Moderator: Itsuo Asai (Heart Clinic Medical Corporation)

[SY-55-03] The Process and Current Challenges of Deinstitutionalization in the Eastern Hidaka Region, Hokkaido

*IKUYOSHI MUKAIYACHI¹ (1. Health Sciences University of Hokkaido (Japan))

キーワード : deinstitutionalization、community living support、consumer-led

The eastern Hidaka region of Hokkaido, located in northern Japan, has a population of approximately 20,300 and consists of three coastal towns facing the Pacific Ocean: Urakawa, Samani, and Erimo. The region is known for its fishing industry, racehorse breeding, and strawberry production. Urakawa, the central town of the district, once had a psychiatric ward with 130 beds. The number of psychiatric beds per 1,000 residents there was more than twice the national average in Japan, which already has the highest ratio of psychiatric beds in the world. A turning point came in 1978 with the establishment of a self-help group for people with psychiatric disabilities in Urakawa. This initiative eventually led to the founding of Urakawa Bethel House (Urakawa Bethel no Ie) in 1984, an organization that promotes peer support, employment, and housing assistance. In 2000, a department was created within the hospital to promote deinstitutionalization and community reintegration. The psychiatric ward was ultimately closed in 2014. Since then, both medical care and daily life support have been provided on a community basis, representing a major step forward in Japan's efforts toward deinstitutionalization.

Symposium | Community care : [Symposium 55] Deinstitutionalization and Community Care2-Freedom first on the basis of Human Rights-

2025年9月27日(土) 9:00 ~ 10:30 Session Room 2 (Main Hall B)

[Symposium 55] Deinstitutionalization and Community Care2-Freedom first on the basis of Human Rights-

Moderator: Itsuo Asai (Heart Clinic Medical Corporation)

[SY-55-04] Dilemmas of deinstitutionalization in contexts of absent psychiatric care: reflections from Chiapas, Mexico.

*Pablo Farias¹ (1. Bats'i Lab (Mexico))

キーワード : Deinstitutionalization、Trauma、Violence、Displacement、community mental health

Psychiatric deinstitutionalization has been advanced as a policy priority in Mexico in recent years. New legislation mandates that no new public psychiatric hospitals can be created and that funding should be gradually reduced for existing psychiatric care hospitals. Legislation also promotes the goal of integrating psychiatric care into general hospitals, but no programs or funding have been developed to advance these goals.

Reflecting on the processes of deinstitutionalization of psychiatric care from the perspective of the rural regions of Chiapas, Mexico, where healthcare is generally precarious and no access to psychiatric resources exists, presents us with the dilemma of creating alternatives for participation of psychiatry professionals in the development of alternative community resources. Based on the experiences of communities that have confronted trauma due to repression, violence and displacement, this presentation explores alternative strategies that could enable psychiatry to play a more significant role in community mental health.

Symposium | Schizophrenia : [Symposium 56] Current status of psychiatric research using genetic medicine and genomic medicine
Importance of collaborative research among East Asians

2025年9月27日(土) 9:00 ~ 10:30 Session Room 3 (Large Hall A)

[Symposium 56] Current status of psychiatric research using genetic medicine and genomic medicine Importance of collaborative research among East Asians

Moderator: Nakao Iwata (Fujita Health University School of Medicine), Hailiang Huang (The Broad Institute of MIT and Harvard)

[SY-56]

Current status of psychiatric research using genetic medicine and genomic medicine
Importance of collaborative research among East Asians

Nakao Iwata¹, Weihua Yue², Po-Hsiu Kuo³, Hailiang Huang⁴ (1. Fujita Health University School of Medicine (Japan), 2. Peking University Sixth Hospital (China), 3. National Taiwan University (Taiwan), 4. the Broad Institute of MIT and Harvard (United States of America))

[SY-56-01]

Pharmacogenomic Research on Antipsychotic Therapy in Chinese Han Population

*Weihua Yue^{1,2,3,4,5} (1. Peking University Sixth Hospital (China), 2. Institute of Mental Health, Peking University (China), 3. NHC Key Laboratory of Mental Health (Peking University) (China), 4. National Clinical Research Center for Mental Disorders (Peking University Sixth Hospital) (China), 5. PKU-IDG/McGovern Institute for Brain Research (China))

[SY-56-02]

Multimodal Genomic and Mobile Sensing Reveals Genetic and Behavioral Signatures in Mood Disorder Phenotypes

*Po-Hsiu Kuo^{1,5,8}, Chiao-Erh Chang¹, Ting-Yi Lee¹, Shiau-Shian Huang^{2,3}, Ying-Ting Chao^{1,4}, Hsi-Chung Chen⁵, Ming-Chyi Huang⁶, I-Ming Chen⁵, Chuhsing Kate Hsiao^{1,7} (1. Institute of Epidemiology and Preventive Medicine, College of Public Health, National Taiwan University (Taiwan), 2. Department of Psychiatry, Taipei Veterans General Hospital (Taiwan), 3. College of Medicine, National Yang Ming Chiao Tung University (Taiwan), 4. Department of Medical Research, National Taiwan University (Taiwan), 5. Department of Psychiatry, National Taiwan University Hospital (Taiwan), 6. Department of Psychiatry, Taipei City Psychiatric Center, Taipei City Hospital (Taiwan), 7. Institute of Health Data Analytics and Statistics, College of Public Health, National Taiwan University (Taiwan), 8. Psychiatric Research Center, Wan Fang Hospital (Taiwan))

[SY-56-03]

Contribution of common and rare variants to schizophrenia risk in East and South Asian ancestries

*Hailiang Huang^{1,2,3}, Stanley Global Asia Initiatives (1. the Broad Institute of MIT and Harvard (United States of America), 2. Massachusetts General Hospital (United States of America), 3. Harvard Medical School (United States of America))

Symposium | Schizophrenia : [Symposium 56] Current status of psychiatric research using genetic medicine and genomic medicine
Importance of collaborative research among East Asians

2025年9月27日(土) 9:00 ~ 10:30 Session Room 3 (Large Hall A)

[Symposium 56] Current status of psychiatric research using genetic medicine and genomic medicine Importance of collaborative research among East Asians

Moderator: Nakao Iwata (Fujita Health University School of Medicine), Hailiang Huang (The Broad Institute of MIT and Harvard)

[SY-56] Current status of psychiatric research using genetic medicine and genomic medicine Importance of collaborative research among East Asians

Nakao Iwata¹, Weihua Yue², Po-Hsiu Kuo³, Hailiang Huang⁴ (1. Fujita Health University School of Medicine (Japan), 2. Peking University Sixth Hospital (China), 3. National Taiwan University (Taiwan), 4. the Broad Institute of MIT and Harvard (United States of America))

キーワード : genetics and epidemiology、pharmacogenetics、schizophrenia、bipolar disorder

Despite various efforts to elucidate the biological pathogenesis of major mental disorders, much remains unclear at present. No clear biomarkers have been identified, and since the disease entity is the brain, which is extremely difficult to access *in vivo*, current medical science approaches cannot easily elucidate the pathogenesis.

Genetic factors in major mental disorders such as schizophrenia and bipolar disorder have been observed for a long time. If Mendel's laws are true, clues to the pathogenesis of mental disorders are certainly recorded in genetic information.

Recent advances in genomic medicine research, particularly the development and low-cost availability of whole-genome sequencing technology and the advancement of computer technology enabling rapid analysis of large amounts of data, have yielded significant results in genomic medicine research.

In schizophrenia and bipolar disorder, hundreds of associated gene loci and genes have been identified. By combining various analytical techniques with image and multiomics analysis data, findings that shed light on the pathogenesis of these disorders based on genomic information are gradually accumulating.

In this symposium, we will introduce and discuss the latest findings in genetic epidemiology, genomic medicine, and pharmacogenetics aimed at elucidating the pathophysiology of mental disorders, based on collaborative research across Japan, China, Taiwan, and various other ethnic groups around the world.

Symposium | Schizophrenia : [Symposium 56] Current status of psychiatric research using genetic medicine and genomic medicine
Importance of collaborative research among East Asians

2025年9月27日(土) 9:00 ~ 10:30 Session Room 3 (Large Hall A)

[Symposium 56] Current status of psychiatric research using genetic medicine and genomic medicine Importance of collaborative research among East Asians

Moderator: Nakao Iwata (Fujita Health University School of Medicine), Hailiang Huang (The Broad Institute of MIT and Harvard)

[SY-56-01] Pharmacogenomic Research on Antipsychotic Therapy in Chinese Han Population

*Weihua Yue^{1,2,3,4,5} (1. Peking University Sixth Hospital (China), 2. Institute of Mental Health, Peking University (China), 3. NHC Key Laboratory of Mental Health (Peking University) (China), 4. National Clinical Research Center for Mental Disorders (Peking University Sixth Hospital) (China), 5. PKU-IDG/McGovern Institute for Brain Research (China))

キーワード : Schizophrenia、Pharmacogenomics、Antipsychotics

Schizophrenia (SCZ) is one of the most complex diseases with high heterogeneity in mechanism or clinical phenotype. Without any specific or effective biomarkers, this is a very difficult issue for the clinicians to solve the key clinical issues about subjective diagnosis, or experiential therapy of schizophrenia. The strategy of genetics has been proven to be effective and helpful to explore the mechanism of schizophrenia and the molecular basis of antipsychotic medications. The speaker has been committed to finding the susceptibility genes of schizophrenia in Chinese Han population. The major topic are as follows: 1) Using the genome-wide association study (GWAS) and meta-analysis, her group has found several novel susceptible loci of schizophrenia. Combined clues of bioinformatics data and functional experiments, they further explored the potential function of the novel susceptible genes. 2) Using the multi-omics approaches, they found there were very important interactive effects on genetic polymorphisms or variants, on transcriptional levels or neuroimaging characters in schizophrenia patients. 3) With a relatively large sample size of pharmacogenomics, her group reported several susceptible genes associated with individual differences in therapeutic or side effects of common antipsychotic medicines. Based on the genetic, clinical-environmental, brain structure or function, molecular pathway, her group explored the potential objective biomarkers for diagnosis and biotypes with clinical implications of efficacy prediction for schizophrenia.

Symposium | Schizophrenia : [Symposium 56] Current status of psychiatric research using genetic medicine and genomic medicine
Importance of collaborative research among East Asians

2025年9月27日(土) 9:00 ~ 10:30 Session Room 3 (Large Hall A)

[Symposium 56] Current status of psychiatric research using genetic medicine and genomic medicine Importance of collaborative research among East Asians

Moderator: Nakao Iwata (Fujita Health University School of Medicine), Hailiang Huang (The Broad Institute of MIT and Harvard)

[SY-56-02] Multimodal Genomic and Mobile Sensing Reveals Genetic and Behavioral Signatures in Mood Disorder Phenotypes

*Po-Hsiu Kuo^{1,5,8}, Chiao-Erh Chang¹, Ting-Yi Lee¹, Shiau-Shian Huang^{2,3}, Ying-Ting Chao^{1,4}, Hsi-Chung Chen⁵, Ming-Chyi Huang⁶, I-Ming Chen⁵, Chuhsing Kate Hsiao^{1,7} (1. Institute of Epidemiology and Preventive Medicine, College of Public Health, National Taiwan University (Taiwan), 2. Department of Psychiatry, Taipei Veterans General Hospital (Taiwan), 3. College of Medicine, National Yang Ming Chiao Tung University (Taiwan), 4. Department of Medical Research, National Taiwan University (Taiwan), 5. Department of Psychiatry, National Taiwan University Hospital (Taiwan), 6. Department of Psychiatry, Taipei City Psychiatric Center, Taipei City Hospital (Taiwan), 7. Institute of Health Data Analytics and Statistics, College of Public Health, National Taiwan University (Taiwan), 8. Psychiatric Research Center, Wan Fang Hospital (Taiwan))

キーワード : antidepressant induce mania、unipolar mania、digital phenotyping

Mood disorders span diverse phenotypes. We integrate genome-wide analyses and digital phenotyping to clarify how inherited risk and real-world mobility inform mood disorder classification and prediction. Among 772 Han Chinese patients with unipolar depression, 145 (19.7%) developed antidepressant-induced mania (AIM) within 28 days of antidepressant exposure or discontinuation. Genome-wide testing identified eight suggestive SNPs, and higher bipolar polygenic risk scores significantly predicted AIM (OR ≈ 1.25 , $p < .05$). Clinical risk factors included female sex, postpartum depression, OCD, severe episodes, substance use, and psychoses. Additionally, bipolar patient with unipolar mania (UM) were compared to 1,041 with depressive-manic (D-M) presentations. A genome-wide locus (rs149251101, *THSD7A*) differentiated UM from D-M cases ($p = 5.3 \times 10^{-8}$). PRS for bipolar disorder, major depression, and suicide attempt were positively associated with UM, while insomnia liability was inversely linked. Lastly, in two smartphone cohorts ($n=107$), passive GPS and mood data over six months revealed over 10,000 person-days. Homestay predicted next-day fatigue, depressed mood, and irritability; higher location variance predicted lower depression. Depressive symptoms, in turn, predicted reduced mobility. Spectral and diurnal analyses identified mood-linked movement cycles and evening mobility declines as digital markers of depression. These multimodal approaches reveal overlapping genetic and behavioral markers in mood disorders, enabling future personalized, movement-informed interventions.

Symposium | Schizophrenia : [Symposium 56] Current status of psychiatric research using genetic medicine and genomic medicine
Importance of collaborative research among East Asians

2025年9月27日(土) 9:00 ~ 10:30 Session Room 3 (Large Hall A)

[Symposium 56] Current status of psychiatric research using genetic medicine and genomic medicine Importance of collaborative research among East Asians

Moderator: Nakao Iwata (Fujita Health University School of Medicine), Hailiang Huang (The Broad Institute of MIT and Harvard)

[SY-56-03] Contribution of common and rare variants to schizophrenia risk in East and South Asian ancestries

*Hailiang Huang^{1,2,3}, Stanley Global Asia Initiatives (1. the Broad Institute of MIT and Harvard (United States of America), 2. Massachusetts General Hospital (United States of America), 3. Harvard Medical School (United States of America))

キーワード : Schizophrenia、Genetics、Sequencing

Schizophrenia genetic studies have primarily focused on European ancestries, leaving variants in other populations underexplored and potentially increasing health disparities. Here, we report initial findings from the first large-scale schizophrenia sequencing study examining both common and rare variants in East and South Asian populations (EAS and SAS), using the Blended Genome Exome (BGE), a technology combining low-pass whole-genome and deep whole-exome sequencing.

We ascertained 98,739 East Asian (cases: 45,925, controls: 52,814) and 17,697 South Asian individuals (cases: 8,843, controls: 8,854), and conducted genotyping, WES, and BGE. We also incorporated European (EUR) cohorts (cases: 53,386, controls: 77,258), achieving a total sample size of 247,080. In GWAS, we identified 41 schizophrenia-associated loci in EAS—a 5x increase over the largest previous EAS study. In SAS, we found 7 genome-wide significant loci, marking the first large-scale GWAS in this population. We observed high genetic correlations across the three populations: 0.86-1.08. A multi-ancestry meta-analysis across EUR, EAS, and SAS revealed 461 loci significantly associated with schizophrenia, 131 of which are novel, with SNP-based heritability of 23%.

For RVAS, we identified 12 exome-wide significant genes (29 at FDR 5%), including four novel genes. Schizophrenia RVAS signals were significantly enriched in schizophrenia GWAS loci compared to loci for a non-psychiatric trait. By integrating both common and rare variants, we prioritized genes strongly associated with schizophrenia, such as SCAF1, FYN, and KLC1.

This study provides, for the first time, insights into the genetic architecture in the SAS population and the integrative contribution of both common and rare variants to schizophrenia in three major populations. These novel findings will enable future investigations and uncover the pathogenesis of schizophrenia, ultimately contributing to the reduction of its disease across ancestries.

Symposium | Anxiety : [Symposium 57] Perception and stigma, trans-ethnic genetics, virtual reality treatment of anxiety disorder, and Hyperemesis Gravidarum

2025年9月27日(土) 9:00 ~ 10:30 Session Room 4 (Large Hall B)

[Symposium 57] Perception and stigma, trans-ethnic genetics, virtual reality treatment of anxiety disorder, and Hyperemesis Gravidarum

Moderator: Kazuo Yamada (Toyo Eiwa University)

[SY-57]

Perception and stigma, trans-ethnic genetics, virtual reality treatment of anxiety disorder, and Hyperemesis Gravidarum

Tsuyoshi Akiyama¹, Yong-Wook Shin², Kazutaka Ohi³, Junhyung Kim⁴, Wan Asyikin⁵ (1. Rokubancho Mental Clinic (Japan), 2. University of Ulsan (Korea), 3. Gifu University (Japan), 4. Kangbuk Samsung Hospital (Korea), 5. Hospital Permai (Malaysia))

[SY-57-01]

Breaking the Stigma: Cultural Norms, Celebrities, and Social Media

*Yong-Wook Shin¹ (1. Department of Psychiatry, Asan Medical Center (Korea))

[SY-57-02]

Transethnic Genetic Etiology of Panic Disorder: Approaches Using Polygenic Scores and Their Machine Learning-Based Classification

*Kazutaka Ohi¹, Takeshi Otowa², Hisanobu Kaiya³, Tsukasa Sasaki⁴, Hisashi Tanii⁵, Toshiki Shioiri¹ (1. Department of Psychiatry, Gifu University Graduate School of Medicine (Japan), 2. Department of Psychiatry, Teikyo University (Japan), 3. Panic Disorder Research Center, Warakukai Medical Corporation (Japan), 4. Department of Physical and Health Education, Graduate School of Education, The University of Tokyo (Japan), 5. Center for Physical and Mental Health, Mie University (Japan))

[SY-57-03]

Enhancing Early Treatment Response Prediction in Panic Disorder Using a Virtual Reality-Based Assessment Tool: Integrating Multimodal Indicators with Machine Learning

*Junhyung Kim¹ (1. Department of psychiatry, Samsung kangbuk Hospital, Sungkyunkwan University School of Medicine, Seoul, Republic of Korea (Korea))

[SY-57-04]

Anxiety, depression and marital satisfaction in women with hyperemesis gravidarum: A comparative cross-sectional study in Malaysia

*Wan Asyikin Binti Wan Azlan¹, Magendra Ramalingam¹, Rosdinem Razali¹, Mohamad Farouk Abdullah¹, Fairuz Nazri Abdul Rahman¹ (1. Malaysia Ministry of Health (Malaysia))

Symposium | Anxiety : [Symposium 57] Perception and stigma, trans-ethnic genetics, virtual reality treatment of anxiety disorder, and Hyperemesis Gravidarum

2025年9月27日(土) 9:00 ~ 10:30 Session Room 4 (Large Hall B)

[Symposium 57] Perception and stigma, trans-ethnic genetics, virtual reality treatment of anxiety disorder, and Hyperemesis Gravidarum

Moderator: Kazuo Yamada (Toyo Eiwa University)

[SY-57] Perception and stigma, trans-ethnic genetics, virtual reality treatment of anxiety disorder, and Hyperemesis Gravidarum

Tsuyoshi Akiyama¹, Yong-Wook Shin², Kazutaka Ohi³, Junhyung Kim⁴, Wan Asyikin⁵ (1. Rokubancho Mental Clinic (Japan), 2. University of Ulsan (Korea), 3. Gifu University (Japan), 4. Kangbuk Samsung Hospital (Korea), 5. Hospital Permai (Malaysia))

キーワード : Anxiety disorder、Stigma、Trans-ethnic genetics、Virtual reality treatment

Anxiety disorder places a substantial burden on both individuals and society. Despite its impact, an understanding of the disorder is still limited, and various debates remain. The purpose of this symposium is to highlight a few outstanding issues related to anxiety disorders. Yong-Wook Shin examines how the evolving role of social media networks is influencing public perceptions of anxiety, contributing to changing stigma dynamics, and ultimately impacting the prevalence and treatment of anxiety disorders in Eastern and Western societies. In recent years, social platforms have become spaces for increased mental health advocacy, creating both opportunities for support and visibility as well as challenges related to misinformation and online harassment. Kazutaka Ohi reports genetic studies on anxiety disorders, with a focus on trans-ethnic genetic backgrounds between Asian and European populations. Despite cultural and genetic differences between these populations, anxiety disorders in Asian population shares transethnic genetic etiologies with anxiety disorders as well as other psychiatric disorders and related intermediate phenotypes in European population. Junhyung Kim presents the development of a novel assessment method for anxiety disorders and a predictive model for treatment response utilizing virtual reality (VR) technology. Virtual reality is a promising supplemental or alternative approach for treating anxiety disorders. Focusing on the unique affordances of VR, such as immersive therapeutic settings and uniform treatment delivery, both the current applications and future potential of VR technology in treating and assessing anxiety disorders will be explored. Wan Asyikin reports a study done in a tertiary center hospital in Malaysia. The focus of this study was anxiety, depression, and marital satisfaction in Hyperemesis Gravidarum. There was no association between Hyperemesis Gravidarum (HG) and anxiety disorder, depressive disorder, and marital satisfaction.

Symposium | Anxiety : [Symposium 57] Perception and stigma, trans-ethnic genetics, virtual reality treatment of anxiety disorder, and Hyperemesis Gravidarum

2025年9月27日(土) 9:00 ~ 10:30 Session Room 4 (Large Hall B)

[Symposium 57] Perception and stigma, trans-ethnic genetics, virtual reality treatment of anxiety disorder, and Hyperemesis Gravidarum

Moderator: Kazuo Yamada (Toyo Eiwa University)

[SY-57-01] Breaking the Stigma: Cultural Norms, Celebrities, and Social Media

*Yong-Wook Shin¹ (1. Department of Psychiatry, Asan Medical Center (Korea))

キーワード : Stigma、Celebrities、Cultural Norms、Social Media

This study examines cultural differences in the prevalence and perception of anxiety disorders across Eastern and Western societies, focusing on the role of traditional stigma and the transformative influence of digital platforms and public figures. Epidemiological studies show that lifetime rates of anxiety and depression in Western countries are four to ten times higher than those in many Asian nations, despite often greater social stress in Eastern populations. One explanation lies in cultural norms that discourage open discussion of mental health in many Eastern societies, contributing to underreporting and misdiagnosis. The rise of social media has begun to challenge these norms. Online platforms allow individuals to share mental health experiences—often anonymously—thereby reducing stigma and encouraging help-seeking behaviors. Notably, public disclosures by celebrities and influencers about their mental health struggles have further helped normalize conversations and mobilize supportive communities. However, these platforms also pose new risks. The rapid spread of misinformation, symptom normalization, and online harassment can distort public understanding of anxiety disorders and compromise care-seeking decisions. Healthcare professionals must critically evaluate the digital mental health landscape and promote accurate, culturally relevant information. This work highlights the urgent need for culturally sensitive interventions that integrate awareness of evolving digital behaviors and public narratives. Building mental health systems that bridge traditional and digital contexts is essential to ensuring equitable and effective care across diverse populations.

Symposium | Anxiety : [Symposium 57] Perception and stigma, trans-ethnic genetics, virtual reality treatment of anxiety disorder, and Hyperemesis Gravidarum

2025年9月27日(土) 9:00 ~ 10:30 Session Room 4 (Large Hall B)

[Symposium 57] Perception and stigma, trans-ethnic genetics, virtual reality treatment of anxiety disorder, and Hyperemesis Gravidarum

Moderator: Kazuo Yamada (Toyo Eiwa University)

[SY-57-02] Transethnic Genetic Etiology of Panic Disorder: Approaches Using Polygenic Scores and Their Machine Learning-Based Classification

*Kazutaka Ohi¹, Takeshi Otowa², Hisanobu Kaiya³, Tsukasa Sasaki⁴, Hisashi Tanii⁵, Toshiki Shioiri¹ (1. Department of Psychiatry, Gifu University Graduate School of Medicine (Japan), 2. Department of Psychiatry, Teikyo University (Japan), 3. Panic Disorder Research Center, Warakukai Medical Corporation (Japan), 4. Department of Physical and Health Education, Graduate School of Education, The University of Tokyo (Japan), 5. Center for Physical and Mental Health, Mie University (Japan))

キーワード : Panic disorder, Polygenic score, Machine Learning

Panic disorder (PD), one of the core anxiety disorders, is modestly heritable worldwide despite cultural differences across countries. The genetic basis of anxiety disorders overlaps with that of other psychiatric disorders, such as major depressive disorder (MDD), as well as with intermediate phenotypes such as neuroticism, particularly in individuals of European ancestry. First, we have comprehensively investigated the transethnic polygenetic features shared between European individuals with psychiatric disorders and their intermediate phenotypes and Japanese individuals with PD [718 PD and 1,717 healthy controls(HCs)] using several polygenic scores (PGSs) derived from large-scale genome-wide association studies. Second, we have examined whether individuals with PD could be reliably diagnosed by utilizing combinations of multiple PGSs-up to 48- for psychiatric disorders and their intermediate phenotypes, compared with single PGS approaches, using specific machine learning classifiers: logistic regression, neural networks, quadratic discriminant analysis, random forests, and support vector machines. Our results demonstrated that PGSs derived from European studies of anxiety disorders and MDD were associated with PD in the Japanese populations. Among intermediate phenotypes, PGSs for loneliness, neuroticism, and lower cognitive function were also associated with Japanese PD individuals. All five classifiers performed relatively well in distinguishing PD individuals from HCs, with classification accuracy improving as the number of PGSs increased. The greatest areas under the curve at the best PGS combination significantly differed among the five classifiers. Notably, random forests exhibited the lowest accuracy, while support vector machines had higher accuracy than neural networks in classification performance. Our findings suggest that PD shares transethnic genetic etiologies with other psychiatric disorders and related intermediate phenotypes. Moreover, increasing the number of PGS, up to approximately 10, effectively improved the classification accuracy. Among the classifiers tested, support vector machines exhibited the highest accuracy. However, the overall classification accuracy of PD based solely on PGS combinations remained modest.

Symposium | Anxiety : [Symposium 57] Perception and stigma, trans-ethnic genetics, virtual reality treatment of anxiety disorder, and Hyperemesis Gravidarum

2025年9月27日(土) 9:00 ~ 10:30 Session Room 4 (Large Hall B)

[Symposium 57] Perception and stigma, trans-ethnic genetics, virtual reality treatment of anxiety disorder, and Hyperemesis Gravidarum

Moderator: Kazuo Yamada (Toyo Eiwa University)

[SY-57-03] Enhancing Early Treatment Response Prediction in Panic Disorder Using a Virtual Reality-Based Assessment Tool: Integrating Multimodal Indicators with Machine Learning

*Junhyung Kim¹ (1. Department of psychiatry, Samsung kangbuk Hospital, Sungkyunkwan University School of Medicine, Seoul, Republic of Korea (Korea))

キーワード : virtual reality、panic disorder、early treatment response、machine learning

Background: Early treatment response (ETR) is a robust predictor of long-term outcomes in anxiety disorders, including panic disorder (PD). However, conventional assessments may lack ecological validity and sensitivity to early psychophysiological changes, limiting their utility in real-world clinical settings. **Objective:** We aimed to evaluate the predictive potential of the *Virtual Reality Assessment of Panic Disorder (VRA-PD)*—a novel VR-based tool capturing subjective and physiological responses during anxiety-provoking scenarios—for identifying ETR in patients with PD. **Methods:** Fifty-two individuals (25 PD patients and 27 healthy controls [HCs]) completed assessments every two months for six months. Measures included VR-based anxiety scores, heart rate variability (HRV), conventional clinical scales (e.g., Panic Disorder Severity Scale, Anxiety Sensitivity Index), and demographic variables. PD patients were categorized as early responders (ER, $n=7$) or delayed responders (DR, $n=18$) based on symptom change trajectories. **Results:** A CatBoost machine learning model incorporating both VR-based and conventional features showed improved performance in classifying ER, DR, and HCs (accuracy: 85%, F1-score: 0.71), outperforming models using only conventional (accuracy: 77%, F1-score: 0.56) or VR-only (accuracy: 75%, F1-score: 0.64) data. Performance further improved when restricted to the top 10 predictors identified by SHapley Additive exPlanations (accuracy: 90%, F1-score: 0.83). Key features included VR-based anxiety responses, HRV indices, and clinical severity ratings. **Conclusions:** The integration of immersive VR-based assessment and machine learning enables accurate ETR prediction in PD, addressing key limitations of conventional methods. These findings support the clinical utility of digital phenotyping and VR technologies in developing personalized, ecologically valid treatment strategies in anxiety disorders.

Symposium | Anxiety : [Symposium 57] Perception and stigma, trans-ethnic genetics, virtual reality treatment of anxiety disorder, and Hyperemesis Gravidarum

2025年9月27日(土) 9:00 ~ 10:30 Session Room 4 (Large Hall B)

[Symposium 57] Perception and stigma, trans-ethnic genetics, virtual reality treatment of anxiety disorder, and Hyperemesis Gravidarum

Moderator: Kazuo Yamada (Toyo Eiwa University)

[SY-57-04] Anxiety, depression and marital satisfaction in women with hyperemesis gravidarum: A comparative cross-sectional study in Malaysia

*Wan Asyikin Binti Wan Azlan¹, Magendra Ramalingam¹, Rosdinom Razali¹, Mohamad Farouk Abdullah¹, Fairuz Nazri Abdul Rahman¹ (1. Malaysia Ministry of Health (Malaysia))

キーワード : Antenatal anxiety、Hyperemesis gravidarum、Depression、Marital satisfaction

Hyperemesis Gravidarum (HG) is a severe form of vomiting that occurs among pregnant mothers. Due to the nature of HG, pregnant mothers may feel fatigued and burdened by it and questions have been raised about the emergence of psychiatric illness during this period of vulnerability. A comparative cross-sectional study using Hospital Anxiety and Depression Scale (HADS), M.I.N.I (MINI International Neuropsychiatric Interview) and ENRICH- EMS (Evaluation and Nurturing Relationship Issues, Communication and Happiness – Marital Satisfaction Scale) were performed in a group of 112 pregnant women. Findings noted there were no differences in the prevalence rate of any anxiety disorder among the patient with HG vs comparative group (9% vs 3%, $P > 0.05$) and depressive disorder in women with HG vs comparative group (16% vs 8%, $P > 0.05$) respectively. There were associations between HG and gravida, past history of miscarriage, and gestational diabetes ($P < 0.05$). After adjustment, only past history of gestational diabetes was associated with HG as a protective factor (AOR 0.034 95% CI 0.002–0.181; $P = 0.0014$). We found that women in the HG group tended to score statistically significantly higher than the comparison for depressive symptoms in the HADS Depression subscale ($P = 0.041$). As a conclusion, we found no convincing association between HG and anxiety disorder, depressive disorder, and marital satisfaction, but women with HG statistically significantly reported more depressive symptoms than women who were not diagnosed with HG.

Symposium | Cultural Psychiatry : [Symposium 58] 25th Anniversary of the Korea-Japan Young Psychiatrists Association (KJYPA)-Friendship and Research Collaboration

2025年9月27日(土) 9:00 ~ 10:30 Session Room 5 (Conference Room A)

[Symposium 58] 25th Anniversary of the Korea-Japan Young Psychiatrists Association (KJYPA)-Friendship and Research Collaboration

Moderator: Takahiro A. Kato (Department of Psychiatry, Hokkaido University Graduate School of Medicine), Seok Woo Moon (Konkuk University Chungju Hospital)

Discussant: Toshihide Kuroki

[SY-58]

25th Anniversary of the Korea-Japan Young Psychiatrists Association (KJYPA)-Friendship and Research Collaboration

Takahiro A. Kato¹, Moon Seok Woo², Muneyuki Suzuki³, Michiko Fujimoto⁴, Gi Whan Byeon⁵, Seng Yoon Kim⁶ (1. Hokkaido University (Japan), 2. Konkuk University Chungju Hospital (Korea), 3. Fukuma Hospital (Japan), 4. Osaka University Graduate School of Medicine (Japan), 5. Department of Psychiatry, Seoul St. Mary's Hospital, College of Medicine, The Catholic University of Korea (Korea), 6. Daegu Catholic University School of Medicine (Korea))

[SY-58-01]

The academic solidarity and friendship between Japan & Korea (KJYPA)

*SEOK WOO MOON¹ (1. KONKUK UNIVERSITY MEDICAL COLLEGE (Korea))

[SY-58-02]

Korea Japan Young Psychiatrists' Conference (KJYPC) is a group cultural psychotherapy session for Korean and Japanese psychiatrists.

*Muneyuki Suzuki¹ (1. Fukuma Hospital (Japan))

[SY-58-03]

Trends in cultural psychiatry in the Korea-Japan Young Psychiatrists' Conference

*Michiko Fujimoto¹ (1. Health Care Division, Health and Counseling Center, The University of Osaka (Japan))

[SY-58-04]

Differential Effects of Soluble and Plaque Amyloid on Late-Life Depression: The Moderating Role of Tau Pathology

*Giwhan Byeon¹, Su Hyung Kim², Sunghwan Kim³, Seunggyun Ha⁴, Yoo Hyun Um², Sheng-Min Wang³, Hyun Kook Lim^{3,5,6}, Dong Woo Kang¹ (1. Department of Psychiatry, Seoul St. Mary's Hospital, College of Medicine, The Catholic University of Korea, Seoul, Republic of Korea (Korea), 2. Department of Psychiatry, St. Vincent's Hospital, College of Medicine, The Catholic University of Korea, Seoul, Republic of Korea (Korea), 3. Department of Psychiatry, Yeouido St. Mary's Hospital, College of Medicine, The Catholic University of Korea, Seoul, Republic of Korea (Korea), 4. Division of Nuclear Medicine, Department of Radiology, Seoul St. Mary's Hospital, College of Medicine, The Catholic University of Korea, Seoul, Republic of Korea (Korea), 5. Research Institute, NEUROPHET Inc.; Seoul, Republic of Korea (Korea), 6. CMC Institute for Basic Medical Science, the Catholic Medical Center of The Catholic University of Korea, Seoul, Republic of Korea (Korea))

[SY-58-05]

Hikikomori or Early-Onset Schizophrenia? Diagnostic and Therapeutic Considerations in Adolescent Social Withdrawal – A Case-Based Review

*Seng Yoon Kim¹, Jung Yeon Moon¹, Tae Young Choi¹ (1. Daegu Catholic University School of Medicine (Korea))

Symposium | Cultural Psychiatry : [Symposium 58] 25th Anniversary of the Korea-Japan Young Psychiatrists Association (KJYPA)-Friendship and Research Collaboration

2025年9月27日(土) 9:00 ~ 10:30 Session Room 5 (Conference Room A)

[Symposium 58] 25th Anniversary of the Korea-Japan Young Psychiatrists Association (KJYPA)-Friendship and Research Collaboration

Moderator: Takahiro A. Kato (Department of Psychiatry, Hokkaido University Graduate School of Medicine), Seok Woo Moon (Konkuk University Chungju Hospital)

Discussant: Toshihide Kuroki

[SY-58] 25th Anniversary of the Korea-Japan Young Psychiatrists Association (KJYPA)-Friendship and Research Collaboration

Takahiro A. Kato¹, Moon Seok Woo², Muneyuki Suzuki³, Michiko Fujimoto⁴, Gi Whan Byeon⁵, Seng Yoon Kim⁶ (1. Hokkaido University (Japan), 2. Konkuk University Chungju Hospital (Korea), 3. Fukuma Hospital (Japan), 4. Osaka University Graduate School of Medicine (Japan), 5. Department of Psychiatry, Seoul St. Mary's Hospital, College of Medicine, The Catholic University of Korea (Korea), 6. Daegu Catholic University School of Medicine (Korea))

キーワード : Korea-Japan Young Psychiatrists Association (KJYPA)、Korea、Japan、Hikikomori、Dementia

25th Anniversary of the Korea-Japan Young Psychiatrists Association (KJYPA)-Friendship and Research Collaboration

Symposium | Cultural Psychiatry : [Symposium 58] 25th Anniversary of the Korea-Japan Young Psychiatrists Association (KJYPA)-Friendship and Research Collaboration

2025年9月27日(土) 9:00 ~ 10:30 Session Room 5 (Conference Room A)

[Symposium 58] 25th Anniversary of the Korea-Japan Young Psychiatrists Association (KJYPA)-Friendship and Research Collaboration

Moderator: Takahiro A. Kato (Department of Psychiatry, Hokkaido University Graduate School of Medicine), Seok Woo Moon (Konkuk University Chungju Hospital)

Discussant: Toshihide Kuroki

[SY-58-01] The academic solidarity and friendship between Japan & Korea (KJYPA)

*SEOK WOO MOON¹ (1. KONKUK UNIVERSITY MEDICAL COLLEGE (Korea))

キーワード : international exchange、 academic solidarity、 Young psychiatrists

This international academic meeting between two countries was founded by Professor Min Byung Kun of Korea and Professor Masahisa Nishizono of Japan, who hoped that psychiatrists from both countries would become friends and continue academic exchanges by opening a Korean-Japanese society. Thus, the first Korea-Japanese Young Psychiatrists' Conference (KJYPC) was held in Fukuoka, Japan in 2000 under the name of "The Joint Workshop for Psychiatric Residents of Japan and Korea." Since then, this conference has been held alternately in Korea and Japan every year. At the request of Professor Min, who has emphasized the leadership of young psychiatrists, the OB members of both countries have been the main organizers of the conference since 2014, which has deepened mutual understanding and friendship between Japan and Korea in the overall field of psychiatry. As we enter the era of the 4th industrial revolution, international academic exchanges are becoming more active in all fields, and the field of psychiatry is no exception. As an international gathering that is conducted with friendship, the Korea-Japan Young Psychiatrists' Association (KJYPA) has quietly continued its role through academic exchanges for more than 20 years. Now, this KJYPA conference has become a meeting led by Professor Takahiro Kato of Japan and Professor Moon Seok Woo of Korea, who are the moderators today who have inherited the great will of the two founders. We sincerely hope that this KJYPC will become even more meaningful based on the academic solidarity and friendship that have been built between Japan and Korea.

