28th MALAYSIAN CONFERENCE OF PSYCHOLOGICAL MEDICINE

Embracing The Basics for the Future of Mental Health

12-13 OCTOBER 2024
DOUBLETREE HILTON KUALA LUMPUR

SYMPOSIUM 1

Nobody's Child: Where Do we Get Help?

CHAIRPERSON: NORHARLINA BAHAR

Prince Court Medical Center, Jalan Kia Peng, 50450 Kuala Lumpur, Malaysia

Norharlina.Bahar@princecourt.com

A growing group of individuals feel they are not understood or taken seriously. Many have sought help and think that even mental health professionals are quick to diagnose or dismiss their concerns. Do mental health professionals have adequate knowledge and experience to help them? Neurodevelopment and neurodevelopmental disorders (NDDs) are increasingly recognised as essential conditions and have significant implications within mainstream psychiatry, particularly for adult mental health services. In 1980, developmental disorders were included in DSM-III, which is categorised as "Neurodevelopmental disorders" (NDDs) in the DSM-5. Recognising its importance, the ICD-10 and 11 added a similar category. Countless adults with neurodevelopmental disorders frequently present to and find inadequate services for them within the adult mental health services. M*any* struggle to function and are unable to figure out why, which precipitates and aggravates their unique mental health challenges. Many continue to need and want support and understanding other than being treated with medication or told they have personality issues. The original term, "Disorders usually first diagnosed in infancy, childhood, or adolescence," may have complicated the picture and understanding of the disorders. Not recognising individuals with NDD is a frequent occurrence. This situation increases the risks of misunderstanding, misdiagnosis, and offering suboptimal help, potentially placing these individuals with poorer outcomes. Identifying individuals with NDD in our daily practice is essential; they often present repeatedly, stating nothing has changed or worked for them. Practitioners need to consider the presence of comorbid NDDs and offer appropriate help. The session will include cases who have gone through the mental health service sharing their experiences. Participants hearing about their struggles to get help will hopefully make a change in their perception regarding the existence of NDDs, particularly in adulthood.

Keywords: Neurodevelopmental disorder; misunderstood; underdiagnosed

S1-01

Nobody's Child: Who are we Talking About?

AILI HANIM HASHIM[1,2]*

[1]*Klinik Pakar A N & K, C-G-01, Ground Floor, Block C, Damansara Intan, 47400 Petaling Jaya, Selangor, Malaysia*
[2]*Malaysian Psychiatry Association, 3 Two Square, Jalan 19/1, 46300 Petaling Jaya, Selangor, Malaysia*

*Corresponding author's e-mail: childpsy62@gmail.com

ADHD/ADD, autism, learning difficulties, intellectual disabilities, etc. These disorders have gained considerable media, including social media coverage. Being different does not necessarily mean one will have poor mental health. These individuals may be at risk of mental health problems in environments where being different is not understood, valued, or supported. Even doctors, patients, family, and friends often overlook these disorders, resulting in disastrous consequences. Disorders, usually first diagnosed in childhood or adolescence, are now replaced with the term NDDs. Research and scientific evidence have grown, showing that neurodevelopmental disorders (NDDs) begin in the developmental period and cause substantial impairments affecting functioning. A diagnosis of a 'neurodevelopmental disorder' signifies someone experiencing significant difficulties in their day-to-day life due to their neurodivergence. Many face personal, social, educational, or occupational functioning difficulties. These problems begin in the early years of an individual's life and, for many, continue into adulthood. NDDs must be considered from a developmental (lifespan) perspective. These disorders have different pictures and impairments at various life stages. These conditions are often identified and diagnosed during childhood or adolescence; symptoms and presentation frequently change as the child ages. For some, the difficulties are long-standing, becoming more noticeable and increasingly impacting their daily lives as they age. Multiple disorders often have overlapping symptoms. The individuals' presentations are frequently atypical, with many having high rates of co-morbidity. Attention to NDDs is steadily growing, though it remains a sensitive issue to many, even practitioners. Paying close attention to symptoms, including impairments faced by individuals, allows for better organisation of the diagnostic process and, thus, management. A change in perspective handling these cases must occur for better continuity in managing these disorders. The symposium will present cases in the adolescent and adult stages and with comorbidities to help practitioners understand the diversity of NDDs.

