

Symposium

📅 Fri. Sep 26, 2025 10:40 AM - 12:10 PM JST | Fri. Sep 26, 2025 1:40 AM - 3:10 AM UTC 🏛️ Session Room 2 (Main Hall B)

[Symposium 31] A Comparison and integration of clinical perspectives from psychiatric multidisciplinary outreach in Canada and Japan

Moderator: Lisa Andermann (Department of Psychiatry, University of Toronto), Fumie Hisanaga (National Institute of Mental Health, National Center of Neurology and Psychiatry)

[SY-31]

A Comparison and integration of clinical perspectives from psychiatric multidisciplinary outreach in Canada and Japan

Masaaki Nishio¹, Lisa Andermann², Azaad Kassam³, Kenichiro Taniguchi⁴, Miyuki Shiida⁵, Maria A.Y. Choi⁶ (1.Tohoku Fukushi University Sendan Hospital(Japan), 2.University of Toronto(Canada), 3.University of Ottawa(Canada), 4.Saga Ebisu Mental Clinic(Japan), 5.Social Welfare Corporation Machi ni Kurasukai (Community Living Association) "Team KUINA"(Japan), 6.Court Support Program & Seniors Wellness Centre(Canada))

[SY-31-01]

A Culturally Responsive Psychosocial Approach to Enhancing Quality of Life in Ethnocultural Communities: Experience from the Mount Sinai Hospital Assertive Community Treatment Team

*Lisa Andermann¹, Maria A.Y. Choi² (1.University of Toronto(Canada), 2.Mount Sinai Hospital(Canada))

[SY-31-02]

Co-Producing Community Mental Health with SAGA-ACT, People with Lived Experience, and Their Families

*Kenichiro taniguchi (Saga Ebisu Mental Clinic(Japan))

[SY-31-03]

The integration of various family support services in ACT

*Masaaki Nishio (Tohoku Fukushi University Sendan Hospital(Japan))

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Keywords : Assertive Community Treatment、 Psychosocial Intervention、 Cultural Comparison、 culturally diverse、 pandemic

In the context of multidisciplinary outreach support, such as ACT, it is important to consider the provision of individualised flexibility in the care process for each user. On the other hand, in order to realise individual personal recovery, it is necessary to establish a system that can effectively provide psychosocial support such as family support, family psychoeducation, vocational rehabilitation and peer support within the outreach process. In addition, in order to realise a community-based society, it would be desirable for the outreach teams themselves and the relevant local organisations to which they belong to provide anti-stigma activities tailored to the actual conditions in their respective areas. From the Japanese side, this symposium will report comprehensively on the significance and challenges of family support for outreach support users from the clinical practice of combining family intervention for single families by hospital-affiliated ACT teams and family psychoeducation programmes at hospitals. In addition, the actual practice, effectiveness and challenges of the linked peer support activities as well as the practice of ACT in psychiatric clinics will be reported. The Canadian side will present the structure and implementation of ACT to support the mental and physical wellness of clients, both culturally diverse and tested during the pandemic. Furthermore, designated speaker with clinical experience in both Canada and Japan will also provide commentary. As described above, using the clinical practices reported from Canada and Japan as a starting point, we will compare and discuss important clinical elements between the two countries, and identify initiatives that are common across countries and cultures, as well as initiatives that are unique to each culture. It is hoped that initiatives from different cultures can be blended to create new support skills (programmes).