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2025年9月27日(土) 9:00 ~ 10:30 Session Room 5 (Conference Room A)

[Symposium 58] 25th Anniversary of the Korea-Japan Young Psychiatrists Association (KJYPA)-Friendship and Research Collaboration

Moderator: Takahiro A. Kato (Department of Psychiatry, Hokkaido University Graduate School of Medicine), Seok Woo Moon (Konkuk University Chungju Hospital)

Discussant: Toshihide Kuroki

[SY-58-02] Korea Japan Young Psychiatrists' Conference (KJYPC) is a group cultural psychotherapy session for Korean and Japanese psychiatrists.

*Muneyuki Suzuki¹ (1. Fukuma Hospital (Japan))

キーワード : Personal cultural experience、Political tensions between neighboring countries、Personal close relationship、Intimate community of fellow professionals、Group cultural psychotherapy

KJYPC originated from the meeting and exchange between Professor Min Byung Kun and Professor Masahisa Nishizono. The two had strong feelings for each other's countries based on their personal experiences during World War II, and they were leaders who played pioneering roles in the development of psychiatry in their respective countries, instantly becoming close friends at the first encounter. They wanted to spread their close relationship to future generations. In 2000, a joint workshop for young Korean and Japanese psychiatrists started. Dr. Sasaki Yūnoshin, the director of Fukuma Hospital, who had lived in Korea before World War II, also fully supported the meeting. Exchanges between psychiatrists from the two countries blossomed, both on an individual level and on a group level. I, the presentor, participated firstly in 2009. It was deeply impressive experience that being embraced by this very intimate group despite being abroad. I was attracted to the community of fellow professionals from neighbouring countries and have continued to participate every year. With the retirement of the two leaders, young psychiatrists have taken the lead in running the conference since 2013. Despite political tensions and the COVID-19 pandemic, this group continues to this day. This meeting is like a group cultural psychotherapy session designed for psychiatrists from both countries. In this presentation, I would like to discuss the significance of this meeting for participants and tips for running it.

Symposium | Cultural Psychiatry : [Symposium 58] 25th Anniversary of the Korea-Japan Young Psychiatrists Association (KJYPA)-Friendship and Research Collaboration

2025年9月27日(土) 9:00 ~ 10:30 Session Room 5 (Conference Room A)

[Symposium 58] 25th Anniversary of the Korea-Japan Young Psychiatrists Association (KJYPA)-Friendship and Research Collaboration

Moderator: Takahiro A. Kato (Department of Psychiatry, Hokkaido University Graduate School of Medicine), Seok Woo Moon (Konkuk University Chungju Hospital)
 Discussant: Toshihide Kuroki

[SY-58-03] Trends in cultural psychiatry in the Korea-Japan Young Psychiatrists' Conference

*Michiko Fujimoto¹ (1. Health Care Division, Health and Counseling Center, The University of Osaka (Japan))

キーワード : Korea-Japan Young Psychiatrists' Conference、Cultural Psychiatry、Korea-Japan Young Psychiatrists Academy

The Korea-Japan Young Psychiatrists' Conference (KJYPC) was originally established by Prof. Byung Kun Min and Prof. Masahisa Nishizono as the Joint Workshop for Psychiatric Residents of Korea & Japan. Afterwards, the Korea-Japan Young Psychiatrists Academy has held the conference every year as the organizer since 2013. The advantage of the KJYPC is the community mainly for the young psychiatrists who have promising possibilities in the future, and the face-to-face conference where the participants have a fruitful time. The presentation topics that showed the trends in psychiatry in Korea and Japan were various and different for these 20 years. The similarity and the difference of the psychiatric issues between Korea and Japan are affected by their cultures. The educational system for psychiatrists is also partially different between Korea and Japan. The KJYPC gives the good opportunity for young psychiatrists to know the cultural psychiatry in Korea and Japan, to discuss the psychiatric topics in the clinical practice, and to understand the persons one another beyond the country. In the presentation, the cultural effect on mental health in Japan will be also discussed.

Symposium | Cultural Psychiatry : [Symposium 58] 25th Anniversary of the Korea-Japan Young Psychiatrists Association (KJYPA)-Friendship and Research Collaboration

2025年9月27日(土) 9:00 ~ 10:30 Session Room 5 (Conference Room A)

[Symposium 58] 25th Anniversary of the Korea-Japan Young Psychiatrists Association (KJYPA)-Friendship and Research Collaboration

Moderator: Takahiro A. Kato (Department of Psychiatry, Hokkaido University Graduate School of Medicine), Seok Woo Moon (Konkuk University Chungju Hospital)

Discussant: Toshihide Kuroki

[SY-58-04] Differential Effects of Soluble and Plaque Amyloid on Late-Life Depression: The Moderating Role of Tau Pathology

*Gihwan Byeon¹, Su Hyung Kim², Sunghwan Kim³, Seunggyun Ha⁴, Yoo Hyun Um², Sheng-Min Wang³, Hyun Kook Lim^{3,5,6}, Dong Woo Kang¹ (1. Department of Psychiatry, Seoul St. Mary's Hospital, College of Medicine, The Catholic University of Korea, Seoul, Republic of Korea (Korea), 2. Department of Psychiatry, St. Vincent's Hospital, College of Medicine, The Catholic University of Korea, Seoul, Republic of Korea (Korea), 3. Department of Psychiatry, Yeouido St. Mary's Hospital, College of Medicine, The Catholic University of Korea, Seoul, Republic of Korea (Korea), 4. Division of Nuclear Medicine, Department of Radiology, Seoul St. Mary's Hospital, College of Medicine, The Catholic University of Korea, Seoul, Republic of Korea (Korea), 5. Research Institute, NEUROPHET Inc.; Seoul, Republic of Korea (Korea), 6. CMC Institute for Basic Medical Science, the Catholic Medical Center of The Catholic University of Korea, Seoul, Republic of Korea (Korea))

キーワード : Alzheimer Disease、Amyloid beta-Peptides、Tau Proteins、Depression

Background: Alzheimer's disease (AD) and late-life depression frequently co-occur, yet the interactive effects of AD pathologies on depressive symptoms remain unclear.

Aims: To examine how MDS-oligomerized amyloid-beta (OA β), amyloid PET, and tau PET are associated with depressive symptoms in older adults across the cognitive spectrum.

Method: We analyzed 103 participants (24 cognitively normal, 54 with mild cognitive impairment, 25 with amyloid-positive dementia) who underwent amyloid/tau PET, plasma MDS-OA β measurement, and clinical depression assessments (CSDD, HAM-D, GDS-SV). Generalized linear models were used to assess interaction effects.

Results: A significant negative interaction was found between MDS-OA β and tau PET SUVR on depression scores. MDS-OA β levels were positively associated with depression only in the low-tau group, but negatively in the high-tau group. Global amyloid SUVR predicted greater depression severity only in the high-tau subgroup.

Conclusions: The associations between amyloid markers and depression differ by tau pathology stage. MDS-OA β and Amyloid PET SUVR may reflect distinct mechanisms underlying depression in the AD continuum.

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Discussant: Toshihide Kuroki

[SY-58-05] Hikikomori or Early-Onset Schizophrenia? Diagnostic and Therapeutic Considerations in Adolescent Social Withdrawal – A Case-Based Review

*Seng Yoon Kim¹, Jung Yeon Moon¹, Tae Young Choi¹ (1. Daegu Catholic University School of Medicine (Korea))

キーワード : Early onset schizophrenia、Hikikomori、Social withdrawal

Abstract:

Early-onset schizophrenia and hikikomori are two distinct yet interrelated phenomena that primarily affect adolescents and young adults. This case-based review explores these complexities through a clinical scenario, focusing on early recognition, assessment, and targeted pharmacological intervention.

Case:

A 17-year-old high school student was brought in by his parents after over a year of progressive social isolation, withdrawal from school, and confinement to his room. He exhibited minimal verbal communication, irregular sleep patterns, and functional decline. Initially, the clinical picture suggested hikikomori as prominent psychotic symptoms were not observed. Although there were persecutory ideas—such as believing that school friends were talking behind his back—they were not bizarre in nature. However, subtle behavioral cues—including occasional muttering, suspiciousness, and impaired emotional responsiveness—prompted further psychiatric evaluation. Over weeks of observation and structured interviews, signs consistent with early-onset schizophrenia emerged, including mild thought disorganization and negative symptoms. A diagnosis of schizophrenia was made. The patient started on aripiprazole but soon began to complain of akathisia. Although propranolol was administered, there was no improvement, and the patient subsequently reported a depressed mood and suicidal ideation. Therefore, the medication was switched to paliperidone. Following this change, the patient showed improvement in akathisia, as well as gradual enhancement in engagement, affect, and social functioning. After discharge, the patient has continued outpatient appointments, adhere to prescribed medications, Although the patient's level of functioning has declined compared to previous assessments, he is still able to maintain a certain degree of daily life while continuing to work.

Conclusion:

This case highlights the diagnostic complexity in distinguishing hikikomori from early-onset schizophrenia in adolescents. Overlapping features such as isolation and functional decline can obscure underlying psychotic processes, particularly when positive symptoms are subtle or delayed. Early identification and intervention are crucial, as timely antipsychotic treatment may significantly alter the illness trajectory.

Symposium | Trauma : [Symposium 59] Cultural Responses to WW2 in Japan: Interdisciplinary Reflections and Intercultural Dialogue

2025年9月27日(土) 9:00 ~ 10:30 Session Room 6 (Conference Room B)

[Symposium 59] Cultural Responses to WW2 in Japan: Interdisciplinary Reflections and Intercultural Dialogue

Moderator: Yuki Imoto (Keio University), Kai Ogimoto (Sagami Women's University) Discussant: Koh Eugen (University of Melbourne)

Discussant: Eugen Koh (University of Melbourne)

[SY-59]

Cultural Responses to WW2 in Japan: Interdisciplinary Reflections and Intercultural Dialogue

Ritsu Yonekura¹, Chizuko Tezuka², Kai Ogimoto³, Eugen Koh⁴ (1. Nihon University (Japan), 2. Independent (Japan), 3. Sagami Women's University (Japan), 4. Australian National University (Australia))

[SY-59-01]

Bias toward “Narratives of Sacrifice” in Japanese “August Journalism” and Collective Memory of War in Postwar Japan

*Ritsu Yonekura¹ (1. Nihon University Department of Law (Japan))

[SY-59-02]

Japanese Narrative of World War 2 through the Cultural Lens of Japanese Tanka: Tragic Acceptance of War Realities and Its Implications

*Chizuko Tezuka¹ (1. formerly Keio University (Japan))

[SY-59-03]

On the Myth of "Izanaki and Izanami": Mythological Thinking and Inability to Mourn after WW2 in Japan

*Kai Ogimoto¹ (1. Sagami Women's University (Japan))

[SY-59-04]

Cultural work in the healing of cultural trauma from the Second World War

Discussant: Eugen Koh¹ (1. University of Melbourne (Australia))

Symposium | Trauma : [Symposium 59] Cultural Responses to WW2 in Japan: Interdisciplinary Reflections and Intercultural Dialogue

2025年9月27日(土) 9:00 ~ 10:30 Session Room 6 (Conference Room B)

[Symposium 59] Cultural Responses to WW2 in Japan: Interdisciplinary Reflections and Intercultural Dialogue

Moderator: Yuki Imoto (Keio University), Kai Ogimoto (Sagami Women's University) Discussant: Koh Eugen (University of Melbourne)
Discussant: Eugen Koh (University of Melbourne)

[SY-59] Cultural Responses to WW2 in Japan: Interdisciplinary Reflections and Intercultural Dialogue

Ritsu Yonekura¹, Chizuko Tezuka², Kai Ogimoto³, Eugen Koh⁴ (1. Nihon University (Japan), 2. Independent (Japan), 3. Sagami Women's University (Japan), 4. Australian National University (Australia))

Global conflicts and regional tensions evoke cultural responses from the past, particularly WW2. Our panel aims to illuminate these historical cultural reactions and their implications in contemporary contexts, fostering a dialogue.

Cultural responses to collective experiences like war can often be biased and distorted. Japanese narratives focus on the tragedies of innocent victims while they leave out the victims of Japanese colonialism and aggression abroad (Hein & Selden, 1997). It is essential to explore both victimization and perpetration aspects of the Japanese wartime experiences and to discuss the responsibilities of Japanese citizens regarding WW2.

1. Prof. Ritsu Yonekura, a journalist from Nihon University will explore public narratives in TV Journalism, focusing on programs aired on and around August 15, the Japanese Commemoration Day of the End of the War.
2. Chizuko Tezuka, a former professor at Keio University, will analyze narratives expressed in Tanka, a form of uniquely Japanese short poetry consisting of just 31 syllables. These poems were composed both on battlefields abroad and Japanese islands during the war and postwar period.
3. Kai Ogimoto, an associate professor at Sagami Women's University and an psychoanalyst in training, will investigate the deeply personal narrative of war-related trauma and guilt experienced in psychotherapy, analyzing through lens of the Japanese mythology of Izanaki and Izanami.

To enrich our reflections and broaden our discussion to include perspectives from beyond Japan, we invite Dr. Eugen Koh, a Chinese Australian psychiatrist renowned for his concepts of “cultural trauma” and its associated “cultural work,” to be our discussant. We sincerely hope that open dialogues across cultural borders will be fostered through the active participation of everyone in the audience. Yuki Imoto, an anthropologist associate professor of Keio University and Kai Okimoto will moderate the session.

Symposium | Trauma : [Symposium 59] Cultural Responses to WW2 in Japan: Interdisciplinary Reflections and Intercultural Dialogue

2025年9月27日(土) 9:00 ~ 10:30 Session Room 6 (Conference Room B)

[Symposium 59] Cultural Responses to WW2 in Japan: Interdisciplinary Reflections and Intercultural Dialogue

Moderator: Yuki Imoto (Keio University), Kai Ogimoto (Sagami Women's University) Discussant: Koh Eugen (University of Melbourne)

Discussant: Eugen Koh (University of Melbourne)

[SY-59-01] Bias toward “Narratives of Sacrifice” in Japanese “August Journalism” and Collective Memory of War in Postwar Japan

*Ritsu Yonekura¹ (1. Nihon University Department of Law (Japan))

キーワード : August Journalism、Collective Memory、responsibility for the war

In Japan, it has become customary for television and newspapers to concentrate on war-related topics every August, a practice known as "August journalism. The results of several surveys indicate "August journalism" is deeply related to the formation of Japanese people's views and images of war. After a long time has passed since the war, people are now learning more and more about the war indirectly through the media, and August journalism is playing an increasingly important role.

August journalism has focused on themes related to the "damage" and "sacrifice" of the Japanese people in the war, such as the atomic bombings of Hiroshima and Nagasaki, air raids in Tokyo and other cities. On the other hand, "August Journalism" has only slightly focused on themes related to "harm" such as Japan's invasion of Asia, colonial rule, forced labor, and comfort women. This tendency of "August journalism" to emphasize the 'damage' and to put the "harm" in the background has caused a serious bias in the Japanese people's view of war and their perception of history.

Understanding themselves as "victims" of the war, the Japanese have avoided clarifying why and who started the war or thinking deeply about the responsibility for the war. This has often been the cause of sharp tensions between Japan and China, Korea, and other Asian countries during the long postwar period. I would like to reconsider the merits and demerits of "August journalism," taking into account the content of the "August Journalism" in 2025, the major milestone year of the "80-year postwar period.

Symposium | Trauma : [Symposium 59] Cultural Responses to WW2 in Japan: Interdisciplinary Reflections and Intercultural Dialogue

2025年9月27日(土) 9:00 ~ 10:30 Session Room 6 (Conference Room B)

[Symposium 59] Cultural Responses to WW2 in Japan: Interdisciplinary Reflections and Intercultural Dialogue

Moderator: Yuki Imoto (Keio University), Kai Ogimoto (Sagami Women's University) Discussant: Koh Eugen (University of Melbourne)

Discussant: Eugen Koh (University of Melbourne)

[SY-59-02] Japanese Narrative of World War 2 through the Cultural Lens of Japanese Tanka: Tragic Acceptance of War Realities and Its Implications

*Chizuko Tezuka¹ (1. formerly Keio University (Japan))

As the fierce resistance and eventual cancellation of the planned Enola Gay exhibition, which attempted to incorporate human suffering in Hiroshima after the atomic bombing around the 50th anniversary of the end of World War 2, starkly illuminates, the American collective narrative of the war tends to justify that bombing without taking the perspective of the victims. Similarly unbalanced yet in the opposite direction, the Japanese public narrative of the war with a focus on victimization still exists in Japan as the 80th anniversary is approaching.

This study is a small but sincere effort to reflect on Japanese narratives in a self-introspective manner by exploring tanka, a uniquely Japanese short poetry form consisting of just 31 syllables, composed on the battlefields abroad and the home front in Japan during and after the war by tanka poets. They either fought to kill or be killed as officers/soldiers or survived the bombing while witnessing painful death all around them as civilians. I also include tanka by other poets who did not participate in battlefield killing or experience the atomic bombing yet continued to ponder the grave implications of the war for themselves and Japan long after it ended.

Major themes from these tanka are first, an absence of anger towards the U.S.A.; second, empathic sadness for the atomic bombing victims and their last shining moments; third, an outcry against war's cruelty coupled with repentance; and lastly, lingering sorrowful helplessness and emptiness in the peaceful postwar period. By using Japanese cultural concepts/attitudes of *shikata ga nai* (it cannot be helped), mono no aware (sorrowful appreciation of the impermanence of life/beauty), and non-confrontational conflict resolution style, I will try to elucidate these themes.

Symposium | Trauma : [Symposium 59] Cultural Responses to WW2 in Japan: Interdisciplinary Reflections and Intercultural Dialogue

2025年9月27日(土) 9:00 ~ 10:30 Session Room 6 (Conference Room B)

[Symposium 59] Cultural Responses to WW2 in Japan: Interdisciplinary Reflections and Intercultural Dialogue

Moderator: Yuki Imoto (Keio University), Kai Ogimoto (Sagami Women's University) Discussant: Koh Eugen (University of Melbourne)

Discussant: Eugen Koh (University of Melbourne)

[SY-59-03] On the Myth of "Izanaki and Izanami": Mythological Thinking and Inability to Mourn after WW2 in Japan

*Kai Ogimoto¹ (1. Sagami Women's University (Japan))

キーワード : inability to mourn、Japanese mythology、social unconscious、war responsibility、psychoanalysis

The German psychoanalysts Mitscherlich and Mitscherlich applied S. Freud's theory of the process of mourning to their analysis of postwar German society. The Mitscherlichs pointed out that the German people had not begun to mourn the loss of Adolf Hitler, their highest authority. In their manic rush to economic activity, they considered that by not even beginning the work of mourning, people had failed to confront the crimes of genocide, such as the invasions and holocausts (Mitscherlich & Mitscherlich, 1967). The author believes that this structure also occurred in Japan, where "Inability to mourn" the loss of the Emperor as a living god after WW2 may explain the collective mode of reaction postwar Japan, including the country's inability to accept the atrocities it has committed(Ogimoto & Plaenkers, 2024). Mythology is one way to explore the social unconscious: "Society behaves as a cohesive entity under the influence of myths and stories, and iteratively repeats the themes described in the myths and stories" (Hopper & Weinberg, 2011). Psychoanalyst Osamu Kitayama analyzes Japanese mythology "Izanaki-Izanami-story" in Kojiki (Kitayama & Hashimoto, 2009). The myth is a tragedy in which two couple gods cannot mourn the other's loss and blame each other. The male god never reflects his commitment to humiliation towards the female god. He does not take responsibility. What the author has learned from experience of training and practice in psychoanalysis and psychotherapy is that when emotionally loaded persons come face to face, the guilt or shame of perpetration is easily projected onto the other person. Facing one's own evil or sadism requires a safe space where one is allowed to take the time to explore it and not be shamed or asked for formalistic redemption.

Symposium | Trauma : [Symposium 59] Cultural Responses to WW2 in Japan: Interdisciplinary Reflections and Intercultural Dialogue

2025年9月27日(土) 9:00 ~ 10:30 Session Room 6 (Conference Room B)

[Symposium 59] Cultural Responses to WW2 in Japan: Interdisciplinary Reflections and Intercultural Dialogue

Moderator: Yuki Imoto (Keio University), Kai Ogimoto (Sagami Women's University) Discussant: Koh Eugen (University of Melbourne)
Discussant: Eugen Koh (University of Melbourne)

[SY-59-04] Cultural work in the healing of cultural trauma from the Second World War

Discussant: Eugen Koh¹ (1. University of Melbourne (Australia))

キーワード : trauma、culture、war

The generation of Japanese that experienced the direct impact of the Second World War, suffered a massive collective trauma, that decades later, becomes embedded in their shared consciousness, which is their culture. If we use *trauma* in its original Greek meaning - injury or wound, we might say the culture has been injured or wounded. Working from psychodynamic perspectives, which emphasises people's experiences, I define trauma as *experiences that cannot be processed*. I have, over the past decade, proposed the concept of cultural trauma - defined as '*as the distortion or destruction to a culture resulting from widely shared experiences that cannot or have not been processed*'.

These changes to culture affect the behaviour of individuals and large groups, including social institutions and processes, and government policies and operations. The impact of cultural trauma on a society continue for generations if it remains unexamined and unaddressed.

These presentations examine the impact of Japan's traumatic experience of the war on its culture - a process that I have called *cultural work*. Chizuko Tezuka's exploration of the use of a form of Japanese poetry called *tanka* to deeply "self-introspect" on the war demonstrate how such cultural devises might be utilised to explore experiences that are difficult to describe as a narrative. The critical examination of Japanese media's bias of war narratives by Ritsu Yonekura is courageous, and desperately needed, because the shame and humiliation from the war has created a conspiracy of silence around what really happened. Kai Ogimoto explored the pain of Japan's experience even more deeply through a psychoanalytic consideration of an ancient Japanese mythology. These are important contributions to the healing of Japan's cultural trauma from the War.

I hope the countries that Japan invaded will undertake similar cultural work to address their cultural trauma

Symposium | Suicide prevention : [Symposium 60] Suicide and Psychotherapy**2025年9月27日(土) 9:00 ~ 10:30** **Session Room 7 (Conference Room C)****[Symposium 60] Suicide and Psychotherapy**

Moderator: Naoe Okamura (Hatsuishi Hospital)

[SY-60]**Suicide and Psychotherapy**

Nobuaki Eto^{5,6}, Rachel Gibbons^{1,3}, Jo O'Reilly^{1,2,3}, In-Soo LEE⁴ (1. The Royal College of Psychiatrists (UK), 2. Medical Psychotherapy at the North London NHS Foundation Trust (UK), 3. British Psychoanalytic Society (UK), 4. Korean Psychoanalytic Center (Korea), 5. Fukuoka University (Japan), 6. Japan Psychoanalytic Society (Japan))

[SY-60-01]**Psychoanalytic assessment as postvention**

*Nobuaki Eto¹ (1. Fukuoka University (Japan))

[SY-60-02]**The 'Truth' About Suicide: Insights and Challenges for Clinicians and the Bereaved**

*Rachel Gibbons¹ (1. Royal College of Psychiatrists (UK))

[SY-60-03]**The containment of persecution and recovery of thought; the role of a psychodynamically informed risk panel when working with suicidal states of mind.**

*Josephine Kate O'Reilly¹, Rachel Gibbons¹, Nobuaki eto (1. Royal College of Psychiatrists London (UK))

[SY-60-04]**Shame and the Unbearable Self:****Psychoanalytic Reflections on Suicidality in the Korean Context**

*In-Soo Lee¹ (1. Korean Psychoanalytic Center (Korea))

Symposium | Suicide prevention : [Symposium 60] Suicide and Psychotherapy

2025年9月27日(土) 9:00 ~ 10:30 Session Room 7 (Conference Room C)

[Symposium 60] Suicide and Psychotherapy

Moderator: Naoe Okamura (Hatsuishi Hospital)

[SY-60] Suicide and Psychotherapy

Nobuaki Eto^{5,6}, Rachel Gibbons^{1,3}, Jo O'Reilly^{1,2,3}, In-Soo LEE⁴ (1. The Royal College of Psychiatrists (UK), 2. Medical Psychotherapy at the North London NHS Foundation Trust (UK), 3. British Psychoanalytic Society (UK), 4. Korean Psychoanalytic Center (Korea), 5. Fukuoka University (Japan), 6. Japan Psychoanalytic Society (Japan))

キーワード : Suicide prevention、Suicide survivor、Psychotherapy、Psychoanalysis

Suicide requires an interdisciplinary understanding that includes not only psychiatric, but also cultural, social, legal and ethical issues.

We live in a society that is threatened by rapid social change, war and disaster. Despite advances in biological psychiatry and various social initiatives to address suicide, suicide will never disappear.

In addition to public health approaches, there are also approaches to high-risk individuals that focus on medical care. Furthermore, it is also recognised as important to consider how to support the bereaved families of those who have committed suicide, as well as the medical staff who have lost patients due to suicide.

In this symposium, experts in psychoanalysis and psychodynamic psychiatry will discuss how to approach the issue of suicide. From the perspective of a psychoanalytic approach, understanding high-risk suicide patients will involve dealing with the issues such as unconscious destructive urges, envy, hatred, resistance to treatment, and the death drive. Those left bereaved by suicide suffer intense emotions such as the pain of loss, unconscious guilt, shame, a sense of persecution, and self-punishment.

In the presence of these practical difficulties and difficult emotions, it is also important to consider how to support the patient and how to manage the relationship between the therapist and patient so that they can both survive. It is also inevitable that we will consider the therapist's countertransference.

The theme is how the therapist can handle the complex and difficult issue of suicide, as described above, and how they can continue to perform their functions while overcoming their pain. We would like to confirm what psychotherapy can do for suicide and deepen our thinking about the challenges that still exist.

Symposium | Suicide prevention : [Symposium 60] Suicide and Psychotherapy

2025年9月27日(土) 9:00 ~ 10:30 Session Room 7 (Conference Room C)

[Symposium 60] Suicide and Psychotherapy

Moderator: Naoe Okamura (Hatsuishi Hospital)

[SY-60-01] Psychoanalytic assessment as postvention*Nobuaki Eto¹ (1. Fukuoka University (Japan))

キーワード : Suicide survivor、postvention、psychoanalytic approach

When a member of an organisation committed suicide, it has a significant impact on both the organisation and individuals. A psychoanalytic approach is useful in such situations. Events and their effects are often absorbed into personal stories. The goal of intervention is to be able to distinguish between the two.

Case Ms.A

At a hospital, a staff member committed suicide. The next day, when he did not show up for work, his colleague A visited his home and found the man hanging in the bathroom. Immediately after the suicide, the hospital administrator contacted me and asked for advice on how to respond. I proposed holding regular after-work meetings with staff from relevant departments, and this was implemented. In addition to these meetings, individual support was continued for A. She was deeply traumatised, unable to sleep due to vivid images of the deceased man and parts of his body. Four days later, she was referred to a psychiatrist and decided to take a leave of absence from work. A became aware that the workplace itself was causing significant mental stress. I proposed four sessions (60 minutes each) of psychoanalytic psychotherapy assessment the following week, and she agreed. During these interviews, she reflected on the difficulties she had faced in her life since childhood. Her parents did not get along. Feeling suffocated within the family, A wanted to leave home as soon as possible. She got married, but divorced due to her husband's large debts and violence. At work, she had been promoted and often struggled with mentoring junior colleagues. Due to an ongoing organisational restructuring, she felt that the workplace had lost its former 'homey atmosphere.' After undergoing an assessment session, she decided to return to work.

Symposium | Suicide prevention : [Symposium 60] Suicide and Psychotherapy

2025年9月27日(土) 9:00 ~ 10:30 Session Room 7 (Conference Room C)

[Symposium 60] Suicide and Psychotherapy

Moderator: Naoe Okamura (Hatsuishi Hospital)

[SY-60-02] The 'Truth' About Suicide: Insights and Challenges for Clinicians and the Bereaved

*Rachel Gibbons¹ (1. Royal College of Psychiatrists (UK))

キーワード : suicide、suicide bereavement、Clinician trauma

This presentation confronts the complex and often misunderstood nature of suicide, drawing on 16 years of research, clinical experience, and work with those bereaved by suicide. Based on the presenter's widely acclaimed talk and accompanied by the influential paper "*Eight Truths About Suicide*" (published in the *Psychiatric Bulletin*, September 2023), this session seeks to deepen the discussion on suicide, challenge conventional understandings, and bring solace to clinicians and the bereaved alike.

The presenter will begin by sharing her personal experience of losing three patients to suicide within her first three months as a consultant psychiatrist. These events, and her subsequent formation of a confidential peer support group, shaped her career and ignited a lifelong study into the profound impact of suicide on both clinicians and the bereaved. Having heard over 2000 accounts of suicide loss, the presenter will share recurring patterns or 'truths' that challenge traditional approaches to suicide prevention and understanding.

Through this lens, the session will address critical questions: What leads someone to take their own life? Can suicide be prevented?

Symposium | Suicide prevention : [Symposium 60] Suicide and Psychotherapy

2025年9月27日(土) 9:00 ~ 10:30 Session Room 7 (Conference Room C)

[Symposium 60] Suicide and Psychotherapy

Moderator: Naoe Okamura (Hatsuishi Hospital)

[SY-60-03] The containment of persecution and recovery of thought; the role of a psychodynamically informed risk panel when working with suicidal states of mind.

*Josephine Kate O'Reilly¹, Rachel Gibbons¹, Nobuaki eto (1. Royal College of Psychiatrists London (UK))

キーワード : Suicide、Containment of anxiety、Projection、Reflective Practice

This presentation will describe the impact of working with suicidal states of mind upon staff and mental health organisations, how fear and persecution can paralyse thought and iatrogenic harm and vicarious trauma can occur if staff are not adequately supported in this work. The capacity of staff to contain anxiety is dependent upon the containment offered by the organisation within which they work. The development of an innovative psychodynamically informed risk panel within an NHS mental health trust will be described as a powerful intervention in strengthening clinical understanding and the capacity of the organisation to contain anxiety in order for staff to offer compassionate and patient centred care, and to thrive in their work. How the panel is run and its central aims will be illustrated with clinical examples from a range of mental health teams within the NHS. The contributions of key psychoanalytic concepts in this work will be described.

Symposium | Suicide prevention : [Symposium 60] Suicide and Psychotherapy

2025年9月27日(土) 9:00 ~ 10:30 Session Room 7 (Conference Room C)

[Symposium 60] Suicide and Psychotherapy

Moderator: Naoe Okamura (Hatsuishi Hospital)

**[SY-60-04] Shame and the Unbearable Self:
Psychoanalytic Reflections on Suicidality in the Korean Context***In-Soo Lee¹ (1. Korean Psychoanalytic Center (Korea))

キーワード : Suicide、Shame、Confucianism、Korean Culture

South Korea, despite its rapid modernization and global cultural influence, continues to experience the highest suicide rates among OECD nations. This paradox reveals a cultural psyche shaped by Confucian hierarchies, repression of aggression, and a pervasive culture of shame. This paper explores how internalized shame and narcissistic dynamics contribute to suicidality in the Korean context. Using a detailed clinical case of a 23-year-old woman with chronic suicidal ideation, I examine how unbearable self-states are formed when perfectionistic ideals collide with deep fears of being a burden, failing to meet ego ideals, or violating cultural taboos. The patient's apparent "shamelessness" masked a profound narcissistic defense against shame, which, when accessed, opened new therapeutic possibilities. Her suicidal fantasies functioned as omnipotent escape mechanisms, preserving a fragile grandiose self against perceived psychic annihilation. Through psychoanalytic work, she gradually began to accept the reality of human limitations, moving beyond a dichotomous, perfectionistic worldview and softening narcissistic defenses. This presentation argues that shame in Korean culture is intensified by collective identity, intergenerational trauma, and the cultural imperative to maintain emotional restraint and social conformity. These dynamics can hinder emotional development and lead to a split between the actual and idealized self. The psychoanalytic process must account for this heightened shame sensitivity by providing empathic attunement and a secure therapeutic space. Doing so allows the dissociated grandiose self to evolve into a more integrated, realistic ideal self—thereby reducing the patient's vulnerability to narcissistic collapse and suicidality. This paper offers a culturally grounded psychoanalytic framework for understanding and treating suicidality in Korea, where shame, rather than guilt, often dominates the emotional landscape.

Symposium | Forensic Psychiatry and Violence : [Symposium 61] Ethnic diversity, psychiatric conditions, and transgressive behavior: Insights from cases in forensic mental health care

2025年9月27日(土) 9:00 ~ 10:30 Session Room 8 (Meeting Room 1)

[Symposium 61] Ethnic diversity, psychiatric conditions, and transgressive behavior: Insights from cases in forensic mental health care

Moderator: Charlotte Clous (Centre for Transcultural Psychiatry Veldzicht), Marjolein De Pau (Department of Special Needs Education, Ghent University)

[SY-61]

Ethnic diversity, psychiatric conditions, and transgressive behavior: Insights from cases in forensic mental health care

Charlotte Clous², Marjolein De Pau¹, Morten Deleuran Terkildsen^{3,4,5}, Ilaria Rossetto⁶ (1. Department of Special Needs Education, Ghent University (Belgium), 2. Centre for Transcultural Psychiatry Veldzicht (Netherlands), 3. Department of Forensic Psychiatry, Aarhus University (Denmark), 4. Institute of Clinical Medicine, Health, Aarhus University (Denmark), 5. DEFACUM - Public Health Research (Denmark), 6. University of Milan, School of Medicine (Italy))

[SY-61-01]

Exploring the impact of mandatory repatriation on cultural identity and pathways to recovery of migrant forensic psychiatric patients in a Dutch Centre for Transcultural Psychiatry.