Keywords: Neurodevelopmental disorder; steadily growing; overlooked

S1-02

Inclusivity Goes Wrong

NOR HAMIDAH MOHD SALLEH

Gleneagles Hospital Kuala Lumpur, Jalan Ampang, 50450 Kuala Lumpur, Malaysia

*Corresponding author's e-mail: nheduhealth@gmail.com

Getting the correct school placement for children and adolescents with neurodiversity and developmental issues such as ADHD, Autism Spectrum Disorder, Dyslexia, and intellectual disability can be challenging at times. Class inclusivity, while still a common practice in many schools, underscores the need for a deeper understanding of neurodiversity. This understanding can be hindered by parents' preferences, teachers' or doctors' limited understanding of children's or adolescents' developmental trajectories, or the accessibility of such classes or schools. When these students are not getting the proper school placement, the schools cannot provide the necessary or correct learning or developmental support. However, when issues or crises occur, they may affect or are detrimental to the student's mental health and development. Students with developmental issues learn, react, and socialise differently. When misunderstood and mismanaged, children can regress in their development. They may also develop behavioural or emotional issues that can be more complicated for teachers and schools to manage. We will present illustrations of situations or scenarios when *class inclusivity goes wrong* and discuss how to manage it.

Keywords: Inclusivity; neurodiversity; correct learning support

SYMPOSIUM 2

Harry Potter in the Realm of Forensic Psychiatry

CHAIRPERSON: DR MEHUL KUMAR A/L NARENDRA KUMAR

Department of Psychiatry and Mental Health, Hospital Melaka, 75400 Melaka, Malaysia

mehulkumar32@yahoo.com

Hop on the Hogwarts Express and join us on the magical journey to Hogwarts. J.K Rowling, the master author, created a masterpiece centred around the character Harry Porter, the Boy Who Lived. We will follow his journey, where he overcame all odds from birth till adulthood amidst a very confusing adolescent period. Nonetheless, he prevailed and became a hero when he eliminated the adversarial forces aimed to destroy him and save the world. However, let's not forget Tom Marvolo Riddle, the unfortunate boy, the Boy Who Wanted to Live Forever. We aim to showcase how these two boys, who had similar adverse childhood experiences, became two very different people later in life. Both grew up with little guidance; one boy lived with his unwilling aunt and uncle, while the other lived in an orphanage. They navigated through the stages of life described by Erikson in his Stages of Psychosocial Development. Both struggled through the Identity vs. Role Confusion stage and showed conduct-related behaviours. "You are a wizard, Harry!" says Hagrid. Tom, too, was trained at Hogwarts and learned from Dumbeldore how to be a proper wizard, a good wizard. However, Tom chose evil and became Lord Voldermort. How did these two individuals with similar experiences and guidance become opposing forces? In Psychiatry, we learn about the role of predisposing, precipitating and ultimately perpetuating factors in the development of mental illness. Likewise, in Forensic Psychiatry, we also explore the criminal behaviours of our patients. In this symposium, we aim to discuss and raise awareness of the importance of early childhood experiences in developing criminal behaviour. We would also like to highlight the importance of Hogwarts and, in our realm, the forensic institution and the role of security in managing our patients.

