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Poster 34

[P-34-01]

The Benefits and Future Potential of Generative Artificial Intelligence (GAI) on Mental Health: A Delphi Study

*Nicholas Pang¹, Chit Thet Lal Oo², Walton Wider², Eugene Koh³, Rajkumar K. Vasanthi², Lester N. Udang⁴, Leilei Jiang², Rodrigo Ramalho⁵, Bilge N. Özdemir⁶, Kashmine Mahboob⁷ (1. Universiti Malaysia Sabah (Malaysia), 2. INTI International University (Malaysia), 3. Putra Malaysia University (Malaysia), 4. Shinawatra University (Thailand), 5. The University of Auckland (New Zealand), 6. Ataturk State Hospital (Turkey), 7. Ayub Teaching Hospital (Japan))

[P-34-02]

Parental immigration status and offspring mental health service use for anxiety and depression: A Finnish nationwide register study

*Prakash Khanal^{1,2}, Subina Upadhyaya^{1,2}, Tiia Ståhlberg^{1,2,3}, Emmi Heinonen^{1,2}, Terhi Luntamo^{1,4}, Andre Sourander^{1,2,4} (1. Research Center for Child Psychiatry, University of Turku, Turku (Finland), 2. INVEST Research Flagship Center, University of Turku, Turku (Finland), 3. Department for Adolescent Psychiatry, Turku University Hospital, Turku (Finland), 4. Department for Child Psychiatry, Turku University Hospital, Turku (Finland))

[P-34-03]

Perceived Academic Stress and Adolescent Mental Health in Singapore: The Protective Role of Resilience

*Brenda Lio Liaw Wen¹, John Chee Meng Wong¹, Liang Shen¹, Dennis Kom³, Victoria Fee³, Ruochen Du¹, Qai Ven Yap¹, Natalie Cheok Ling Lei¹, Natalie HuiJing Yap¹, Muhammad Nabil Syukri Bin Sachiman¹, Nicholas En-Ping Sii¹, Michelle Si Wan Jing¹, Jie Yu Teoh¹, Leoniek M Kroneman¹, Daniel Fung², Say How Ong², Cheong Sing Tian¹, Jia Ying Teng¹, Tze Pin Ng¹, Frank Verhulst⁴ (1. National University of Singapore (NUS) (Singapore), 2. Institute of Mental Health (IMH) (Singapore), 3. Ministry of Education (MOE) (Singapore), 4. Erasmus University Medical Center (Netherlands))

[P-34-04]

Exploring Bicultural Belonging and Mental Health: A Qualitative Study of Second-Generation Nikkei Brazilians in Japan

*JULIANA MIKA KONNO HORI¹, RIEKO SHIOJI¹, ATSUKO TANIMURA¹ (1. Tokyo Metropolitan University (Japan))

[P-34-05]

The Potential of Naikan Therapy as a Glocal Psychotherapy: A Buddhist Perspective on Its Mechanism and the Value of “SUNAO”

*Miho Takahashi¹ (1. the University of Tokyo (Japan))

[P-34-06]

rTMS in Anorexia Nervosa: Novel adjunct in a complex case

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[P-34-07]

Between Sleep and Sorrows: Case Report on Narcolepsy

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Keywords : Generative artificial intelligence, Delphi study, Mental health

This study explores the perceived benefits and future potential of Generative Artificial Intelligence (GAI) in mental health care. With the increasing integration of AI technologies like ChatGPT, understanding how GAI can enhance accessibility, treatment, and support for mental health is crucial. The study aims to consolidate expert insights on the advantages and implications of GAI in mental health practice and policy. A two-round Delphi method was conducted with a purposive sample of 15 psychiatry, psychology, counseling, and medical research experts. In the first round, experts provided open-ended insights on GAI's benefits and future potential. Responses were thematically analyzed to identify key dimensions. In the second round, experts ranked the identified dimensions, with consensus measured using Kendall's W to assess agreement. The study identified eight key benefits of GAI in mental health, including accessibility, personalized treatment, cost-efficiency, and data analysis. Additionally, eight future potential themes were recognized, such as AI's role in diagnostics, support for professionals, and ethical considerations. The consensus among experts indicated that "Accessibility and Availability" was the most critical benefit, while "AI as a Collaborative and Informative Tool" was seen as the most promising potential. The study highlights opportunities for enhancing mental health services through GAI and challenges related to digital divides, ethical considerations, and technology limitations. This research provides a unique perspective on the role of GAI in mental health, offering a structured understanding of its benefits and potential future applications. The findings contribute to discussions on responsible AI integration in mental health care, with implications for policymakers, practitioners, and technology developers seeking to enhance mental health service delivery.