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[SY-31-01] A Culturally Responsive Psychosocial Approach to Enhancing Quality of Life in Ethnocultural Communities: Experience from the Mount Sinai Hospital Assertive Community Treatment Team

*Lisa Andermann¹, Maria A.Y. Choi² (1.University of Toronto(Canada), 2.Mount Sinai Hospital(Canada))

Keywords : Assertive community treatment、 Ethnocultural matching、 cultural psychiatry、 Recovery、 Quality of Life

Established in 1999, the Mount Sinai Hospital Assertive Community Treatment Team (MSH ACTT) has been providing interdisciplinary and culturally responsive mental health care in Toronto for the past 26 years. The team consisting of psychiatrists, social workers, nurses, occupational therapists, mental health clinicians and peer support workers integrates ethnocultural perspectives to meet the diverse needs of clients with severe mental illness (mainly schizophrenia and schizoaffective disorder) and their families. Our team offers individualized language and culturally matched support for Asian and South Asian families in the greater Toronto metropolitan area to better connect with psychiatric treatment as well as psychosocial supports including housing, managing finances, vocational support, emotional regulation, enhancing self-esteem, and improving daily functioning.

MSH ACTT fosters a sense of belonging and empowerment, engaging clients in meaningful activities that align with their interests. Through personalized support and wellness group activities, clients develop coping strategies, enhanced social connections, and achieve greater independence, ultimately improving their quality of life. The culturally familiar environment and wellness groups help reduce stigma, while the family-as-unit-of-care model strengthens family involvement and eases concerns about seeking mental health services. This approach extends beyond clinical symptom management, promoting holistic recovery through community integration, self-determination, and personal growth.

By prioritizing culturally and linguistically appropriate mental health services in improving long-term outcomes for marginalized populations, our ethnocultural ACT model demonstrates that these tailored interventions can enhance client stability and quality of life.

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[SY-31-02] Co-Producing Community Mental Health with SAGA-ACT, People with Lived Experience, and Their Families

*Kenichiro taniguchi (Saga Ebisu Mental Clinic(Japan))

Keywords : Community mental health、 Co-production、 Experience specialists、 Assertive Community Treatment、 Recovery College

Since April 2015, SAGA-ACT has provided Assertive Community Treatment (ACT) in Saga City, a regional city in northern Kyushu, Japan. The team includes psychiatrists, nurses, occupational therapists, psychiatric social workers, and administrative staff, serving a catchment area of about 400,000 people. Saga Prefecture has 490 psychiatric beds per 100,000 people, nearly twice the national average, reflecting a delay in deinstitutionalization and a persistence of stigma. To address these challenges, SAGA-ACT engages in co-produced community activities with people with lived experience and their families, aiming to build mutual respect, enhance mental health literacy, and reduce stigma. *SAGA Ginnan no Kai* co-produces psychoeducation and family dialogue programs with public officials and professionals. *Rashisa SAGA* runs a Recovery College planned and delivered by service users and staff. *TOMY'S ACTION CLUB* organizes mental health seminars and film events in collaboration with national peers online. These initiatives illustrate how co-production enables inclusive, recovery-oriented community mental health in a context where institutional care still dominates.

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[SY-31-03] The integration of various family support services in ACT

*Masaaki Nishio (Tohoku Fukushi University Sendan Hospital(Japan))

Keywords : Assertive Community Treatment、 Family Psychoeducation、 Cultural Comparison

Family support is important in the treatment of mental illness, and ACT (Assertive Community Treatment), which supports patients' community life, has a family support function in itself. There are various types of family support, but the “Konodai Model” of family psychoeducation conducted in a group setting is known as a model with established evidence in Japan. As an intervention model for single families, the “Meriden version of Home Visiting Family Support (Family Work)” is becoming increasingly popular in Japan. The speaker belongs to the Tohoku Fukushi University Sendan Hospital, a single psychiatric hospital with 144 beds, but since its establishment, it has been practicing community life support for registered patients by establishing its own ACT team. Some of the registered patients had participated in either or both the “Konodai Model” family psychoeducation organized by the hospital's Psychoeducation Committee and the “Meriden Version of Home Visiting Family Support (Family Work)” . Based on the progress of these cases and interviews with the families, we discussed the characteristics of both group family psychoeducation and single family intervention, as well as the synergistic effects that can be generated when the two are combined. There are various forms of family support. In community care for mental illness, it is important to combine the various types of family support so that their strengths can be utilized.