Keywords: Harry Potter; ACE; criminal behaviour; hogwarts; Forensic Psychiatry

S2-01

The One Who lived to Tell

ARUNAH SANGGAR

Hospital Bahagia Ulu Kinta, Jalan Besar, 31250 Tanjung Rambutan, Perak, Malaysia

*Corresponding author's e-mail: draunahsanggar@moh.gov.my

Research indicates that exposure to multiple Adverse Childhood Events (ACEs) significantly increases the risk of developing criminal behaviour later in life. Abuse, neglect, and household dysfunction, to name a few, disrupt normal physiological and emotional development. This can lead to impaired cognitive and emotional regulation, heightened stress responses, and the adoption of maladaptive coping strategies. JK Rowling described the phenomenon of a complex moral universe facing ethical dilemmas, making significant choices, and confronting its consequences via various themes, mainly portrayed by her characters Harry Potter and Lord Voldemort. Both faced ACEs in their childhood and displayed conduct-related behaviour in their early teens. However, Harry chose the good and emerged as a hero, whilst the latter chose evil. Individuals experiencing multiple ACEs are more likely to engage in violent crimes such as assault and domestic violence. Socioeconomic disadvantages often drive property crimes. ACEs are also linked to substance-related offences, including drug possession and trafficking, as individuals frequently turn to substance abuse as a coping strategy. Those committing sexual offences often experienced a history of sexual abuse in their childhood. Understanding the relationship between ACEs and specific criminal behaviours is crucial for developing targeted interventions and policies aimed at prevention and rehabilitation. One way to identify those with significant ACEs with potential and tendencies to criminal behaviour would be through the Juvenile Judiciary System. The system emphasises rehabilitation over punishment, thus recognising the potential for reform and guiding juveniles towards positive future paths. However, despite its progressive framework, overcrowding, limited resources, societal stigma, and a more comprehensive reintegration into society is needed. This symposium aims to provide insight into the importance of early identification of criminal behaviour and timely crucial interventions among at-risk youth.

Keywords: Adverse Childhood Events (ACE); disrupt normal physiological; emotional development

S2-02

One Who Wants to Live Forever

RAJA LOPE ADAM RAJA HUSSIAN

Hospital Permai Johor Bahru, Kempas Banjaran, 81200 Johor Bahru, Johor, Malaysia

*Corresponding author's e-mail: dr.adam@moh.gov.my

Antisocial Personality Disorder (ASPD) occupies a prominent position within forensic psychiatry, presenting significant challenges and complexities in both assessment and management. This symposium examines the diagnosis of antisocial personality disorder (ASPD) across different diagnostic frameworks and its implications in forensic psychiatry, with specific reference to the character Lord Voldemort from the Harry Potter series. The Dark Lord's character exhibits pervasive disregard for and violation of the rights of others, as evidenced by his repeated acts of violence, manipulation, and exploitation to achieve his goals. His lack of empathy and remorse is striking, demonstrated through his callous treatment of others, including allies and enemies. The DSM-5 and ICD-11 provide distinct perspectives on ASPD diagnosis: DSM-5 focuses on behavioural criteria like pervasive disregard for others' rights since age 15, along with at least three out of seven specific criteria, while ICD-11 adopts a dimensional approach, assessing enduring patterns of behaviour and their impact on functioning. Differences extend to conceptual frameworks; DSM-5 emphasises behavioural manifestations and the categorical diagnosis, whereas ICD-11 incorporates a dimensional approach, considering severity levels and functional impairments. In forensic psychiatry, ASPD presents significant challenges due to its association with criminal behaviour, lack of empathy, and deceitfulness. Diagnosis involves navigating diagnostic criteria, distinguishing ASPD from other disorders, and considering comorbidities such as substance use disorders. Lord Voldemort exemplifies these traits through his ruthless pursuit of power, manipulation of others, and disregard for moral and legal norms. Understanding these complexities is essential for clinicians and researchers to enhance diagnostic accuracy, develop tailored interventions, and improve outcomes for individuals with ASPD in fictional portrayals like Lord Voldemort and real-life contexts. Further research is necessary to explore the intersection of diagnostic frameworks, legal outcomes, and therapeutic efficacy in addressing ASPD's impact on individuals and society.