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[P-34-02] Parental immigration status and offspring mental health service use for anxiety and depression: A Finnish nationwide register study

*Prakash Khanal^{1,2}, Subina Upadhyaya^{1,2}, Tiia Ståhlberg^{1,2,3}, Emmi Heinonen^{1,2}, Terhi Luntamo^{1,4}, Andre Sourander^{1,2,4} (1. Research Center for Child Psychiatry, University of Turku, Turku (Finland), 2. INVEST Research Flagship Center, University of Turku, Turku (Finland), 3. Department for Adolescent Psychiatry, Turku University Hospital, Turku (Finland), 4. Department for Child Psychiatry, Turku University Hospital, Turku (Finland))

Keywords : Child and adolescent Psychiatry, mental health service utilization, anxiety and depression, immigration status, register-based study

Background: Within the global megatrend of immigration, there are persistent disparities in access to mental health services among immigrants. Despite growing research on immigrant health outcomes, little is known about how parental immigration status specifically affects offspring mental health service utilization. This register study investigates how parental immigration status relates to offspring mental health service utilization for anxiety, depression, and comorbid anxiety and depression.

Methods: Using Finnish national registers (singleton live birth 1992-2006 birth cohort), we analyzed parental immigration status and their association with mental health service use for 33,137 cases: depression only (10,003), anxiety only (14,014), and comorbid anxiety and depression (9,120); matched with 138,957 controls based on age and biological sex. We used multinomial logistic regression to calculate adjusted odds ratios (aORs), controlling for parental age, parity, parental psychopathology, socioeconomic status, and marital status.

Findings: Children with two immigrant parents had reduced likelihood of service use for all outcomes: comorbid anxiety and depression (aOR 0.4, 95% CI 0.3-0.6, $p < 0.001$), depression only (aOR 0.5, 95% CI 0.4-0.6, $p < 0.001$), and anxiety only (aOR 0.8, 95% CI 0.7-0.9, $p = 0.001$). Those with immigrant fathers and Finnish mothers showed increased likelihood across all outcomes: comorbid anxiety and depression (aOR 1.6, 95% CI 1.4-1.8, $p < 0.001$), anxiety only (aOR 1.4, 95% CI 1.3-1.6, $p < 0.001$), and depression only (aOR 1.4, 95% CI 1.2-1.6, $p < 0.001$). Maternal immigration < 1 year before childbirth lowered service use of comorbid conditions. Children with both parents from low HDI countries and with mothers from Sub-Saharan Africa exhibited significantly lower service utilization across all categories.

Interpretation: The significant differences in mental health service utilization among children of immigrant parents suggests that cultural factors, healthcare navigation skills, and migration-related stressors may influence service-seeking behaviors.

Funding: INVEST Research Flagship Centre, Research Council of Finland, European Research Council, Finnish Brain Foundation, Sigrid Jusélius Foundation.

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[P-34-03] Perceived Academic Stress and Adolescent Mental Health in Singapore: The Protective Role of Resilience

*Brenda Lio Liaw Wen¹, John Chee Meng Wong¹, Liang Shen¹, Dennis Kom³, Victoria Fee³, Ruochen Du¹, Qai Ven Yap¹, Natalie Cheok Ling Lei¹, Natalie HuiJing Yap¹, Muhammad Nabil Syukri Bin Sachiman¹, Nicholas En-Ping Sii¹, Michelle Si Wan Jing¹, Jie Yu Teoh¹, Leoniek M Kroneman¹, Daniel Fung², Say How Ong², Cheong Sing Tian¹, Jia Ying Teng¹, Tze Pin Ng¹, Frank Verhulst⁴ (1. National University of Singapore (NUS) (Singapore), 2. Institute of Mental Health (IMH) (Singapore), 3. Ministry of Education (MOE) (Singapore), 4. Erasmus University Medical Center (Netherlands))

Keywords : academic stress, resilience, adolescence, internalizing symptoms, Singapore

Introduction

In Singapore, academic success is culturally central, and stress from academic expectations contributes significantly to mental distress. However, less is known about how this stress differs across developmental stages and the protective role of resilience. This study examines how stress from academic expectations impacts internalising symptoms across adolescence and identifies resilience domains that buffer internalizing symptoms in Singaporean adolescents.

Methods

A sample of Singaporean adolescents aged 11–18 ($n = 3,336$) completed self-report measures: Academic Expectations Stress Inventory (AESI), Youth Self Report (YSR), and Singapore Youth Resilience Scale (SYRESS). Participants were grouped into early (11–12), early-middle (13–14), late-middle (15–16), and late adolescence (17–18). Moderated regression analyses examined age and resilience as moderators of the relationship between perceived academic stress and internalising symptoms.

