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Poster 31

[P-31-01]

Preferred modality of psychotherapy delivery is impacted by attitudes towards psychological help-seeking: A comparative analysis of online versus face-to-face modalities in the Middle East

*Zahir Vally¹, Roxanne Wolmarans¹, Mai Helmy² (1.United Arab Emirates University(United Arab Emirates), 2.Sultan Qaboos University(Oman))

[P-31-02]

A case report-yoga therapy for refractory fear of cancer recurrence with discomfort in the oral cavity.

*Sachiyo Morita (Shiga university of Medical Science Hospital, Cancer Center(Japan))

[P-31-03]

Mental Health Treatment Utilization of Immigrants from the Former Soviet Union

*Marie Ivantchenko¹, Nelly Katsnelson² (1.Albert Einstein College of Medicine(United States of America), 2.Montefiore Medical Center(United States of America))

[P-31-04]

TRI HITA KARANA CONCEPT AS A FRAMEWORK FOR SUBSTANCE USE DISORDER TREATMENT TARGETING FOREIGN TRAVELLERS IN BALI

*Savitri Yuanita¹, Cokorda Bagus Jaya Lesmana¹, Luh Nyoman Alit Aryani¹, Hari Nugroho² (1.Department of Psychiatry University of Udayana(Indonesia), 2.Humphrey Fellowship Program in Substance Abuse Education, Prevention, and Treatment at Virginia Commonwealth University(United States of America))

[P-31-05]

The Network Model in Psychiatry is used in the interaction in cultures

*Giuseppe M Rovera¹, Micol Ascoli², Donato Zupin³, GianGiacomo Rovera⁵, Goffredo Bartocci⁴ (1.Dietetic and Nutrition San Luca Hospital, Turin University. Italy. (Italy), 2.Department Chair Beijing United Family Hospital and Clinic (China), 3.University of Trieste(Italy), 4.World Association of Cultural Psychiatry, co-Founder and Past President.(Italy), 5.Honorary Professor of Psychiatry, Turin University, Department of Neurosciences. (Italy))

[P-31-06]

Medicinal Plant Use for Mental Health in an Urban Brazilian Population: A Thematic Study

*Ciro Blujus dos Santos Rohde¹, Leonardo Guimarães Stocco², Gabriela Regina de Souza⁶, Rosilaine Munhoz Silva⁵, Maria Gabriela Zacharias Thibes⁴, Julia Rosari Kingston³, Hermano Tavares¹ (1.Department of Psychiatry of the School of Medicine of the University of São Paulo(Brazil), 2.School of Medicine of the University of São Paulo(Brazil), 3.University College Cork(Ireland), 4.Department of Psychiatry - UNIFESP(Brazil), 5.Faculdade Nove de Julho(Brazil), 6.Faculdade Anhanguera(Brazil))

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*Zahir Vally¹, Roxanne Wolmarans¹, Mai Helmy² (1.United Arab Emirates University(United Arab Emirates), 2.Sultan Qaboos University(Oman))

Keywords : Self-stigma、Attitudes、Online、Face-to-face、Help-seeking

As mental health concerns continue to rise globally, many individuals encounter barriers to seeking help, often driven by attitudes, beliefs, and self-stigma. This issue is particularly prevalent in Arab cultures. The primary aim of this study was to explore how these factors influence help-seeking behaviors, comparing preferences for online versus face-to-face therapy. A cross-sectional survey was conducted that included assessments of self-directed stigma, attitudes toward seeking professional psychological help, attitudes toward online counselling, and toward face-to-face counselling. The study included 414 university students from the United Arab Emirates, Egypt, and Oman. The findings revealed significant differences in how attitudes, beliefs, and self-stigma affected the intention to seek help, with these factors having a greater impact on those preferring face-to-face therapy compared to online therapy. Attitudes towards therapy were strongly correlated with the preferred therapy modality in both groups. These results are important as they shed light on how online therapy can help reduce barriers related to self-stigma and provide mental health professionals with valuable insights into the influence of stigma and personal experiences on therapy-seeking behaviors.

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[P-31-02] A case report-yoga therapy for refractory fear of cancer recurrence with discomfort in the oral cavity.

*Sachiyo Morita (Shiga university of Medical Science Hospital, Cancer Center(Japan))

Keywords : Yoga therapy、 the refractory anxiety、 the fear of cancer recurrence、 the discomfort in the oral cavity

We experienced a case in which refractory anxiety of malignant tumor recurrence and discomfort in her oral cavity disappeared with the addition of yoga therapy.