Keywords:　　ASPD; voldemort; ICD-11; forensic psychiatry

S2-03

Hogwarts and the Protective Spells

JOHARI KHAMIS

Hospital Permai Johor Bahru, Kempas Banjaran, 81200 Johor Bahru, Johor, Malaysia

*Corresponding author's e-mail: drjohari.khamis@moh.gov.my

Many years ago, during my postgraduate viva examination, an examiner asked me a thought-provoking question: "Do psychiatric institutions still have a role in the era of community care?" I confidently answered that they do, providing several reasons for my opinions. One key reason I emphasised was that psychiatric institutions are crucial for a distinct group of psychiatric patients whose profiles and needs are so unique that managing them outside of institutional settings would be challenging, if not impossible. This perspective has stayed with me, particularly as I have transitioned into forensic psychiatry. In my work with forensic patients, I have observed a recurring pattern: some individuals seem to repeatedly return to institutional care, sometimes for relatively minor offences. These patients often struggle to fit into society, and for some, the mental hospital may feel like a refuge. One patient even felt happier inside the institution than outside, noting that it was the only place they felt understood and safe. This raises an intriguing question: Could psychiatric hospitals, in some cases, function as a "safe place" similar to the protective environment of Hogwarts for its residents? In this part of the symposium, we will delve into the principals involved in managing forensic patients, exploring the evidence supporting various treatment approaches that usually revolve around security. We will also discuss how these approaches could serve as protective measures for individuals who find institutional care crucial to their well-being. To conclude, we will examine what might be considered the ultimate protective measure in the context of mental health care.

Keywords: Psychiatric institutions; managing forensic patients

SYMPOSIUM 3

The Psychological Tweaks of Medical Intervention

CHAIRPERSON: AISHAH SIDDIQAH ALIMUDDIN

Department of Psychiatry, Faculty of Medicine & Health Sciences, Universiti Putra Malaysia, 43400 UPM Serdang, Selangor, Malaysia

aishahsiddiqah@upm.edu.my

In this symposium, we explore the intricate relationship between psychological interventions and medical outcomes through three distinct yet interconnected topics, each involving special groups of patients with Psychological Factors Affecting Other Medical Conditions (PFAOMC), Attention Deficit and Hyperactivity Disorder (ADHD), and borderline personality traits. Our esteemed speakers will present evidence-based approaches to enhancing medical care by addressing underlying psychological factors.

S3-01

Behavioural Activation in Patients with Poorly Controlled Diabetes

AHMAD ROSTAM MD ZIN

Hospital Sultanah Bahiyah, Jalan Langgar, 05460 Alor Setar, Kedah, Malaysia

*Corresponding author's e-mail: baraqah08@gmail.com

Diabetes management often requires more than just medical intervention; psychological support is crucial for improving patient adherence and outcomes. Behavioural activation, one of the components of cognitive behavioural therapy, was used as a therapeutic strategy to combat subclinical depression, loneliness, and recurrent admission to the medical ward for poorly controlled diabetes. The focus was to increase the patient's engagement with socially rewarding and healthy activities to improve her glycemic control in the long run. Engaging the patient with a community healthcare initiative without introducing any new medication helped the patient reduce her admission to the medical ward, improve her glycemic control, and improve her quality of life.

Keywords: Behavioural activation; diabetes

S3-02

ADHD, Obesity, and Behavioural Strategies for Lifestyle Modification: Not to Try Harder but to Try Differently