Results

Perceived academic stress from self ($\beta = 1.31, p < .001$) and others ($\beta = 1.05, p < .001$) were associated with higher internalizing symptoms. Adolescents aged 15–16 reported significantly higher distress ($\beta = 1.62, p < .05$), with age groups 2 and 3 moderating the effect of academic stress due to self-expectations. After accounting for age, resilience significantly moderated the impact of both self- and others-imposed academic stress. Domain-level analysis revealed that personal control, positive self-image/optimism, and emotional regulation were the most protective ($p < .001, f^2 = 0.017-0.023$) with medium–large effect sizes. For stress from parent/teacher expectations, these domains remained protective ($f^2s = 0.011-0.014$; all $p < .001$), with medium effect sizes.

Conclusion

Mid-adolescence is a sensitive period where self-imposed academic stress contribute to internalizing symptoms. Resilience—particularly personal control, positive self-image, and emotional regulation moderate and serve as critical buffers of perceived academic stress.

These findings underscore the importance of culturally sensitive, developmentally informed interventions that enhance domain-specific resilience to reduce mental distress among adolescents navigating academic pressures in Singapore.

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[P-34-04] Exploring Bicultural Belonging and Mental Health: A Qualitative Study of Second-Generation Nikkei Brazilians in Japan

*JULIANA MIKA KONNO HORI¹, RIEKO SHIOJI¹, ATSUKO TANIMURA¹ (1. Tokyo Metropolitan University (Japan))

Keywords : Second-Generation Immigrants, Mental Health, Bicultural Identity, Family Dynamics

According to the United Nations World Migration Report (2024), there are over 281 million international migrants globally, representing 3.6% of the world's population—a number projected to rise in the coming decades. Migration holds the potential to enhance human development, yet it also presents significant challenges, particularly in public health. Second-generation immigrants are particularly vulnerable due to the psychological stress of navigating dual cultural identities, discrimination, and intergenerational conflict. Studies from Canada, the U.S., Denmark, and Japan have identified increased risks for mood disorders and suicidal behavior among second-generation migrants. Despite being raised predominantly in the host country, second-generation immigrants can be significantly shaped by the enduring cultural influences present in their family environment. Japan, though not historically a major immigration destination, is now home to over 3.5 million immigrants, including more than 210,000 Nikkei Brazilians, many of whom are second-generation youth. This is a qualitative study that aims to explore the long-term mental health effects of growing up in an immigrant household through in-depth, semi-structured interviews with Nikkei Brazilian descendents. By understanding the impacts of growing up in an immigrant household, the findings of this research can contribute to health promotion interventions that will support youth immigrants in navigating bicultural identity integration and building psychological resilience.

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[P-34-05] The Potential of Naikan Therapy as a Glocal Psychotherapy: A Buddhist Perspective on Its Mechanism and the Value of “SUNAO”

*Miho Takahashi¹ (1. the University of Tokyo (Japan))

Keywords : Naikan Therapy, Buddhist, SUNAO

Background: Naikan therapy is one of the few psychotherapies developed in Japan, but it is not necessarily considered mainstream within Japanese psychotherapy. Meanwhile, mindfulness is gaining global attention, and the Japanese clinical psychology community, which has long overlooked the value of Eastern culture, now needs to reexamine the glocal potential of Naikan therapy. Naikan therapy was developed based on the ascetic practices of a Buddhist sect, but its religious elements have been removed. However, the unique mechanism that allows Naikan therapy to transcend religion and become a form of psychotherapy remains unclear. Therefore, this study examines the mechanism of Naikan therapy through interviews with Buddhist scholars and focuses on the psychological state of “SUNAO,” which is considered one of the states achieved through Naikan therapy, and its value. Method: In June 2025, I conducted interviews with Buddhist psychologists and Buddhist practitioners. The transcripts were analyzed using the KJ method. This research was conducted after ethical review by the author's university.

Results: Five categories were extracted: “using the non-ordinary,” “a structure of suffering is built in,” “the existence of others as a mechanism of salvation,” “SUNAO as a state of mind,” and “the significance of Naikan as a form of psychotherapy.”

Discussion: Naikan therapy shares similarities with Buddhist ascetic practices in that it involves placing oneself in an extraordinary setting and incorporating mechanisms that enable the experience of suffering. However, it was suggested that introspective therapy also incorporates several unique elements not found in Buddhist practices. Additionally, the unique psychological state of “SUNAO” specific to Japan was considered to hold distinctive value. The findings of this study present a new understanding of Naikan therapy that differs from conventional views, and it is believed that this has unique value as a form of psychotherapy in modern society. The potential of Naikan therapy as a “glocal” psychotherapy with cultural specificity yet global appeal, as well as the value of Eastern culture derived from it, is suggested.