*Charlotte Clous^{1,2}, Hannah Jongsma^{1,2}, Aniek Van Weeghel^{5,6}, Ria Reis^{4,3}, Wim Veling¹ (1. University Medical Centre Groningen (UMCG) (Netherlands), 2. Centre for Transcultural Psychiatry Veldzicht (Netherlands), 3. Leiden University Medical Centre (LUMC) (Netherlands), 4. Amsterdam institute for Global Health Development (AIGHD) (Netherlands), 5. University of Amsterdam (UvA) (Netherlands), 6. Arq Psychotrauma International (Netherlands))

[SY-61-02]

A Tapestry of Self: Laila's Intersectional Identity in Forensic Mental Health Care

*Marjolein De Pau¹, Tom Vander Beken¹, Stijn Vandevelde¹, Sara Rowaert¹ (1. Ghent University (Belgium))

[SY-61-03]

Culture and Care in Practice: A Greenlandic Forensic Psychiatric Ward in Denmark

*Morten Deleuran Terkildsen^{1,2,4}, Parnuna Heilmann³, Karen Aalling Mikkelsen¹, Irene Thorsager Kruitbosch Jensen¹, Ida Margrethe Nielsen^{1,3}, Harry Kennedy^{1,2,5}, Lisbeth Uhrskov Sørensen^{1,2} (1. Department of Forensic Psychiatry, Aarhus University Hospital Psychiatry, Denmark (Denmark), 2. Department of Clinical Medicine, Health, Aarhus University, Aarhus, Denmark (Denmark), 3. Psychiatric Area, Queen Ingrid's Hospital, Nuuk, Greenland (Greenland), 4. DEFACUM - Public Health Research, Aarhus, Denmark (Denmark), 5. Trinity College Dublin, Dublin (Ireland))

[SY-61-04]

Forensic Psychiatry and Migrant Populations in Italy: Clinical Challenges and Culturally Informed Response

*Ilaria Rossetto¹, Stefano Tambuzzi¹, Cristina Cattaneo¹, Lia Parente², Felice Francesco Carabello² (1. University of Milan (Italy), 2. University of Bari (Italy))

Symposium | Forensic Psychiatry and Violence : [Symposium 61] Ethnic diversity, psychiatric conditions, and transgressive behavior: Insights from cases in forensic mental health care

2025年9月27日(土) 9:00 ~ 10:30 Session Room 8 (Meeting Room 1)

[Symposium 61] Ethnic diversity, psychiatric conditions, and transgressive behavior: Insights from cases in forensic mental health care

Moderator: Charlotte Clous (Centre for Transcultural Psychiatry Veldzicht), Marjolein De Pau (Department of Special Needs Education, Ghent University)

[SY-61] Ethnic diversity, psychiatric conditions, and transgressive behavior: Insights from cases in forensic mental health care

Charlotte Clous², Marjolein De Pau¹, Morten Deleuran Terkildsen^{3,4,5}, Ilaria Rossetto⁶ (1. Department of Special Needs Education, Ghent University (Belgium), 2. Centre for Transcultural Psychiatry Veldzicht (Netherlands), 3. Department of Forensic Psychiatry, Aarhus University (Denmark), 4. Institute of Clinical Medicine, Health, Aarhus University (Denmark), 5. DEFACUTUM - Public Health Research (Denmark), 6. University of Milan, School of Medicine (Italy))

キーワード : forensic mental health, ethnicity, culture

Forensic mental health care operates at the intersection of psychiatry and the criminal justice system, providing treatment for individuals whose mental health conditions have contributed to transgressive behavior. Ethnically diverse clients often face distinct challenges in (forensic) mental health care settings, where cultural differences, language barriers, and systemic biases can shape their experiences of care. While these settings can be sites of hope and recovery, they can also become sites of exclusion and despair where professionals struggle to navigate cultural complexity. This symposium explores the diverse experiences of both forensic clients and professionals in four European cases, analyzing how cultural identity, migration, and institutional practices influence pathways of forensic care and recovery. First, a retrospective study in an Italian forensic unit introduces us into differences in forensic pathways, legal status, and clinical outcomes between migrant and Italian national patients. Second, through a case-study from Belgium we illustrate how intersectional identity shapes experiences of mental health, transgressive behavior and forensic care. For the third presentation, we delve into cultural identity and recovery in the face of mandatory repatriation in a Dutch transcultural forensic clinic. Finally, we explore how culture and care are intertwined in practice in a Greenlandic forensic ward in Denmark. These cases clarify that understanding dynamics of culture and identification is crucial in forensic mental health care, as they are inherent to lived experiences of crime, mental illness and the provision of good care. They also reveal how discursive practices of difference have tangible effects on individuals' trajectories of recovery and desistance from transgressive behavior. The cases underscore the need for (forensic) mental health systems to adopt inclusive, strengths-based and culturally-sensitive approaches that recognize the diverse needs of clients. Through this discussion, we aim to promote greater dialogue between forensic mental health and the broader psychiatric field.

Symposium | Forensic Psychiatry and Violence : [Symposium 61] Ethnic diversity, psychiatric conditions, and transgressive behavior: Insights from cases in forensic mental health care

2025年9月27日(土) 9:00 ~ 10:30 Session Room 8 (Meeting Room 1)

[Symposium 61] Ethnic diversity, psychiatric conditions, and transgressive behavior: Insights from cases in forensic mental health care

Moderator: Charlotte Clous (Centre for Transcultural Psychiatry Veldzicht), Marjolein De Pau (Department of Special Needs Education, Ghent University)

[SY-61-01] Exploring the impact of mandatory repatriation on cultural identity and pathways to recovery of migrant forensic psychiatric patients in a Dutch Centre for Transcultural Psychiatry.

*Charlotte Clous^{1,2}, Hannah Jongsma^{1,2}, Aniek Van Weeghel^{5,6}, Ria Reis^{4,3}, Wim Veling¹ (1. University Medical Centre Groningen (UMCG) (Netherlands), 2. Centre for Transcultural Psychiatry Veldzicht (Netherlands), 3. Leiden University Medical Centre (LUMC) (Netherlands), 4. Amsterdam institute for Global Health Development (AIGHD) (Netherlands), 5. University of Amsterdam (UvA) (Netherlands), 6. Arq Psychotrauma International (Netherlands))

キーワード : cultural psychiatry, ethnography, repatriation, cultural identity, recovery

Forensic psychiatric patients with a migration background in the Netherlands face unique challenges when their offences lead to revocation of residence rights, often resulting in repatriation to countries that may feel as alien to them as to their Dutch care providers. This ethnographic study explores how patients in a Dutch forensic transcultural psychiatric facility navigate these imposed repatriation perspectives, focusing on the negotiation of cultural identity and its impact on pathways to recovery. Through hospital ethnography we have examined how sociocultural identification processes influence recovery among ethnic minority forensic inpatients with pre-existing psychotic disorders. The study highlights how treatment progress is hindered by limited social leave and structural 'othering,' at the intersection of criminal and migration law. We discuss the role of discrimination and cultural identity as potential drivers of increased psychosis risk, extending beyond epidemiological frameworks to include lived experiences of inclusion and exclusion of people in closed forensic mental health care settings. Ethnic density theory frames how sociocultural inclusion can buffer against mental health deterioration, yet imposed multicultural environments and repatriation pressures limit possibilities for cultural expression. Our findings reveal complex patterns of cultural identity formation that challenge binary acculturation models and illustrate how vulnerable people display remarkable creativity, finding new ways to belong through cultural hybridization. By centering patients' voices in their interactions with staff and institutional values, we provide insight into the challenges and opportunities for culturally sensitive forensic mental healthcare. These results underscore the need for personalized, context-based care that integrates cultural identity negotiation and the structural realities faced by migrant patients. The findings may inform adaptations to clinical tools like the Cultural Formulation Interview to better address the nuanced needs of this vulnerable group.

Symposium | Forensic Psychiatry and Violence : [Symposium 61] Ethnic diversity, psychiatric conditions, and transgressive behavior: Insights from cases in forensic mental health care

2025年9月27日(土) 9:00 ~ 10:30 Session Room 8 (Meeting Room 1)

[Symposium 61] Ethnic diversity, psychiatric conditions, and transgressive behavior: Insights from cases in forensic mental health care

Moderator: Charlotte Clous (Centre for Transcultural Psychiatry Veldzicht), Marjolein De Pau (Department of Special Needs Education, Ghent University)

[SY-61-02] A Tapestry of Self: Laila's Intersectional Identity in Forensic Mental Health Care

*Marjolein De Pau¹, Tom Vander Beken¹, Stijn Vandeveld¹, Sara Rowaert¹ (1. Ghent University (Belgium))

キーワード : forensic mental health、ethnicity、intersectional identity、narrative portraiture

This presentation contributes to the symposium's focus on cultural identity and transgressive behavior in forensic mental health care by exploring how intersectional identities shape recovery processes within institutional settings. While ethnically diverse clients often encounter systemic and interpersonal barriers in forensic care, less is known about how they navigate these experiences in relation to their evolving sense of self. We present an in-depth case study using narrative portraiture—a relational, strengths-based methodology—to explore the lived experience of Laila, a young woman of Amazigh descent engaged in forensic mental health care in Belgium. Her story highlights how identity-related challenges—including migration history, gender, cultural hybridity, and institutional constraints—interact with processes of recovery and desistance. Rather than treating culture as a static trait or risk factor, this case reveals how identity is actively negotiated in and through relationships, institutional structures, and broader social discourses. Laila's narrative invites us to reconsider how forensic mental health care can better accommodate clients' identity work as a central part of recovery. Her experience shows how rigid institutional frameworks can undermine this process, while more responsive environments—those that offer “a place to be me”—enable greater engagement and wellbeing. In line with the symposium's aim to foster inclusive and culturally-sensitive forensic practices, this presentation advocates for a shift toward ethnographic and relational approaches that attend to clients' voices, hybrid identities, and lived experiences. It underscores the importance of moving beyond diagnostic or behavioral frames to recognize the ethical and therapeutic significance of belonging, recognition, and meaning-making in forensic care.

Symposium | Forensic Psychiatry and Violence : [Symposium 61] Ethnic diversity, psychiatric conditions, and transgressive behavior: Insights from cases in forensic mental health care

2025年9月27日(土) 9:00 ~ 10:30 Session Room 8 (Meeting Room 1)

[Symposium 61] Ethnic diversity, psychiatric conditions, and transgressive behavior: Insights from cases in forensic mental health care

Moderator: Charlotte Clous (Centre for Transcultural Psychiatry Veldzicht), Marjolein De Pau (Department of Special Needs Education, Ghent University)

[SY-61-03] *Culture and Care in Practice: A Greenlandic Forensic Psychiatric Ward in Denmark*

*Morten Deleuran Terkildsen^{1,2,4}, Parnūna Heilmann³, Karen Aalling Mikkelsen¹, Irene Thorsager Kruitbosch Jensen¹, Ida Margrethe Nielsen^{1,3}, Harry Kennedy^{1,2,5}, Lisbeth Uhrskov Sørensen^{1,2} (1. Department of Forensic Psychiatry, Aarhus University Hospital Psychiatry, Denmark (Denmark), 2. Department of Clinical Medicine, Health, Aarhus University, Aarhus, Denmark (Denmark), 3. Psychiatric Area, Queen Ingrid's Hospital, Nuuk, Greenland (Greenland), 4. DEFACUTUM - Public Health Research, Aarhus, Denmark (Denmark), 5. Trinity College Dublin, Dublin (Ireland))

キーワード : Forensic Psychiatry、Cultural Psychiatry、Culturally Adapted Care

Abstract:

In many forensic psychiatric settings, patients from minority backgrounds must navigate systems embedded with unfamiliar cultural norms. These environments can hinder therapeutic relationships and complicate rehabilitation. This presentation offers a different perspective by exploring a forensic psychiatric ward in Denmark that exclusively treats Greenlandic patients and is designed to reflect and support Greenlandic culture.

At this ward, culture is not peripheral—it is central. Greenlandic-speaking staff, a full-time interpreter, and culturally specific activities such as kaffemik, traditional foods, and national celebrations create a setting where patients are to feel seen and understood. The physical environment is adorned with Greenlandic art and motifs, and the structure of daily life incorporates both therapeutic and culturally meaningful practices. Patients follow personalized weekly schedules, and progression toward greater freedoms is tied to active participation in this culturally integrated mode of care.

Rather than framing culture as a challenge to overcome, this ward illustrates how it can be a vehicle for therapeutic stability, emotional safety, and identity continuity. The design of care here invites reflection on how institutions can create belonging for those who are otherwise socially and geographically displaced.

As forensic psychiatry continues to engage with the complexities of cultural difference, this case invites reflection on a subtle tension: when culture becomes central to care, how can we ensure that the individual, their unique experiences, needs, and personal history, remains fully visible? Might a strong emphasis on shared cultural identity, however well-intentioned, risk overlooking the diversity that exists within cultural groups themselves?

Symposium | Forensic Psychiatry and Violence : [Symposium 61] Ethnic diversity, psychiatric conditions, and transgressive behavior: Insights from cases in forensic mental health care

2025年9月27日(土) 9:00 ~ 10:30 Session Room 8 (Meeting Room 1)

[Symposium 61] Ethnic diversity, psychiatric conditions, and transgressive behavior: Insights from cases in forensic mental health care

Moderator: Charlotte Clous (Centre for Transcultural Psychiatry Veldzicht), Marjolein De Pau (Department of Special Needs Education, Ghent University)

[SY-61-04] Forensic Psychiatry and Migrant Populations in Italy: Clinical Challenges and Culturally Informed Response

*Ilaria Rossetto¹, Stefano Tambuzzi¹, Cristina Cattaneo¹, Lia Parente², Felice Francesco Carabelles² (1. University of Milan (Italy), 2. University of Bari (Italy))

キーワード : Cultural Psychiatry、Forensic Treatment、Special Asylum procedures

As part of the 2015 legislative reform that reshaped the Italian forensic psychiatric care system, it is essential to examine the implications for migrant populations—a group particularly vulnerable within this context. This analysis focuses on two aspects: (1) a study conducted in the largest Italian forensic psychiatric unit, specifically investigating migrant patients, and (2) a psychological support service for migrants who have survived torture. The retrospective study analyzed the demographic, clinical, and legal characteristics of 184 migrant patients (134 men and 50 women) admitted between 2010 and 2019 to an Italian forensic psychiatric facility. These were compared to Italian patients matched by age, sex, and admission period. Results showed significant differences: male migrants were more frequently diagnosed with schizophrenia spectrum disorders ($p=0.04$) and less frequently with personality disorders ($p=0.047$) than their Italian counterparts. These differences were not statistically significant among female patients. Discharge outcomes also varied: migrants were more often repatriated or transferred, whereas Italians were more likely to be conditionally released ($p<0.001$). Language and cultural barriers negatively affected diagnostic accuracy and treatment planning. The apparent overdiagnosis of psychosis among migrants may reflect both real clinical differences and diagnostic bias due to limited use of culturally sensitive assessment tools. The study emphasizes the urgent need for trained interpreters, cultural mediators, and clinician training in cultural competence. In parallel, migrants who claim to have been victims of torture are routinely examined at the Institute of Forensic Medicine in Milan for special asylum procedures. Given frequent psychological distress or psychiatric disorders, an integrated approach involving ethnopsychiatry experts is essential for diagnosis and care. These examples highlight the urgent need for intercultural approaches in forensic psychiatry to ensure equitable, high-quality mental health care for a diverse and complex patient population.

Symposium | Community care : [Symposium 62] Community mental health care: perspectives in Canada, Korea, and Japan inspired by a cultural -ecosocial view.

2025年9月27日(土) 10:40 ~ 12:10 Session Room 2 (Main Hall B)

[Symposium 62] Community mental health care: perspectives in Canada, Korea, and Japan inspired by a cultural -ecosocial view.

Moderator: Masayuki Noguchi (Okayama Prefectural Mental Health & Welfare Center)

[SY-62]

Community mental health care: perspectives in Canada, Korea, and Japan inspired by a cultural -ecosocial view.

Laurence Kirmayer², Boung Chul Lee³, Chiyo Fujii⁴, Masayuki Noguchi¹ (1. Okayama Prefectural Mental Health & Welfare Center (Japan), 2. McGill University (Canada), 3. Hallym University Hangang Sacred Heart Hospital (Korea), 4. National Institute of Mental Health National Center of Neurology and Psychiatry (Japan))

[SY-62-01]

Community Mental Health: A Cultural-Ecosocial Approach

*Laurence J Kirmayer¹ (1. McGill University (Canada))

[SY-62-02]

Disasters and Community Mental Health

*Boung Chul Lee¹ (1. Hangang Sacred Heart Hospital (Korea))

[SY-62-03]

Evolving Roles of Psychiatric Care Providers in Community Mental Health: Collaborative Outreach for People with Unmet Mental Health Needs in Japan

*Chiyo Fujii¹ (1. National Center of Neurology and Psychiatry (Japan))

[SY-62-04]

Community-based Integrated Mental Health Care System for People with Mental Health Needs in Japan: Addressing Unmet Mental Health Needs through the Public Mental Health Sector.

*Masayuki Noguchi¹ (1. Okayama Prefectural Mental Health & Welfare Center (Japan))

Symposium | Community care : [Symposium 62] Community mental health care: perspectives in Canada, Korea, and Japan inspired by a cultural -ecosocial view.

2025年9月27日(土) 10:40 ~ 12:10 Session Room 2 (Main Hall B)

[Symposium 62] Community mental health care: perspectives in Canada, Korea, and Japan inspired by a cultural -ecosocial view.

Moderator: Masayuki Noguchi (Okayama Prefectural Mental Health & Welfare Center)

[SY-62] Community mental health care: perspectives in Canada, Korea, and Japan inspired by a cultural -ecosocial view.

Laurence Kirmayer², Boung Chul Lee³, Chiyo Fujii⁴, Masayuki Noguchi¹ (1. Okayama Prefectural Mental Health & Welfare Center (Japan), 2. McGill University (Canada), 3. Hallym University Hangang Sacred Heart Hospital (Korea), 4. National Institute of Mental Health National Center of Neurology and Psychiatry (Japan))

キーワード : community mental health、cultural-ecosocial perspective、cultural psychiatry、disaster psychiatry

This symposium will focus on community mental health systems that provide care for individuals experiencing psychological distress, including those with severe mental illness, disaster victims, immigrants, and refugees.

These populations often face significant vulnerabilities due to precarious living conditions, socioeconomic challenges, stigma, and prejudice.

Psychological distress can exacerbate these vulnerabilities, creating a cycle that deepens their burden.

Community mental health systems, whether addressing severe mental illness, disaster recovery, or the needs of immigrants and refugees, share core features and functions. These systems strive to:

1. Understand the distress of individuals within their unique socio-cultural contexts.
2. Engage clients collaboratively alongside multidisciplinary and multi-sectoral service providers to address the social determinants of mental health.
3. Strengthen social resources to support recovery and wellness and to facilitate the integration of individuals into their communities.
4. Promote understanding and reduce stigma associated with psychological distress and mental illness at the community level.

This symposium brings together speakers from Canada, South Korea, and Japan, each with expertise in supporting immigrants and refugees, disaster psychiatry, and community-based mental health services. Particularly a "cultural-ecosocial" perspective of psychiatry (Kirmayer, 2019), would be a shared principle and framework expected to integrate these diverse perspectives globally. Our goal aligns with the WHO's vision of providing "mental health for all" (WHO, 2022).

Symposium | Community care : [Symposium 62] Community mental health care: perspectives in Canada, Korea, and Japan inspired by a cultural -ecosocial view.

2025年9月27日(土) 10:40 ~ 12:10 Session Room 2 (Main Hall B)

[Symposium 62] Community mental health care: perspectives in Canada, Korea, and Japan inspired by a cultural -ecosocial view.

Moderator: Masayuki Noguchi (Okayama Prefectural Mental Health & Welfare Center)

[SY-62-01] Community Mental Health: A Cultural-Ecosocial Approach

*Laurence J Kirmayer¹ (1. McGill University (Canada))

キーワード : community mental health、ecosocial systems view、culturally responsive services

This presentation will discuss the basic concepts, structure and practice of community care from a cultural-ecosocial perspective. The ideals of community mental health include providing local access to comprehensive care, understanding patients' mental health problems in social context, maintaining the community integration of people with severe mental illness, and mobilizing community resources for the treatment, recovery, and prevention of mental health problems as well as mental health promotion. The cultural ecosocial approach emphasizes the embedding of mental health problems in specific social contexts that create niches with resources, affordances, challenges and constraints. Local niches are embedded in larger social systems with their own dynamics. Systemic thinking is central to understanding the cause and course of mental disorders and to developing treatment services and prevention strategies.

Symposium | Community care : [Symposium 62] Community mental health care: perspectives in Canada, Korea, and Japan inspired by a cultural -ecosocial view.

2025年9月27日(土) 10:40 ~ 12:10 Session Room 2 (Main Hall B)

[Symposium 62] Community mental health care: perspectives in Canada, Korea, and Japan inspired by a cultural -ecosocial view.

Moderator: Masayuki Noguchi (Okayama Prefectural Mental Health & Welfare Center)

[SY-62-02] Disasters and Community Mental Health

*Boung Chul Lee¹ (1. Hangang Sacred Heart Hospital (Korea))

キーワード : Disaster、Community mental health、Trauma

Community mental health in South Korea has developed more slowly compared to other sectors. The treatment environment remains heavily focused on inpatient care, and although the number of mental health welfare centers and psychiatric rehabilitation facilities has increased, it is still insufficient to meet the needs of the population. Social stigma surrounding mental illness remains prevalent in South Korea, with only about 15.3% of individuals with mental disorders receiving treatment. This stigma often manifests in real-world disadvantages, such as limitations in obtaining insurance or concerns about discrimination in the workplace. While there have been gradual improvements, this societal atmosphere continues to hinder interest and investment in community-based mental health services. In South Korea, shifts in public perception of mental health have often been driven by large-scale disasters. When nationally significant crises occur, public and governmental attention tends to focus on supporting the victims and their families. These social and natural disasters have heightened public awareness of the need for psychological support, gradually normalizing the importance of mental health among the general population. Volunteer efforts and government-led counseling initiatives have played a significant role in reshaping attitudes toward those affected by disasters, with many mental health professionals devoting themselves to these efforts. However, the fragmented approach—where multiple government ministries develop separate psychological support systems—remains a challenge that requires future improvement. Disaster victims often need psychological care not only for trauma directly caused by the event but also for related issues such as anxiety about an uncertain future, depression, social withdrawal, and stigmatization during infectious disease outbreaks. For example, 64.6% of parents who lost children in disasters reportedly left their jobs, and 44.9% of disaster survivors experienced prejudice, conflict, or discrimination from their communities, showing that psychological trauma can affect all aspects of life. While such experiences may not always lead to diagnosable mental disorders, they highlight the necessity of a comprehensive psychological support system. Expanding the scope of community mental health services can be key to reducing the stigma associated with mental illness. A proactive psychological response during national disasters can not only support the recovery of victims but also foster broader public awareness and positive shifts in societal attitudes toward mental health. Early intervention and prevention at the community level can help stop psychological distress from developing into full-blown mental disorders, ultimately contributing to a healthier and more inclusive society.

Symposium | Community care : [Symposium 62] Community mental health care: perspectives in Canada, Korea, and Japan inspired by a cultural -ecosocial view.

2025年9月27日(土) 10:40 ~ 12:10 Session Room 2 (Main Hall B)

[Symposium 62] Community mental health care: perspectives in Canada, Korea, and Japan inspired by a cultural -ecosocial view.

Moderator: Masayuki Noguchi (Okayama Prefectural Mental Health & Welfare Center)

[SY-62-03] Evolving Roles of Psychiatric Care Providers in Community Mental Health: Collaborative Outreach for People with Unmet Mental Health Needs in Japan

*Chiyo Fujii¹ (1. National Center of Neurology and Psychiatry (Japan))

キーワード : community mental health、psychiatric care providers、unmet mental health needs、comprehensive care

In Japan, psychiatric care providers have traditionally focused on inpatient treatment. However, recent developments show a shift toward community-based engagement, especially through collaboration with public agencies to support individuals with unmet mental health needs (UMHNs)—those disconnected from care and facing complex life challenges.

In several municipalities, psychiatric care providers now work alongside public health centers and local government staff to conduct outreach and care coordination for people with UMHNs. These initiatives, often commissioned by local authorities, involve multidisciplinary teams engaging directly with individuals who might otherwise fall through the cracks of the mental health system.

This shift has been supported by national policy changes. Revisions to the health insurance fee schedule have introduced reimbursement for case management, multidisciplinary collaboration, and inter-agency coordination. Additionally, the Ministry of Health, Labour and Welfare has issued a national guideline on post-discharge support, encouraging continuity of care through stronger partnerships between psychiatric care providers and community services.

Together, these developments reflect a broader movement toward integrating psychiatric services into local ecosystems in collaborative and non-hierarchical ways. Still, this expansion must be approached with care to avoid the risk of over-medicalization. Psychiatric care providers should act not as dominant actors, but as partners within broader support networks involving welfare, housing, and other sectors.

This presentation will highlight emerging practices in which psychiatric care providers contribute to community-based outreach and support for UMHNs, discussing both the policy context and practical challenges in building inclusive mental health care systems.

Symposium | Community care : [Symposium 62] Community mental health care: perspectives in Canada, Korea, and Japan inspired by a cultural -ecosocial view.

2025年9月27日(土) 10:40 ~ 12:10 Session Room 2 (Main Hall B)

[Symposium 62] Community mental health care: perspectives in Canada, Korea, and Japan inspired by a cultural -ecosocial view.

Moderator: Masayuki Noguchi (Okayama Prefectural Mental Health & Welfare Center)

[SY-62-04] Community-based Integrated Mental Health Care System for People with Mental Health Needs in Japan: Addressing Unmet Mental Health Needs through the Public Mental Health Sector.

*Masayuki Noguchi¹ (1. Okayama Prefectural Mental Health & Welfare Center (Japan))

キーワード : community mental health care、unmet mental health needs、Community-based Integrated Mental Health Care System for People with Mental Health Needs、multidisciplinary outreach team、public mental health

Since 2019, Japan has implemented the *Community-based Integrated Mental Health Care System for People with Mental Health Needs* (CIMHS). Japan's mental health care system comprises three sectors: psychiatric, public mental health, and welfare. The public mental health sector includes municipal health and welfare departments, public health centers, and prefectural mental health & welfare centers. A key responsibility of this sector is to coordinate the CIMHS within its jurisdiction—whether at the municipal or prefectural level. A critical issue faced by the public mental health sector is supporting individuals with unmet mental health needs (UMHNs), particularly those disengaged from psychiatric treatment. Psychiatric institutions are bound by regulations requiring formal treatment contracts with clients, which limits their ability to reach individuals who are reluctant to engage in care. In contrast, the public mental health sector is permitted to contact and support these individuals directly. People with UMHNs often experience multiple, interrelated challenges such as inadequate housing, poverty, poor hygiene, malnutrition, social isolation. Typically, municipal public health nurses or social workers serve as the first point of contact. When cases become particularly complex, public health centers are expected to provide additional support. Prefectural mental health & welfare centers—comprising psychiatrists, clinical psychologists, and other professionals—offer further assistance through supervision, training workshops, and the deployment of multidisciplinary outreach teams. Engaging people with UMHNs is profoundly challenging. However, the “eco-social perspective” proposed by Kirmayer (2019, 2024) offers valuable guidance: Understanding distress within unique socio-cultural contexts of people with UMHNs; Collaborative engagement with clients, supported by multidisciplinary and multi-sectoral service provider to address the social determinants of mental health; Strengthening social resources to support recovery and reintegration into the community. The public mental health sector is expected to meet this challenge through its continued efforts in developing and implementing CIMHS.

Symposium | Immigrant, Refugee : [Symposium 63] Rethinking Mental Health Support for Refugees

2025年9月27日(土) 10:40 ~ 12:10 Session Room 3 (Large Hall A)

[Symposium 63] Rethinking Mental Health Support for Refugees

Moderator: Simon Groen (De Evenaar Center for Transcultural Psychiatry), Hans Rohlof (Mental Care Center)

[SY-63]

Rethinking Mental Health Support for Refugees

UKAWA Ko¹, Hans J.G.B.M. Rohlof², Mario Braakman³, Simon Groen⁴, Valerie DeMarinis⁵, Claudia Blankenstijn⁶ (1. Taisho University (Japan), 2. Mental Care Center (Netherlands), 3. Tilburg University (Netherlands), 4. De Evenaar Center for Transcultural Psychiatry (Netherlands), 5. Umeå University (Medical School) (Sweden), 6. linguist (Netherlands))

[SY-63-01]

Narrative Language Therapy® for refugee children

*Claudia Blankenstijn¹ (1. linguist (Netherlands))

[SY-63-02]

Psychodiagnostic assessment and treatment of refugees

*Hans Rohlof¹ (1. Private Practice Rohlof (Netherlands))

[SY-63-03]

Victimmigration, a longitudinal study of refugees suffering from stress and trauma in Greece and the Netherlands

*Mario Hubertus Braakman¹ (1. Tilburg University (Netherlands))

[SY-63-04]

The recognition of grief in traumatized refugees in Dutch mental health care

*Simon Groen¹ (1. De Evenaar, Center for Transcultural Psychiatry, GGZ Drenthe (Netherlands))

[SY-63-05]

Examining the situation on mental health support for refugees in Sweden

*Valerie DeMarinis¹, Sofie Bäärnhielm², Mattias Strand² (1. Innlandet Hospital Trust, Norway; Umeå University, Sweden (Sweden), 2. Department of Clinical Neuroscience, Karolinska Institutet, Sweden (Sweden))

Symposium | Immigrant, Refugee : [Symposium 63] Rethinking Mental Health Support for Refugees

2025年9月27日(土) 10:40 ~ 12:10 Session Room 3 (Large Hall A)

[Symposium 63] Rethinking Mental Health Support for Refugees

Moderator: Simon Groen (De Evenaar Center for Transcultural Psychiatry), Hans Rohlof (Mental Care Center)

[SY-63] Rethinking Mental Health Support for Refugees

UKAWA Ko¹, Hans J.G.B.M. Rohlof², Mario Braakman³, Simon Groen⁴, Valerie DeMarinis⁵, Claudia Blankenstijn⁶ (1. Taisho University (Japan), 2. Mental Care Center (Netherlands), 3. Tilburg University (Netherlands), 4. De Evenaar Center for Transcultural Psychiatry (Netherlands), 5. Umeå University (Medical School) (Sweden), 6. linguist (Netherlands))

キーワード : Refugees、Trauma、Mental Health Care

Refugees experience things they never imagined during their exodus from their home country and their life in the host country. They experience traumatic events in their home country, experience various losses in the process of becoming refugees, and are forced to resettle in a country with a completely different society, language, and culture. These events are stressful and significantly impact their physical and mental health. Although refugee psychosis does not exist, refugees are prone to mental illnesses such as PTSD due to two factors: (1) the process of becoming a refugee and (2) migration and adaptation. Also, as with immigrants, this illness behavior is strongly influenced by the cultural factors and norms of each ethnic group. This symposium will focus on the trauma that is often experienced during the process of becoming a refugee and will provide an opportunity to learn from the forerunners in the psychiatric treatment of refugees, including the following: (1) Treatment planning from a process-oriented perspective in the refugee experience, (2) Tensions between cultural and personal situations of grief, and (3) New treatments in refugee mental health, such as support for improving self-engagement and the use of games to treat trauma. The number of refugees will continue to grow worldwide. The latest findings in Europe will lead to a review of mental health care for refugees.

Symposium | Immigrant, Refugee : [Symposium 63] Rethinking Mental Health Support for Refugees

2025年9月27日(土) 10:40 ~ 12:10 Session Room 3 (Large Hall A)

[Symposium 63] Rethinking Mental Health Support for Refugees

Moderator: Simon Groen (De Evenaar Center for Transcultural Psychiatry), Hans Rohlof (Mental Care Center)

[SY-63-01] Narrative Language Therapy® for refugee children*Claudia Blankenstijn¹ (1. linguist (Netherlands))

In the Netherlands, in a small university town Leiden (130.000 inhabitants) not far from the sea, 650 refugees from the Ukraine are making a living, of which 180 are children.

All of these refugee children from the Ukraine, are multi-lingual, as most of them speak Ukrainian, Russian, a few words of English and in the mean while also a little bit of Dutch, because they all are receiving extra Dutch language lessons in school since 2022. Grief and trauma about a lost peaceful family life, about a lost or far away father, about a lost culture and land slumber within all these children.

Some of these refugee children from the Ukraine, approximately 3 to 5%, have not only a severe psychiatric impairment, like Anxiety Disorder and PTSS (APA, DSM5), but also have a Communication Disorder (APA, DSM5).

This special group of children with comorbid communication and psychiatric disorders out of the group of refugee children from the Ukraine, suffer, for example, from Selective Mutism or have otherwise difficulties in the pronunciation and explication of the form, the content and the communicative function of words and sentences in both Ukraine and Dutch. This could be detected by taking clinical linguistic observation tests of the Ukrainian and Dutch language used, executed by a highly educated and specialized Clinical Linguist and a Ukrainian interpreter.

Narrative Language Therapy® (NL-T®) is then deployed to support these children in telling their personal story, while drawing it. And here the healing art comes in, both in words and in pictures.

NL-T® was invented by the author in 2003 in a Centre of Mental Health Transparant and a Clinic of Child- and Youth Psychiatry LUMC CURIUM, both in Leiden, the Netherlands, and is used ever since in a population of children with comorbid communication and psychiatric impairment (Blankenstijn & Schepers, 2003).

In this lecture, one case of a refugee from the Ukraine of 9 years old will be described in detail. Her personal story and the picture she draw by telling her personal story will be shown. Both the theoretical background and practical application of the Narrative Language Therapy® will be made accessible.

Claudia Blankenstijn (PhD) is language and communication expert in the Netherlands, with special interest in comorbid communication and psychiatric impairment in children in all sorts of populations, like in refugee children. The book on Narrative Language Therapy® is in the making and will be finished this summer. Lectures, workshops and other forms of education on Narrative Language Therapy® are within her expertise. Narrative Language Therapy® is given to the children with severe communicative needs for over twenty years in the Netherlands and Europe.

Symposium | Immigrant, Refugee : [Symposium 63] Rethinking Mental Health Support for Refugees

2025年9月27日(土) 10:40 ~ 12:10 Session Room 3 (Large Hall A)

[Symposium 63] Rethinking Mental Health Support for Refugees

Moderator: Simon Groen (De Evenaar Center for Transcultural Psychiatry), Hans Rohlof (Mental Care Center)

[SY-63-02] Psychodiagnostic assessment and treatment of refugees

*Hans Rohlof¹ (1. Private Practice Rohlof (Netherlands))

キーワード : cultural psychiatry, psychodiagnostics, psychiatric treatment, refugees

The arrival of refugees from high conflict zones in Western countries has resulted in major challenges in health care, especially in psychiatry. Initial superficial assessment gave the impression that only traumatic experiences could result in psychiatric disorders. The diagnosis of posttraumatic stress disorder was generally the main starting point of therapy. Consecutive more accurate assessments showed quite diverse viewpoints. Nowadays, psychiatric disorders in refugees are viewed as consequences of four groups of experiences: migration and loss, acculturation, traumatization, and social marginalization. Psychiatric treatment should be focused on each of these experiences, and include all these in one treatment plan. Reference: Hans Rohlof, Psychodiagnostic assessment with refugees, 2018, Arq Psychotrauma Expert Group, Diemen, The Netherlands.

Symposium | Immigrant, Refugee : [Symposium 63] Rethinking Mental Health Support for Refugees

2025年9月27日(土) 10:40 ~ 12:10 Session Room 3 (Large Hall A)

[Symposium 63] Rethinking Mental Health Support for Refugees

Moderator: Simon Groen (De Evenaar Center for Transcultural Psychiatry), Hans Rohlof (Mental Care Center)

[SY-63-03] Victimmigration, a longitudinal study of refugees suffering from stress and trauma in Greece and the Netherlands

*Mario Hubertus Braakman¹ (1. Tilburg University (Netherlands))

キーワード : Refugees、Asylumseekers、Trauma、prospective longitudinal study

The research focuses on the psychological impact of victimization among migrants and refugees, a process termed "victimmigration," which encompasses traumatic experiences before, during, and after migration. This study investigates how such victimization affects psychological well-being and how migration policies and asylum procedures might influence these outcomes. The research consists of two complementary studies: **Victimmigration I** and **II**. **Victimmigration I** examines victimization in the post-migration phase in the Netherlands. It follows 200 migrants and refugees from Syria and Iraq over one year using a mixed-methods design. The study includes qualitative interviews and digital open-ended questions, as well as quantitative digital questionnaires. Additionally, it tests the effectiveness of a simple smartphone-based intervention — playing Tetris — aimed at improving psychological well-being and preventing psychological complaints. A randomized controlled trial will compare outcomes between an intervention group and a control group. **Victimmigration II** mirrors the design of the first study but focuses on the peri-migration phase, tracking the same number and profile of migrants during and after their journey from Greece. The same mixed-method approach and Tetris intervention are applied to assess victimization experiences and psychological resilience during migration. The expected outcome of both studies is to determine whether low-threshold digital interventions can enhance the psychological well-being of migrants and refugees. The research aims to generate empirical data on the effects of victimization throughout different migration phases, informing evidence-based migration and asylum policies. These insights can help policymakers better understand how pre-, peri-, and post-migration experiences affect mental health and potentially reduce further victimization through more humane and psychologically informed procedures and reception conditions.

Symposium | Immigrant, Refugee : [Symposium 63] Rethinking Mental Health Support for Refugees

2025年9月27日(土) 10:40 ~ 12:10 Session Room 3 (Large Hall A)

[Symposium 63] Rethinking Mental Health Support for Refugees

Moderator: Simon Groen (De Evenaar Center for Transcultural Psychiatry), Hans Rohlof (Mental Care Center)

[SY-63-04] The recognition of grief in traumatized refugees in Dutch mental health care

*Simon Groen¹ (1. De Evenaar, Center for Transcultural Psychiatry, GGZ Drenthe (Netherlands))

キーワード : grief、refugees、PTSD

Metareviews have shown that common mental disorders (CMD) such as posttraumatic stress disorder, depression and anxiety disorders are most prevalent in refugees worldwide. Clinicians may therefore focus on these disorders in the diagnostic process. The clinical case of a Syrian patient who received four types of trauma treatment without success until a clinician found out about the loss of his child. Treatment focused on prolonged grief disorder (PGD) resulted in reduction of symptoms. Research among refugees and Dutch CMD patients revealed that one third met criteria for PGD. Refugees run four to five times higher risk of developing PGD after the loss of a loved one. Qualitative research among clinicians showed that they are more focused on CMD than on PGD, discover grief-related mental health symptoms only during treatment and are unaware of differences between CMD and PGD. Thematic analysis of bereavement and grief interviews among patients who met criteria for PGD symptoms clarified tensions between cultural and individual circumstances of grief.

