

## Poster

📅 Sat. Sep 27, 2025 2:00 PM - 2:50 PM JST | Sat. Sep 27, 2025 5:00 AM - 5:50 AM UTC 🏛️ Poster Session  
Hall (Foyer 2)

**Poster 22**

[P-22-01]

Accessibility of technology relating to mental health promotion among elderly minority people in remote Northern regions of Thailand

\*Supaporn Sudnongbua (Naresuan University(Thailand))

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[P-22-02]

Factors related to the quality of life of people with mental disorders living in remote islands

\*Misako Hisamatsu<sup>1</sup>, Ayako Yamashita<sup>2</sup>, Norio Maeda<sup>3</sup>, Yasuhito Nerome<sup>2</sup> (1.Kumamoto Health Science University(Japan), 2.Kagoshima University(Japan), 3.Kio University(Japan))

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[P-22-03]

Involuntary Psychiatric Admission in East Asia: A Case-Vignette-Based Comparative Analysis in Japan, South Korea, and Taiwan

\*Kei Kobayashi<sup>1,2</sup>, Eisuke Sakakibara<sup>1</sup>, Shinsuke Kondo<sup>1</sup>, Kanna Sugiura<sup>2</sup>, Keijin Yamamura<sup>3</sup>, Kaori Usui<sup>2</sup>, Mayui Nara<sup>2</sup>, Satoe Takashima<sup>2</sup>, Asami Matsunaga<sup>2,4</sup>, Chiyo Fujii<sup>2</sup>, Kiyoto Kasai<sup>1</sup>, Toshiya Murai<sup>3</sup> (1.Department of Neuropsychiatry, Graduate School of Medicine, The University of Tokyo(Japan), 2.Department of Community Mental Health & Law, National Institute of Mental Health, National Center of Neurology and Psychiatry(Japan), 3.Department of Psychiatry, Graduate School of Medicine, Kyoto University(Japan), 4.Department of Mental Health and Psychiatric Nursing, Graduate School of Health Care Sciences, Tokyo Medical and Dental University(Japan))

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[P-22-04]

Development of Contraceptive Education Program for Labor Migrants and Students from Vietnam

\*UKAWA Ko (Taisho University(Japan))

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[P-22-05]

Co-Production of a "22q Notebook" in Japan for individuals with 22q11.2 deletion syndrome

\*Yusuke Takahashi<sup>1</sup>, Akiko Kanehara<sup>1</sup>, Etsuko Fukaya<sup>1,2</sup>, Miho Tanaka<sup>1</sup>, Tomoko Ogawa<sup>2</sup>, Kouta Sasaki<sup>1,2</sup>, Yosuke Kumakura<sup>1</sup>, Sho Yagishita<sup>3</sup>, Kiyoto Kasai<sup>1,2</sup> (1.Department of Neuropsychiatry, The University of Tokyo Hospital(Japan), 2.Department of Child psychiatry, The University of Tokyo Hospital(Japan), 3.Department of Structural Physiology, Center for Disease Biology and Integrative Medicine, Graduate School of Medicine, The University of Tokyo(Japan))

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### [P-22-01] Accessibility of technology relating to mental health promotion among elderly minority people in remote Northern regions of Thailand

\*Supaporn Sudnongbua (Naresuan University(Thailand))

Keywords : elderly people、 minority people、 mental health promotion、 accessibility of technology、 remote area

**Background:** Since Covid-19 pandemic situation, mental health awareness has risen gradually. It has threatened and affected mental health among elderly minority people in remote areas. Accessibility of technology has become key approach to promote mental health for those people. **Methods:** Cross-sectional survey was employed and consisted of a questionnaire for a tool. Data were derived from overall 468 samples. Those samples were minority people and aged 60 and over. They were selected randomly as participants. Face-to-face questionnaire interview was undertaken to investigate. The study aimed to determine the level of mental health promotion and the accessibility of technology that might relate to the mental health promotion. **Results:** The results revealed that 61.8% of participants experienced medium level of mental health issues. In addition, 87.3% of them reported that their mental health promotion was in medium level as well as their accessibility of technology (59.4%). In terms of other factors, 65.2%, 82.1%, and 39.7% of them stated that their financial security, accessibility of mental health services, and interpersonal relationship were in medium level respectively. Furthermore, 37% of them reported that they had non-mental health care and 11.7% of them used culturally responsive mental health care. Regarding correlation, mental health issues ( $r = 0.207$ ,  $p = 0.000$ ), accessibility of technology ( $r = 0.154$ ,  $p = 0.001$ ), methods of mental health care ( $r = -0.125$ ,  $p = 0.007$ ), and accessibility of mental health services ( $r = 0.107$ ,  $p = 0.021$ ) were associated with mental health promotion. **Conclusion:** These findings highlighted the association of accessibility of technology and mental health promotion among elderly minority people who had lived in remote area where modern technology was needed. Regarding recommendation, mental health promotion for elderly minority people needs to be applied with modern technology as well as cultural belief for enhancing mental health among those people.