<Case> Woman in her 40s, full-time housewife living with her husband

<Chief complaint> I want the discomfort in my mouth to go away, I want to change my constant fear of cancer.

<Diagnosis> 300.82 (F45.1) Somatic symptom disorder, persistent, moderate

<Present illness> The originally active patient developed soft tissue sarcoma with her right knee in her 20s. Despite the success of treatment, she felt the fear of recurrence whenever her health deteriorated. In her mid40s, she was diagnosed with "cancer phobia" and one year later, she began to feel discomfort in her tongue and other parts in her mouth. She also had hyperventilation attacks, and her symptoms did not improve sufficiently with oral lorazepam and regular outpatient treatment, so yoga therapy was started.

<Method> 5 sessions/ 8 weeks of Yoga therapy(30-40 minutes, isometric exercises and breathing techniques) and only active listening in outpatients counseling, and 10 minutes of practice at home (2-4 times/week) were done.

<Results> At week2, she felt relaxed and from week4 onwards, she began to observe herself, such as "I keep thinking about things that there's no point in thinking about them," and was able to implement yoga therapy on her own as a way to deal with anxiety. She gained the insight that she was creating her own illness, and she realized she could control how she directed her feelings. The discomfort in her mouth and anxiety disappeared, and lorazepam was discontinued.

<Discussion> Yoga calms the mind and brings about various realizations by syncing breathing with movement and focusing on the interoception that arises. Yoga therapy using isometric stimulus could develop metacognition and improved anxiety in a relatively short period of time.

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Poster 31**[P-31-03] Mental Health Treatment Utilization of Immigrants from the Former Soviet Union**

*Marie Ivantchenko¹, Nelly Katsnelson² (1.Albert Einstein College of Medicine(United States of America), 2.Montefiore Medical Center(United States of America))

Keywords : treatment utilization、 cultural factors、 FSU immigrants

The prevalence of mental health problems among immigrants from the Former Soviet Union (FSU) is high, yet this population often underutilizes mental health services. This survey study aims to examine factors relating to mental health treatment utilization of FSU immigrants at Montefiore Einstein, focusing on those who seek specialized care (e.g., from psychiatrists, psychologists) versus non-specialized care (e.g., from primary care physicians). Participants are Russian-speaking FSU immigrants receiving treatment for depression or anxiety. Data collection is ongoing, so findings are not available at this time. By assessing immigration experiences, cultural values, mental health attitudes, and demographic factors, the study seeks to identify barriers to treatment utilization and better understand treatment-seeking behavior in this group. This study will provide key insights for developing culturally tailored interventions to increase mental health treatment utilization and improve outcomes for FSU immigrants.

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[P-31-04] TRI HITA KARANA CONCEPT AS A FRAMEWORK FOR SUBSTANCE USE DISORDER TREATMENT TARGETING FOREIGN TRAVELLERS IN BALI

*Savitri Yuanita¹, Cokorda Bagus Jaya Lesmana¹, Luh Nyoman Alit Aryani¹, Hari Nugroho²
(1.Department of Psychiatry University of Udayana(Indonesia), 2.Humphrey Fellowship Program in Substance Abuse Education, Prevention, and Treatment at Virginia Commonwealth University(United States of America))

Keywords : Tri Hita Karana、 Substance use Disorder、 Foreign Travellers

Background: Bali's resurgence as a global tourism hub coincides with a growing need for specialized substance use disorder (SUD) treatment for foreign travellers, particularly those seeking a spiritual and cultural approach. Tri Hita Karana is a Balinese philosophy that emphasizes maintaining balance in the relationships between humans, God, and nature, to attain harmony and well-being. It may provide a foundation for a holistic approach that integrates spiritual, social, and ecological dimensions into SUD treatment.

Objectives: This review presents a potential framework for integrating the Tri Hita Karana concept into SUD treatment models for foreign travellers in Bali, with a focus on cultural relevance, therapeutic approaches, and their contributions to holistic recovery.

Methods: A narrative review approach was employed to identify relevant literature on culture-based SUD treatment, the Tri Hita Karana concept, and SUD treatment practices within the context of tourism and Balinese communities. Scholarly articles, books, institutional reports, and local cultural documents serve as data resources.