Symposium | Immigrant, Refugee : [Symposium 63] Rethinking Mental Health Support for Refugees

2025年9月27日(土) 10:40 ~ 12:10 Session Room 3 (Large Hall A)

[Symposium 63] Rethinking Mental Health Support for Refugees

Moderator: Simon Groen (De Evenaar Center for Transcultural Psychiatry), Hans Rohlof (Mental Care Center)

[SY-63-05] Examining the situation on mental health support for refugees in Sweden

*Valerie DeMarinis¹, Sofie Bäärnhielm², Mattias Strand² (1. Innlandet Hospital Trust, Norway; Umeå University, Sweden (Sweden), 2. Department of Clinical Neuroscience, Karolinska Institutet, Sweden (Sweden))

キーワード : Migration changes and challenges for mental healthcare、Sweden、public mental health and health-promotion model

A brief overview is provided of the situation for mental health support of refugees in Sweden in light of the Swedish cultural context and recent migration changes. A public mental health framework is used for presenting this overview. Sweden has changed from being one of the most generous host countries to one of the most restrictive. Formally, all with residency permits and almost all children have the right to free healthcare. Different rights exist for different migrant classifications. Despite relatively good access to mental healthcare, refugees and other migrant groups face barriers to and challenges within mental healthcare: underuse of psychiatric services during the first decade in Sweden; adults and children are more likely, than the Swedish born population, to be admitted compulsorily for psychiatric disorder; at risk of not receiving adequate treatment following BD diagnosis due to lack of cultural competence in healthcare, economic restraints, as well as community factors, migrant children risk underdiagnosis of various mental health conditions and not receiving optimal care; migrant youth use less mental health services compared to Swedish-born peers. In addition to these consequences for refugees, there are also important consequences for mental health professionals, and for the wider Swedish society. These barriers and challenges identify areas of need for constructing a model that has an emphasis on health-promotion, competency and engagement for those providing and receiving mental healthcare. This is a model for improving access to and quality of mental health care for people on the move at a structural level of a local health care system, a model for improving access to and quality of mental healthcare. One such working model in the Stockholm Region, Transcultural Center, will be presented, focusing on cultural training for mental health and primary care professionals, and health communication in native languages for newcomers.

Symposium | Trauma : [Symposium 64] The long-term effects of the Asia-Pacific War and its transmission across generations in individuals, collectives and societies

2025年9月27日(土) 10:40 ~ 12:10 Session Room 5 (Conference Room A)

[Symposium 64] The long-term effects of the Asia-Pacific War and its transmission across generations in individuals, collectives and societies

Moderator: Koh Eugen (University of Melbourne), Tadashi Takeshima (Taisho University)

[SY-64]

The long-term effects of the Asia-Pacific War and its transmission across generations in individuals, collectives and societies

Koh Eugen², Tadashi Takeshima¹, Shin Kurumizawa³ (1. Taisho University (Japan), 2. University of Melbourne (Australia), 3. Hananotani Clinic (Japan))

[SY-64-01]

The transmission of Second World War Trauma across generations

*Eugen Koh¹ (1. University of Melbourne (Australia))

[SY-64-02]

The Impact of the Asia-Pacific War on Suicide and Mental Health Policy in Japan

*Tadashi Takeshima¹ (1. Taisho University (Japan))

[SY-64-03]

Transgenerational transmission of responsibility of perpetrator

*Shin Kurumizawa¹ (1. Hananotani Clinic (Japan))

Symposium | Trauma : [Symposium 64] The long-term effects of the Asia-Pacific War and its transmission across generations in individuals, collectives and societies

2025年9月27日(土) 10:40 ~ 12:10 Session Room 5 (Conference Room A)

[Symposium 64] The long-term effects of the Asia-Pacific War and its transmission across generations in individuals, collectives and societies

Moderator: Koh Eugen (University of Melbourne), Tadashi Takeshima (Taisho University)

[SY-64] The long-term effects of the Asia-Pacific War and its transmission across generations in individuals, collectives and societies

Koh Eugen², Tadashi Takeshima¹, Shin Kurumizawa³ (1. Taisho University (Japan), 2. University of Melbourne (Australia), 3. Hananotani Clinic (Japan))

キーワード : Asia-Pacific War、transgenerational trauma、long term effects

80 years after it ended, the Asia-Pacific region is still experiencing the long term effects of the war that left some 30 millions dead and many more millions injured. The transmission of the impact of the war over generations in individuals has been conceptualised as transgenerational trauma. Its long-term impact on collectives and society may be conceptualised as cultural trauma, where the way people feel about themselves, behave, and relate to one another as a group has been changed by their shared experience of the War. This symposium is on the long term effects of the Asia-Pacific War and its transmission across generations in individuals and collectives and societies.

Symposium | Trauma : [Symposium 64] The long-term effects of the Asia-Pacific War and its transmission across generations in individuals, collectives and societies

2025年9月27日(土) 10:40 ~ 12:10 Session Room 5 (Conference Room A)

[Symposium 64] The long-term effects of the Asia-Pacific War and its transmission across generations in individuals, collectives and societies

Moderator: Koh Eugen (University of Melbourne), Tadashi Takeshima (Taisho University)

[SY-64-01] The transmission of Second World War Trauma across generations

*Eugen Koh¹ (1. University of Melbourne (Australia))

キーワード : War、Cultural trauma、generations

Even though 80 years and three generations have passed since the end of the Second World War, the long-term effects of that war remain. In individuals, the psychological effects of the trauma of one generation affect the development of their children and grandchildren – we call this phenomenon transgenerational trauma. In groups and society, the impacts are embedded in their social, collective or shared consciousness - which is their culture – causing cultural trauma. *Cultural trauma can be defined as the distortion or destruction to a culture resulting from widely shared experiences that cannot or have not been processed.* These changes affect the behaviour of individuals and large groups, including social institutions and processes, and government policies and operations. The impact of cultural trauma on a country can continue for generations if it remains unexamined and unaddressed. This presentation highlights the potential long-term impacts of the war through cultural trauma and discusses a unique project to address them in Japan, through a series of interdisciplinary symposia involving over a thousand participants over 7 years, and the subsequent formation of the Japanese Society for Interdisciplinary Studies on the Long-Term Effects of War (J-SISLEW).

Symposium | Trauma : [Symposium 64] The long-term effects of the Asia-Pacific War and its transmission across generations in individuals, collectives and societies

2025年9月27日(土) 10:40 ~ 12:10 Session Room 5 (Conference Room A)

[Symposium 64] The long-term effects of the Asia-Pacific War and its transmission across generations in individuals, collectives and societies

Moderator: Koh Eugen (University of Melbourne), Tadashi Takeshima (Taisho University)

[SY-64-02] The Impact of the Asia-Pacific War on Suicide and Mental Health Policy in Japan

*Tadashi Takeshima¹ (1. Taisho University (Japan))

キーワード : suicide、mental hospital bed、Asia-Pacific War、long-term effect、mental health policy

Japan experienced three waves of suicide increase after the Asia-Pacific War. The first wave was around 1955, when suicides among young people who had experienced drastic social changes before and after the war increased sharply. The second wave was around 1985, and the third wave was from 1998 for about a decade. The second and third waves were characterized by a significant increase in suicides among the same generation as the first wave. The first national law regarding mental healthcare in Japan was the Psychiatric Patients Custody Law of 1900. This law permitted private confinement and was inadequate in terms of medical care. To address this, the Mental Hospital Law was enacted in 1919, but many psychiatric patients remained in private confinement. With the outbreak of the Asia-Pacific War, the number of psychiatric beds decreased due to war damage and other factors. After the war, with the approval of the GHQ, the Mental Health Law was enacted in 1950 through a private member's bill, abolishing private confinement and requiring the hospitalization of psychiatric patients in psychiatric hospitals. The 1954 National Survey by the Ministry of Health revealed a severe shortage of psychiatric beds, leading to the establishment of national budgetary provisions for the establishment and operation of psychiatric hospitals, resulting in a rapid increase in mental hospital beds, which is known as the "psychiatric hospital boom," with a sharp increase in the number of hospital beds. The post-war surge in suicide deaths, the rapid increase in mental hospital beds, and the delayed development of community care are all considered to be part of the negative legacy of the Asia-Pacific War. It cannot be denied that the war had a significant impact on mental health policy in Japan.

Symposium | Trauma : [Symposium 64] The long-term effects of the Asia-Pacific War and its transmission across generations in individuals, collectives and societies

2025年9月27日(土) 10:40 ~ 12:10 Session Room 5 (Conference Room A)

[Symposium 64] The long-term effects of the Asia-Pacific War and its transmission across generations in individuals, collectives and societies

Moderator: Koh Eugen (University of Melbourne), Tadashi Takeshima (Taisho University)

[SY-64-03] Transgenerational transmission of responsibility of perpetrator

*Shin Kurumizawa¹ (1. Hananotani Clinic (Japan))

キーワード : cultural trauma、taboos、Transgenerational transmission、responsibility of perpetrator

War is not fought only on the battlefield. Within a nation, any thoughts, feelings, or intentions that interfere with the conduct of war are suppressed as evil and must not be spoken of. Culture is only allowed to conform to the needs of a nation at war, and anything that does not conform is deemed unacceptable and cannot develop. Trauma is encapsulated in its culture, and the taboo of not being able to speak about that trauma perpetuates in it. Even after war ends, if the taboos formed during the war are not resolved, cultural trauma remains and continues to influence the minds of post-war people. This is the transgenerational transmission of cultural trauma. When taboos are touched upon, not only the experiences of victims but also those of perpetrators remain unspoken, contributing to the formation of cultural trauma.

Symposium | Asylum and Mental Disorders : [Symposium 65] Assessment and care for asylum seekers with severe mental health problems

2025年9月27日(土) 10:40 ~ 12:10 Session Room 6 (Conference Room B)

[Symposium 65] Assessment and care for asylum seekers with severe mental health problems

Moderator: Seline van den Ameele (Department of Psychiatry and Medical Psychology, University Hospital Brugmann, Brussels Collaborative Antwerp Psychiatric Research Institute (CAPRI), Antwerp University, Antwerp)

[SY-65]

Assessment and care for asylum seekers with severe mental health problems

Seline van den Ameele^{1,2}, Lukas Claus^{2,3}, Laura Van de Vliet^{5,3}, Sofie Vindevogel⁴ (1. Department of Psychiatry and Medical Psychology, University Hospital Brugmann, Brussels (Belgium), 2. Collaborative Antwerp Psychiatric Research Institute (CAPRI), Antwerp University, Antwerp (Belgium), 3. Psychiatric Hospital Sint-Alexius, Brothers of Charity, Grimbergen (Belgium), 4. EQUALITY ResearchCollective, University of Applied Sciences and Arts HOGENT, Ghent (Belgium), 5. POZAH, Psychiatric Care for Asylum Seekers, Sint-Alexius, Grimbergen (Belgium))

[SY-65-01]

The Voices Not Heard: Asylum seekers' explanatory models of mental illness as elicited by the Cultural Formulation Interview

*Seline van den Ameele^{1,2} (1. Department of Psychiatry and Medical Psychology, University Hospital Brugmann, Brussels (Belgium), 2. Collaborative Antwerp Psychiatric Research Institute (CAPRI), Antwerp University, Antwerp (Belgium))

[SY-65-02]

Value of the CFI in asylum seekers' diagnostic assessment

*Lukas Claus^{1,2} (1. Resident Psychiatrist at Vrije Universiteit Brussel (Brussels, Belgium); (Belgium), 2. PhD researcher CAPRI (Collaborative Antwerp Psychiatric Research Institute), Universiteit Antwerpen (Antwerp, Belgium) (Belgium))

[SY-65-03]

Barriers to mental health care for asylum seekers and how to overcome them: an introduction

*Laura Van de Vliet¹ (1. PZ St. Alexius Grimbergen (Belgium))

[SY-65-04]

Strengthening the frontline workforce to enhance transcultural mental health support in Belgian asylum reception centres.

*Sofie Vindevogel Vindevogel¹, Fayed Alabbas¹, Yasmine Boumahdi¹, Jürgen Magerman¹ (1. University of Applied Sciences and Arts Gent (Belgium))

Symposium | Asylum and Mental Disorders : [Symposium 65] Assessment and care for asylum seekers with severe mental health problems

2025年9月27日(土) 10:40 ~ 12:10 Session Room 6 (Conference Room B)

[Symposium 65] Assessment and care for asylum seekers with severe mental health problems

Moderator: Seline van den Ameele (Department of Psychiatry and Medical Psychology, University Hospital Brugmann, Brussels Collaborative Antwerp Psychiatric Research Institute (CAPRI), Antwerp University, Antwerp)

[SY-65] Assessment and care for asylum seekers with severe mental health problems

Seline van den Ameele^{1,2}, Lukas Claus^{2,3}, Laura Van de Vliet^{5,3}, Sofie Vindevogel⁴ (1. Department of Psychiatry and Medical Psychology, University Hospital Brugmann, Brussels (Belgium), 2. Collaborative Antwerp Psychiatric Research Institute (CAPRI), Antwerp University, Antwerp (Belgium), 3. Psychiatric Hospital Sint-Alexius, Brothers of Charity, Grimbergen (Belgium), 4. EQUALITY ResearchCollective, University of Applied Sciences and Arts HOGENT, Ghent (Belgium), 5. POZAH, Psychiatric Care for Asylum Seekers, Sint-Alexius, Grimbergen (Belgium))

キーワード : Cultural psychiatry、Asylum seekers、Cultural Formulation、Explanatory models、Mental health care

As of mid-2024, 122 million people were forcibly displaced globally, including 8 million asylum seekers. Asylum seekers face numerous risk factors for mental health illness, such as trauma, lack of shelter, uncertainty, and prolonged asylum procedures. Despite the high prevalence of mental health illness, asylum seekers' use of mental health services remains low compared to the need. This may be explained by various barriers, such as limited knowledge of the healthcare system, language barriers, distrust of authority, structural difficulties (financial constraints, precariousness, lack of capacity…), social exclusion, and differing beliefs and expectations about mental health and healthcare. This symposium will explore different interventions to address these barriers. First, we present the results of a research project conducted in Belgium, examining the value of the Cultural Formulation Interview (CFI) in asylum seekers with severe mental health problems. We discuss the explanatory models of asylum seekers' suffering as elicited by the CFI, which provide insights into the very personal narratives of asylum seekers within their difficult current reality and the burden of the past. Secondly, we examine the added value of the CFI in the diagnostic assessment of asylum seekers and explore how it can be integrated in daily care and treatment planning. Based on our findings, we emphasize the need for a more holistic, recovery-oriented approach in order to improve mental health care for asylum seekers. Thirdly, we present a Belgian clinical model that fosters a close collaboration between a psychiatric clinic and the Belgian agency for the reception of asylum seekers. We discuss their mental health care program for asylum seekers as well as their education programs for first-line workers in the asylum reception centres. At last, we demonstrate a recently developed education and intervention program designed together with, and specifically for the staff of the asylum seekers' reception centres.

Symposium | Asylum and Mental Disorders : [Symposium 65] Assessment and care for asylum seekers with severe mental health problems

2025年9月27日(土) 10:40 ~ 12:10 Session Room 6 (Conference Room B)

[Symposium 65] Assessment and care for asylum seekers with severe mental health problems

Moderator: Seline van den Ameele (Department of Psychiatry and Medical Psychology, University Hospital Brugmann, Brussels Collaborative Antwerp Psychiatric Research Institute (CAPRI), Antwerp University, Antwerp)

[SY-65-01] The Voices Not Heard: Asylum seekers' explanatory models of mental illness as elicited by the Cultural Formulation Interview

*Seline van den Ameele^{1,2} (1. Department of Psychiatry and Medical Psychology, University Hospital Brugmann, Brussels (Belgium), 2. Collaborative Antwerp Psychiatric Research Institute (CAPRI), Antwerp University, Antwerp (Belgium))

キーワード : Cultural psychiatry、Asylum seekers、Cultural Formulation、Explanatory models

Despite the high prevalence of mental health problems among asylum seekers, they often face barriers to accessing mental healthcare. Lack of understanding of asylum seekers' explanatory models of mental illness appears to be an important barrier. A better understanding of these explanatory models is crucial for ensuring the inclusion of asylum seekers in healthcare services. The Cultural Formulation Interview (CFI) might help to explore asylum seekers' explanatory models of mental illness. Based on the results of a research project conducted in Belgium (the ASCOMH-study), we discuss the explanatory models of asylum seekers' mental illness as elicited by the CFI. By a thematic analysis, three core themes characterising asylum seekers' explanatory models were identified: a burden of the past, a disenabling current reality, and a personal position and individual experience. The interplay among pre-, peri- and post-migration experiences, having a continuous impact on asylum seekers' mental health, was highlighted by the themes 'a burden of the past', and 'a disenabling current reality'. The theme 'a personal position and individual experience' involved a very diverse and individual idiom of distress. Participants described a suffering that exceeded their mental capacities, that affected their sense of self, and social relations. Our findings show how the CFI can help asylum seekers and clinical caregivers to improve the understanding of the suffering of asylum seekers in a personal and context-sensitive way. By eliciting the personal idioms of distress, interventions can emerge from asylum seekers' strengths and capacities within their current challenging context.

Symposium | Asylum and Mental Disorders : [Symposium 65] Assessment and care for asylum seekers with severe mental health problems

2025年9月27日(土) 10:40 ~ 12:10 Session Room 6 (Conference Room B)

[Symposium 65] Assessment and care for asylum seekers with severe mental health problems

Moderator: Seline van den Ameele (Department of Psychiatry and Medical Psychology, University Hospital Brugmann, Brussels Collaborative Antwerp Psychiatric Research Institute (CAPRI), Antwerp University, Antwerp)

[SY-65-02] Value of the CFI in asylum seekers' diagnostic assessment

*Lukas Claus^{1,2} (1. Resident Psychiatrist at Vrije Universiteit Brussel (Brussels, Belgium); (Belgium), 2. PhD researcher CAPRI (Collaborative Antwerp Psychiatric Research Institute), Universiteit Antwerpen (Antwerp, Belgium) (Belgium))

キーワード : Cultural Formulation Interview、Asylum Seekers、Diagnostic Assessment

Asylum seekers face significant mental health challenges and are at increased risk of misdiagnosis. The Cultural Formulation Interview (CFI) has been proposed to enhance cultural sensitivity in mental health care, but its application in asylum seekers and its impact on clinical outcomes remain largely unexplored. Therefore, we conducted a study on the use of the CFI in asylum seekers. In this presentation, we will present our results on the value of the CFI in asylum seekers' diagnostic assessment. First, this presentation will demonstrate the CFI's impact on diagnostic outcomes. We observed significant shifts away from diagnoses of psychotic and depressive disorders, with those symptoms being recontextualized as trauma- and stressor-related disorders. We also found an increase in cases classified as having no psychopathology or conditions outside of traditional DSM categories, including grief. The CFI led to diagnoses being confirmed, changed, or narrowed, each in about one-third of cases. Second, qualitative analysis revealed four key themes demonstrating the CFI's value. It allowed a more profound understanding of personal suffering. The CFI also clarified the role of individual context in suffering, including traumatic life events, migration experiences, and current difficulties. Furthermore, it provided insight into the social context of asylum seekers' problems, such as family separation and loneliness. Lastly, the CFI offered a perspective on participants' strengths, coping strategies, and therapeutic needs. This presentation will demonstrate how the CFI facilitates a more holistic, recovery-oriented approach and prompts conceptual reflections on psychopathology in asylum seekers. We will finally discuss the CFI's potential for broader clinical implementation and emphasize the need for comprehensive training that focuses on sensitivity for context-specific suffering, trauma, and migration.

Symposium | Asylum and Mental Disorders : [Symposium 65] Assessment and care for asylum seekers with severe mental health problems

2025年9月27日(土) 10:40 ~ 12:10 Session Room 6 (Conference Room B)

[Symposium 65] Assessment and care for asylum seekers with severe mental health problems

Moderator: Seline van den Ameele (Department of Psychiatry and Medical Psychology, University Hospital Brugmann, Brussels Collaborative Antwerp Psychiatric Research Institute (CAPRI), Antwerp University, Antwerp)

[SY-65-03] Barriers to mental health care for asylum seekers and how to overcome them: an introduction

*Laura Van de Vliet¹ (1. PZ St. Alexius Grimbergen (Belgium))

キーワード : Cultural psychiatry、Asylum seekers、Mental healthcare

The number of forcibly displaced people has been increasing progressively in recent years. In 2024 there were 8.4 million asylum seekers among the 123.2 million forcibly displaced people worldwide. Refugees and asylum seekers often have to cope with traumatic events such as conflict, loss or separation from family, life-threatening migration journeys and lengthy asylum procedures during their migration experience. A sizable proportion are therefore at risk of developing psychological symptoms and major mental illness. A recent meta-analysis reports high prevalence rates of psychiatric problems among asylum seekers, with 25,5% of post-traumatic stress disorder (PTSD) and 30,1% of depression. Despite the high prevalence of mental health illness, asylum seekers' use of mental health services remains low. A notion of possible barriers to mental health care for asylum seekers is therefore necessary. Based on a literature review, we structured the barriers to mental health care for asylum seekers around following 6 central themes: "lack of knowledge of the healthcare system and healthcare rights", "language barriers", "expressions of psychological distress and illness explanations", "expectations about therapeutic relationship and treatment", "lack of trust and stigma", "structural difficulties". In order to overcome those barriers we developed a clinical model that fosters a close collaboration between a psychiatric clinic and the Belgian agency for the reception of asylum seekers. Hence, we provide psychiatric care for asylum seekers with severe mental illness through both in- and outpatient settings. We don't look for a one-size-fits all approach, but we adapt our care to the unique person and his or her needs. In addition we coach teams working in regular psychiatric care settings as well as in asylum centers in how to deal with these severe mental health conditions in a culturally sensitive way.

Symposium | Asylum and Mental Disorders : [Symposium 65] Assessment and care for asylum seekers with severe mental health problems

2025年9月27日(土) 10:40 ~ 12:10 Session Room 6 (Conference Room B)

[Symposium 65] Assessment and care for asylum seekers with severe mental health problems

Moderator: Seline van den Ameele (Department of Psychiatry and Medical Psychology, University Hospital Brugmann, Brussels Collaborative Antwerp Psychiatric Research Institute (CAPRI), Antwerp University, Antwerp)

[SY-65-04] Strengthening the frontline workforce to enhance transcultural mental health support in Belgian asylum reception centres.

*Sofie Vindevogel Vindevogel¹, Fayed Alabbas¹, Yasmine Boumahdi¹, Jürgen Magerman¹ (1. University of Applied Sciences and Arts Gent (Belgium))

キーワード : asylum seekers、mental health、frontline workers、capacity building、reception network

International frameworks on mental health and psychosocial support (MHPSS) highlight the critical role of basic psychosocial care provided by non-specialised staff as a foundation for mental health promotion. In asylum reception centres, this positions frontline workers as key actors in observing, identifying and responding to residents' mental health needs. Yet in practice, MHPSS is mostly outsourced to specialised professionals, which leaves the potential of frontline staff under-leveraged. This presentation draws on an applied research project on MHPSS in Belgian asylum reception centres. It commences with findings from a large-scale survey and qualitative interviews with staff across the reception network, exploring their existing competences, perceived training needs, and preferred learning modalities related to MHPSS. Building on these insights, the presentation outlines a participatory approach to strengthening MHPSS capacity, showing how the training needs assessment—combined with the experiential knowledge of residents—led to the co-design of an e-learning and interview programme tailored to the multidisciplinary teams in the sector. It further underscores the importance of organisational scaffolding to support the integration of newly acquired competences into daily practice, emphasising the need to address both individual capacity and the institutional conditions in which staff operate. By integrating insights from research and practice, the presentation offers actionable pathways to foster sustainable ecosystems of mental health care for people navigating displacement and asylum in host countries.

Symposium | AI&IT : [Symposium 66] Digital Frontiers in Psychiatry: Innovative Approaches from Asia

2025年9月27日(土) 14:10 ~ 15:40 Session Room 2 (Main Hall B)

[Symposium 66] Digital Frontiers in Psychiatry: Innovative Approaches from Asia

Moderator: Taishiro Kishimoto (Keio University School of Medicine)

[SY-66]

Digital Frontiers in Psychiatry: Innovative Approaches from Asia

Taishiro Kishimoto¹, Hwa-Young Lee², Hsin-An Chang³, Hironobu Nakamura⁴ (1. Keio University School of Medicine (Japan), 2. Soonchunhyang University Hospital (Korea), 3. Tri-Service General Hospital (Taiwan), 4. Institute of Science Tokyo (Japan))

[SY-66-01]

Development of software as a medical device for depression screening

*Taishiro Kishimoto¹ (1. Keio University School of Medicine (Japan))

[SY-66-02]

AIOT (AI+IOT) based prediction system for suicide/aggressive behavior in psychiatric wards

*Hwa-Young Lee¹ (1. Soonchunhyang University Cheonan Hospital (Korea))

[SY-66-03]

Diagnosing and Treating Major Depressive Disorder Using EEG-Based Machine Learning

*Hsin-An Chang¹, Yi-Hung Liu² (1. Department of Psychiatry, Tri-Service General Hospital, National Defense Medical Center, Taipei (Taiwan), 2. Institute of Electrical and Control Engineering, National Yang Ming Chiao Tung University, Hsinchu (Taiwan))

Symposium | AI&IT : [Symposium 66] Digital Frontiers in Psychiatry: Innovative Approaches from Asia

2025年9月27日(土) 14:10 ~ 15:40 Session Room 2 (Main Hall B)

[Symposium 66] Digital Frontiers in Psychiatry: Innovative Approaches from Asia

Moderator: Taishiro Kishimoto (Keio University School of Medicine)

[SY-66] Digital Frontiers in Psychiatry: Innovative Approaches from Asia

Taishiro Kishimoto¹, Hwa-Young Lee², Hsin-An Chang³, Hironobu Nakamura⁴ (1. Keio University School of Medicine (Japan), 2. Soonchunhyang University Hospital (Korea), 3. Tri-Service General Hospital (Taiwan), 4. Institute of Science Tokyo (Japan))

キーワード : digital technology、AI、prediction

Information and communication technology advancement has significantly transformed our daily lives, making them more convenient. This evolution has also impacted the field of psychiatry, where clinical practices are undergoing remarkable changes. Innovations such as telemedicine, hospital system support, prognosis prediction, diagnostic assistance, and app-based therapies are reshaping the landscape. This symposium will focus on cutting-edge initiatives in psychiatry across Asia that leverage digital technologies. Each presenter will share insights into their notable achievements. Dr. Kishimoto will open the symposium by summarizing the applications of digital technology in psychiatry and presenting the development of a wearable wristband device for depression screening. Dr. Chang will discuss EEG-based diagnostic technologies for depression, while Dr. Nakamura will present quantitative techniques for assessing schizophrenia symptoms using natural language processing. Dr. Lee will introduce a system designed for predicting suicide and aggressive behaviors in psychiatric wards.

Symposium | AI&IT : [Symposium 66] Digital Frontiers in Psychiatry: Innovative Approaches from Asia

2025年9月27日(土) 14:10 ~ 15:40 Session Room 2 (Main Hall B)

[Symposium 66] Digital Frontiers in Psychiatry: Innovative Approaches from Asia

Moderator: Taishiro Kishimoto (Keio University School of Medicine)

[SY-66-01] Development of software as a medical device for depression screening

*Taishiro Kishimoto¹ (1. Keio University School of Medicine (Japan))

キーワード : depression、AI、wearable device

Background: Few biomarkers can be used clinically to diagnose and assess the severity of depression. However, a decrease in activity and sleep efficiency is often observed in depressed patients. In addition, autonomic nerve symptoms, such as changes in heart rate variability, can be used to distinguish depressed patients from healthy people; these parameters can be used to improve diagnostic accuracy.

Method: Patients with depressive symptoms and healthy subjects are asked to wear a wristband-type wearable device for 7 days and data on triaxial acceleration, pulse rate, skin temperature, and ultraviolet light are collected. On the seventh day of wearing, clinical assessments are conducted using Structured Clinical Interview for DSM-5 (SCID-5), Hamilton Depression Rating Scale (HAMD), and other scales. Using wearable device data associated with clinical symptoms as supervisory data, a machine learning model capable of identifying the presence or absence of depressive episodes and predicting the HAMD scores is developed.

Results: As of November 2024, over 800 data sets were collected from approximately 250 subjects.

Conclusion: Data from the pilot study of this study (86 subjects) showed a screening accuracy of 76% for depression identification. While there is room for improvement, the results indicate that screening and severity assessment of depression can be performed at a certain level using wearable devices.

Symposium | AI&IT : [Symposium 66] Digital Frontiers in Psychiatry: Innovative Approaches from Asia

2025年9月27日(土) 14:10 ~ 15:40 Session Room 2 (Main Hall B)

[Symposium 66] Digital Frontiers in Psychiatry: Innovative Approaches from Asia

Moderator: Taishiro Kishimoto (Keio University School of Medicine)

[SY-66-02] AIOT (AI+IOT) based prediction system for suicide/aggressive behavior in psychiatric wards

*Hwa-Young Lee Lee¹ (1. Soonchunhyang University Cheonan Hospital (Korea))

キーワード : AI、IOT、suicide、Aggression

Objective: Aggression is a psychiatric emergency and predicting it in psychiatric inpatients enhances the efficacy and safety of patient management. We established a real-time vital sign monitoring system based on AIoT technology in the psychiatric ward and compiled a collection of clinical scales to predict and evaluate aggression in hospitalized patients.

Methods: Existing scales were comprehensively reviewed to select items for a set of clinical scales that could predict a crisis that immediately preceded aggressive behavior. The work is based on an understanding of how aggressive behavior develops, and the contributory factors. To establish a ward environment based on AIoT technology, a monitoring dashboard, vision sensors, and object interaction sensors were implemented.

Results: Seven clinical scales, including the Nurses' Global Assessment of Suicide Risk, the Positive and Negative Syndrome Scale (PANSS), the Modified Overt Aggression Scale (MOAS), the Inpatient Aggression Prediction Scale, the Broset Violence Checklist (BVC), the Staff Observation Aggression Scale-Revised (SOAS-R), and the State-Trait Anger Expression Inventory (STAXI), were used in the aggression monitoring protocol. Among all modalities, vision-based monitoring showed the highest predictive response (68.8%), followed by clinical assessments (53%).

Conclusion: The establishment of a ward environment utilizing AIoT technology to enable the early prediction of aggression/suicide in psychiatric inpatients is anticipated to aid in creating a safer ward environment through further refinement processes.

Symposium | AI&IT : [Symposium 66] Digital Frontiers in Psychiatry: Innovative Approaches from Asia

2025年9月27日(土) 14:10 ~ 15:40 Session Room 2 (Main Hall B)

[Symposium 66] Digital Frontiers in Psychiatry: Innovative Approaches from Asia

Moderator: Taishiro Kishimoto (Keio University School of Medicine)

[SY-66-03] Diagnosing and Treating Major Depressive Disorder Using EEG-Based Machine Learning

*Hsin-An Chang¹, Yi-Hung Liu² (1. Department of Psychiatry, Tri-Service General Hospital, National Defense Medical Center, Taipei (Taiwan), 2. Institute of Electrical and Control Engineering, National Yang Ming Chiao Tung University, Hsinchu (Taiwan))

キーワード : Major depressive disorder、EEG、Machine learning

Electroencephalography is a widely used research and clinical tool to monitor and record the electrical activity of the brain – the electroencephalogram (EEG). Machine learning algorithms have been developed to extract features from the EEG to identify various brain states from different neuropsychiatric disorders. Major depressive disorder (MDD) is a leading mental disorder worldwide. According to the World Health Organization, the annual global economic impact of depression is estimated at \$1 trillion and is projected to be the leading cause of disability by 2020. Nowadays, the role of artificial intelligence in efforts to diagnose and treat MDD is getting more and more important. A growing body of research aims to better predict, diagnose, and treat MDD by using EEG-based machine learning as a potential solution. Our research team aims to explore the role of EEG-based machine learning in supporting depression diagnosis and treatment response prediction. We previously used EEG-based machine learning model to classify MDD patients versus healthy controls with acceptable accuracy. We subsequently used the combination of EEG-based machine learning plus self-reported depression severity to predict MDD patients with suicidal risks. In real-world observational studies, we tested the performance of the models of machine learning trained from the resting-state EEG data at baseline to predict treatment response to either 8-week antidepressant treatment in MDD patients or 30-session repetitive transcranial magnetic stimulation (rTMS) in treatment-resistant MDD patients. The results showed that specific machine learning classifiers can effectively predict treatment response in these patients. EEG-based machine learning shows substantial promise in the diagnosis and management of depression. However, the applications of EEG-based machine learning require further validation before they can be relied upon as diagnostic tools or a biomarker to predict treatment response.

Symposium | Community care : [Symposium 67] De-hospitalization and community psychiatry-1. Human Rights

2025年9月27日(土) 14:10 ~ 15:40 Session Room 3 (Large Hall A)

[Symposium 67] De-hospitalization and community psychiatry-1. Human Rights

Moderator: Yuka Kudo (Gunma Hospital)

[SY-67]

De-hospitalization and community psychiatry-1. Human Rights

Kazuo Okuma, Vittorio De Luca⁶, Donato Zupin^{4,2,7,8}, Goffredo Bartocci^{2,7,8}, Yoshikazu Ikehara³, Yuka Kudo^{1,5} (1. Keio University (Japan), 2. Italian Institute of Transcultural Mental Health (Italy), 3. Tokyo Advocacy Law Office (Japan), 4. Mental Health Area – WHO Collaborative Center, ASUGI (Italy), 5. Gunma Hospital (Japan), 6. ASL ROMA5, Psychiatric Emergency Inward Monterotondo (RM) (Italy), 7. World Association of Cultural Psychiatry (Italy), 8. Transcultural Psychiatry Section, Italian Society of Psychiatry (Italy))

[SY-67-01]

Deinstitutionalization & human rights in emergency psychiatry in Italy

*Vittorio De Luca^{1,2,3}, Silvia Gubbini¹ (1. ASL RM5, Monterotondo (RM) (Italy), 2. Istituto Italiano di Igiene Mentale Transculturale (IMT) (Italy), 3. Istituto di Ricerche Europee in Psicoterapia Psicoanalitica (IREP) (Italy))

[SY-67-02]

Deinstitutionalization in Italy: the Trieste model and its complex cultural path to human and social rights

*Donato Zupin^{2,3,4,1}, *Goffredo Bartocci^{2,3,4} (1. DDSM - Mental Health Area-WHO Collaborative Center, ASUGI. Psychiatrist (Italy), 2. Italian Institute of Transcultural Mental Health (Italy), 3. Transcultural Psychiatry Section, Italian Society of Psychiatry (Italy), 4. World Association of Cultural Psychiatry (Italy))

[SY-67-03]

Roadmap to abolish involuntary hospitalizations and restore the dignity of persons with psychosocial disabilities by Japan Federation of Bar Associations

*Yoshikazu Ikehara¹ (1. Tokyo Advocacy Law Office (Japan))

Symposium | Community care : [Symposium 67] De-hospitalization and community psychiatry-1. Human Rights

2025年9月27日(土) 14:10 ~ 15:40 Session Room 3 (Large Hall A)

[Symposium 67] De-hospitalization and community psychiatry-1. Human Rights

Moderator: Yuka Kudo (Gunma Hospital)

[SY-67] De-hospitalization and community psychiatry-1. Human Rights

Kazuo Okuma, Vittorio De Luca⁶, Donato Zupin^{4,2,7,8}, Goffredo Bartocci^{2,7,8}, Yoshikazu Ikehara³, Yuka Kudo^{1,5} (1. Keio University (Japan), 2. Italian Institute of Transcultural Mental Health (Italy), 3. Tokyo Advocacy Law Office (Japan), 4. Mental Health Area – WHO Collaborative Center, ASUGI (Italy), 5. Gunma Hospital (Japan), 6. ASL ROMA5, Psychiatric Emergency Inward Monterotondo (RM) (Italy), 7. World Association of Cultural Psychiatry (Italy), 8. Transcultural Psychiatry Section, Italian Society of Psychiatry (Italy))

キーワード : Community psychiatry、Coercive practice、Recovery-approach

WHO's guidance on community mental health services, "Promoting people-centred and rights-based approaches," calls for a focus on expanding community-based mental health services that promote people-centred, recovery-oriented and rights-based health services. However, in many countries, including Japan, services rely too heavily on the biomedical model, with care focused on diagnosis, medication and symptom relief, overlooking various social determinants that affect people's mental health. In this symposium, legendary journalist Kazuo Okuma, who infiltrated a psychiatric hospital more than half a century ago by disguising himself as an alcoholic and publishing "Reportage: Psychiatric Ward," will talk about why Japan's psychiatric care has not changed in more than half a century and introduce the film he created, "The Road to Breaking Away from Psychiatric Hospitals." Afterwards, we will hear from psychiatrists from Italy, a country that has abolished psychiatric hospitals. Dr Vittorio De Luca will present the process of affirming human rights within psychiatric emergency settings and inpatient psychiatric facilities. Dr Donato Zupin and Goffredo Bartocci will focus on the history of the deinstitutionalization movement that led to the development of the community mental health system in Trieste, and the socio-cultural factors that made it possible. And finally, Yoshikazu Ikehara, a lawyer who has been working to abolish involuntary hospitalization at the Japan Federation of Bar Associations, will talk about the roadmap for abolishing involuntary hospitalization. Yoshikazu aims to bring together people who are seeking non-coercive mental health care, and to create a culture that not only reforms the law but also protects the human rights of those in vulnerable positions. The purpose of this symposium is for each participant to deepen their understanding of the WHO's best practices of "respect for legal capacity," "non-coercive practice," "co-production," "community inclusion," and "recovery approaches," and to consider how they can be put into practice in their own communities.