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## [P-22-02] Factors related to the quality of life of people with mental disorders living in remote islands

\*Misako Hisamatsu<sup>1</sup>, Ayako Yamashita<sup>2</sup>, Norio Maeda<sup>3</sup>, Yasuhito Nerome<sup>2</sup> (1.Kumamoto Health Science University(Japan), 2.Kagoshima University(Japan), 3.Kio University(Japan))

Keywords : people with mental disorders、 remote island、 quality of life

**Objectives:** This study aimed to identify the association between quality of life (QOL), sense of belonging, and social support for people with mental disabilities living in remote islands with and without psychiatric hospitals.

**Methods:** This cross-sectional study included individuals with mental disabilities living in remote islands with and without psychiatric hospitals in Japan. Questionnaires, consisting of items regarding participant demographics, living conditions, use of social resources, the World Health Organization QOL Assessment 26, the Japanese version of the Duke Social Support Index (DSSI-J), and the Sense of Belonging Scale for people with mental disorders, were distributed to these individuals. Binomial logistic regression analysis was conducted to analyze data from two groups, one with psychiatric hospitals on the island and one without psychiatric hospitals.

**Results:** A total of 77 valid responses were received. Among the respondents, 48 (62.3%) were male and 29 (37.7%) were female, with a mean age of 55.3 years. Further, 43 (55.8%) and 34 (44.2%) respondents resided in islands with and without psychiatric hospitals, respectively. Individuals with mental disabilities living on a remote island with psychiatric hospitals had significantly higher emotional, instrumental, and cognitive-evaluative support as well as psychological and physical QOL. Binomial logistic regression analysis that compared scales for remote islands with and without psychiatric hospitals revealed that living on a remote island with psychiatric hospitals was significantly associated with higher QOL (odds ratio = 2.198, 95% confidence interval: 1.095–4.413). No significant differences in the DSSI-J and sense of belonging were observed.

**Conclusion:** The availability of psychiatric hospitals affected the QOL of people with mental disabilities living in remote islands. Further, outreach, local understanding, and support from family and friends are important for a fulfilling life for such individuals.

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## [P-22-03] Involuntary Psychiatric Admission in East Asia: A Case-Vignette-Based Comparative Analysis in Japan, South Korea, and Taiwan

\*Kei Kobayashi<sup>1,2</sup>, Eisuke Sakakibara<sup>1</sup>, Shinsuke Kondo<sup>1</sup>, Kanna Sugiura<sup>2</sup>, Keijin Yamamura<sup>3</sup>, Kaori Usui<sup>2</sup>, Mayui Nara<sup>2</sup>, Satoe Takashima<sup>2</sup>, Asami Matsunaga<sup>2,4</sup>, Chiyo Fujii<sup>2</sup>, Kiyoto Kasai<sup>1</sup>, Toshiya Murai<sup>3</sup> (1.Department of Neuropsychiatry, Graduate School of Medicine, The University of Tokyo(Japan), 2.Department of Community Mental Health & Law, National Institute of Mental Health, National Center of Neurology and Psychiatry(Japan), 3.Department of Psychiatry, Graduate School of Medicine, Kyoto University(Japan), 4.Department of Mental Health and Psychiatric Nursing, Graduate School of Health Care Sciences, Tokyo Medical and Dental University(Japan))

Keywords : Involuntary admission、 East Asia、 Cross-national comparison、 Convention on the Rights of Persons with Disabilities (CRPD)

In recent years, discussions on Japan's mental health care system have been advancing, influenced by multiple factors including the ratification of the Convention on the Rights of Persons with Disabilities (CRPD) and its subsequent Concluding Observations. A 2022 report by the Ministry of Health, Labour and Welfare emphasized the need to establish a seamless, community-based support system that enables individuals with mental health challenges to live safely in their communities aligned with their preferences and needs. The report also called for revisions to both inpatient and community care, including a review of "Involuntary Hospitalization for Medical Care and Protection (Iryo-hogo)" from a rights-protection perspective. Key areas for consideration included the legitimacy of non-consensual admission, the family burden, and cross-national comparisons. As part of a government-funded study, we examined legal and procedural frameworks for involuntary psychiatric admission across seven regions: Japan, South Korea, Taiwan, England, France, Germany, and three Canadian provinces. This poster focuses on the East Asian context, comparing Japan, South Korea, and Taiwan—three jurisdictions with distinct yet regionally situated mental health systems. We used carefully structured case vignettes based on challenging situations for Japanese clinicians, aiming to explore how similar cases might be approached under differing legal and clinical frameworks. To understand how decisions regarding involuntary admission are made and implemented, we conducted interviews with clinicians involved in these processes across each setting's mental health system. Our findings reveal both jurisdiction-specific differences as well as shared challenges in balancing patient rights, safety, and care delivery. This poster aims to inform ongoing international discussions on mental health system design, with reference to the evolving expectations outlined in the CRPD.