UMI ADZLIN SILIM

Hospital Sultan Idris Shah, Jalan Puchong, 43000 Kajang, Selangor, Malaysia

Corresponding author's e-mail: umiadzlin@gmail.com

Unveiling the keys to weight management in individuals with ADHD requires a blend of creativity, understanding, and tailored strategies. This approach combines motivational interviewing, innovative behavioural techniques, and specialised support systems to transform weight management for those with ADHD. Motivational interviewing (MI) is central to this approach. For neurotypical individuals, MI aligns health goals with personal values and addresses general motivation, fitting their 'important-based mind.' In contrast, MI for ADHD patients focus on discovering what genuinely engages and excites them, aligning with their 'interest-based mind.' It's about finding personal sparks-such as creative meal ideas or unconventional exercise routines-that sustain enthusiasm and commitment. Behavioural strategies for weight management typically involve breaking tasks into small, manageable steps. For individuals with ADHD, this strategy evolves into microtasks-tiny, easily achievable actions that seamlessly integrate into daily routines. Simple actions, like chopping a single vegetable or performing a 2-minute exercise burst, help reduce overwhelm and boost motivation. Effective planning uses ADHD-friendly to-do lists, visual cues, reminders, and time blocking. Modifying the environment is also crucial: this involves not only managing stimuli, like limiting unhealthy food availability but also simplifying surroundings to minimise distractions and overwhelm. Embracing difficult emotions requires self-compassion while overcoming challenging thoughts involves cognitive reframing to address unhelpful self-perceptions and the unique difficulties associated with ADHD. Support systems are tailored to ADHD needs. While neurotypical individuals benefit from steady encouragement and structured check-ins, those with ADHD thrive on a dynamic and interactive support network. Frequent, friendly reminders, body doubles, and accountability partners who share interests make the journey manageable and exhilarating. A psychological tweak in weight management for patients with ADHD offers a fresh perspective on transforming challenges into opportunities, showcasing how customised strategies can make the path to a healthier lifestyle both achievable and enjoyable.

Keywords: ADHD; weight management; motivational interviewing; behavioural strategies; lifestyle modification

S3-03

Acceptance Commitment Therapy (ACT) and Trauma: Navigating Thoughts and Somatic Experiences

NURUL NADIA ISMAIL

Department of Psychiatry and Mental Health, Hospital Sultanah Bahiyah, 05460 Alor Setar, Kedah, Malaysia

*Corresponding author's e-mail: drnadia.ismail@moh.gov.my

This case involves a patient with posttraumatic stress disorder (PTSD) and major depressive disorder (MDD) complicated with episodes of pseudo-seizures who has sublimated her distress into achieving academic excellence. The patient blamed herself, believing that she was not fighting enough to stop her stepfather from raping her multiple times. She developed profound self-directed anger and self-criticism. ACT encourages individuals to accept their thoughts and feelings rather than attempting to change or avoid them. For this patient, the therapeutic approach focuses on four primary areas: values clarification, self-compassion, cognitive defusion, and choice points. Values Clarification: Therapy sessions involving guided imagery to align her actions towards academic achievement and personal growth. Self-Compassion: Techniques such as relaxation and role-play exercises were used. These exercises revealed the contrast between her self-blame and the compassion she would offer to a loved one. The emotional impact of this exercise led the patient to break into deep, sorrowful tears, highlighting the significance of self-compassion in her healing process. Cognitive Defusion: One of the metaphor techniques used was asking the patient to sing a happy birthday song while replacing the lyrics with self-critical statements like "I am stupid." This demonstrates how distressing thoughts can be perceived as just words rather than truths. Choice points increasing awareness of these critical junctures allowing the patient to make conscious, values-driven decisions. Initial observations from clinical practice indicate that aligning therapeutic goals with the patient's values has been highly beneficial. Techniques fostering acceptance and self-compassion have significantly mitigated her traumatic stress. The patient has also demonstrated increased engagement in health-promoting behaviours by identifying and acting on choice points, leading to consistent therapeutic progress. The application of ACT highlights its potential to support complex emotional landscapes by committing to meaningful actions despite ongoing emotional and medical challenges.

