

Oral

2025年9月27日(土) 14:10 ~ 15:40 Session Room 8 (Meeting Room 1)

Oral 15

[O-15-02]

Impact of perceived parental parenting on maternal–infant bonding impairment in the early postpartum period: mediating role of adult attachment style

*Muhammad Dwi Wahyu¹, Naoki Fukui¹, Yuichiro Watanabe^{1,2}, Ekachaeryanti Zain¹, Por Leakhena¹, Koyo Hashijiri¹, Takaharu Motegi¹, Maki Ogawa¹, Jun Egawa¹, Koji Nishijima³, Shuken Boku¹ (1.

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[O-15-04]

Multilingual screening of mental health problems among refugees in Sweden - *development and evaluation of an online tiered screening procedure (i-TAP)*

*Jennifer Meurling¹, Elisabet Rondung¹, Gerhard Andersson², Anna Bjärtå¹ (1. Mid Sweden University (Sweden), 2. Linköping University (Sweden))

[O-15-05]

Renaming the 'high-risk for psychosis' concept in psychiatry. Young people's perspectives and cultural implications

*Andrea Roberto Polari¹ (1. Orygen (Australia))

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[O-15-02] Impact of perceived parental parenting on maternal–infant bonding impairment in the early postpartum period: mediating role of adult attachment style

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キーワード : paternal parenting、maternal parenting、adult attachment style、maternal–infant bonding impairment

Background: This study aimed to investigate the direct and indirect effects (via adult attachment style) of perceived paternal and maternal parenting on maternal–infant bonding impairment in early postpartum.

Methods: Parental Bonding Instrument (PBI) and Relationship Questionnaire (RQ) at early pregnancy and the Mother-to-Infant Bonding Scale (MIBS) at 1 month postpartum were measured. Path analysis was performed to analyze the paternal and maternal parenting (PBI subscales), adult attachment style (RQ subscales), and MIBS subscales (Lack of Affection and Anger and Rejection).

Results: Perceived paternal and maternal parenting did not directly predict maternal–infant bonding impairment. However, both perceived paternal and maternal parenting predicted adult attachment style, with maternal parenting showing a slightly stronger effect than paternal parenting ($r = -0.32$ vs. -0.20 , all $P < 0.05$). Adult attachment style subsequently predicted bonding impairment, including lack of affection ($r = -0.15$) and anger and rejection ($r = -0.16$; both $P < 0.05$).

Conclusion: The effect of perceived parental and maternal parenting on bonding impairment in the early postpartum period is fully mediated by the adult attachment style.

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*Jennifer Meurling¹, Elisabet Rondung¹, Gerhard Andersson², Anna Bjärtå¹ (1. Mid Sweden University (Sweden), 2. Linköping University (Sweden))

キーワード : Accessible screening、Refugees、Multilingual、Multi-symptom

Background: Refugees are at increased risk of mental health problems, and prevalence is consistently found to be higher compared to the general population. Despite the high need for mental health interventions, services tend to be under-utilised by refugees resettled in high-income countries, and various barriers compromise access to mental health care. Multi-symptom online screening could increase accessibility to care, improve and facilitate initial assessment.

This study aimed to evaluate the i-TAP, a multilingual, multi-symptom, internet-based tiered screening procedure designed to identify clinically relevant psychiatric symptoms among refugees in Sweden.

Methods: We conducted a mixed methods study with 70 adult refugees speaking Arabic, Dari, Farsi or Swedish, in June-October 2022. Participants first answered the i-TAP, followed by a clinical interview accomplished by a psychologist. Adjacently, participants completed a short semi-structured interview about the user-experience and acceptability of the i-TAP. Diagnostic accuracy and screening efficiency were investigated, and reflexive thematic analysis was employed to explore acceptability.

Results: The i-TAP identified 91.7% of those with a clinical diagnosis, with an accuracy ranging from 77.1-84.3% for the respective disorders. The i-TAP was perceived as relevant, approachable, but not comprehensive of the refugee experience.

Conclusion: The results show that the i-TAP could identify clinically relevant symptoms of depression, anxiety, PTSD and insomnia, with good accuracy and efficiency among refugees in Sweden. Furthermore, the i-TAP was found acceptable and easy to complete by most participants, indicating feasibility. However, the lack of post-migration factors was put forward. Being a multi-symptom, adaptive screening procedure, available in several languages, the i-TAP poses an accessible, affordable and efficient alternative to formal help-seeking and initial assessment, and could thus facilitate access to mental health services for refugees.

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Oral 15**[O-15-05] Renaming the high-risk for psychosis' concept in psychiatry. Young people's perspectives and cultural implications***Andrea Roberto Polari¹ (1. Orygen (Australia))

キーワード：Early Intervention、Stigma、Diagnosis、Labels

The language used in psychiatry is important because it provides an understandable and accurate way of describing clinical and theoretical concepts. However, the use of labels has often been associated with stigma and reduced engagement with clinical services. The presentation will cover process of generation of new terms for the 'at-risk mental state' (ARMS) for psychosis' concept, the perception of what young people, their caregivers and clinicians thought of these new terms as well as terms commonly used in early intervention clinics. Additionally, the presentation will address the participants' preference related to the best timing to introduce the at-risk concept, the extent and context of the information presented. New terms illustrating the at-risk concept have been generated by a youth reference group with lived experience of mental illness in Melbourne, Australia: 'pre-diagnosis stage' (PDS), 'potential of developing a mental illness' (PDMI) and 'disposition for developing a mental illness' (DDMI). The preferred terms were PDS, PDMI and ARMS. The least favoured terms were Ultra High Risk and Attenuated Psychotic Syndrome, which were thought to be associated with the most stigma. Most participants agreed that disclosure about diagnosis should be delivered early in care by the key clinician. The presentation will look at the replication of those findings in culturally diverse settings such as Japan and Italy. Results indicate that partnership with people with living and lived experience is possible and that ARMS has good intercultural consistency. Depending on the cultural context patients-generated terms can be used, but may be stigmatizing too and not culturally appropriate. Stigma may be related to terms used, their translation and cultural setting.