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## [P-22-04] Development of Contraceptive Education Program for Labor Migrants and Students from Vietnam

\*UKAWA Ko (Taisho University(Japan))

Keywords : Labor Migrants、 Vietnam、 SRHR

As of the end of June 2024, the largest number of foreigners living in Japan were from China, followed by those from Vietnam. Their status of residence is Technical Intern Training or Specified Technical Skill. A characteristic of Vietnamese immigrants is that the male-female ratio is almost equal, and many are in their youth, which is a time when sexual activity becomes more active. After 2019, the Diet began discussing "Issues of unwanted pregnancy and childbirth of labor immigrants and foreign students staying in Japan." Therefore, a preliminary survey for developing "Psychological Education to Protect Sexual and Reproductive Health and Rights of Vietnamese People" was conducted from 2019 to 2020. The survey conducted in two technical intern-sending institutions (national and private) in Vietnam revealed the following. (1) Vietnamese people have a low level of understanding of contraceptive methods, (2) Vietnamese people do not have information on how to obtain modern contraceptives (birth control methods) after arriving in Japan, (3) Vietnamese people have few opportunities to learn how to utilize necessary medical services in Japan, (4) Vietnamese women have difficulty in taking a positive attitude toward contraception, and (5) In the event of unwanted pregnancy, many Vietnamese people choose to have an abortion even in their home country. A video for "Contraceptive Education for Vietnamese Living in Japan" was created in response to these results. In addition, from 2022 to 2024, we conducted psychoeducation programs using the video at five technical internship-sending institutions (national and private) in Vietnam. We also measured changes in knowledge of "sexual and reproductive health and rights" before and after the programs. Based on the results of this study, we will discuss the challenges of culturally sensitive sex education for foreign residents.

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## [P-22-05] Co-Production of a “22q Notebook” in Japan for individuals with 22q11.2 deletion syndrome

\*Yusuke Takahashi<sup>1</sup>, Akiko Kanehara<sup>1</sup>, Etsuko Fukaya<sup>1,2</sup>, Miho Tanaka<sup>1</sup>, Tomoko Ogawa<sup>2</sup>, Kouta Sasaki<sup>1,2</sup>, Yosuke Kumakura<sup>1</sup>, Sho Yagishita<sup>3</sup>, Kiyoto Kasai<sup>1,2</sup> (1.Department of Neuropsychiatry, The University of Tokyo Hospital(Japan), 2.Department of Child psychiatry, The University of Tokyo Hospital(Japan), 3.Department of Structural Physiology, Center for Disease Biology and Integrative Medicine, Graduate School of Medicine, The University of Tokyo(Japan))

Keywords : 22q11.2 deletion syndrome、 Co-Production、 Shared Decision Making、 Compartmentalization

22q11.2 deletion syndrome is the most prevalent chromosome microdeletion syndrome. It combines congenital heart disease, cleft palate, immune deficiency and other multisystem anomalies, and patients frequently have intellectual disability. From childhood into adolescence many individuals develop anxiety disorders or schizophrenia-spectrum psychosis.

Because the care across medicine, education and social welfare is compartmentalized, agencies often fail to share information properly. Families are forced to repeat painful histories, suffer from excessive emotional labour, and may acquire secondary trauma that discourages future help-seeking.

To improve the recovery process, we are building a portable record that compiles key, highly individualised information and supports shared decision-making among patients, relatives and professionals. Adapting Japan’s Maternal and Child Health Handbook, we redesign its content and layout to include diverse disabilities across the life course.

This implementation study is grounded in co-production. Since planning, we have collaborated with the family association, adopting their ideas to highlight personal strengths and detailed transition sections. A trauma-informed attitude that prioritizes the psychological safety of patients and families underpins every stage of the making process. This presentation will show the trauma-informed co-production process. Moreover, aiming for wider application, we will describe the steps needed to achieve person-centered, lifespan care with complex disabilities.