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[P-34-06] rTMS in Anorexia Nervosa: Novel adjunct in a complex case

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Keywords : rTMS, Anorexia Nervosa, Eating Disorder in Adolescents, Neuromodulation, Treatment for Anorexia

Background

Anorexia Nervosa (AN) in adolescents is often chronic and associated with significant psychosocial burden. CBT and family-based therapy are time-intensive and face challenges with accessibility and adherence. Pharmacological options offer limited benefits and are often poorly tolerated. Given the limitations, novel interventions are being explored. Repetitive Transcranial Magnetic Stimulation (rTMS), a non-invasive technique with minimal long-term side effects, has shown promise in OCD. Due to shared features such as ruminations and compulsive behaviors, rTMS may be a valuable adjunct in improving outcomes and reducing treatment duration in AN.

Case Presentation

A 15-year-old girl was transferred to Acute Inpatient Psychiatry Centre following a suicide attempt by falling from a height, resulting in multiple fractures and head injury with subarachnoid hemorrhage (SAH). She exhibited active suicidal ideation, body image dissatisfaction, and severely restricted calorie intake due to fear of gaining weight. Ward observations also noted forgetfulness, decreased interaction and Obsessive-compulsive traits (e.g., compulsive food photography and food logging). Due to limited response to multidisciplinary interventions, rTMS was initiated.

Methodology

Sociodemographic and Clinical details (detailed history and MSE) 2. Relevant psychological assessments (DSM 5 cross cutting) were done pre-rTMS, at 15th session, Post rTMS High Frequency to Left DLPFC and Low Frequency to Right DLPFC was given.

Results

Significant clinical improvement after 30 sessions of rTMS, including improvement of eating behavior, interactions, compulsive symptoms and successful reintegration into academic life.

Discussion

AN and OCD share clinical and neurobiological features, prompting interest in rTMS as a treatment for AN. In OCD, **low-frequency** rTMS to **Right DLPFC** reduces ruminations, while **high-frequency** stimulation of the **left DLPFC** enhances executive function.

In this case, rTMS showed significant response, supporting its potential as an early adjunctive
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therapy in AN, especially with OCD-like symptoms. More research is needed to confirm its broader use.

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[P-34-07] Between Sleep and Sorrows: Case Report on Narcolepsy

*NICOLE MARIE BOGNOT MANALASTAS¹, MARK ANTHONY PASCUAL^{1,2} (1. NATIONAL CENTER FOR MENTAL HEALTH (Philippines), 2. PHILIPPINE HEART CENTER (Philippines))

Keywords : sleep, narcolepsy, depression, general psychiatry

Objective: To explore the clinical presentation, diagnosis, and treatment of a 20-year-old female with overlapping depressive symptoms and excessive daytime sleepiness, cataplexy, fragmented sleep, vivid dreams and sleep-related hallucinations.

Methodology: This case study follows Mikan, a Filipino first-year college student, who first sought consultation in June 2023 at the Adult Outpatient Section. Detailed history taking was conducted. Polysomnography (PSG), test of wakefulness and mean sleep latency tests (MSLT) were done revealing Narcolepsy due to the presence of sleep onset REM periods (SOREMP) and short mean sleep latency of about 5 minutes². Other tests include the HLA-DQB1*06:02 genetic marker testing and the cerebrospinal fluid levels of Hypocretin which are not available in the country². She was started on Methylphenidate 10 mg/tablet 1 tablet and Fluoxetine 20 mg/capsule 1 capsule in the morning. Her repeat post-treatment sleep studies showed resolution of SOREMP but still with MSLT of about 5 minutes showing improvement.

Results: The patient's depressive symptoms such as persistent sadness, poor concentration and appetite, anhedonia, fatigue and suicidal ideations, began at age 11. Social withdrawal and academic decline were evident. By age 13, excessive daytime sleepiness became prominent, with involuntary sleep episodes, cataplexy, vivid dreams, hypnagogic and hypnopompic hallucinations, and fragmented nighttime sleep. Despite extended sleep durations and frequent naps, fatigue persisted. Depressive symptoms remitted partially over time, but the unresolved sleep issues significantly impaired functioning. With the medications prescribed, she was able to resume functioning and experience relief of symptoms.

Conclusion: Mikan's case underscores the interplay between psychiatric and sleep disorders, demonstrating how untreated sleep conditions can exacerbate or mimic mental health issues. **Psychiatric disorders are commonly overlapping with symptoms of narcolepsy including the timeline of symptoms which makes diagnosis challenging. Analysis of other studies regarding Narcolepsy revealed association with psychiatric illnesses¹.** Early multidisciplinary evaluation, including sleep studies and psychiatric assessment, is essential for accurate diagnosis and treatment. This case emphasizes the need for increased education about sleep disorders to prevent long-term psychosocial and functional impairment.

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