Symposium | Community care : [Symposium 67] De-hospitalization and community psychiatry-1. Human Rights

2025年9月27日(土) 14:10 ~ 15:40 Session Room 3 (Large Hall A)

[Symposium 67] De-hospitalization and community psychiatry-1. Human Rights

Moderator: Yuka Kudo (Gunma Hospital)

[SY-67-01] Deinstitutionalization & human rights in emergency psychiatry in Italy

*Vittorio De Luca^{1,2,3}, Silvia Gubbini¹ (1. ASL RM5, Monterotondo (RM) (Italy), 2. Istituto Italiano di Igiene Mentale Transculturale (IMT) (Italy), 3. Istituto di Ricerche Europee in Psicoterapia Psicoanalitica (IREP) (Italy))

キーワード : Deinstitutionalisation in Italy、Emergency psychiatry、Forensic psychiatry hospitals

The authors will present the process of affirming human rights within psychiatric emergency settings and inpatient psychiatric facilities, taking into account the cultural challenges arising from the closure of psychiatric hospitals in Italy. Particular attention will be given to both the legal and cultural foundations of current hospitalization practices, as well as the challenges posed by the reduction—and, in some contexts, the elimination—of coercive measures. The presentation will also address the cultural impact that the closure of forensic psychiatric hospitals has had on public discourse and current case law, along with the challenges that lie ahead, from the point of view of emergency psychiatry.

Symposium | Community care : [Symposium 67] De-hospitalization and community psychiatry-1. Human Rights

2025年9月27日(土) 14:10 ~ 15:40 Session Room 3 (Large Hall A)

[Symposium 67] De-hospitalization and community psychiatry-1. Human Rights

Moderator: Yuka Kudo (Gunma Hospital)

[SY-67-02] Deinstitutionalization in Italy: the Trieste model and its complex cultural path to human and social rights

*Donato Zupin^{2,3,4,1}, *Goffredo Bartocci^{2,3,4} (1. DDSM - Mental Health Area-WHO Collaborative Center, ASUGI. Psychiatrist (Italy), 2. Italian Institute of Transcultural Mental Health (Italy), 3. Transcultural Psychiatry Section, Italian Society of Psychiatry (Italy), 4. World Association of Cultural Psychiatry (Italy))

キーワード : Deinstitutionalization、Human and Social Rights、Cultural psychiatry、Community mental health

The process of deinstitutionalization in Italy represents one of the most radical reforms in the history of mental health care. Beginning in the early 1970s and culminating in the Mental Health Act (Law 180) of 1978, the Italian movement was not only a clinical and organizational revolution, but also a profound socio-cultural shift. Trieste (Italy) became the most emblematic example of this transformation, where the psychiatrist Franco Basaglia, as the spokesperson for a broader movement of radical critique of psychiatry, helped shape a 'freedom-first' approach to care, grounded in human rights, social inclusion, and community-based services. This presentation will explore the specific historical, cultural, and social factors that enabled such a radical transformation in Trieste. The success of deinstitutionalization was not merely a result of legislative change, but of a broader cultural movement that redefined the relationship between mental health services and civil society. Factors such as local governance, grassroots activism, and a commitment to social rights were crucial in creating an environment where a no-restraint, open-door model could thrive. At the same time, the Italian experience highlights the inherent challenges of sustaining a rights-based approach within shifting political, economic, and institutional landscapes. The presentation will reflect on how social rights—such as access to housing, work, and social participation—are essential to making human rights a concrete reality for people with mental health conditions. By examining the Trieste model within its historical and socio-cultural context, this contribution aims to offer a critical reflection on how the principles of deinstitutionalization can be implemented, maintained, and adapted in diverse global settings.

Symposium | Community care : [Symposium 67] De-hospitalization and community psychiatry-1. Human Rights

2025年9月27日(土) 14:10 ~ 15:40 Session Room 3 (Large Hall A)

[Symposium 67] De-hospitalization and community psychiatry-1. Human Rights

Moderator: Yuka Kudo (Gunma Hospital)

[SY-67-03] Roadmap to abolish involuntary hospitalizations and restore the dignity of persons with psychosocial disabilities by Japan Federation of Bar Associations

*Yoshikazu Ikehara¹ (1. Tokyo Advocacy Law Office (Japan))

キーワード : de-institutionalization、involuntary hospitalization、the Convention on the Rights of Persons with Disabilities、biomedical reductionism、roadmap

The features of the mental health system in Japan include huge numbers and long-term inpatients, and heavy use of medication and coercive measures compared with other OECD countries. It can be said that de-institutionalization has not begun yet, and mainstream mental health depends on biomedical reductionism. Italy and Japan seem to be upside-down. Japan ratified the Convention on the Rights of Persons with Disabilities in 2014. Japan Federation of Bar Associations adapted the resolution to abolish involuntary hospitalizations and restore the dignity of persons with psychosocial disabilities in line with the CRPD, and organized a task force to make it a reality. Our task force has developed a roadmap to achieve our goal, as required by the CRPD. Abolishing involuntary hospitalizations, promoting de-institutionalization, and protecting community living for persons with psychosocial disabilities cannot be accomplished overnight. We aim to reach a final stage by 2035, twenty years after the ratification of the CRPD. Some psychiatrists criticize JFBA's opinion, and the CRPD does not understand psychiatry. Now that WHO recommends rights-based, community-based, person-centered, and recovery-oriented mental health reform in line with the CRPD and proposes a holistic approach that embraces all social determinants, the requirements of human rights and mental health are consistent. Discussions on these controversial issues in Japan to date have been limited to theories. People who look in the same direction but have different opinions about how far they will reach have not started and walked partway together. They have spent all their time just discussing which goal is right. However, unfortunately, almost none of us have experienced a situation where there have not been vast numbers of psychiatric beds because we have kept those numbers of beds for over fifty years. Now is the time to start walking together based on the roadmap.

Symposium | Trauma : [Symposium 68] Rethinking Trauma: Cultural Models of Care Across Clinical Practice and Treatment Systems

2025年9月27日(土) 14:10 ~ 15:40 Session Room 4 (Large Hall B)

[Symposium 68] Rethinking Trauma: Cultural Models of Care Across Clinical Practice and Treatment Systems

Moderator: Selim G. Atici (Princeton University and University of Tokyo), Junko Kitanaka (The Department of Human Sciences at Keio University in Tokyo) Discussant: Laurence J. Kirmayer (McGill University)
Discussant: Laurence J. Kirmayer (McGill University)

[SY-68]

Rethinking Trauma: Cultural Models of Care Across Clinical Practice and Treatment Systems

Jessica Carlsson¹, Charlotte Sonne¹, Naoko Miyaji², Selim G. Atici^{3,4}, Laurence Kirmayer⁵ (1. University of Copenhagen (Denmark), 2. Hitotsubashi University (Japan), 3. Princeton University (United States of America), 4. University of Tokyo (Japan), 5. McGill University (Canada))

[SY-68-01]

Comparative Analysis of Post-Traumatic Stress Disorder and Complex Post-Traumatic Stress Disorder utilizing the International Trauma Interview Across Three Distinct Trauma-Affected populations: Veterans, Civilians, and Refugees

*Jessica Mariana Carlsson Lohmann^{1,3,4}, Hinuga Sandahl^{1,3,4}, Sofie Folke², Erik Vindbjerg¹, Maja Bruhn^{1,4} (1. Competence Centre for Transcultural Psychiatry, Mental Health Centre Ballerup (Denmark), 2. Department of Military Psychology, Danish Veterans Centre, Copenhagen, Denmark (Denmark), 3. Centre for Culture and the Mind, University of Copenhagen (Denmark), 4. Faculty of Health and Medical Science, University of Copenhagen (Denmark))

[SY-68-02]

Integrating research in the treatment of trauma-related disorders in a transcultural context

*Charlotte Sonne¹ (1. Competence center for Transcultural Psychiatry (CTP), Denmark (Denmark))

[SY-68-03]

Trauma Island: Listening to Silenced Voices

*Naoko Miyaji¹ (1. Hitotsubashi University (Japan))

[SY-68-04]

Medico-Legal Recognition of Trauma for Asylum-Seeking Immigrants in Japan

*Selim Gokce Atici^{1,2} (1. University of Tokyo (Japan), 2. Princeton University (United States of America))

Symposium | Trauma : [Symposium 68] Rethinking Trauma: Cultural Models of Care Across Clinical Practice and Treatment Systems

2025年9月27日(土) 14:10 ~ 15:40 Session Room 4 (Large Hall B)

[Symposium 68] Rethinking Trauma: Cultural Models of Care Across Clinical Practice and Treatment Systems

Moderator: Selim G. Atici (Princeton University and University of Tokyo), Junko Kitanaka (The Department of Human Sciences at Keio University in Tokyo) Discussant: Laurence J. Kirmayer (McGill University)
Discussant: Laurence J. Kirmayer (McGill University)

[SY-68] Rethinking Trauma: Cultural Models of Care Across Clinical Practice and Treatment Systems

Jessica Carlsson¹, Charlotte Sonne¹, Naoko Miyaji², Selim G. Atici^{3,4}, Laurence Kirmayer⁵ (1. University of Copenhagen (Denmark), 2. Hitotsubashi University (Japan), 3. Princeton University (United States of America), 4. University of Tokyo (Japan), 5. McGill University (Canada))

This panel brings together clinical psychiatrists and social scientists in dialogue on emerging practices for understanding and treating trauma in its cultural, migratory, and gendered dimensions. The complexities of providing trauma care within diverse settings—particularly for refugees and asylum seekers—highlight the need for culturally competent clinical interventions and research on treatment effectiveness. However, models of trauma and clinical pathways often struggle to keep pace with new insights arising from cross-cultural contexts and rapidly shifting migratory realities. A key focus of the panel is how medical practitioners and mental health professionals address the gaps between existing cultural frameworks of trauma and the institutional protocols that shape conditions of care. By drawing on clinical and experiential data, we aim to showcase how diverse actors adapt and reinterpret standard trauma models, thereby revealing specific iterations and contested nature of cultural competency.

Panelists are invited to discuss their clinical accounts and share perspectives on how definitions of trauma are formed, recognized, and sometimes reconfigured through interactions that bridge legal, medical, and cross-cultural domains. Knowledge generated in practice can both advance and complicate understandings of trauma and its manifestations in co-morbidities. We explore how emergent cultural and geographic mobilities intersect with different health systems to reshape trauma experiences, with potential challenges and transformations to clinical practice.

Symposium | Trauma : [Symposium 68] Rethinking Trauma: Cultural Models of Care Across Clinical Practice and Treatment Systems

2025年9月27日(土) 14:10 ~ 15:40 Session Room 4 (Large Hall B)

[Symposium 68] Rethinking Trauma: Cultural Models of Care Across Clinical Practice and Treatment Systems

Moderator: Selim G. Atici (Princeton University and University of Tokyo), Junko Kitanaka (The Department of Human Sciences at Keio University in Tokyo) Discussant: Laurence J. Kirmayer (McGill University)
Discussant: Laurence J. Kirmayer (McGill University)

[SY-68-01] Comparative Analysis of Post-Traumatic Stress Disorder and Complex Post-Traumatic Stress Disorder utilizing the International Trauma Interview Across Three Distinct Trauma-Affected populations: Veterans, Civilians, and Refugees

*Jessica Mariana Carlsson Lohmann^{1,3,4}, Hinuga Sandahl^{1,3,4}, Sofie Folke², Erik Vindbjerg¹, Maja Bruhn^{1,4} (1. Competence Centre for Transcultural Psychiatry, Mental Health Centre Ballerup (Denmark), 2. Department of Military Psychology, Danish Veterans Centre, Copenhagen, Denmark (Denmark), 3. Centre for Culture and the Mind, University of Copenhagen (Denmark), 4. Faculty of Health and Medical Science, University of Copenhagen (Denmark))

キーワード : PTSD、Culture、refugee、veteran

The prevalence and severity of Post-Traumatic Stress Disorder (PTSD) and Complex Post-Traumatic Stress Disorder (CPTSD) vary across distinct trauma-affected populations. This study compared veterans (N=123), civilians (N=49), and refugees (N=33) regarding the prevalence and severity of ICD-11 PTSD and CPTSD, assessed using the International Trauma Interview (ITI), alongside trauma history and well-being (WHO-5). Preliminary findings indicate that 65% of veterans meet CPTSD criteria, compared to 69% of civilians and 52% of refugees, while 14%, 25%, and 27% meet PTSD criteria, respectively. Civilians with CPTSD scored significantly lower on 'Disturbances in self-organization' symptoms compared to veterans with CPTSD ($p=0.0198$) and refugees with CPTSD ($p=0.0472$), but higher on PTSD symptoms compared to veterans ($p=0.0228$). When comparing overall well-being, refugees had the lowest score, although this difference was not statistically significant ($p=0.0873$). Furthermore, notable demographic differences were observed, with the veteran population predominantly male, the civilian population primarily female, and the refugee population exhibiting a mixed sex composition. Primary trauma types for veterans and refugees were combat-related, whereas civilians most frequently reported sexual assault. This comparative analysis seeks to elucidate and discuss the complex impacts of trauma across these populations. The presentation will discuss how to offer culturally competent clinical interventions across trauma-affected populations.

Symposium | Trauma : [Symposium 68] Rethinking Trauma: Cultural Models of Care Across Clinical Practice and Treatment Systems

2025年9月27日(土) 14:10 ~ 15:40 Session Room 4 (Large Hall B)

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Discussant: Laurence J. Kirmayer (McGill University)

[SY-68-02] Integrating research in the treatment of trauma-related disorders in a transcultural context

*Charlotte Sonne¹ (1. Competence center for Transcultural Psychiatry (CTP), Denmark (Denmark))

キーワード : Transcultural psychiatry、Refugee、Research

Although more treatment outcome studies for trauma-affected refugees have been published in recent years, many remain limited in design and quality. This scarcity of robust data likely reflects a combination of methodological challenges inherent in conducting research within transcultural settings, difficulties in fostering effective interdisciplinary collaboration between researchers and clinical staff, as well as a lack of resources to support larger-scale studies.

The Treatment and Research Integrated Model (TRIM), developed at the Competence Centre for Transcultural Psychiatry (CTP) in Denmark, has gained international attention for its simple yet structured approach to optimizing the use of clinical data for research purposes. The primary goal of TRIM is to engage all personnel in generating high-quality research data while minimizing additional costs and time commitments. While treatment programs at CTP are based in manuals adapted to the patient population, TRIM promotes a continuous improvement of the treatment delivered on an evidence base.

This presentation outlines the rationale behind TRIM, demonstrating the feasibility of integrating outcome research into real-world clinical practice. Although challenges persist in conducting treatment outcome studies among trauma-affected refugees, these can be addressed through careful consultation and negotiation within a setting committed to scientific rigor and interdisciplinary teamwork. Ultimately, identifying the most effective interventions will enhance treatment and improve quality of life for the many trauma-affected refugees seeking mental health support.

Different elements of the TRIM model will be discussed, with examples of implementation across various study types. The focus will be on offering practical advice and guidance for integrating research into clinical facilities working in mental health care for trauma-affected refugees, emphasizing the importance of a transcultural, interdisciplinary, and patient-centered approach.

Symposium | Trauma : [Symposium 68] Rethinking Trauma: Cultural Models of Care Across Clinical Practice and Treatment Systems

2025年9月27日(土) 14:10 ~ 15:40 Session Room 4 (Large Hall B)

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Discussant: Laurence J. Kirmayer (McGill University)

[SY-68-03] Trauma Island: Listening to Silenced Voices

*Naoko Miyaji¹ (1. Hitotsubashi University (Japan))

キーワード : trauma、silence、secrecy、shame、Trauma Island

In this presentation, I introduce the Trauma Island Model, a metaphorical framework I developed to explore the unspoken aspects of trauma and the dynamics surrounding survivors and supporters. Trauma often remains unspoken due to the extreme pain, emotional instability, and fear of societal reactions experienced by survivors. Those most severely affected—whether physically, mentally, or socially—are often silenced entirely, unable to testify or even survive.

The Trauma Island Model uses the image of a doughnut-shaped island with a landlocked inner sea to represent this phenomenon. The inner sea symbolizes those who are silenced, stigmatized, or marginalized, while the slopes of the island represent survivors who begin to speak out and supporters who approach from the outer sea.

The model highlights power dynamics affecting survivors and supporters, including the prolonged effects of trauma (gravity), interpersonal conflicts (wind), and societal misrecognition (water level). Lowering the water level—through increased social recognition and acceptance—creates a safer space for survivors to share their experiences, fostering solidarity and collective movements, such as the "Me Too" movement. However, stigma, shame, and guilt often lead to secrecy and lies, which can perpetuate silence and transgenerational trauma.

While secrecy and lies can be pathogenic, it also has positive aspects, such as inspiring imagination, creativity, and artistic expression. Art plays a vital role in addressing trauma, offering survivors a non-verbal means to express their experiences, fight against trauma symptoms, and foster connection.

The Trauma Island Model provides an interdisciplinary framework to understand trauma, respect silence, and inspire social change, encouraging survivors to speak out and find solidarity in their healing journey.

Symposium | Trauma : [Symposium 68] Rethinking Trauma: Cultural Models of Care Across Clinical Practice and Treatment Systems

2025年9月27日(土) 14:10 ~ 15:40 Session Room 4 (Large Hall B)

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Discussant: Laurence J. Kirmayer (McGill University)

[SY-68-04] Medico-Legal Recognition of Trauma for Asylum-Seeking Immigrants in Japan

*Selim Gokce Atici^{1,2} (1. University of Tokyo (Japan), 2. Princeton University (United States of America))
キーワード : cultural psychiatry、asylum、detention、evidence、trauma

This presentation examines how Japan's undocumented immigrants who are awaiting deportation while living temporarily outside of detention because of severe illnesses conceive trauma from the lens of chronicity, relapse, and repetitive cycles that are aligned with the schedule of medical interrogations and the temporality of stuckness. Drawing on 18 months of anthropological field research in shelters, courtrooms, and psychiatric clinics, it sheds light on how trauma becomes an impediment for civic belonging yet also its condition of possibility. The Japanese case complements frameworks that link embodied trauma to evidentiary regimes of documentation and border-making. Finally, the presentation asks how medical practice intersects with bureaucratic processes, ultimately affecting the moral and political significance of testimony and evidence. This connection between conditions of recognition and cultural models of trauma underlines the specific contexts and relationships of care that enable the clinical recognition and social life of trauma.

Symposium | Global Mental Health : [Symposium 69] Global Mental Health in a Polarized World: Building Bridges, Sharing Solutions.

2025年9月27日(土) 14:10 ~ 15:40 Session Room 5 (Conference Room A)

[Symposium 69] Global Mental Health in a Polarized World: Building Bridges, Sharing Solutions.

Moderator: Itsuo Asai (Heart Clinic Medical Corporation)

[SY-69]

Global Mental Health in a Polarized World: Building Bridges, Sharing Solutions.

Itsuo Asai¹, Muhammad Irfan^{2,5}, Kenneth Fung⁴, Azaad Kassam³, Yonas Baheretibeb⁷, Samuel Okpaku⁶
(1. Heart Clinic Medical Corporation (Japan), 2. Peshawar Medical College (Pakistan), 3. University of Ottawa (Canada), 4. University of Toronto (Canada), 5. President-Elect, World Association of Cultural Psychiatry (Pakistan), 6. the Center for Health, Culture, & Society (United States of America), 7. Addis Ababa University (Ethiopia))

[SY-69-01]

Global Mental Health Equity:

Addressing Barriers and Building Sustainable Solutions

*Muhammad Irfan¹ (1. Department of Mental Health, Psychiatry & Behavioral Sciences, Peshawar Medical College, Riphah International University, Islamabad (Pakistan))

[SY-69-02]

Cultural Psychiatry & Global Mental Health: Bridging Perspectives for Inclusive Care

*Kenneth Po-Lun Fung¹ (1. University of Toronto (Canada))

[SY-69-03]

Serving the Mental Health Needs of a Culturally and Geographically Diverse Faith Community

*Azaad Kassam¹ (1. University of Ottawa (Canada))

[SY-69-04]

Bridging Cultural and Biomedical Paradigms: An Inter-Modality Approach to Mental Health Services in Ethiopia through Holy Water Practices

*Yonas Baheretibeb Alemu¹, Sam Law², Lisa Andermann² (1. Addis Ababa University (Ethiopia), 2. University of Toronto (Canada))

[SY-69-05]

Reflections on Global Mental Health: Ethical and Humanitarian Considerations

Sam O. Okpaku¹ (1. Center for Health, Culture and Society)

Symposium | Global Mental Health : [Symposium 69] Global Mental Health in a Polarized World: Building Bridges, Sharing Solutions.

2025年9月27日(土) 14:10 ~ 15:40 Session Room 5 (Conference Room A)

[Symposium 69] Global Mental Health in a Polarized World: Building Bridges, Sharing Solutions.

Moderator: Itsuo Asai (Heart Clinic Medical Corporation)

[SY-69] Global Mental Health in a Polarized World: Building Bridges, Sharing Solutions.

Itsuo Asai¹, Muhammad Irfan^{2,5}, Kenneth Fung⁴, Azaad Kassam³, Yonas Baheretibeb⁷, Samuel Okpaku⁶
 (1. Heart Clinic Medical Corporation (Japan), 2. Peshawar Medical College (Pakistan), 3. University of Ottawa (Canada), 4. University of Toronto (Canada), 5. President-Elect, World Association of Cultural Psychiatry (Pakistan), 6. the Center for Health, Culture, & Society (United States of America), 7. Addis Ababa University (Ethiopia))

キーワード : Global Health、Mental Health、Mental Health Services、Health Status Disparities、Cultural Competency

Abstract:

Global mental health continues to face major structural and cultural gaps. This symposium features five international experts who discuss how inclusive, sustainable, and context-aware approaches—both culturally and geopolitically—can promote mental health equity worldwide.

Prof. Muhammad Irfan (Pakistan) begins by pointing out the main challenges to achieving mental health equity, such as access gaps, stigma, and systemic inequalities in low- and middle-income countries. He stresses the importance of culturally rooted and community-driven strategies to build sustainable care systems.

Dr. Yonas Baheretibeb (Ethiopia) explains that mental health services are often separate, with traditional healing practices and biomedical systems functioning independently. Using Ethiopia as an example, he highlights missed opportunities for integration and emphasizes the urgent need for culturally grounded collaboration.

Dr. Azaad Kassam (Canada) shares a case study from the Ismaili faith community, which spans 22 countries. In collaboration with the Aga Khan University Brain and Mind Institute, he describes the development of a global mental health course designed to support culturally diverse professionals. His presentation emphasizes the importance of pluralism, cultural safety, and capacity-building as essential for resilient systems.

Prof. Kenneth Fung (Canada) offers a critical view from cultural psychiatry, warning against blindly adopting Western models. He advocates for ‘reverse innovation’ by learning from practices in low-resource settings—such as task-sharing, storytelling, and arts-based care—and encourages mutual, two-way learning to develop culturally relevant global mental health solutions.

Prof. Samuel Okpaku (USA) draws on decades of leadership in global mental health research and practice. He reflects on ethical and humanitarian aspects, highlighting how mental health systems can be strengthened through capacity-building, human rights protections, and cross-sector collaboration. His contribution underscores both policy innovations and the importance of values-based practice in bridging gaps in a polarized world.

Together, these presentations outline a global framework for equitable mental health, emphasizing cultural humility, community participation, and mutual knowledge sharing.

Symposium | Global Mental Health : [Symposium 69] Global Mental Health in a Polarized World: Building Bridges, Sharing Solutions.

2025年9月27日(土) 14:10 ~ 15:40 Session Room 5 (Conference Room A)

[Symposium 69] Global Mental Health in a Polarized World: Building Bridges, Sharing Solutions.

Moderator: Itsuo Asai (Heart Clinic Medical Corporation)

[SY-69-01] Global Mental Health Equity: Addressing Barriers and Building Sustainable Solutions

*Muhammad Irfan¹ (1. Department of Mental Health, Psychiatry & Behavioral Sciences, Peshawar Medical College, Riphah International University, Islamabad (Pakistan))

キーワード : Global Mental Health、Mental Health Equity、Sustainable Solutions

This presentation focuses on the critical challenges in achieving mental health equity globally, particularly in low- and middle-income countries. It highlights systemic barriers such as limited access to care, cultural stigmas, and resource disparities, while emphasizing innovative, culturally sensitive, and sustainable solutions to bridge these gaps. Strategies for fostering collaboration and empowering communities to create equitable mental health systems will also be discussed.

Symposium | Global Mental Health : [Symposium 69] Global Mental Health in a Polarized World: Building Bridges, Sharing Solutions.

2025年9月27日(土) 14:10 ~ 15:40 Session Room 5 (Conference Room A)

[Symposium 69] Global Mental Health in a Polarized World: Building Bridges, Sharing Solutions.

Moderator: Itsuo Asai (Heart Clinic Medical Corporation)

[SY-69-02] Cultural Psychiatry & Global Mental Health: Bridging Perspectives for Inclusive Care

*Kenneth Po-Lun Fung¹ (1. University of Toronto (Canada))

キーワード : global mental health、cultural psychiatry、inclusion

Mental disorders remain among the top ten leading causes of disease burden worldwide, with little reduction since 1990. A significant treatment gap persists between the prevalence of mental disorders and the proportion of individuals receiving care, particularly in low- and middle-income countries (LMICs). The field of global mental health has emerged to address these disparities. However, from a cultural psychiatry perspective, there are critical concerns regarding the dominance of Western, Educated, Industrialized, Rich, and Democratic (WEIRD) populations in shaping mental health research, diagnostic criteria, and treatment models. Without careful consideration, there is a risk of exporting culturally specific concepts and interventions that may not align with diverse sociocultural contexts.

To address these challenges, global mental health has increasingly integrated strategies such as task-shifting/sharing, cultural adaptation, and implementation science. There is also growing recognition of the role of social determinants of health, the continuum between mental health and illness, consideration of the care gap, and the importance of cultural safety and cultural competence in service delivery. Furthermore, the field acknowledges the need for bidirectional learning—recognizing that high-income countries (HICs) have much to learn from LMICs, especially in resource-limited settings, and that marginalized populations within HICs face similar structural barriers to care.

In addition, global challenges—including war, pandemics, climate change, and the rise of nationalism and populism—continue to shape the trajectory of global mental health. This presentation will explore how cultural psychiatry can deepen the understanding of global mental health and inform its evolution. It will also highlight why cultural psychiatry and cultural psychiatrists need to actively engage with global mental health to foster equitable, contextually relevant mental health care worldwide.

Learning Objectives: 1. Reflect on the interplay between cultural psychiatry and global mental health by examining how Western-based mental health frameworks influence diagnosis, treatment, and research, and identifying strategies to promote culturally informed care. 2. Discuss approaches to reducing the global mental health treatment gap through interventions such as task-shifting, cultural adaptation, and implementation science while considering their ethical and cultural implications. 3. Discuss the impact of global challenges on mental health (e.g., war, pandemics, climate change, nationalism) and explore how cultural

psychiatry can contribute to developing resilient, inclusive mental health responses across diverse settings.

Symposium | Global Mental Health : [Symposium 69] Global Mental Health in a Polarized World: Building Bridges, Sharing Solutions.

2025年9月27日(土) 14:10 ~ 15:40 Session Room 5 (Conference Room A)

[Symposium 69] Global Mental Health in a Polarized World: Building Bridges, Sharing Solutions.

Moderator: Itsuo Asai (Heart Clinic Medical Corporation)

[SY-69-03] Serving the Mental Health Needs of a Culturally and Geographically Diverse Faith Community

*Azaad Kassam¹ (1. University of Ottawa (Canada))

キーワード : Culture、Faith、Global、Training、Collaboration

The Ismaili community traverses multiple countries, cultures, and languages served by a common leadership and ethic. In this session, I will describe the work of a Global Mental Health Task Force that was formed to support the well-being and resilience of this dynamic community. Connections were fostered in order to assess local cultural idioms of distress and mental health needs, followed by collaborative efforts to build capacity. In partnership with the Aga Khan University Brain and Mind Institute, a global mental health course was developed and delivered in person to mental health professionals coming from 22 jurisdictions. The project is built on a foundation of collaboration, cultural safety, humility, pluralism, trauma-informed care, contextuality, best practice, and sustainability.

Symposium | Global Mental Health : [Symposium 69] Global Mental Health in a Polarized World: Building Bridges, Sharing Solutions.

2025年9月27日(土) 14:10 ~ 15:40 Session Room 5 (Conference Room A)

[Symposium 69] Global Mental Health in a Polarized World: Building Bridges, Sharing Solutions.

Moderator: Itsuo Asai (Heart Clinic Medical Corporation)

[SY-69-04] Bridging Cultural and Biomedical Paradigms: An Inter-Modality Approach to Mental Health Services in Ethiopia through Holy Water Practices

*Yonas Baheretibeb Alemu¹, Sam Law², Lisa Andermann² (1. Addis Ababa University (Ethiopia), 2. University of Toronto (Canada))

キーワード : Collaborative Care、Holistic Approaches、Community Engagement

In Africa, over 80% of individuals seek mental health care from traditional healers, highlighting their vital role in the mental health landscape. This reliance necessitates a collaborative framework that integrates traditional healing practices with biomedical approaches; however, progress remains limited despite advocacy from the UN and WHO. Often, these systems operate in isolation and, at times, in direct opposition to one another. This presentation delves into the complex social and cultural contexts of mental health care in Ethiopia, focusing specifically on the potential synergy between traditional practices, such as Holy Water rituals performed by Orthodox Church priests, and biomedical psychiatry. By examining a case of collaboration between these two modalities, we will analyze the cultural beliefs and practices that shape mental health care in Ethiopia and how these factors influence patient experiences and treatment-seeking behaviors. The presentation will also highlight the unique roles and contributions of both traditional healers and biomedical professionals in addressing mental health conditions, fostering mutual respect and understanding. In addition, we will address the challenges that impede effective collaboration, including stigma, inadequate training, and differing treatment philosophies. Ultimately, we will discuss the benefits of an inter-modality approach, emphasizing the potential for improved patient outcomes, enhanced accessibility of care, and the overall enrichment of mental health services through a culturally attuned, integrative framework. By fostering dialogue between cultural and biomedical paradigms, this presentation aims to illuminate pathways toward a more cohesive and effective mental health care system in Ethiopia, promoting a collaborative approach that respects and incorporates both traditional and modern practices.

Symposium | Global Mental Health : [Symposium 69] Global Mental Health in a Polarized World: Building Bridges, Sharing Solutions.

2025年9月27日(土) 14:10 ~ 15:40 Session Room 5 (Conference Room A)

[Symposium 69] Global Mental Health in a Polarized World: Building Bridges, Sharing Solutions.

Moderator: Itsuo Asai (Heart Clinic Medical Corporation)

[SY-69-05] Reflections on Global Mental Health: Ethical and Humanitarian Considerations

Sam O. Okpaku¹ (1. Center for Health, Culture and Society)

This presentation will review a suggested definition of global mental health in order to emphasize rigor and discipline in global mental health research and services. It will review the humanitarian and ethical foundations of the movement. The aspects of global mental health as diplomacy will be mentioned, predictions for the future of globalization and global mental health will also be discussed.

Symposium | Psychotherapy : [Symposium 70] Approaches to the clients' 'everyday life' in psychotherapy and its links to 'mental liveliness'

2025年9月27日(土) 14:10 ~ 15:40 Session Room 6 (Conference Room B)

[Symposium 70] Approaches to the clients' 'everyday life' in psychotherapy and its links to 'mental liveliness'

Moderator: Rieko Shioji (Faculty of Health Sciences, Tokyo Metropolitan University), Yuichiro Abe (Department of Psychiatry, Ishiki Hospital)

[SY-70]

Approaches to the clients' 'everyday life' in psychotherapy and its links to 'mental liveliness'

Kentaro Morita³, Rieko Shioji¹, Farooq Naeem⁴, Francisco Figueroa Medina⁵, Yuichiro Abe² (1. Faculty of Health Sciences, Tokyo Metropolitan University (Japan), 2. Department of Psychiatry, Ishiki Hospital (Japan), 3. Day hospital (Psychiatric Day Care) Department of Rehabilitation, University of Tokyo Hospital (Japan), 4. Department of Psychiatry, University of Toronto & Centre for Addiction and Mental Health (Canada), 5. The Faculty of Integrated Human Studies, Kyoto University (Japan))

[SY-70-01]

Seikatsu-Rinsho: A Japanese Approach to Co-Producing Recovery through Everyday Life

*Kentaro Morita¹ (1. Department of Rehabilitation University of Tokyo Hospital (Japan))

[SY-70-02]

Morita Therapy's treatment process and its resonance with clients' daily lives

*Rieko Shioji¹ (1. Faculty of Health Sciences, Tokyo Metropolitan University (Japan))

[SY-70-03]

Southampton Adaptation Framework for culturally adapting Cognitive Therapy

*farooq naeem¹ (1. university of toronto, toronto, canada (Canada))

[SY-70-04]

Settling the Body, the Breath, and the Mind: Zazen Meetings as Group Therapy

*Francisco Figueroa Medina¹ (1. Kyoto University (Japan))

[SY-70-05]

Raising awareness of social rhythm in daily clinical practices

*Yuichiro Abe¹ (1. 1) Ishiki Hospital 2) Tokyo University and Graduate School of Social Welfare (Japan))

Symposium | Psychotherapy : [Symposium 70] Approaches to the clients' 'everyday life' in psychotherapy and its links to 'mental liveliness'

2025年9月27日(土) 14:10 ~ 15:40 Session Room 6 (Conference Room B)

[Symposium 70] Approaches to the clients' 'everyday life' in psychotherapy and its links to 'mental liveliness'

Moderator: Rieko Shioji (Faculty of Health Sciences, Tokyo Metropolitan University), Yuichiro Abe (Department of Psychiatry, Ishiki Hospital)

[SY-70] Approaches to the clients' 'everyday life' in psychotherapy and its links to 'mental liveliness'

Kentaro Morita³, Rieko Shioji¹, Farooq Naeem⁴, Francisco Figueroa Medina⁵, Yuichiro Abe² (1. Faculty of Health Sciences, Tokyo Metropolitan University (Japan), 2. Department of Psychiatry, Ishiki Hospital (Japan), 3. Day hospital (Psychiatric Day Care) Department of Rehabilitation, University of Tokyo Hospital (Japan), 4. Department of Psychiatry, University of Toronto & Centre for Addiction and Mental Health (Canada), 5. The Faculty of Integrated Human Studies, Kyoto University (Japan))

キーワード : Psychotherapy、Daily life、therapeutic culture、quality of life (QOL)、mental health

This symposium focuses on how clients' daily lives are approached in various types of psychotherapy, and how this links to client's 'mental liveliness'. While Psychotherapy is a process primarily centered on dialogue between the therapist and client, but the clients spend most of their time in day-to-day situations that are removed from therapeutic setting. The goal of psychotherapy is not just to achieve an improvement in symptom but also improve their lives and achieve 'mental liveliness'.