Results: The three dimensions of Tri Hita Karana hold significant potential for integration into treatment components: (1) *Parahyangan* through spiritual therapy and meditation, (2) *Pawongan* through the development of cross-cultural supportive communities, and (3) *Palemahan* through nature-based therapy. This integration might enhance the psychological, social, and spiritual aspects of the patient, thereby improving the effectiveness and sustainability of the recovery process. **Discussion:** The integration of Tri Hita Karana concept into SUD treatment for foreign travellers in Bali offers a contextually relevant and culturally meaningful alternative approach and offers an opportunity to develop an integrative SUD treatment service model that contributes to sustainable tourism and advances public health. Potential challenges, such as intercultural barriers, might be overcome through cross-sectoral collaboration. Further qualitative and quantitative studies are needed to develop an evidence-based model of this treatment approach.

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[P-31-05] The Network Model in Psychiatry is used in the interaction in cultures

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Keywords : Nutrition、 Psychiatry、 Administrative

The foreign patients in Italy and especially the irregular immigrants reveal expressions of psychological discomfort linked to specific cultural elements that compels us to question the effectiveness and adequacy of the proposed interventions. Position ourselves within a historical and political framework, which determines the migratory experience and its representations, in order to illuminate the dynamics and the complex intertwining that links individual suffering and bio-psycho-social suffering in the biographies of our patients. The empathic involvement in cooperation and the socio-cultural context are at the basis of the complex theme of the "Cultural Therapeutic Alliances", place of our existence, to which we resort when we suffer, feel wounded, disappointed, Bitter, angry or desperate. Those in which we feel that we can have different experiences, in which we can think and act in new ways, in which we can allow ourselves to evolve and which can trigger the healing process. The boundaries between Italian cultures and subcultures can reach evolutionary change by overcoming the fringes of differences in mental pathologies. The multicultural alliances of individuals become the healing lifestyle. It is in this framework that should move, among others, the activities of psychological support, anthropology and health education carried out by multidisciplinary and multicultural staff, respecting the different cultures of migrants, asylum seekers, victims of trafficking, Homeless and nomads. Improve the quality of its services, in a territory of vanguard, change its organizational and professional structures and cultures, acting effectively within a context of needs expressed by users and their communities. Using the Network Model benefits from. Interdisciplinary cooperation and liaison between the various operators and especially treatment of patients from different cultures.

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[P-31-06] Medicinal Plant Use for Mental Health in an Urban Brazilian Population: A Thematic Study

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Keywords : Cultural psychiatry、medicinal plants、thematic study、familial knowledge、popular medicine

Despite pharmaceutical developments, the use of medicinal plants for mental health persists in both medical and popular knowledge. Cultural factors, such as family traditions and popular beliefs, often dictate how plants are used and how symptoms are perceived. This study aimed to identify which medicinal plants a Brazilian population uses for psychiatric symptoms and analyze the cultural contexts behind this practice. A qualitative study was conducted with 51 medicinal plant users interviewed at a popular market in São Paulo, Brazil. The participants, predominantly women with a mean age of 49.1, were selected based on a psychiatric symptom checklist. They completed a sociodemographic questionnaire and participated in an open interview about their experiences. The most used medicinal herbs were *Salvia Rosmarinus* (29.4%), *Ruta graveolens* (23.5%), *Melissa officinalis* (21.5%), and *Matricaria chamomilla* (21.5%). The main motivations for use were reported as promoting well-being (41.1%), treating somatic symptoms (39.2%), and anxiety (35.3%). However, the thematic analysis of the open interviews revealed anxiety as the central theme for 82.5% of users. Other key themes included "Heritage and knowledge network of medicinal plants", with 61.4% of participants learning about plant use from family; "Seeking natural approaches", with 78% preferring natural treatments; and "Perception of efficacy", where 94.1% reported positive prior experiences. The study concludes that an urban Brazilian population uses medicinal herbs for managing mental health, with anxiety being a central issue. This practice is driven by a preference for natural approaches and guided by familial, cultural, and religious knowledge. Integrating these culturally sensitive strategies with conventional care offers a promising path for comprehensive patient support. The study protocol was approved by the Ethics Committee of Hospital das Clínicas da Faculdade de Medicina da Universidade de São Paulo (CAAE: 5097805.5.0000.0065; Opinion Number: 5.097.805).