In this symposium, five speakers will make presentations; they will present from the perspective of Morita Therapy, Social Rhythm Therapy, "Seikatsu-Rinsyo" (clinical guidance to the way of life), Cognitive Behavioral Therapy (CBT), and Zazen as a series of practices, respectively. The speakers will introduce how they approach the topic of their clients' daily lives in their sessions, how the content of the sessions is applied to clients' real lives, how their daily lives are transformed, consequently how this makes their clients' minds more active and alive. Presenters will also refer to records written by clients between sessions such as activity records and diary entries. Discussions will focus on the differences and similarities between these processes, as well as the underlying therapeutic culture. We hope this symposium will promote an understanding of the processes that occur over the course of psychotherapy wherein clients' quality of life (QOL) improves and mental liveliness are achieved.

Symposium | Psychotherapy : [Symposium 70] Approaches to the clients' 'everyday life' in psychotherapy and its links to 'mental liveliness'

2025年9月27日(土) 14:10 ~ 15:40 Session Room 6 (Conference Room B)

[Symposium 70] Approaches to the clients' 'everyday life' in psychotherapy and its links to 'mental liveliness'

Moderator: Rieko Shioji (Faculty of Health Sciences, Tokyo Metropolitan University), Yuichiro Abe (Department of Psychiatry, Ishiki Hospital)

[SY-70-01] Seikatsu-Rinsho: A Japanese Approach to Co-Producing Recovery through Everyday Life

*Kentaro Morita¹ (1. Department of Rehabilitation University of Tokyo Hospital (Japan))

キーワード : Seikatsu-Rinsho、Personal Values、Co-Production、Cultural Psychiatry

"Seikatsu-Rinsho," a support approach for individuals with mental illnesses such as schizophrenia, was developed in Japan between the 1950s and 1960s. Emerging at a time when psychiatric care was predominantly inpatient-focused, Seikatsu-Rinsho shifted the emphasis to individuals' everyday lives and community environments. The basic philosophy of this approach is to integrate co-productive, person-centered principles with individualized support. It aimed not only to improve symptoms and social functioning but also to strengthen individuals' sense of personal agency in shaping their own daily lives. In Seikatsu-Rinsho, "mental liveliness" was cultivated through deep engagement with each person's lived experiences and personal context. Central to Seikatsu-Rinsho is assessment within the context of everyday living, which examines an individual's daily patterns, social roles, interpersonal relationships, and coping abilities. Practitioners also explore personal values and family histories to uncover the individuals' true needs. Characteristic features include unique conceptual tools such as classifying "life traits"—behavioral patterns leading to relapse—into "Active" and "Passive" types, and an emphasis on five principles during directive interventions: timely, concrete, repetitive, assertive, and minimally necessary guidance. These served as common language among multidisciplinary professionals, especially in group support settings. Furthermore, they played a crucial role as professionals and individuals collaborate to consider the individual's own path in life. Though Seikatsu-Rinsho still remains a valuable approach, there is room for improvement. First, it treats people's daily lives as relatively fixed rather than recognizing that individuals constantly change through interactions with the world around them. This makes the approach less adaptable to different cultures and eras. Second, labeling people as specific "types" can oversimplify their complex, evolving nature. The role of the practitioner is not to end up with just labels but to integrate professional knowledge with the individual's lived experience to collaboratively explore their life path. This presentation will discuss the application of Seikatsu-Rinsho—particularly within psychiatric day-care settings—illustrate client case studies demonstrating gains in agency and social integration, and consider how these outcomes can inform next-generation, recovery-oriented services.

Symposium | Psychotherapy : [Symposium 70] Approaches to the clients' 'everyday life' in psychotherapy and its links to 'mental liveliness'

2025年9月27日(土) 14:10 ~ 15:40 Session Room 6 (Conference Room B)

[Symposium 70] Approaches to the clients' 'everyday life' in psychotherapy and its links to 'mental liveliness'

Moderator: Rieko Shioji (Faculty of Health Sciences, Tokyo Metropolitan University), Yuichiro Abe (Department of Psychiatry, Ishiki Hospital)

[SY-70-02] Morita Therapy's treatment process and its resonance with clients' daily lives

*Rieko Shioji¹ (1. Faculty of Health Sciences, Tokyo Metropolitan University (Japan))

キーワード : Psychotherapy、Morita Therapy、daily life、quality of life (QOL)、anxiety disorder

One of the characteristics of Morita therapy, a psychotherapy that originated and developed in Japan, is that it does not view anxiety as something to be eliminated or controlled, but rather as an expression of humanity. This approach focuses on the client's overall life rather than on controlling specific symptoms or anxieties. For example, for clients with panic disorder who hesitate to go out, encourage them to "go out and buy necessary items" rather than conducting step-by-step training to go out. Shoma Morita, the founder of Morita therapy, described his perspective on client recovery using the following metaphor. "Even from a distance, I can tell the difference between the sound of a maid sweeping and a hospitalized patient sweeping 'mental cultivation' and sweeping their own room to keep it clean. Each produces a vigorous sound, a monotonous sound, and a freely changing and complex sound, making it possible to distinguish between them. Thus, when the client's attitude changes to one of "responding immediately" to their surroundings, their lives become more vibrant, and ultimately, their minds become more active. Interviews and diaries are used to share the client's daily experiences with the therapist. In sessions, detailed descriptions are essential. This presentation explores the interaction between the treatment process of Morita therapy and clients' daily lives.

Symposium | Psychotherapy : [Symposium 70] Approaches to the clients' 'everyday life' in psychotherapy and its links to 'mental liveliness'

2025年9月27日(土) 14:10 ~ 15:40 Session Room 6 (Conference Room B)

[Symposium 70] Approaches to the clients' 'everyday life' in psychotherapy and its links to 'mental liveliness'

Moderator: Rieko Shioji (Faculty of Health Sciences, Tokyo Metropolitan University), Yuichiro Abe (Department of Psychiatry, Ishiki Hospital)

[SY-70-03] Southampton Adaptation Framework for culturally adapting Cognitive Therapy

*farooq naeem¹ (1. university of toronto, toronto, canada (Canada))

キーワード : culture、cognitive therapy、southampton、adaptation、framework

Evidence-based therapies, such as Cognitive Behaviour Therapy (CBT) are recommended for a variety of emotional and mental health problems. However, it has been suggested that Western cultural values underpin CBT and for it to be effective for clients from diverse backgrounds, it should be culturally adapted. It has been suggested that cultures differ in core values, for example, Individualism-Communalism, Cognitivism-Emotionalism, Free will-Determinism and Materialism-Spiritualism. The literature describing guidance for cognitive therapists is limited. Our group has culturally adapted CBT in our previous work in England, Pakistan, the Middle East, China and Morocco for common to severe mental health problems. Our cultural adaptation model is currently being used to adapt CBT in Nigeria and Canada. We used a mixed-methods approach. During the qualitative phase, interviews and focus groups are conducted with stakeholders (patients, carers, community leaders and mental health professionals). This work highlighted the need to gather information to increase awareness of cultural, spiritual and systematic factors to inform assessment and engagement, which are the significant barriers in delivering therapy to this group. Data is also gathered to make therapy adjustments. The adapted therapy is then initially tested in a feasibility RCT. We have conducted more than 20 RCTs to test this method with positive outcomes. In this talk, we will describe our experience of adaptation of therapies and how the lessons learned can be used to deliver culturally adapted interventions

Symposium | Psychotherapy : [Symposium 70] Approaches to the clients' 'everyday life' in psychotherapy and its links to 'mental liveliness'

2025年9月27日(土) 14:10 ~ 15:40 Session Room 6 (Conference Room B)

[Symposium 70] Approaches to the clients' 'everyday life' in psychotherapy and its links to 'mental liveliness'

Moderator: Rieko Shioji (Faculty of Health Sciences, Tokyo Metropolitan University), Yuichiro Abe (Department of Psychiatry, Ishiki Hospital)

[SY-70-04] Settling the Body, the Breath, and the Mind: *Zazen* Meetings as Group Therapy

*Francisco Figueroa Medina¹ (1. Kyoto University (Japan))

キーワード : *Zazen* Meetings、Group Therapy、Postwar Japan

Neuroscientific research has mainly focused on the individual therapeutical benefits of *zazen* or seated meditation. In this paper, we will show that Zen practice does not consist merely of *zazen* and that *zazen* is not merely an individual practice. We will do this by analyzing *Recommendations for Zazen Meetings*, written by Yamada Mumon and Shibayama Zenkei. In this text, Yamada and Shibayama explain how to organize *zazen* meetings. According to them, *zazen* meetings include not only the collective practice of *zazen*, but also other interrelated practices like one-on-one encounters with the teacher, dharma lectures, chanting scriptures, tea ceremony, meal etiquette, and manual labor. Furthermore, they re-think *zazen* meetings as a form of group therapy, while arguing that these meetings have a special characteristic individual psychotherapy lacks: it allows a practitioner to expand himself to include others. When the participants bring their minds on a single thing, Yamada and Shibayama explain, their individual selves are absorbed in the collective self. Through this experience, the individual's concern will begin to head not only towards himself but also towards others. At this stage, it is advisable to assign a *koan* to a practitioner, so that he can discover the individual that encompasses the whole, that is, his true nature, through one-on-one encounters with his teacher. This continuous discovery, Yamada and Shibayama argue, is a truly healing experience. Finally, we will argue that a multidisciplinary perspective that combines history, anthropology, and neurobiology is necessary to determine when and how *zazen* meetings began to be understood as group therapy and to determine whether and how they can help an individual to expand himself and include others and transcend his ordinary self.

Symposium | Psychotherapy : [Symposium 70] Approaches to the clients' 'everyday life' in psychotherapy and its links to 'mental liveliness'

2025年9月27日(土) 14:10 ~ 15:40 Session Room 6 (Conference Room B)

[Symposium 70] Approaches to the clients' 'everyday life' in psychotherapy and its links to 'mental liveliness'

Moderator: Rieko Shioji (Faculty of Health Sciences, Tokyo Metropolitan University), Yuichiro Abe (Department of Psychiatry, Ishiki Hospital)

[SY-70-05] Raising awareness of social rhythm in daily clinical practices

*Yuichiro Abe¹ (1. 1) Ishiki Hospital 2) Tokyo University and Graduate School of Social Welfare (Japan))
キーワード : Routine、Social Rhythm Therapy、bipolar disorder

Interpersonal and Social Rhythm Therapy (IPSRT) was invented around 1990 by Ellen Frank and his colleagues at the University of Pittsburgh. Since then, this method has been promoted as a psychosocial intervention for people living with bipolar spectrum. SRT is based on the scientific knowledge that was developed at the time, namely chronobiological empirical research, while theoretically modifying the traditional interpersonal therapy for unipolar depression. IPSRT is also actively incorporated into the educational pamphlet of the Japanese Society of Mood Disorders, as a minimum method of psycho-education. The speaker has been involved in introducing and raising awareness of this clinician's manual (Seiwa Shoten, 2016). During the COVID-19 pandemic, the impact of lockdowns on the mind and body became an issue, and it was once again brought to attention (Murray, 2021). The routine that Social Rhythm Therapy (SRT) aims for is expected to promote resilience against illness relapse. Frank's insight was that they assumed the Social Zeitgeber theory (Ehlers, 1988) to be at the heart of the pathological mechanism of bipolar disorder, while relying on the traditional stress-vulnerability model. In addition, they utilized Social Rhythm Metrics (SRM), which they devised with her colleague, chronobiologist Timothy Monk (1990; 2002), to derive therapeutic effects from a self-report assessment of the regularity of a person's weekly lifestyle based on sleep hygiene behavior. This also relates to recent interests in measurement-based approaches in psychiatry. Habits are also an important element in reconstructing rhythm. Although the digitalization of SRT seems to be an inevitable trend, it is valuable that additional brief human support is still recommended (Swartz et al., 2021). Currently, as a new discipline called rhythmology has been developed, we have to reconsider social (societal) rhythm once more.

Symposium | Psychopharmacology : [Symposium 71] Exploring the potential of Traditional Indian yoga as a psychotherapy based on clinical experiences from other countries

2025年9月27日(土) 14:10 ~ 15:40 Session Room 7 (Conference Room C)

[Symposium 71] Exploring the potential of Traditional Indian yoga as a psychotherapy based on clinical experiences from other countries

Moderator: Sachiyo Morita (Shiga university of Medical Science Hospital, Cancer Center)

[SY-71]

Exploring the potential of traditional Indian yoga as a psychotherapeutic modality: Clinical insights and cross-cultural perspectives

Keishin Kimura², Sachiyo Morita¹, Kahori Ito³, TumurOchir Gantsetseg⁴, Hengsheng Chen⁵ (1. Shiga university of Medical Science Hospital, Cancer Center (Japan), 2. Japan Yoga Therapy Society (Japan), 3. Sinsapporo Mental Clinic (Japan), 4. National Center of Mental Health Mongolia, Department of Mental Health, School of Medicine, MNUMS (Mongolia), 5. China Academy of Sciences, Institute of Psychology Chengdu (China))

[SY-71-01]

Assessment and Instruction theory & methods in yoga as a therapy

*Keishin Kimura¹ (1. Japan Yoga Therapy Society (Japan))

[SY-71-02]

Effects of Yoga Therapy on Psychiatric Symptoms and Cognitive Restructuring

*Sachiyo Morita¹ (1. Shiga university of Medical Science Hospital, Cancer Center (Japan))

[SY-71-03]

Involvement of Yoga Therapy in Patients with Mental Illnesses

*KAHORI ITO¹ (1. Sinsapporo Mental Clinic (Japan))

[SY-71-04]

FROM THE RESULTS OF THE FIRST STAGE OF EXPERIMENTAL RESEARCH ON THE USE OF THERAPEUTIC YOGA IN PEOPLE DEPENDENT ON ALCOHOL

*Gantsetseg Tumur-Ochir^{1,2}, Nasanjargal Lkhgavasuren¹, Enkhchimeg Birenbaral¹, Uranchimeg Erdenebaatar¹, Enkhchimeg Chuluunbaatar¹, Binderiya Bayanmunkh², Uuriintuya Batmend^{2,3}, Naidan Bat-Ulzii^{3,4}, Bayarmaa Ganbold⁵, Gijir Jamsran¹, Enkhnaran Tumurbaatar^{2,3}, Enkhsaikhan Tumurbaatar¹, Kherlenzaya Enkhtungalag¹, Elena Kazantseva^{1,6}, Hiromi Mori⁷, Yukiko Kezuka⁷, Kimura Keishin⁷ (1. National Center for Mental Health of Mongolia (Mongolia), 2. Mongolian Neuroscience Society (Mongolia), 3. Brain and Mind Research Institute, Mongolian Academy of Sciences (Mongolia), 4. Department of Psychology, National University of Mongolia (Mongolia), 5. Creative Brain " Psychology Institute NGO (Mongolia), 6. SodMed Mental Health Center (Mongolia), 7. Japan Yoga Therapy Society (Mongolia))

[SY-71-05]

An Intervention Study on Yoga Therapy-Based Body-Mind Relaxation Exercises for Improving Adolescent Depressive Symptoms

*HENGSHENG CHEN¹ (1. China Academy of Sciences Institute of Psychology Chengdu CHINA. (China))

Symposium | Psychopharmacology : [Symposium 71] Exploring the potential of Traditional Indian yoga as a psychotherapy based on clinical experiences from other countries

2025年9月27日(土) 14:10 ~ 15:40 Session Room 7 (Conference Room C)

[Symposium 71] Exploring the potential of Traditional Indian yoga as a psychotherapy based on clinical experiences from other countries

Moderator: Sachiyo Morita (Shiga university of Medical Science Hospital, Cancer Center)

[SY-71] Exploring the potential of traditional Indian yoga as a psychotherapeutic modality: Clinical insights and cross-cultural perspectives

Keishin Kimura², Sachiyo Morita¹, Kahori Ito³, TumurOchir Gantsetseg⁴, Hengsheng Chen⁵ (1. Shiga university of Medical Science Hospital, Cancer Center (Japan), 2. Japan Yoga Therapy Society (Japan), 3. Sinsapporo Mental Clinic (Japan), 4. National Center of Mental Health Mongolia, Department of Mental Health, School of Medicine, MNUMS (Mongolia), 5. China Academy of Sciences, Institute of Psychology Chengdu (China))

キーワード : yoga therapy、mental illness、cognitive distortion、alcohol use disorder、adolescent depression

Originating in ancient India, Yoga is a traditional discipline that fosters enlightenment and holistic well-being. In recent years, its therapeutic potential has attracted increasing attention in medical research, and studies are being conducted to explore its effectiveness across a variety of physical illnesses, including asthma, cardiovascular disease, hematological malignancies, stroke, and breast cancer. Concurrently, research into the impact of yoga on mental health conditions is expanding. However, methodological heterogeneity across studies, particularly regarding yoga practice methods, makes it difficult to clearly understand its direct impact on core symptoms of mental illness, particularly cognition. This symposium aims to address these critical gaps by bringing together researchers and clinicians who are actively developing yoga therapy developed from traditional Indian yoga into mental illness treatment. Presenters will share their clinical experiences, report on observed patient outcomes, and collectively explore yoga's potential as a cross-cultural psychotherapeutic modality. The symposium features five speakers:

1. Dr. Keishin Kimura will present on his development of a structured yoga therapy, which integrates traditional Indian yoga principles for identifying and addressing cognitive distortions in clients. He will discuss his methodology for developing patient-specific practices and for training certified yoga therapists, highlighting the broader impact of his work across diverse therapeutic fields.

2. Dr. Sachiyo Morita will elucidate the impact of yoga therapy on mental illnesses by presenting findings derived from patient narratives and validated psychological assessments, aiming to clarify its therapeutic mechanisms.

3. Dr. Kahori Ito will share clinical cases demonstrating how the implementation of yoga therapy assessments within general outpatient settings facilitated the recovery process for patients with mental health conditions.

4. Dr. Gantsetseg Tumulocir will detail the practical application and observed effectiveness of yoga therapy for patients with alcohol use disorder in Mongolia.

5. Dr. Hengsheng Chen will present the efficacy of yoga therapy in improving moderate depressive symptoms among adolescents from a study in China.

Symposium | Psychopharmacology : [Symposium 71] Exploring the potential of Traditional Indian yoga as a psychotherapy based on clinical experiences from other countries

2025年9月27日(土) 14:10 ~ 15:40 Session Room 7 (Conference Room C)

[Symposium 71] Exploring the potential of Traditional Indian yoga as a psychotherapy based on clinical experiences from other countries

Moderator: Sachiyo Morita (Shiga university of Medical Science Hospital, Cancer Center)

[SY-71-01] Assessment and Instruction theory & methods in yoga as a therapy

*Keishin Kimura¹ (1. Japan Yoga Therapy Society (Japan))

キーワード : yoga therapy、darsana、traditional medicine

It is thought that yoga was practiced in the Indus River basin during the Indus civilization, which flourished around 5000 years ago. For the past 100 years, there has been a movement to utilize this traditional method as a therapy (yoga therapy) for clients with mental and physical illnesses based on scientific evidence. Traditionally, the techniques of the yoga master and his disciples practicing darsana (a method of counseling) on a daily basis to assess the disciples' growth in humanity and the master's ability as a teacher have been passed down to this day. In particular, traditional yoga has attempted to modify the disciple's cognition. Traditional yoga is a form of cognitive behavioral therapy that has been handed down in India for thousands of years. The theory and practice of this "assessment and instruction" technique, as well as the theory and practice of "5,000 years of cognitive behavioral therapy in India", have been passed down over the years along with their own unique theories for understanding the structure and function of the human body and mind, and are now beginning to be used around the world as yoga therapy. The World Health Organization (WHO), which has its headquarters in Geneva, Switzerland, held a "The Working Group Meeting about benchmarks for training in Yoga" in New Delhi, India, just before the new coronavirus infection spread. More than 20 yoga instructors and experts from around the world were invited to participate, and the author also attended as a representative of East Asia. The WHO is trying to include yoga as a therapy in the same category as traditional Chinese medicine and other 7 forms of "traditional complementary and alternative medicine". In this presentation, I would like to outline the assessment theory and practical instruction techniques of yoga therapy, as well as these movements.

Symposium | Psychopharmacology : [Symposium 71] Exploring the potential of Traditional Indian yoga as a psychotherapy based on clinical experiences from other countries

2025年9月27日(土) 14:10 ~ 15:40 Session Room 7 (Conference Room C)

[Symposium 71] Exploring the potential of Traditional Indian yoga as a psychotherapy based on clinical experiences from other countries

Moderator: Sachiyo Morita (Shiga university of Medical Science Hospital, Cancer Center)

[SY-71-02] Effects of Yoga Therapy on Psychiatric Symptoms and Cognitive Restructuring

*Sachiyo Morita¹ (1. Shiga university of Medical Science Hospital, Cancer Center (Japan))

キーワード : effect of yogatherapy、cognitive distortion、mental illness

Yoga therapy is posited to exert beneficial effects on people with mental illness through specific poses and breathing techniques that promote body awareness with an emphasis on tension and relaxation. In our study, continuous engagement in these practices by patients with mental illness has demonstrated improvements in insomnia, reductions in anxiety, and an enhanced awareness of self and their surroundings. Furthermore, many participants exhibited a proactive approach to independent problem-solving. Another notable outcome is the spontaneous cognitive transformation observed. It's as if yoga brings out the power that humans originally have. Rooted in traditional Indian scriptures, yoga therapy aims to systematically evaluate cognitive distortions and normalize them through traditional meditation techniques. A typical example of this type of cognitive distortion is the misinterpretation of finite things as infinite, such as the belief that pain will last forever. This presentation will elucidate the observed changes and the amelioration of cognitive distortions through yoga therapy, supported by research conducted on patients with mental illness.

Symposium | Psychopharmacology : [Symposium 71] Exploring the potential of Traditional Indian yoga as a psychotherapy based on clinical experiences from other countries

2025年9月27日(土) 14:10 ~ 15:40 Session Room 7 (Conference Room C)

[Symposium 71] Exploring the potential of Traditional Indian yoga as a psychotherapy based on clinical experiences from other countries

Moderator: Sachiyo Morita (Shiga university of Medical Science Hospital, Cancer Center)

[SY-71-03] Involvement of Yoga Therapy in Patients with Mental Illnesses

*KAHORI ITO¹ (1. Sinsapporo Mental Clinic (Japan))

キーワード : Mental illnesses、relapse、yoga therapy assessment

Mental illnesses often relapse, and treatment often takes a long time. Patients have to live with their condition, but so do their doctors. Doctors try to find the cause to stop the relapse. However, the repetition of relapse may make doctors give up elucidating the cause as something intractable, or attribute it to the patient's personality. The speaker was one of such doctors. In 2019, speaker encountered the concept of yoga therapy and realized that our behavior was a mistake. Yoga therapy was arranged and structured by Dr. Kimura Keishin from the ancient Indian yoga scriptures. It is a method of restoring physical and mental health by providing a yoga therapy assessment and teaching three stages of yoga, such as exercise, breathing techniques, and meditation that are tailored to the individual. Unfortunately, it is not possible to do all of these procedure in daily medical practice in Japan, where consultation time is limited, so the future challenge seems to be to train yoga therapists. This time, the speaker will present a case in which yoga therapy assessment was incorporated into medical treatment and helped the patient recover. By adopting this method, doctors would be able to understand the true suffering and hopes of their patients and offer them the support they need without blindly providing guidance on rehabilitation or adjusting medication. A case was a woman in her 20s with depression.

Symposium | Psychopharmacology : [Symposium 71] Exploring the potential of Traditional Indian yoga as a psychotherapy based on clinical experiences from other countries

2025年9月27日(土) 14:10 ~ 15:40 Session Room 7 (Conference Room C)

[Symposium 71] Exploring the potential of Traditional Indian yoga as a psychotherapy based on clinical experiences from other countries

Moderator: Sachiyo Morita (Shiga university of Medical Science Hospital, Cancer Center)

[SY-71-04] FROM THE RESULTS OF THE FIRST STAGE OF EXPERIMENTAL RESEARCH ON THE USE OF THERAPEUTIC YOGA IN PEOPLE DEPENDENT ON ALCOHOL

*Gantsetseg Tumur-Ochir^{1,2}, Nasanjargal Lkhgavasuren¹, Enkhchimeg Birenbaral¹, Uranchimeg Erdenebaatar¹, Enkhchimeg Chuluunbaatar¹, Binderiya Bayanmunkh², Uuriintuya Batmend^{2,3}, Naidan Bat-Ulzii^{3,4}, Bayarmaa Ganbold⁵, Gijir Jamsran¹, Enkhnaran Tumurbaatar^{2,3}, Enkhsaikhan Tumurbaatar¹, Kherlenzaya Enkhtungalag¹, Elena Kazantseva^{1,6}, Hiromi Mori⁷, Yukiko Kezuka⁷, Kimura Keishin⁷ (1. National Center for Mental Health of Mongolia (Mongolia), 2. Mongolian Neuroscience Society (Mongolia), 3. Brain and Mind Research Institute, Mongolian Academy of Sciences (Mongolia), 4. Department of Psychology, National University of Mongolia (Mongolia), 5. Creative Brain" Psychology Institute NGO (Mongolia), 6. SodMed Mental Health Center (Mongolia), 7. Japan Yoga Therapy Society (Mongolia))

キーワード : alcohol, exercise, psychology, society

Research from countries such as Japan, Thailand, and the United States has demonstrated that incorporating therapeutic yoga into addiction recovery programmes improves treatment outcomes. However, there is limited research on this approach among individuals with alcohol use disorders in Mongolia. This study aims to examine the impact of combining yoga therapy with cognitive behavioural therapy (CBT) on alcohol abstinence, refusal ability, and quality of life. A clinical trial has been conducted since March 2025 in collaboration with the Japanese Society of Therapeutic Yoga, involving in-patient members of a hospital-based "Self-Help Group". Participants were randomly assigned to an experimental group (yoga + CBT) and a control group (CBT only) in a 1:1 ratio. Each participant in the experimental group practised yoga daily for 3 months. Data collection used three internationally validated instruments: the Alcohol Relapse Risk Assessment Scale (ARRS), WHOQOL-BREF, and the Rosenberg Self-Esteem Scale (RSES). We administered these in four phases through one-on-one interviews. The study received ethical approval from the Ministry of Health of Mongolia. Data were analysed using SPSS 25. A total of 121 individuals aged 27–71 participated, with 66 in the experimental group and 55 in the control group. By comparing baseline and fourth-week scores, the experimental group showed statistically significant improvements in physical health (35.87 to 44.57), mental well-being (32.87 to 46.13), and social relationships (34.3 to 42.6), while the control group saw declines in all three areas. Self-esteem scores also improved in the experimental group (from 39.2 to 42.03) but declined in the control group. In conclusion, integrating therapeutic yoga into conventional treatment significantly enhanced participants' physical and mental health, self-esteem, and social functioning compared to CBT alone.

Symposium | Psychopharmacology : [Symposium 71] Exploring the potential of Traditional Indian yoga as a psychotherapy based on clinical experiences from other countries

2025年9月27日(土) 14:10 ~ 15:40 Session Room 7 (Conference Room C)

[Symposium 71] Exploring the potential of Traditional Indian yoga as a psychotherapy based on clinical experiences from other countries

Moderator: Sachiyo Morita (Shiga university of Medical Science Hospital, Cancer Center)

[SY-71-05] An Intervention Study on Yoga Therapy-Based Body-Mind Relaxation Exercises for Improving Adolescent Depressive Symptoms

*HENGSHENG CHEN¹ (1. China Academy of Sciences Institute of Psychology Chengdu CHINA. (China))

キーワード : Yoga therapy、Teenagers health services、Relieve depression

The "2023 China Depression Blue Book" reveals that there are 95 million depression patients in China, with those under 18 accounting for up to 30% of the total. A survey of over 30,000 teenagers conducted by the Institute of Psychology, Chinese Academy of Sciences, indicates that 14.8% of them are at risk of depression. In light of this, exploring non-pharmacological treatments is particularly urgent. This study aims to explore the effectiveness of yoga therapy in improving depressive symptoms among teenagers. The study selected 60 middle school students aged 13-18 with depressive symptoms and randomly assigned them to an intervention group (yoga therapy, n=30) and a control group (routine rehabilitation, n=30) using a randomized controlled trial (RCT) method. After a three-month intervention, changes in depressive symptoms were compared between the two groups. The intervention group received yoga therapy tailored to students' schedules, guided by professional instructors in a "5+1" model weekly, which involved 10 minutes of online practice on weekdays and 50 minutes of offline practice on weekends, to ensure standardized movements and reduce bias. As the first application of yoga therapy among Chinese teenagers, this study is of great significance in promoting the development of psychiatry among this group, strengthening early prevention and non-pharmacological rehabilitation for minors' mental health. It provides a diversified safeguard plan for the mental health of teenagers worldwide and contributes to the development of psychiatry.

Symposium | Medical Anthropology : [Symposium 72] Anthropology Philosophy, Spirituality, and Psychiatry

2025年9月27日(土) 15:50 ~ 17:20 Session Room 1 (Main Hall A)

[Symposium 72] Anthropology Philosophy, Spirituality, and Psychiatry

Moderator: Tsuyoshi Akiyama (World Federation for Mental Health), Goffredo Bartocci (World Association of Cultural Psychiatry, Co-Founder and Past President)

[SY-72]

Anthropology Philosophy, Spirituality, and Psychiatry

Tsuyoshi Akiyama¹, Nami Lee², Junko Kitanaka³, Marcos de Noronha⁴, Goffredo Bartocci⁵ (1. Rokubancho Mental Clinic (Japan), 2. Seoul National University (Korea), 3. Keio University (Japan), 4. Brazilian Association of Cultural Psychiatry (Brazil), 5. University of Torino (Italy))

[SY-72-01]

Dementia as a basis of neurodiversity in Japan: A Medical Anthropological Perspective

*Junko Kitanaka¹ (1. Keio University (Japan))

[SY-72-02]

NEUROSCIENCE, SPIRITUALITY AND PSYCHIATRY

*Marcos de Noronha¹ (1. Brazilian Association of Cultural Psychiatry (Brazil))

[SY-72-03]

The Role of Mythology in Shaping the Self and Its Transcendental Counterpart

*Goffredo Bartocci^{1,2,3} (1. Italian Institute of Transcultural Mental Health, Co-Founder (Italy), 2. World Association of Cultural Psychiatry, Co-Founder and Past President (Italy), 3. Transcultural Psychiatry Section, Italian Society of Psychiatry, Co-Founder and Past President (Italy))

Symposium | Medical Anthropology : [Symposium 72] Anthropology Philosophy, Spirituality, and Psychiatry

2025年9月27日(土) 15:50 ~ 17:20 Session Room 1 (Main Hall A)

[Symposium 72] Anthropology Philosophy, Spirituality, and Psychiatry

Moderator: Tsuyoshi Akiyama (World Federation for Mental Health), Goffredo Bartocci (World Association of Cultural Psychiatry, Co-Founder and Past President)

[SY-72] Anthropology Philosophy, Spirituality, and Psychiatry

Tsuyoshi Akiyama¹, Nami Lee², Junko Kitanaka³, Marcos de Noronha⁴, Goffredo Bartocci⁵ (1. Rokubancho Mental Clinic (Japan), 2. Seoul National University (Korea), 3. Keio University (Japan), 4. Brazilian Association of Cultural Psychiatry (Brazil), 5. University of Torino (Italy))

キーワード : Anthropology、Philosophy、Spirituality

This symposium aims to show syncretism among anthropological, philosophical, historical, psychological, and biological approaches. Nami Lee presents spirituality as a psychological engagement in a search for purposes and meanings beyond the individual dimension. A holistic medical approach, including psycho-socio-spiritual realms, can facilitate individual well-being regardless of religious background. Based on the literature review, practical guidelines to improve spirituality in medical education and training will be suggested. Junko Kitanaka discusses dementia in Japan from the basis of neurodiversity, presenting a medical anthropological perspective. She questions how we can discuss the brain in psychiatry in a way that fosters understanding and empathy. While the dementia population exceeds five million in Japan, she asks in what ways the “brain talks” can lead not to alienation and social fragmentation but rather to a broader scope for empathy and social empowerment. Marcos de Noronha clarifies that anthropology and psychiatry provide complementary insight. By expanding its studies across diverse cultures, anthropology reveals that behaviors in modern societies are not universally normative but deeply influenced by cultural factors. Suicide is undoubtedly associated with sociocultural dynamics. With the Nahua in Mexico, death is not inherently harmful; rather, recurring suicide among Indigenous groups suggests a linkage between social disintegration and the loss of cultural cohesion. Bartocci delves into the cultural construction of the Western approach to understanding the coexistence, clash, and interaction between “Science and Faith.” Following the principles of Cultural Psychiatry, the focus will be on the role of mythologies in shaping different manifestations of the Self. Identity construction is deeply rooted in specific psychological and social contexts. The emphasis will be on the recurring and influential narratives that often define the ethnic identity of populations. These narratives, embedded in parental structures and broader social groups, exert a profound influence usually attributed in traditional psychiatry to interpersonal relationships.

Symposium | Medical Anthropology : [Symposium 72] Anthropology Philosophy, Spirituality, and Psychiatry

2025年9月27日(土) 15:50 ~ 17:20 Session Room 1 (Main Hall A)

[Symposium 72] Anthropology Philosophy, Spirituality, and Psychiatry

Moderator: Tsuyoshi Akiyama (World Federation for Mental Health), Goffredo Bartocci (World Association of Cultural Psychiatry, Co-Founder and Past President)

[SY-72-01] Dementia as a basis of neurodiversity in Japan: A Medical Anthropological Perspective

*Junko Kitanaka¹ (1. Keio University (Japan))

キーワード : dementia、Japan、Medical Anthropology、neurodiversity

In an age of increasing obsession with the healthy brain, how can we talk about the brain in psychiatry in a way that fosters understanding and empathy? How can we begin to care for the brain in a way that does not alienate those who already suffer from neurobiological diseases such as dementia? These are questions that people are beginning to grapple with in Japan, which currently stands as the world's number-one "super-aged" society. With one-third of the population already over age 65, the number of people afflicted with dementia exceeds five million, and those with MCI (mild cognitive impairments) five million. Drawing on more than a decade of fieldwork among dementia experts, patients, and their families, with a focus on a cutting-edge neuropsychiatric department in Japan, I first want to illuminate how doctors explain dementia symptoms through neuroimages as a means of repairing strained family relationships and mitigating patients' sense of loneliness. I will then discuss how such "brain talk" is taken up by the dementia patient movement in their attempt to challenge the current obsession with the healthy brain. I ask in what ways these "brain talks" can lead not to alienation and social fragmentation but rather to a broader scope for empathy and social empowerment.

Symposium | Medical Anthropology : [Symposium 72] Anthropology Philosophy, Spirituality, and Psychiatry

2025年9月27日(土) 15:50 ~ 17:20 Session Room 1 (Main Hall A)

[Symposium 72] Anthropology Philosophy, Spirituality, and Psychiatry

Moderator: Tsuyoshi Akiyama (World Federation for Mental Health), Goffredo Bartocci (World Association of Cultural Psychiatry, Co-Founder and Past President)

[SY-72-02] NEUROSCIENCE, SPIRITUALITY AND PSYCHIATRY

*Marcos de Noronha¹ (1. Brazilian Association of Cultural Psychiatry (Brazil))

キーワード : NEUROSCIENCE、SPIRITUALITY、PSYCHIATRY、Belief、mediums

This work arises from experience with healers, or mediums, aiming to verify possible genetic markers in this group that could differentiate them from other people. Faith, even if subjective, can be intensified by material evidence. Belief supports the interaction between healer/patient, doctor/patient, and psychologist/patient, besides intensifying the symbolic effects of medication. One can compare the activity of doctors with that of healers, as both require elements that can strengthen the results of their practice. One such element is belief in the practitioner. Many of them possess the gift of mediumship, which has both a universal and transcendental dimension. By searching for genetic markers correlated with mediumship, the goal is to broaden our understanding of this phenomenon. The study of the exome—the smallest portion of the genome, but responsible for 85% of the proteins essential for life—has recently brought a new perspective. Experienced mediums, with more than ten years of practice and who work spontaneously without charging for their services, were selected. These mediums were compared to groups of similar individuals without mediumship, chosen among their first-degree relatives (mainly siblings). These two groups, closely related by kinship, grew up in the same socio-cultural environment and shared the same socio-economic conditions. A large number of genetic variants were found in the mediums that were not found in the non-mediums. Findings: 33 genes, referred to as candidate genes, were present in about one third of the mediums and in none of the non-mediums.

Symposium | Medical Anthropology : [Symposium 72] Anthropology Philosophy, Spirituality, and Psychiatry

2025年9月27日(土) 15:50 ~ 17:20 Session Room 1 (Main Hall A)

[Symposium 72] Anthropology Philosophy, Spirituality, and Psychiatry

Moderator: Tsuyoshi Akiyama (World Federation for Mental Health), Goffredo Bartocci (World Association of Cultural Psychiatry, Co-Founder and Past President)

[SY-72-03] The Role of Mythology in Shaping the Self and Its Transcendental Counterpart

*Goffredo Bartocci^{1,2,3} (1. Italian Institute of Transcultural Mental Health, Co-Founder (Italy), 2. World Association of Cultural Psychiatry, Co-Founder and Past President (Italy), 3. Transcultural Psychiatry Section, Italian Society of Psychiatry, Co-Founder and Past President (Italy))

キーワード : cultural construction of the Self、Science–Faith Interface、worldviews

This lecture aims to delve into the cultural construction of the Western approach to understanding the coexistence, clash, and interaction between “Science and Faith.” By following the principles of Transcultural and Cultural Psychiatry, which consider the diversity of worldviews as a key avenue for evaluating the influence of cultural factors on mental health, the focus will be on the role of mythologies in shaping different manifestations of the Self. Identity construction, in fact, is deeply rooted in specific psychological and social contexts that deliver diverse inputs. In this lecture, the emphasis will be on the recurring and influential narratives that often define the ethnic identity of populations. These narratives, embedded in parental structures and broader social groups, exert a profound influence often attributed in traditional psychiatry to interpersonal relationships. Many mythologies include elements involving ultra-human events. Such narratives shift the locus of control from the pragmatic Self to a transcendent Non-Self domain. For instance, the widespread belief that spirituality is a divine gift significantly shapes the psychological climate where the pragmatic Self develops. Although academic disciplines such as anthropology, philosophy, and the social and biological sciences respect the foundation of secular psychiatry, the enduring tension between the concept of a cosmogony “out of nothing” and evolutionary scientific theories remains unresolved. This debate can become more constructive by introducing cultural variables. A cultural and transcultural approach can illuminate the often-overlooked effects of *Homo sapiens*’ unique capacity to enact extreme transcendental acts in response to external reality. The combined influence of cultural factors and individual or collective transcendence techniques activates biological mechanisms that lead to special states of consciousness, such as trance. By adopting a well-tuned bio-psycho-sociocultural approach, it becomes possible to explore the complex exchanges between the realms of Science and Faith without succumbing to the reductionist constraints imposed by institutional dogmas. To shed light on the interaction between culture and the construction of the Self—an implicit theme of this symposium—this lecture will draw on William James’ assertion that religious beliefs are “an intellectually respectable object of study.” From a Roman perspective, it seems evident that the forces promoting theological spirituality or idealized secular supremacy (which, at their core, share a similar intent) continue to overshadow the contributions of honest secular psychiatry. It is increasingly evident that psychiatrists require expertise to make clinical inferences and differential diagnoses regarding any form of idolatry.

Symposium | Neurodevelopmental disorder : [Symposium 73] Recent Findings in Adult Neurodevelopmental Disorders

2025年9月27日(土) 15:50 ~ 17:20 Session Room 2 (Main Hall B)

[Symposium 73] Recent Findings in Adult Neurodevelopmental Disorders

Moderator: Haruhisa Ohta (Showa Medical University Medical Institute of Developmental Disabilities Research), Dan Nakamura (Department of Psychiatry, Showa Medical University)

[SY-73-01]

Recent Findings in Adult Neurodevelopmental Disorders

*Dan Nakamura¹, *Haruhisa Ohta², *Shoko Shimoyama³, *Pietro De Rossi⁴, Akira Iwanami¹ (1. Department of Psychiatry, Showa Medical University (Japan), 2. Showa Medical University Medical Institute of Developmental Disabilities Research (Japan), 3. Research Center for Advanced Science and Technology, The University of Tokyo (Japan), 4. Unit of Child and Adolescent Psychiatry, Ospedale Pediatrico Bambino Gesù (Italy))

[SY-73-02]

Diagnosis and Treatment of Adult Developmental Disorders: A Study Using autism diagnostic observation schedule, second edition

*Dan Nakamura¹, Kenji Sanada¹, Akira Iwanami¹ (1. Department of Psychiatry, Showa University School of Medicine (Japan))

[SY-73-03]

Brain imaging research on neurodevelopmental disorders

*Haruhisa Ohta¹ (1. Showa Medical University (Japan))

[SY-73-04]

Gender Dysphoria as a subset of *Pervasive Social Dysphoria*: A Qualitative Analysis of the Life Story of Japanese Autistic adults with Gender Dysphoria

*Shoko Shimoyama¹ (1. Research Center for Advanced Science and Technology, The University of Tokyo (Japan))

[SY-73-05]

Understanding ADHD in Adults

*Pietro De Rossi¹ (1. Bambino Gesù Children's Hospital (Italy))

Symposium | Nurodevelopmental disorder : [Symposium 73] Recent Findings in Adult Neurodevelopmental Disorders

2025年9月27日(土) 15:50 ~ 17:20 Session Room 2 (Main Hall B)

[Symposium 73] Recent Findings in Adult Neurodevelopmental Disorders

Moderator: Haruhisa Ohta (Showa Medical University Medical Institute of Developmental Disabilities Research), Dan Nakamura (Department of Psychiatry, Showa Medical University)

[SY-73-01] Recent Findings in Adult Neurodevelopmental Disorders

*Dan Nakamura¹, *Haruhisa Ohta², *Shoko Shimoyama³, *Pietro De Rossi⁴, Akira Iwanami¹ (1. Department of Psychiatry, Showa Medical University (Japan), 2. Showa Medical University Medical Institute of Developmental Disabilities Research (Japan), 3. Research Center for Advanced Science and Technology, The University of Tokyo (Japan), 4. Unit of Child and Adolescent Psychiatry, Ospedale Pediatrico Bambino Gesù (Italy))

キーワード : Neurodevelopmental Disorders、ASD、ADHD、adult

Developmental disorders in adulthood are an area that is attracting attention in both the field of mental health and society. However, research on developmental disorders in adulthood is still insufficient, as for a long time the focus has been on children and adolescents. Firstly, diagnosing developmental disorders in adulthood is often difficult. In adults with ASD or ADHD, other mental disorders often co-occur, and mood and anxiety disorders are particularly common. In cases where the main complaint is depression, the developmental disorder that lies behind it is often overlooked. Furthermore, it is not uncommon for cases of transient depression or mood swings to be diagnosed as bipolar disorder, rather than developmental disorders. Furthermore, the relationship between ASD and ADHD is still unclear. Although they were previously defined as not co-existing, current diagnostic criteria now recognize that they can co-exist. However, the similarities between the two in terms of clinical symptoms and other factors are significant, and it is not uncommon for specialist doctors to disagree on the diagnosis. Furthermore, in many cases, the characteristics of developmental disorders interfere with social life, such as work and study. Looking at Japanese society as a whole, there is a strong link between the characteristics of developmental disorders and social pathological phenomena such as bullying, truancy and social withdrawal, but it cannot be said that sufficient measures are being taken to address this. There are many areas of developmental disorders in adulthood that have not been sufficiently researched, but in this symposium, we would like to discuss some of the topics that have been in the news recently from several perspectives, including clinical pharmacology and diagnostic imaging.

Symposium | Nurodevelopmental disorder : [Symposium 73] Recent Findings in Adult Neurodevelopmental Disorders

2025年9月27日(土) 15:50 ~ 17:20 Session Room 2 (Main Hall B)

[Symposium 73] Recent Findings in Adult Neurodevelopmental Disorders

Moderator: Haruhisa Ohta (Showa Medical University Medical Institute of Developmental Disabilities Research), Dan Nakamura (Department of Psychiatry, Showa Medical University)

[SY-73-02] Diagnosis and Treatment of Adult Developmental Disorders: A Study Using autism diagnostic observation schedule, second edition

*Dan Nakamura¹, Kenji Sanada¹, Akira Iwanami¹ (1. Department of Psychiatry, Showa University School of Medicine (Japan))

キーワード : Autism Spectrum Disorder、Attention Deficit Hyperactivity Disorder、Autism Diagnostic Observation Schedule、Second Edition、Gaze measurement、Guanfacine

In this symposium, we will report on some studies on the diagnosis and treatment of developmental disorders in adulthood conducted at Showa University Karasuyama Hospital.

Although ASD and ADHD have been considered to be different developmental disorders, there are many overlapping symptoms, and the relationship between the two disorders remains unclear. So we compared ASD symptoms in adults with 50 ASD, 69 ADHD, and 31 neurotypical controls using the ADOS-2. As a result, it was revealed that there was a high degree of similarity in clinical symptoms between the two groups.

There are also many similarities between the symptoms of ASD and schizophrenia, and the similarity in their symptoms often makes differential diagnosis difficult. We conducted the ADOS-2 on 40 schizophrenia and 50 ASD, and compared the results between the two groups to identify similarities and differences in the symptoms of the two groups.

Furthermore, with the aim of establishing biological markers for the diagnosis of developmental disorders, we conducted eye gaze measurement in human motion scenes of two movies in adults with 22 ADHD and 26 normal subjects, and concluded that the eye movement patterns in ADHD were more similar to those of healthy controls than those of ASD.

Regarding pharmacological treatment, Guanfacine extended-release (GXR) has emerged as a promising alternative to stimulant for the pharmacological treatment of ADHD. GXR is approved globally for treating ADHD in children and adolescents and was first authorized for adult ADHD in Japan in 2019. Since many countries and regions approve GXR only for pediatric ADHD, research on its efficacy in adults has rarely been conducted. We conducted a retrospective medical chart review in adults with ADHD who attended an ADHD specialty clinic at Showa University Karasuyama Hospital, and evaluated clinical outcomes in adults with ADHD treated with GXR in routine clinical practice.

Symposium | Neurodevelopmental disorder : [Symposium 73] Recent Findings in Adult Neurodevelopmental Disorders

2025年9月27日(土) 15:50 ~ 17:20 Session Room 2 (Main Hall B)

[Symposium 73] Recent Findings in Adult Neurodevelopmental Disorders

Moderator: Haruhisa Ohta (Showa Medical University Medical Institute of Developmental Disabilities Research), Dan Nakamura (Department of Psychiatry, Showa Medical University)

[SY-73-03] Brain imaging research on neurodevelopmental disorders

*Haruhisa Ohta¹ (1. Showa Medical University (Japan))

キーワード : MRI、ASD、ADHD

Neurodevelopmental disorders are considered to be disorders of brain function, and brain imaging studies of neurodevelopmental disorders are actively being conducted. At Showa Medical University, MRI brain imaging studies have been conducted on ASD and ADHD in adults. Previous studies have reported that children with ASD have larger brain volumes, while those with ADHD have smaller brain volumes. Although ASD and ADHD share common pathologies, differences in brain volume have been observed between the two disorders. MRI can measure not only brain volume, but also white matter tracts and brain function. However, the number of studies directly comparing ASD and ADHD is insufficient and the differences between the two remain unclear. In this presentation, we will report on our study to understand the similarities and differences between ASD and ADHD in adults.

Symposium | Nurodevelopmental disorder : [Symposium 73] Recent Findings in Adult Neurodevelopmental Disorders

2025年9月27日(土) 15:50 ~ 17:20 Session Room 2 (Main Hall B)

[Symposium 73] Recent Findings in Adult Neurodevelopmental Disorders

Moderator: Haruhisa Ohta (Showa Medical University Medical Institute of Developmental Disabilities Research), Dan Nakamura (Department of Psychiatry, Showa Medical University)

[SY-73-04] Gender Dysphoria as a subset of *Pervasive Social Dysphoria*: A Qualitative Analysis of the Life Story of Japanese Autistic adults with Gender Dysphoria

*Shoko Shimoyama¹ (1. Research Center for Advanced Science and Technology, The University of Tokyo (Japan))

キーワード : autism、gender diversity、neurodiversity、gender dysphoria、pervasive social dysphoria

Recently, there has been increased attention on putative relationship between autism and gender dysphoria (GD). To understand the nature of co-occurrence, exploring these individual's experience is essential, but previous research has little focus on them. Therefore, Shimoyama and Endo (2024; 2025) explored the diverse GD experiences of Japanese autistic transgender adults. And we found that most of them not only accumulate distress over gender norms (i.e. GD) but pervasive social norms as well, which we termed ***pervasive social dysphoria (PSD)***. In other words, their GD, the gender-related conflict caused by the imposition of gender norms, was a subset of PSD—the conflict related to the broader sense of self caused by the imposition of pervasive social norms. Thus, the co-occurring phenomenon with autism may be PSD from the inner perspectives, which should be investigated in future. Additionally, the PSD concept has implications for understanding the social experiences of autistic people today. Within the conventional medical paradigm, autistic people have been viewed as having a disability, which WHO (1980, p. 143) defines as 'any limitation or lack of ability to perform an activity in the manner or within the range considered normal for a human being', due to their impairment (i.e. ASD; APA, 2013). However, our studies indicate that autistic participants found it difficult to perform 'normally' because social norms and their manner of sharing are not inclusive of autistic people. Additionally, their desires, and circumstances of experiencing uncertainty and burden from social norms were not accepted by society, which led them to develop PSD. This finding suggests a divergence in the conceptualization of autism between the conventional medical paradigm and the inner perspectives (Shimoyama & Endo, 2024, p. 2595). At the symposium, the implications of PSD and the importance of including autistic people's perspectives in autism science will be discussed.

Symposium | Neurodevelopmental disorder : [Symposium 73] Recent Findings in Adult Neurodevelopmental Disorders

2025年9月27日(土) 15:50 ~ 17:20 Session Room 2 (Main Hall B)

[Symposium 73] Recent Findings in Adult Neurodevelopmental Disorders

Moderator: Haruhisa Ohta (Showa Medical University Medical Institute of Developmental Disabilities Research), Dan Nakamura (Department of Psychiatry, Showa Medical University)

[SY-73-05] *Understanding ADHD in Adults*

*Pietro De Rossi¹ (1. Bambino Gesù Children's Hospital (Italy))

キーワード : ADHD、Adults、Update

Attention-Deficit/Hyperactivity Disorder (ADHD) is increasingly recognized as a condition that often persists into adulthood, posing significant challenges in diagnosis and management. This presentation provides an updated overview of key findings in the neurobiology of adult ADHD, highlighting recent insights from neuroimaging, genetic, and neurochemical studies that shed light on the disorder's complex pathophysiology. Special emphasis is placed on the evolving understanding of gender differences in clinical presentation, symptom expression, and treatment response, with women often being underdiagnosed due to subtler symptom profiles. Diagnostic challenges are also addressed, particularly in distinguishing ADHD from overlapping psychopathological conditions such as mood and anxiety disorders, substance use, and personality disorders. Additionally, the frequent co-occurrence of ADHD with other neurodevelopmental disorders, including Autism Spectrum Disorders and learning disabilities, is explored. The presentation reviews current best practices for pharmacological and non-pharmacological interventions in adults, considering both efficacy and tolerability. Emerging treatment approaches and long-term management strategies are also discussed. By integrating findings across disciplines, this presentation aims to support clinicians in improving diagnostic accuracy and optimizing individualized care for adults with ADHD, ultimately enhancing functional outcomes and quality of life.

Symposium | Global Mental Health : [Symposium 74] Psychiatry in times of disaster

2025年9月27日(土) 15:50 ~ 17:20 Session Room 3 (Large Hall A)

[Symposium 74] Psychiatry in times of disaster

Moderator: Glen Milstein (The City College of New York), Meryam Schouler-Ocak (Charité University)

[SY-74]

Psychiatry in times of disaster

Mian Yoon Chong³, Hiroaki Tomita⁴, Maiko Fukasawa⁵, Meryam Schouler-Ocak², Tsuyoshi Akiyama¹ (1. Rokubancho Mental Clinic (Japan), 2. Charité University (Germany), 3. HMI Medical, Singapore & Regency Specialist Hospital (Singapore), 4. Tohoku University (Japan), 5. Fukushima Medical University (Japan))

[SY-74-01]

Disaster Psychiatry: Managing crisis as a leader

*Mian Yoon Chong¹ (1. Regency Specialist Hospital, Malaysia (Malaysia))

[SY-74-02]

Worry about radiation and mental health after the Fukushima nuclear disaster

*Maiko Fukasawa¹ (1. Fukushima Medical University (Japan))

[SY-74-03]

Role of media during a disaster – how should the reporting look like?

*Meryam Schouler-Ocak¹ (1. Psychiatric University Clinic of Charité at St. Hedwig Hospital (Germany))

Symposium | Global Mental Health : [Symposium 74] Psychiatry in times of disaster

2025年9月27日(土) 15:50 ~ 17:20 Session Room 3 (Large Hall A)

[Symposium 74] Psychiatry in times of disaster

Moderator: Glen Milstein (The City College of New York), Meryam Schouler-Ocak (Charité University)

[SY-74] Psychiatry in times of disaster

Mian Yoon Chong³, Hiroaki Tomita⁴, Maiko Fukasawa⁵, Meryam Schouler-Ocak², Tsuyoshi Akiyama¹ (1. Rokubancho Mental Clinic (Japan), 2. Charité University (Germany), 3. HMI Medical, Singapore & Regency Specialist Hospital (Singapore), 4. Tohoku University (Japan), 5. Fukushima Medical University (Japan))

キーワード : Disaster、 Mental Health、 Crisis

Millions are affected yearly by natural or man-made disasters, such as earthquakes, typhoons, hurricanes, floods, pandemics, the Ukraine-Russia war, or the Middle East conflicts. Many come unexpectedly and abruptly, creating a crisis that threatens human lives and normal living and affects not only individuals or communities but also regional stability. Such events are described as 'destructive,' 'catastrophic,' or 'deadly.' In the acute phase of disaster, the psychiatrist primarily facilitates natural recovery rather than treating pathology. In the acute aftermath of a disaster, the psychiatrist must be alert to organic mental disorders secondary to head injury, toxic exposure, illness, and dehydration. About half to two-thirds of these victims suffer from mental distress and stress-related disorders. The most frequent diagnosis made is posttraumatic stress disorder (PTSD), often along with mood and substance use disorder. In addition, most individuals report psychological symptoms that do not amount to disorders.

The overarching goal of disaster psychiatry is to facilitate normal recovery processes and prevent or diminish psychiatric morbidity. Thus, psychiatrists need many vital skills to assist communities. Involvement in disaster planning is an excellent way to help their communities. Moreover, psychiatric interventions targeted at the various longitudinal phases of disaster response must be a part of disaster management.

In this symposium, the first speaker will discuss "Disaster Psychiatry: Managing Crisis as a Leader." The second speaker will focus on "Longitudinal alterations in the psychosocial conditions of a community affected by the catastrophe and the need to provide long-term support in response to changing situations after". The third speaker will present "The worry about radiation and mental health after the Fukushima nuclear power plant accident occurred in March 2011". The last presentation will be on "Role of media during a disaster – how should the reporting look like?". All presentations will be discussed with the plenum.

Symposium | Global Mental Health : [Symposium 74] Psychiatry in times of disaster

2025年9月27日(土) 15:50 ~ 17:20 Session Room 3 (Large Hall A)

[Symposium 74] Psychiatry in times of disaster

Moderator: Glen Milstein (The City College of New York), Meryam Schouler-Ocak (Charité University)

[SY-74-01] Disaster Psychiatry: Managing crisis as a leader*Mian Yoon Chong¹ (1. Regency Specialist Hospital, Malaysia (Malaysia))

キーワード : Disaster Psychiatry、Crisis intervention、Trauma & disaster、PTSD

Each year, millions are affected by natural or man-made disasters some of which include earthquakes, typhoons, hurricanes, floods and similar large-scale calamities such as the recent covid-19 pandemic, Ukraine-Russia war or the Middle East conflicts. Many come unexpectedly and abruptly with little or no warning, creating a crisis that leads to an unstable and dangerous situation that threaten human lives and normal living and affecting not only individuals or communities but also to regional stability. Terms like 'destructive', 'catastrophic' or 'deadly' are frequently used to describe such event that is usually unpredictable and causing lots of disruption and uncertainty. Studies have shown that about half to two thirds of these victims suffered from mental distress and stress-related disorders. The most frequent diagnosis made is posttraumatic stress disorder (PTSD), often along with mood and substance use disorder. In addition, most individuals report psychological symptoms that do not amount to disorders. Every crisis is different from one another but their characteristics are similar, and requires immediate intervention to reduce damages and to restore the affected individuals or community to pre-crisis functioning. It is a real test and also an opportunity for a leader to turning the challenges into opportunity while making wise and rapid decisions, and taking courageous action to confront the crisis that requires management than solutions. It demands certain quality of a leader with a personality of flexibility, patience and endurance that can withhold or sustain the pressure, and to be decisive and determine at this critical moment. Crisis work however is not suitable for everyone, and a Crisis Management Team is necessary with solid training in certain knowledge, skills and attitude. Other than emergency and rescue, psychiatric team plays a vital role specifically during and aftermath the disaster with the recovery of traumatized victims. With findings from studies of psychological impact and management of disaster in major earthquakes, typhoons, industrial explosions, and epidemics in Taiwan, this report aims to review and analyze some common key elements as a leader in the management of a crisis.

Symposium | Global Mental Health : [Symposium 74] Psychiatry in times of disaster

2025年9月27日(土) 15:50 ~ 17:20 Session Room 3 (Large Hall A)

[Symposium 74] Psychiatry in times of disaster

Moderator: Glen Milstein (The City College of New York), Meryam Schouler-Ocak (Charité University)

[SY-74-02] Worry about radiation and mental health after the Fukushima nuclear disaster*Maiko Fukasawa¹ (1. Fukushima Medical University (Japan))

キーワード : nuclear disaster、posttraumatic stress symptoms、worry about radiation

The Fukushima nuclear power plant accident following the Great East Japan Earthquake in March 2011 increased worry about the adverse health effects of radiation and affected the mental health of community residents. Based on the results of a longitudinal survey of non-evacuee community residents in Fukushima conducted five to 10 years after the accident, its long-term effects on mental health were explored. Although worry about radiation has gradually decreased, some people still have worry more than 10 years after the accident. Concerning mental health, posttraumatic stress symptoms were persistent. In terms of worry about radiation, those who experienced traumatic events in the Great East Japan Earthquake had stronger worry than those who did not. As for posttraumatic stress symptoms, after adjusting for the experiences of traumatic events, distrust in the government was correlated. In addition, while those with larger social networks tended to recover, those with small social networks had retained their symptoms. Worry about radiation predicted later posttraumatic stress symptoms, however, while worry about radiation had decreased with time during the study period, posttraumatic stress symptoms had not. Such symptoms after the nuclear disaster may be strongly affected by the social factors including the personal relationships with people around one and trust in the government. Disruptions in a community stemmed from the differences in the risk perception of radiation among those around one or sense of inequality in compensation, and strong distrust in the government were characteristic factors after the nuclear disaster, which may have persistent adverse effects on the mental health of those affected. Furthermore, besides their personal experiences, societal attitude to the nuclear disaster might also affect their mental health.

Symposium | Global Mental Health : [Symposium 74] Psychiatry in times of disaster

2025年9月27日(土) 15:50 ~ 17:20 Session Room 3 (Large Hall A)

[Symposium 74] Psychiatry in times of disaster

Moderator: Glen Milstein (The City College of New York), Meryam Schouler-Ocak (Charité University)

[SY-74-03] Role of media during a disaster – how should the reporting look like?

*Meryam Schouler-Ocak¹ (1. Psychiatric University Clinic of Charité at St. Hedwig Hospital (Germany))

Mass media play a pivotal yet often misunderstood role in disasters. While coverage can amplify misinformation and reinforce harmful myths, effective communication has the potential to strengthen early warning systems, support timely evacuations, and foster community resilience. Research highlights both the risks and opportunities within the media-disaster relationship, underscoring how media can influence public perception, disaster planning, and recovery efforts.

As the key link between the public and emergency organizations, the media disseminate vital information before, during, and after crises. They educate communities, warn of hazards, report on affected areas, and alert officials and relief agencies to urgent needs. To fully realize these benefits, proactive and sustained collaboration between media professionals and disaster management organizations is essential.

This presentation examines the dual role of mass media in disasters and discusses strategies to strengthen their positive impact on preparedness, response, and recovery.

Symposium | Schizophrenia : [Symposium 75] Current Topic of Biological Psychiatry: Synapse, Glia and Inflammation

2025年9月27日(土) 15:50 ~ 17:20 Session Room 4 (Large Hall B)

[Symposium 75] Current Topic of Biological Psychiatry: Synapse, Glia and Inflammation

Moderator: Takahiro A. Kato (Department of Psychiatry, Hokkaido University Graduate School of Medicine), Shigenobu Kanba (Kyushu University)

[SY-75]

Current Topic of Biological Psychiatry: Synapse, Glia and Inflammation

Takahiro A. Kato¹, Shigenobu Kanba², Sota Kyuragi², Si Tianmei³, Masaaki Iwata⁴ (1. Hokkaido University (Japan), 2. Kyushu University (Japan), 3. Peking University (China), 4. Tottori University (Japan))

[SY-75-01]

Reverse translational research using human blood induced microglia-like (iMG) cells: Are microglia causing fires in the brain?

*Takahiro A. Kato¹ (1. Department of Psychiatry, Hokkaido University Graduate School of Medicine (Japan))

[SY-75-02]

Development of biomarkers of hikikomori focusing on inflammation and microglia

*Sota Kyuragi¹, Takahiro A Kato² (1. Kyushu University (Japan), 2. Hokkaido University (Japan))

[SY-75-03]

Study the Immunoinflammatory mechanisms of Depression: The role of protein tyrosine phosphatase receptor type Z1 and astrocyte-microglia interactions

*Tian-Mei Si^{1,2} (1. National Clinical Research Center for Mental Disorders(Peking University Sixth Hospital/Institute of Mental Health) (China), 2. The Key Laboratory of Mental Health, Ministry of Health (Peking University) (China))

[SY-75-04]

Antidepressant Effects of β -Hydroxybutyrate Based on the Neuroinflammation Hypothesis of Depression and Its Potential for Clinical Application

*Masaaki Iwata¹ (1. Tottori University (Japan))

Symposium | Schizophrenia : [Symposium 75] Current Topic of Biological Psychiatry: Synapse, Glia and Inflammation

2025年9月27日(土) 15:50 ~ 17:20 Session Room 4 (Large Hall B)

[Symposium 75] Current Topic of Biological Psychiatry: Synapse, Glia and Inflammation

Moderator: Takahiro A. Kato (Department of Psychiatry, Hokkaido University Graduate School of Medicine), Shigenobu Kanba (Kyushu University)

[SY-75] Current Topic of Biological Psychiatry: Synapse, Glia and Inflammation

Takahiro A. Kato¹, Shigenobu Kanba², Sota Kyuragi², Si Tianmei³, Masaaki Iwata⁴ (1. Hokkaido University (Japan), 2. Kyushu University (Japan), 3. Peking University (China), 4. Tottori University (Japan))

キーワード : inflammation、microglia、NMDA

In this symposium, we will discuss the current topic of biological psychiatry especially focusing on neuro-glia interactions and brain inflammation.

Symposium | Schizophrenia : [Symposium 75] Current Topic of Biological Psychiatry: Synapse, Glia and Inflammation

2025年9月27日(土) 15:50 ~ 17:20 Session Room 4 (Large Hall B)

[Symposium 75] Current Topic of Biological Psychiatry: Synapse, Glia and Inflammation

Moderator: Takahiro A. Kato (Department of Psychiatry, Hokkaido University Graduate School of Medicine), Shigenobu Kanba (Kyushu University)

[SY-75-01] Reverse translational research using human blood induced microglia-like (iMG) cells: Are microglia causing fires in the brain?

*Takahiro A. Kato¹ (1. Department of Psychiatry, Hokkaido University Graduate School of Medicine (Japan))

キーワード : microglia、inflammation、reverse-translational research

Microglia play crucial roles of inflammation in the brain. Postmortem brain analysis and PET imaging analysis are two major methods to assess microglial activation in human, and these studies have suggested activation of human microglia in the brain of patients with various neurological and psychiatric disorders. However, by using the above methods, only limited aspects of microglial activation can be measured. We have originally developed a technique to create directly induced microglia-like (iMG) cells from fresh human peripheral blood monocytes adding GM-CSF and IL-34 for 2 weeks, instead of brain biopsy and iPS technique (Ohgidani, Kato et al. Sci Rep 2014). Using the iMG cells, dynamic morphological and molecular-level analyses such as phagocytosis and cytokine releases after cellular-level stress exposures are applicable. Recently, we have confirmed the similarity between human iMG cells and brain primary microglia by RNAseq (Tanaka, et al. Front Immunology 2021). We believe that patients-derived iMG cells will take a role as one of the important surrogate markers to predict microglial activation in patients with various neurological and psychiatric disorders. In this symposium, we will introduce our latest findings using iMG cells with such patients. We have already revealed previously-unknown dynamic pathophysiology of microglia in patients with Nasu-Hakola disease (Sci Rep 2014), fibromyalgia (Sci Rep 2017), rapid-cycling bipolar disorder (Front Immunology 2017) and Moyamoya Disease (Sci Rep 2023). The iMG cells can analyze both state- and trait- related microglial characteristics of human subjects by repeated blood collection, which is especially valuable because majority of psychiatric disorders express situation- and time- oriented symptoms. We believe that the iMG techniques shed new light on clarifying dynamic molecular pathologies of microglia in a variety of neuropsychiatric and other brain disorders.

Symposium | Schizophrenia : [Symposium 75] Current Topic of Biological Psychiatry: Synapse, Glia and Inflammation

2025年9月27日(土) 15:50 ~ 17:20 Session Room 4 (Large Hall B)

[Symposium 75] Current Topic of Biological Psychiatry: Synapse, Glia and Inflammation

Moderator: Takahiro A. Kato (Department of Psychiatry, Hokkaido University Graduate School of Medicine), Shigenobu Kanba (Kyushu University)

[SY-75-02] Development of biomarkers of hikikomori focusing on inflammation and microglia

*Sota Kyuragi¹, Takahiro A Kato² (1. Kyushu University (Japan), 2. Hokkaido University (Japan))

キーワード : hikikomori、inflammation、iMG cells、hsCRP、bilirubin

Objective: Hikikomori, a severe form of social withdrawal now listed in the Diagnostic and Statistical Manual of Mental Disorders, Text Revision (DSM-5-TR), is a recognized global issue that frequently co-occurs with various psychiatric disorders. Our previous studies have identified key psychological traits, such as high suicidal ideation and diminished social connection. Despite these insights, the biological basis of hikikomori remains largely unclear, and biomarker studies are limited. This study aims to identify the biological characteristics of hikikomori by investigating biomarkers using both plasma analysis and a blood-derived cellular model. **Methods:** Participants were recruited from the Mood Disorder/Hikikomori Clinic at Kyushu University Hospital and were diagnosed with hikikomori if they met the criterion of spending almost all their time at home for more than six months. Following informed consent, we collected peripheral blood samples and detailed clinical data. These samples were utilized for acquiring biochemical data and obtaining peripheral blood mononuclear cells. These cells were subsequently differentiated into induced microglia-like (iMG) cells, a patient-derived cellular model used to analyze microglial function.

Results: Our analyses revealed a distinct psychobiological profile for patients with hikikomori. Psychologically, they exhibited not only high suicidal ideation but also pronounced loneliness, anhedonia, and psychomotor retardation. Biochemically, patients had significantly higher levels of high-sensitivity C-reactive protein (hsCRP) and significantly lower levels of total bilirubin. Furthermore, the analysis of iMG cells revealed different gene expression phenotypes in hikikomori patients. **Discussion:** Our findings suggest that hikikomori has a distinct pathophysiological background involving inflammation and increased susceptibility to oxidative stress as indicated by elevated hsCRP levels, reduced bilirubin levels, and iMG gene phenotypes. In psychiatric practice, where objective data is scarce, this combined methodology offers a powerful strategy for developing objective biomarkers and identifying novel therapeutic targets for this complex condition.

Symposium | Schizophrenia : [Symposium 75] Current Topic of Biological Psychiatry: Synapse, Glia and Inflammation

2025年9月27日(土) 15:50 ~ 17:20 Session Room 4 (Large Hall B)

[Symposium 75] Current Topic of Biological Psychiatry: Synapse, Glia and Inflammation

Moderator: Takahiro A. Kato (Department of Psychiatry, Hokkaido University Graduate School of Medicine), Shigenobu Kanba (Kyushu University)

[SY-75-03] Study the Immunoinflammatory mechanisms of Depression: The role of protein tyrosine phosphatase receptor type Z1 and astrocyte-microglia interactions

*Tian-Mei Si^{1,2} (1. National Clinical Research Center for Mental Disorders(Peking University Sixth Hospital/Institute of Mental Health) (China), 2. The Key Laboratory of Mental Health, Ministry of Health (Peking University) (China))

キーワード : Neuroinflammation、Chronic stress、Cytokines、Astroglia-microglia interaction

Major depressive disorder (MDD) is a highly disabling mental disorder characterized by persistent low mood, anhedonia, and cognitive impairment. Its etiology is complex, and the neuroinflammatory responses are considered a critical pathogenic mechanism of MDD, with the homeostatic balance of inflammatory cytokines and the immunoregulatory functions of glial cells being essential for maintaining normal neuroimmune function. Protein tyrosine phosphatase receptor type Z1 (PTPRZ1) has recently been identified as a key molecule involved in the regulation of neuroinflammation, and its genetic variations have been associated with the pathogenesis of MDD. We used the post-witness social defeat stress model, which has been validated for studying the immune mechanisms of MDD. We found the notably increased the expression of PTPRZ1 protein, the significant enhancement of PTPRZ1 phosphatase activity in the hypothalamus and the higher levels of proinflammatory cytokines in stressed mice. The behaviors and immune response could be reversed by both the typical antidepressants (fluoxetine) treatment and administration of the PTPRZ1 phosphatase inhibitor MY10. And additionally, MY10 treatment significantly inhibited the overactivation of microglia in the hypothalamus of stressed mice, reduced the number of M1 pro-inflammatory microglia, and increased the number of M2 anti-inflammatory microglia. This study first unveiled the critical role of PTPRZ1 in the neuroimmune regulation of the hypothalamus in chronically stressed mice. The Immune-inflammatory and astrocyte-microglia interactions play the important role in the pathology of MDD. this immune response. Additionally, this study found that the PTPRZ1 phosphatase inhibitor MY10 modulates microglial polarization and effectively alleviates depressive-like behaviors in stressed mice. These findings provide new theoretical insights into the pathogenesis of MDD and offer potential therapeutic targets for developing novel PTPRZ1-based treatment strategies.

Symposium | Schizophrenia : [Symposium 75] Current Topic of Biological Psychiatry: Synapse, Glia and Inflammation

2025年9月27日(土) 15:50 ~ 17:20 Session Room 4 (Large Hall B)

[Symposium 75] Current Topic of Biological Psychiatry: Synapse, Glia and Inflammation

Moderator: Takahiro A. Kato (Department of Psychiatry, Hokkaido University Graduate School of Medicine), Shigenobu Kanba (Kyushu University)

[SY-75-04] Antidepressant Effects of β -Hydroxybutyrate Based on the Neuroinflammation Hypothesis of Depression and Its Potential for Clinical Application

*Masaaki Iwata¹ (1. Tottori University (Japan))

キーワード : Depression、Inflammation、beta hydroxybutyrate

The monoamine hypothesis, which attributes depression to reduced function of neurotransmitters such as serotonin and norepinephrine, has long dominated the understanding of depression's pathophysiology. However, many patients show limited response to monoaminergic treatments, highlighting the need for alternative models. Recently, the neuroinflammation hypothesis has emerged, suggesting that chronic stress and environmental factors activate microglia in the central nervous system, triggering the release of pro-inflammatory cytokines like IL-1 β and TNF- α . These disrupt neuroplasticity and may underlie depressive symptoms. We focused on β -hydroxybutyrate (BHB), an endogenous ketone body with anti-inflammatory properties, as a novel therapeutic approach. BHB is produced in the liver during fasting, exercise, or ketogenic diets and crosses the blood-brain barrier to act within the central nervous system. In animal models of stress-induced depression, BHB administration significantly improved depression-like behaviors. Mechanistically, BHB suppressed activation of the NLRP3 inflammasome and reduced brain IL-1 β expression. It may also enhance BDNF expression via HDAC inhibition, contributing to both anti-inflammatory and neuroplasticity-promoting effects. Based on these findings, we are currently conducting a specified clinical trial in patients with depression to evaluate BHB's therapeutic potential. As BHB is already used as a dietary supplement and demonstrates high safety and oral bioavailability, it is a promising candidate for clinical application. This research supports a shift from the monoamine-based model to a molecularly informed neuroinflammatory paradigm of depression, offering a foundation for novel, mechanism-based interventions. Further multi-institutional collaboration is ongoing to clarify BHB's efficacy and mechanisms, aiming toward its integration into personalized psychiatric care.

Symposium | Cultural Psychiatry : [Symposium 76] Transcultural Education in Psychiatry: The Enduring Global Legacy of Prof. Norman Sartorius for Emerging Clinicians

2025年9月27日(土) 15:50 ~ 17:20 Session Room 5 (Conference Room A)

[Symposium 76] Transcultural Education in Psychiatry: The Enduring Global Legacy of Prof. Norman Sartorius for Emerging Clinicians

Moderator: Nozomu Oya (Kyoto Prefectural University of Medicine), Akihisa Iriki (Osaka Psychiatric Medical Center)

[SY-76]

Transcultural Education in Psychiatry: The Enduring Global Legacy of Prof. Norman Sartorius for Emerging Clinicians

Morio Aki¹, Michael Wallies², Ekachaeryanti Zain^{3,4}, Kumi Aoyama⁵, Masuo Tanaka⁶, Norman Sartorius⁷ (1. Kyoto University (Japan), 2. Therapie auf Augenhoede (Switzerland), 3. Mulawarman University (Indonesia), 4. Niigata University (Japan), 5. Kanagawa Psychiatric Center (Japan), 6. Jikei Hospital (Japan), 7. Association for the Improvement of Mental Health Programmes (Switzerland))

[SY-76-01]

Cultivating Transcultural Leaders through Peer-Led Narratives: Twenty Years of the Course for the Academic Development of Psychiatrists (CADP) and the Japan Young Psychiatrists Organisation (JYPO)

*Morio Aki^{1,2}, Akihisa Iriki^{1,3}, Nozomu Oya^{1,4}, Toshihiro Shimizu^{1,5}, Fumiya Miyano^{1,6}, Toru Horinouchi^{1,6} (1. Japan Young Psychiatrists Organization (Japan), 2. Kyoto University (Japan), 3. Osaka Psychiatric Medical Center (Japan), 4. Kyoto Prefectural University of Medicine (Japan), 5. Saitama Psychiatric Medical Center (Japan), 6. Hokkaido University (Japan))

[SY-76-02]

'We owe it to humanity to have good people.' - The Impact of Norman Sartorius on European psychiatry

*Michael Wallies¹ (1. Therapie auf Augenhoede (Switzerland))

[SY-76-03]

The Enduring Legacy of Professor Norman Sartorius on Psychiatry in Indonesia: Insights from Early-Career Psychiatrists

*Ekachaeryanti Zain^{1,2} (1. Department of Psychiatry, Niigata University Graduate School of Medical and Dental Sciences (Japan), 2. Department of Psychiatry, Faculty of Medicine, Mulawarman University (Indonesia))

[SY-76-04]

Beyond Education: Prof. Norman Sartorius' Mentorship and the Organizational Maturity of JYPO

*Kumi Uehara Aoyama¹ (1. Kanagawa Psychiatric Center (Japan))

[SY-76-05]

Before Course for academic development of psychiatry (CADP) to After Development supported by Professor Sartorius and JYPO members.

*Masuo Tanaka¹ (1. Zikei Hospital/Zikei psychiatric institute (Japan))

Symposium | Cultural Psychiatry : [Symposium 76] Transcultural Education in Psychiatry: The Enduring Global Legacy of Prof. Norman Sartorius for Emerging Clinicians

2025年9月27日(土) 15:50 ~ 17:20 Session Room 5 (Conference Room A)

[Symposium 76] Transcultural Education in Psychiatry: The Enduring Global Legacy of Prof. Norman Sartorius for Emerging Clinicians

Moderator: Nozomu Oya (Kyoto Prefectural University of Medicine), Akihisa Iriki (Osaka Psychiatric Medical Center)

[SY-76] Transcultural Education in Psychiatry: The Enduring Global Legacy of Prof. Norman Sartorius for Emerging Clinicians

Morio Aki¹, Michael Wallies², Ekachaeryanti Zain^{3,4}, Kumi Aoyama⁵, Masuo Tanaka⁶, Norman Sartorius⁷ (1. Kyoto University (Japan), 2. Therapie auf Augenhoede (Switzerland), 3. Mulawarman University (Indonesia), 4. Niigata University (Japan), 5. Kanagawa Psychiatric Center (Japan), 6. Jikei Hospital (Japan), 7. Association for the Improvement of Mental Health Programmes (Switzerland))

キーワード : Academic Education、Transcultural Education、Cross-cultural Psychiatry

For the advancement of psychiatry, it is important to offer young doctors an opportunity to gain an international perspective and to acquire professional and leadership skills. Prof Norman Sartorius is a leading psychiatrist who has enlightened the direction of psychiatry internationally. One of his contributions has been the establishment of the Courses for the Academic Development of Psychiatrists (CADP) which have been instrumental in fostering the acquisition of international perspectives and the development of leadership and professional skills of young psychiatrists around the world. In Japan, in particular, he organised the CADP for young psychiatrists in 2002 in collaboration with the Japanese Society of Psychiatry and Neurology. Since then, the CADP courses have been organised 22 times by young psychiatrists and have been handed down from generation to generation. This symposium will look back on Prof Sartorius' international awareness-raising activities and outline the systems that have emerged from his efforts and their impact on psychiatry in different countries. The symposium will introduce the Japan Young Psychiatrists Organisation (JYPO), an accredited NPO formed in Japan around the CADP, describe what activities its alumni are involved in, and what awareness-raising activities and results have been demonstrated in Europe and Asia. The session will then discuss the impact of these awareness-raising activities in the context of diverse cultures and changing times

Symposium | Cultural Psychiatry : [Symposium 76] Transcultural Education in Psychiatry: The Enduring Global Legacy of Prof. Norman Sartorius for Emerging Clinicians

2025年9月27日(土) 15:50 ~ 17:20 Session Room 5 (Conference Room A)

[Symposium 76] Transcultural Education in Psychiatry: The Enduring Global Legacy of Prof. Norman Sartorius for Emerging Clinicians

Moderator: Nozomu Oya (Kyoto Prefectural University of Medicine), Akihisa Iriki (Osaka Psychiatric Medical Center)

[SY-76-01] Cultivating Transcultural Leaders through Peer-Led Narratives: Twenty Years of the Course for the Academic Development of Psychiatrists (CADP) and the Japan Young Psychiatrists Organisation (JYPO)

*Morio Aki^{1,2}, Akihisa Iriki^{1,3}, Nozomu Oya^{1,4}, Toshihiro Shimizu^{1,5}, Fumiya Miyano^{1,6}, Toru Horinouchi^{1,6} (1. Japan Young Psychiatrists Organization (Japan), 2. Kyoto University (Japan), 3. Osaka Psychiatric Medical Center (Japan), 4. Kyoto Prefectural University of Medicine (Japan), 5. Saitama Psychiatric Medical Center (Japan), 6. Hokkaido University (Japan))

キーワード : transcultural psychiatry、transcultural education、Leadership Development

Background

Since Prof. Norman Sartorius initiated the Course for the Academic Development of Psychiatrists (CADP) in Japan in 2002, the programme has evolved into a peer-run ecosystem that nurtures early-career psychiatrists capable of working across cultural and disciplinary borders. The Japan Young Psychiatrists Organisation (JYPO) now steward this legacy, hosting annual CADP courses and fostering a network that spans five continents.

Objective

This presentation offers a qualitative reflection on how a three-day residential course grew into a sustained platform for transcultural leadership, and distils lessons relevant to similar initiatives worldwide.

Approach

Drawing on personal narratives, archival documents, alumni testimonials, and informal dialogues held during CADP, we identified recurring motifs and transformative moments that illustrate the programme's impact. Themes were organised using Mezirow's Transformative Learning framework.

Findings

Three narrative arcs emerged: (1)From Observer to Actor - participants described a pivotal shift from passive learning to proactive global engagement; (2) Communities of Trust - cross-cohort mentoring cultivated psychological safety for experimentation; (3) Hand-over as Culture - a deliberate "train-the-next" ethic ensured continuity despite complete leadership turnover every two-to-three years. These stories reveal how experiential cross-cultural encounters can re-shape professional identity and inspire concrete actions, such as launching internationally-collaborated researches, coordinating other conferences worldwide, and influencing academic-conference management.

Conclusion

The CADP - JYPO experience demonstrates that brief, intensively shared experiences - when paired with peer governance and a narrative-driven culture - can seed enduring, border-spanning leadership. We propose practical heuristics for replicating such qualitative momentum in other regions.

Symposium | Cultural Psychiatry : [Symposium 76] Transcultural Education in Psychiatry: The Enduring Global Legacy of Prof. Norman Sartorius for Emerging Clinicians

2025年9月27日(土) 15:50 ~ 17:20 Session Room 5 (Conference Room A)

[Symposium 76] Transcultural Education in Psychiatry: The Enduring Global Legacy of Prof. Norman Sartorius for Emerging Clinicians

Moderator: Nozomu Oya (Kyoto Prefectural University of Medicine), Akihisa Iriki (Osaka Psychiatric Medical Center)

[SY-76-02] 'We owe it to humanity to have good people.' - The Impact of Norman Sartorius on European psychiatry

*Michael Wallies¹ (1. Therapie auf Augenhoehe (Switzerland))

キーワード : Transcultural Education、Academic Education、Cross-cultural Psychiatry

Since Prof. Norman Sartorius lived and worked for many years in Europe in various positions his impact on transcultural psychiatry and the training of (young) psychiatrists was substantial and important. He gave numerous inspirational speeches at the Forum of the European Federation of Psychiatric Trainees (EFPT). This presentation aims to highlight the achievements of Professor Norman Sartorius in Europe over more than 50 years and how he inspired generations of young psychiatrists. To understand this better this presentation tries to put the broad range of activities he was and still is engaged in into perspective and context. The presentation is rounded off with a look into the future and how the positive impact can continue to inspire future generations of young people in Europe and around the world.

Symposium | Cultural Psychiatry : [Symposium 76] Transcultural Education in Psychiatry: The Enduring Global Legacy of Prof. Norman Sartorius for Emerging Clinicians

2025年9月27日(土) 15:50 ~ 17:20 Session Room 5 (Conference Room A)

[Symposium 76] Transcultural Education in Psychiatry: The Enduring Global Legacy of Prof. Norman Sartorius for Emerging Clinicians

Moderator: Nozomu Oya (Kyoto Prefectural University of Medicine), Akihisa Iriki (Osaka Psychiatric Medical Center)

[SY-76-03] The Enduring Legacy of Professor Norman Sartorius on Psychiatry in Indonesia: Insights from Early-Career Psychiatrists

*Ekachaeryanti Zain^{1,2} (1. Department of Psychiatry, Niigata University Graduate School of Medical and Dental Sciences (Japan), 2. Department of Psychiatry, Faculty of Medicine, Mulawarman University (Indonesia))

キーワード : Global Psychiatry、Early-Career Psychiatrists、Stigma Reduction、Leadership Development、Cultural Sensitivity

Professor Norman Sartorius's contributions to global psychiatry have profoundly influenced the development of psychiatric education, leadership, and stigma reduction worldwide. To explore his impact in Asia, we conducted a survey among Indonesian psychiatrists, gathering reflections on how his teachings shaped psychiatric practice and professional growth. The majority of respondents were early-career psychiatrists practicing in Indonesia, with 80% reporting familiarity with Professor Sartorius's work. A significant proportion identified his contributions as either "significant" or "very significant" to the advancement of psychiatry in Indonesia. His emphasis on international collaboration, leadership development, mental health advocacy, and stigma reduction emerged as key areas of influence. Indonesia, the world's largest archipelagic country, encompasses 1,331 ethnic categories, 633 ethnic groups, and 706 native languages. This diversity presents unique challenges for mental health professionals, who must navigate varying beliefs, stigma, and access to care. In this context, the global perspective championed by Professor Sartorius, emphasizing open-mindedness, cultural sensitivity, and mutual respect, has been particularly impactful. His teachings inspire Indonesian early-career psychiatrists to view cultural diversity not as a barrier, but as an opportunity for innovation, collaboration, and culturally sensitive mental health advocacy. The survey revealed remarkable resilience and commitment among young psychiatrists to advocacy and leadership. Stigma reduction was emphasized as a critical priority, highlighting how global mentorship and initiatives established by Professor Sartorius, such as the Courses for the Academic Development of Psychiatrists (CADP) and the formation of international professional networks among psychiatric trainees and early-career psychiatrists, can empower mental health professionals to perform leadership roles in countries where stigma remains prevalent. This presentation will share the survey findings, reflect on the continued relevance of Professor Sartorius's legacy in Indonesia, and discuss how his teachings continue to guide early-career psychiatrists in addressing evolving mental health challenges across Asia, with a particular focus on Indonesia.

Symposium | Cultural Psychiatry : [Symposium 76] Transcultural Education in Psychiatry: The Enduring Global Legacy of Prof. Norman Sartorius for Emerging Clinicians

2025年9月27日(土) 15:50 ~ 17:20 Session Room 5 (Conference Room A)

[Symposium 76] Transcultural Education in Psychiatry: The Enduring Global Legacy of Prof. Norman Sartorius for Emerging Clinicians

Moderator: Nozomu Oya (Kyoto Prefectural University of Medicine), Akihisa Iriki (Osaka Psychiatric Medical Center)

[SY-76-04] Beyond Education: Prof. Norman Sartorius' Mentorship and the Organizational Maturity of JYPO

*Kumi Uehara Aoyama¹ (1. Kanagawa Psychiatric Center (Japan))

キーワード : Norman Sartorius、Japan Young Psychiatrists Organization、Postgraduate Training、International Collaboration、Mentorship

My journey with the Japan Young Psychiatrists Organization (JYPO) began in 2004, when it was still a voluntary group. I participated in the 3rd Course for Academic Development of Psychiatrists (CADP), supported by Prof. Norman Sartorius. Through his mentorship and that of other faculty, I gained essential skills in presentation, international communication, and psychiatric knowledge across cultures. Inspired by this experience, I joined JYPO's leadership and became its third president in 2007. Although JYPO's strengths lay in its youthful energy, agility, and broad, barrier-free network, we were independent from academic institutions and lacked access to expert guidance and research infrastructure. However, Prof. Sartorius generously supported our research planning, offering detailed advice that helped us succeed in various initiatives. With his encouragement, we expanded our activities to include research on postgraduate education, SCI-PANSS translation projects, international collaborations, and educational workshops. His mentorship shaped our vision and gave us the confidence to grow. A major milestone came in 2008, when JYPO became a registered NPO. That same year, with the support of Prof. Allan Tasman, President of PRCP, Prof. Fumitaka Noda, Chair of Congress, and Prof. Tsuyoshi Akiyama, and in collaboration with the PRCP 2008 Tokyo Congress, we hosted the "Pre Pacific Rim College of Psychiatrists The Fellowship Program for Academic Development of Psychiatrists," welcoming 42 young psychiatrists from 17 countries. Prof. Sartorius gave his signature lecture on "How to Give an Oral Presentation and Discussion," which he regularly delivers at CADP, greatly inspiring participants. As PRCP returns to Japan in 2025, we are grateful for this opportunity to reflect on the support we received from PRCP in 2008 and the enduring mentorship of Prof. Sartorius, who has guided us over many years.

Symposium | Cultural Psychiatry : [Symposium 76] Transcultural Education in Psychiatry: The Enduring Global Legacy of Prof. Norman Sartorius for Emerging Clinicians

2025年9月27日(土) 15:50 ~ 17:20 Session Room 5 (Conference Room A)

[Symposium 76] Transcultural Education in Psychiatry: The Enduring Global Legacy of Prof. Norman Sartorius for Emerging Clinicians

Moderator: Nozomu Oya (Kyoto Prefectural University of Medicine), Akihisa Iriki (Osaka Psychiatric Medical Center)

[SY-76-05] Before Course for academic development of psychiatry (CADP) to After Development supported by Professor Sartorius and JYPO members.

*Masuo Tanaka¹ (1. Zikei Hospital/Zikei psychiatric institute (Japan))

キーワード : JYPO、CADP、career change

A year and half ago, before I joined Japan Young Psychiatrists Organization (JYPO), and participated the Course for Academic Development of Psychiatrists (CADP), I had lost my confidence. My research topics was not going well, and I was stunned because I couldn't find a new goal to work hard. Additionally, I was frustrated and unable to find a new goal to work on. At a psychiatric hospital where I was newly assigned for training, I met a JYPO alumnus who was one of the founding members of JYPO, and he was introduced to JYPO and CADP, which I joined without fully understanding the content. The events there changed my outlook on life, many promising psychiatrists, who came to CADP from some countries, including Japan, were amazingly inspiring, and Professor Sartorius taught me to "think globally, act locally," and so on. Through these learnings in JYPO activities and CADP, I got the biggest paradigm shift in my life, and even looking back, it seemed like miracle. In this presentation, I would show you my story that how JYPO, CADP, and Professor Sartorius changed my career, including my life.

Symposium | Nerodiversity : [Symposium 77] Embracing Neurodiversity: Advancing Inclusive Workplaces for All Abilities

2025年9月27日(土) 15:50 ~ 17:20 Session Room 6 (Conference Room B)

[Symposium 77] Embracing Neurodiversity: Advancing Inclusive Workplaces for All Abilities

Moderator: Fuminari Obuchi (Kaien Inc.)

[SY-77]

Embracing Neurodiversity: Advancing Inclusive Workplaces for All Abilities

Keita Suzuki¹, Hasanen Al-Tairar, Takeo Kondo, Yoshihisa Kato (1. Kaien Inc. (Japan))

[SY-77-01]

Unlocking Potential: Neurodiversity as a Competitive Advantage in the Modern Japanese Workplace

*Keita Suzuki¹ (1. Kaien Inc. (Japan))

[SY-77-02]

Diverse Abilities Center Leader of EY Japan

*Yoshihisa Kato¹ (1. EY Japan (Japan))

Symposium | Neurodiversity : [Symposium 77] Embracing Neurodiversity: Advancing Inclusive Workplaces for All Abilities

2025年9月27日(土) 15:50 ~ 17:20 Session Room 6 (Conference Room B)

[Symposium 77] Embracing Neurodiversity: Advancing Inclusive Workplaces for All Abilities

Moderator: Fuminari Obuchi (Kaien Inc.)

[SY-77] Embracing Neurodiversity: Advancing Inclusive Workplaces for All Abilities

Keita Suzuki¹, Hasanen Al-Tairar, Takeo Kondo, Yoshihisa Kato (1. Kaien Inc. (Japan))

キーワード : Neurodiversity、Inclusion、Workplace

The "Embracing Neurodiversity: Advancing Inclusive Workplaces for All Abilities" symposium aims to foster a deeper understanding and appreciation of neurodiversity in the workplace. This event will bring together thought leaders, employers, neurodiverse individuals, and advocates to explore innovative strategies for creating more inclusive work environments. Attendees will gain insights into the unique strengths and challenges faced by neurodiverse employees, and learn about practical approaches for fostering inclusion, enhancing productivity, and driving organizational success. Sessions will cover topics such as inclusive hiring practices, workplace accommodations, the role of technology, and the importance of organizational culture in supporting neurodiverse talent. Join us in championing a future where all abilities are recognized and valued.

Symposium | Nerodiversity : [Symposium 77] Embracing Neurodiversity: Advancing Inclusive Workplaces for All Abilities

2025年9月27日(土) 15:50 ~ 17:20 Session Room 6 (Conference Room B)

[Symposium 77] Embracing Neurodiversity: Advancing Inclusive Workplaces for All Abilities

Moderator: Fuminari Obuchi (Kaien Inc.)

[SY-77-01] Unlocking Potential: Neurodiversity as a Competitive Advantage in the Modern Japanese Workplace

*Keita Suzuki¹ (1. Kaien Inc. (Japan))

キーワード : Neurodiversity、Disability Employment、Workplace Inclusion、Japan

This presentation explores Japan's unique adoption of neurodiversity concept. Five domestic factors are crucial: 1) The government's economic and tech-focused framing, creating both opportunity and limitation; 2) A 50-year-old disability employment quota system, for which neurodiversity offers a more nuanced alternative to a rigid binary; 3) An urgent labor shortage due to severe demographic decline, increasing the value of diverse talent pools; 4) Rising school and work absenteeism, indicating a need for more flexible societal structures; and 5) The recent growth of online self-advocacy movements, empowering individuals to share their own stories.

Analyzing these trends, we argue that neurodiversity is a strategic necessity for Japan. It provides a vital framework to harness untapped human potential, foster innovation, and address the nation's most pressing socio-economic challenges.

Symposium | Neurodiversity : [Symposium 77] Embracing Neurodiversity: Advancing Inclusive Workplaces for All Abilities

2025年9月27日(土) 15:50 ~ 17:20 Session Room 6 (Conference Room B)

[Symposium 77] Embracing Neurodiversity: Advancing Inclusive Workplaces for All Abilities

Moderator: Fuminari Obuchi (Kaien Inc.)

[SY-77-02] Diverse Abilities Center Leader of EY Japan

*Yoshihisa Kato¹ (1. EY Japan (Japan))

キーワード : Integrating neurodiverse individuals into the workforce、 Overcoming biases and stereotypes、 Providing appropriate training and support with PwD、 Fostering a culture of acceptance and understanding

Yoshihisa Kato will address key challenges in integrating neurodiverse individuals into the workforce, such as overcoming biases and stereotypes, providing appropriate training and support, and fostering a culture of acceptance and understanding. Strategies for promoting self-awareness and advocacy among neurodiverse employees will be discussed, empowering them to effectively communicate their needs and contribute their unique perspectives.

Symposium | Suicide prevention : [Symposium 78] Suicide Prevention Laws in Japan, South Korea, and Taiwan: Achievements, Challenges, and Future Directions

2025年9月27日(土) 15:50 ~ 17:20 Session Room 7 (Conference Room C)

[Symposium 78] Suicide Prevention Laws in Japan, South Korea, and Taiwan: Achievements, Challenges, and Future Directions

Moderator: Shu-Sen Chang (National Taiwan University), Tadashi Takeshima (Taisho University)

[SY-78]

Suicide Prevention Laws in Japan, South Korea, and Taiwan: Achievements, Challenges, and Future Directions

SHU-SEN CHANG¹, Tae-Yeon Hwang², Kevin Chien-Chang Wu¹, Tadashi Takeshima³ (1. National Taiwan University (Taiwan), 2. Korea Foundation for Suicide Prevention (Korea), 3. Taisho University (Japan))

[SY-78-01]

Historical development of Japan's suicide prevention: its attainments and challenges

*Tadashi Takeshima¹, Kazuhisa Najima² (1. Taisho University (Japan), 2. Ryukoku University (Japan))

[SY-78-02]

Suicide Prevention Act and Action Plan of Korea

*Tae-Yeon Hwang¹ (1. Korea Foundation for Suicide Prevention (Korea))

[SY-78-03]

Suicide Prevention Act and Suicide Prevention Strategies in Taiwan

*SHU-SEN CHANG¹ (1. National Taiwan University (Taiwan))

[SY-78-04]

A Global Examination of Suicide Prevention Legislations

*Kevin Chien-Chang Wu^{1,2}, Shu-Sen Chang^{3,4,5} (1. Graduate Institute of Medical Education and Bioethics, National Taiwan University College of Medicine (Taiwan), 2. Department of Psychiatry, National Taiwan University Hospital (Taiwan), 3. Institute of Health Behaviors and Community Sciences and Global Health Program, College of Public Health, National Taiwan University (Taiwan), 4. Psychiatric Research Center, Wan Fang Hospital, Taipei Medical University (Taiwan), 5. Population Health Research Center, National Taiwan University (Taiwan))

Symposium | Suicide prevention : [Symposium 78] Suicide Prevention Laws in Japan, South Korea, and Taiwan: Achievements, Challenges, and Future Directions

2025年9月27日(土) 15:50 ~ 17:20 Session Room 7 (Conference Room C)

[Symposium 78] Suicide Prevention Laws in Japan, South Korea, and Taiwan: Achievements, Challenges, and Future Directions

Moderator: Shu-Sen Chang (National Taiwan University), Tadashi Takeshima (Taisho University)

[SY-78] Suicide Prevention Laws in Japan, South Korea, and Taiwan: Achievements, Challenges, and Future Directions

SHU-SEN CHANG¹, Tae-Yeon Hwang², Kevin Chien-Chang Wu¹, Tadashi Takeshima³ (1. National Taiwan University (Taiwan), 2. Korea Foundation for Suicide Prevention (Korea), 3. Taisho University (Japan))

キーワード : Suicide, Suicide prevention, Suicide prevention law

Suicide remains a critical global public health issue, accounting for over 700,000 deaths annually. In East Asia, Japan, South Korea, and Taiwan have their national suicide rates above the global average level, with each recording a total number of 21037, 13978, and 3898 suicides in 2023, respectively. Recognizing suicide as a public health priority, these three nations have enacted comprehensive suicide prevention laws alongside other national strategies. Japan's Basic Act on Suicide Prevention, first introduced in 2006 and revised in 2016, represents a key national initiative in addressing the issue. South Korea followed with its Act on the Prevention of Suicide and the Creation of a Culture of Respect for Life in 2011, revising it multiple times in response to evolving challenges. Taiwan implemented its Suicide Prevention Act in 2019, marking a significant step forward in its national suicide prevention strategies. In this symposium, speakers from Japan, South Korea, and Taiwan will present the legislative history, implementation process, and subsequent revisions of these laws. They will discuss how these legal frameworks have shaped national suicide prevention strategies, resource allocation, and program development. Through an analysis of suicide trends before and after the introduction of these laws, the presenters will highlight key achievements, identify lessons learned, and explore ongoing challenges. The session will conclude with a panel discussion on future directions for strengthening suicide prevention laws and policies, focusing on the need for regional collaboration, a whole-of-government approach, and evidence-based interventions to further reduce national suicide rates.

Symposium | Suicide prevention : [Symposium 78] Suicide Prevention Laws in Japan, South Korea, and Taiwan: Achievements, Challenges, and Future Directions

⌚ 2025年9月27日(土) 15:50 ~ 17:20 🏠 Session Room 7 (Conference Room C)

[Symposium 78] Suicide Prevention Laws in Japan, South Korea, and Taiwan: Achievements, Challenges, and Future Directions

Moderator: Shu-Sen Chang (National Taiwan University), Tadashi Takeshima (Taisho University)

[SY-78-01] Historical development of Japan's suicide prevention: its attainments and challenges

*Tadashi Takeshima¹, Kazuhisa Najima² (1. Taisho University (Japan), 2. Ryukoku University (Japan))

キーワード : suicide prevention、Japan、legal system

Japan has experienced three rapid increases in suicide deaths since the Asian-Pacific War: the first around 1955, the second around 1985, and the third beginning in 1998 and continuing until around 2011. In 2006, a sense of crisis over the increase in suicides led to the enactment of the Basic Act on Suicide Prevention by the Diet member's bill. Policies based on this Act, revisions to the Money Lending Business Act, and financial measures to encourage suicide prevention measures by local governments helped the number of suicides return to pre-surge level around 2016. The Basic Act was revised in 2016, transferring from the Cabinet Office to the Ministry of Health, Labor and Welfare, and requiring prefectures and municipalities to establish suicide prevention plans. Furthermore, in 2019, a new act was enacted by a legislative act of the Diet. The purpose of this act is to designate only one general incorporated association as a designated corporation to promote research and study on suicide prevention and the utilization of the results. The enactment of this act has been criticized as an abandonment by the government of the fundamental principles of suicide prevention. Although suicide deaths in Japan have returned to pre-surge level, the country now faces a new challenge: the increase in suicides among students. Japan's suicide prevention policy should be improved. This can be accomplished by addressing several issues. These are "stagnation in analysis of the actual situation and policy research" and "stagnation in efforts that require a long-term perspective. In addition, a scientific and bottom-up suicide prevention network needs to be developed. Furthermore, survivors' participation in policy making is indispensable. It is necessary to consolidate the two existing suicide prevention acts into one act and make the necessary amendments.

Symposium | Suicide prevention : [Symposium 78] Suicide Prevention Laws in Japan, South Korea, and Taiwan: Achievements, Challenges, and Future Directions

2025年9月27日(土) 15:50 ~ 17:20 Session Room 7 (Conference Room C)

[Symposium 78] Suicide Prevention Laws in Japan, South Korea, and Taiwan: Achievements, Challenges, and Future Directions

Moderator: Shu-Sen Chang (National Taiwan University), Tadashi Takeshima (Taisho University)

[SY-78-02] Suicide Prevention Act and Action Plan of Korea

*Tae-Yeon Hwang¹ (1. Korea Foundation for Suicide Prevention (Korea))

キーワード : Suicide Prevention、 Suicide Prevention Act of Korea、 National Suicide Prevention Polivy

The Suicide Prevention Act was enacted in March 2011 as the suicide rate was surged. This act emphasizes the responsibilities of the central and local governments for suicide prevention and focuses on prevention and awareness improvement. To this end, the Minister of Health and Welfare establishes Action Plan every five years, and the central and local governments implement and evaluate annual suicide prevention plans. The government also perform the implementation of suicide surveys and psychological autopsies, integrate and manage suicide-related data, and establish and operate the national and regional suicide prevention centers to perform counseling, education, and crisis intervention tasks. The Suicide Prevention Act has been amended several times to reflect the latest suicide prevention programs, services and policies. The amendment in February 2022 included provisions of information on suicide attempt survivors from the police and fire departments to the local suicide prevention and community mental health and welfare centers (CMHC). The amendment in July 2023 incorporated measures for mandatory suicide prevention education in schools, public agencies, and medical and welfare facilities. The 5th Action Plan (2023-2027) aims to reduce the suicide death rate by 30% until 2027, through strengthening community-based suicide prevention policies and support for high-risk groups. This plan was structured around five major strategies and 15 key tasks. Firstly, in relation to the strategy of building Life Safety Network, the 5th Action Plan proposes expanding community-based suicide prevention programs and mental health screenings, mandating suicide prevention education, and introducing the Suicide Zero Town as a new project. The project is designed to implement community-specific suicide prevention programs at the township level, integrating various needed suicide prevention activities, including awareness campaigns, gatekeeper training, customized services for high-risk groups, and blocking access to suicide means.

Symposium | Suicide prevention : [Symposium 78] Suicide Prevention Laws in Japan, South Korea, and Taiwan: Achievements, Challenges, and Future Directions

2025年9月27日(土) 15:50 ~ 17:20 Session Room 7 (Conference Room C)

[Symposium 78] Suicide Prevention Laws in Japan, South Korea, and Taiwan: Achievements, Challenges, and Future Directions

Moderator: Shu-Sen Chang (National Taiwan University), Tadashi Takeshima (Taisho University)

[SY-78-03] Suicide Prevention Act and Suicide Prevention Strategies in Taiwan

*SHU-SEN CHANG¹ (1. National Taiwan University (Taiwan))

キーワード : Suicide Prevention Act、 Suicide Prevention Strategies、 Taiwan

Taiwan's suicide rate more than doubled from 1990 to 2005, emerging as a major public health concern. In response, the National Suicide Prevention Center was established in 2005 to coordinate nationwide efforts. The Suicide Prevention Act, enacted in 2019, incorporated multiple strategies recommended by the World Health Organization, including public education, restricting access to means of suicide, improved media and online reporting practices, gatekeeper training, crisis hotlines, and aftercare services. Following the Act's implementation, Taiwan's suicide rate declined in 2020-2021. However, our research suggests this drop may have been influenced by the COVID-19 pandemic, which restricted access to and reduced the opportunity to implement certain methods for suicide (e.g., charcoal burning), complicating assessments of the Act's effectiveness. Our qualitative study with journalists found that the Suicide Prevention Act influenced media reporting practices, such as avoiding sensational descriptions and using alternative terms for suicide methods (e.g., "falling" instead of "jumping"). However, concerns were raised about ambiguous regulations, difficulties in maintaining reader engagement without sensational reporting, and a perceived inability to report factual details. Journalists expressed a need for clearer guidance and concrete examples of violations. We also evaluated the national aftercare program for individuals who attempted suicide. While aftercare was associated with increased repeat suicide attempt hospital presentations, it also correlated with reduced suicide risk. These findings suggest that aftercare may encourage help-seeking and prevent suicide. Overall, these findings underscore the importance and complexity of evaluating the implementation and effectiveness of national suicide prevention legislation and its strategies in reducing suicide rates.

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[Symposium 78] Suicide Prevention Laws in Japan, South Korea, and Taiwan: Achievements, Challenges, and Future Directions

Moderator: Shu-Sen Chang (National Taiwan University), Tadashi Takeshima (Taisho University)

[SY-78-04] A Global Examination of Suicide Prevention Legislations

*Kevin Chien-Chang Wu^{1,2}, Shu-Sen Chang^{3,4,5} (1. Graduate Institute of Medical Education and Bioethics, National Taiwan University College of Medicine (Taiwan), 2. Department of Psychiatry, National Taiwan University Hospital (Taiwan), 3. Institute of Health Behaviors and Community Sciences and Global Health Program, College of Public Health, National Taiwan University (Taiwan), 4. Psychiatric Research Center, Wan Fang Hospital, Taipei Medical University (Taiwan), 5. Population Health Research Center, National Taiwan University (Taiwan))

キーワード : suicide prevention、legislation、law、act、WHO recommendation

Background

Suicide, defined as the intentional act of ending one's own life, caused an estimated 700,000 deaths globally in 2019, accounting for 1.3% of total mortality and ranking as the third leading cause of death among individuals aged 15 to 29. Beyond individual loss, suicide imposes significant emotional, social, and economic burdens on families and communities. In response, the World Health Organization (WHO) has emphasized the importance of comprehensive national prevention strategies, as outlined in *Preventing Suicide: A Global Imperative* (2014) and *Live Life: An Implementation Guide for Suicide Prevention in Countries* (2021). While some countries have enacted suicide prevention legislation, the extent to which these align with WHO recommendations remains uncertain.

Method

The research team conducted searches on Google and Google Scholar using the terms "suicide prevention" in combination with "act," "law," or "legislation" to identify countries and regions with relevant legal frameworks. Retrieved texts were translated into English and analyzed. Drawing from the two WHO reports, twelve key domains were identified as benchmarks for effective suicide prevention. These included public education, responsible media reporting, school-based programs, treatment of mental illness and substance use, care for somatic conditions linked to suicide, early risk identification, crisis response, post-attempt intervention, employment support, and limiting access to lethal means. Each legislation was assessed for inclusion of these domains.

Results

As of April 30, 2025, eight countries—Argentina, Brazil, Canada, Guyana, Japan, the Republic of Korea, Taiwan, and the United States—and two regions—Puerto Rico and South Australia—have enacted suicide prevention legislation. Canada's 2012 law focuses solely on urging a national suicide prevention framework and addresses only public education. Guyana's 2022 law covers most domains, except employment support and limiting access to lethal means. Notably, only Taiwan and the Republic of Korea explicitly address the restriction of lethal means in their legislations.

Conclusion

As a national policy instrument, suicide prevention legislation could play a critical role in

integrating efforts and defining priorities for suicide prevention. Aligning such laws with the WHO's evidence-based guidelines, alongside ongoing monitoring and evaluation, is essential for enhancing and sustaining their effectiveness.

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

2025年9月27日(土) 16:30 ~ 18:00 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 Galbally¹, Josephine Power¹, Izaak Lim¹, Katherine Sevar¹, Harish Kalra¹ (1. Monash University (Australia))

[SY-115-01]

Comparison and stability of measures of inattentive symptoms in childhood

*Josephine Power¹ (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]

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

*Katherine Sevar^{1,2}, Harish Kalra¹ (1. Monash University (Australia), 2. Monash Health (Australia))

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

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[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 Galbally¹, Josephine Power¹, Izaak Lim¹, Katherine Sevar¹, Harish Kalra¹ (1. Monash University (Australia))

キーワード : 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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[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-115-01] Comparison and stability of measures of inattentive symptoms in childhood

*Josephine Power¹ (1. Monash Health (Australia))

キーワード : 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 childhood.

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[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-115-02] 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))

キーワード : 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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[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-115-03] Clinical Diagnosis is critical to advancing the improvement in clinical care and outcomes through research in mental health

*Katherine Sevar^{1,2}, Harish Kalra¹ (1. Monash University (Australia), 2. Monash Health (Australia))

キーワード : 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.