Keywords: Acceptance commitment therapy; values; self-compassion; cognitive defusion; choice points

SYMPOSIUM 4

Beyond Bonds: Transforming Clinical Practice with Attachment Theory

CHAIRPERSON: AKRAMUL ZIKRI AB MALEK

Department of Psychiatry and Mental Health, Hospital Kuala Lumpur, Jalan Pahang, 50586 Kuala Lumpur, Malaysia

akramulzikri@gmail.com

Attachment theory, emphasising the foundational role of early relationships, has profoundly influenced contemporary approaches to child and adolescent psychiatry. This symposium explores the transformative potential of integrating attachment theory into clinical practice, focusing on its application in therapeutic settings for young patients. The symposium will begin with a comprehensive overview of attachment theory, highlighting key concepts such as attachment styles, the impact of early caregiver relationships on development, and the long-term psychological implications of secure and insecure attachments. Attendees will learn how attachment-informed practices can enhance diagnostic accuracy, therapeutic rapport, and treatment outcomes. A significant portion of the symposium will be dedicated to a detailed case discussion illustrating the practical application of attachment theory in a clinical setting. The case will involve a child presenting with complex psychological issues and will demonstrate how an attachment-focused assessment and intervention plan can be implemented. The discussion will emphasise the therapist's role in fostering a secure attachment within the therapeutic relationship, addressing developmental deficits, and promoting resilience and emotional well-being. By attending this symposium, clinicians will acquire valuable tools and strategies to effectively incorporate attachment theory into their practice, ultimately improving care and outcomes for young patients.

Keywords: Secure and insecure attachments; clinical implication; intervention

SYMPOSIUM 5

Superheroes Need Help, Too! Supporting Psychiatrists After Patient Suicide

CHAIRPERSON: MERVYN IAN SIM PENG CHOW

Hospital Umum Sarawak, Jalan Kuching, 93586 Kuching, Sarawak, Malaysia

ian_merv@outlook.com

This symposium addresses the emotional and professional challenges faced by psychiatrists following a patient's suicide. The event is structured into three pivotal parts, each focusing on different aspects of this critical issue. **Part 1: Review of Global Findings on the Impact of Patient Suicide on Psychiatrists.** The first segment provides a comprehensive review of global literature on psychiatrists' reactions to patient suicide. The review will summarise key findings from various countries, highlighting common themes such as the need for better support systems, the detrimental effects of blame, and the importance of effective coping mechanisms. The global perspective sets the stage for understanding the universal nature of these challenges and the critical need for targeted support. **Part 2: Local Findings Among Psychiatrists in Malaysia.** The second part shifts focus to the local context, presenting findings from a recent study conducted among psychiatrists in Malaysia. The presentation will provide insights into the experiences and challenges faced by Malaysian psychiatrists in the wake of patient suicides. **Part 3: Recommendations for Supporting Psychiatrists in Malaysia.** The final segment of the symposium offers tailored recommendations for supporting psychiatrists in Malaysia. Drawing on both global insights and local findings, these measures aim to create a support system that addresses the specific needs of Malaysian psychiatrists, promoting resilience and fostering mental well-being. By addressing these three critical areas, the symposium aims to develop effective strategies to support psychiatrists in Malaysia, ensuring they receive the necessary support to navigate the profound challenges following a patient's suicide.

S5-01

Silent Struggles: Addressing Psychiatrist's Grief After Patient Suicide

NUR IWANA ABDUL TAIB[1], MUHAMMAD HANIF ABD LATIF[2], NURAZAH ISMAIL[3]*, JOHARI KHAMIS[4], RAVIVARMA RAO PANIRSELVAM[5], TUTI IRYANI MOHD DAUD[6], ABDUL HAKEM ZAHARI[7]

[1]*Department of Psychological Medicine, Faculty of Medicine and Health Sciences, Universiti Malaysia Sarawak,94300 Kota Samarahan, Sarawak, Malaysia*
[2]*Department of Psychiatry and Mental Health, Hospital Bintulu, 97000 Bintulu, Sarawak, Malaysia*
[3]*Psychiatry Unit, Department of Medicine, Faculty of Medicine and Health Sciences, Universiti Sains Islam Malaysia, 71800 Nilai, Negeri Sembilan, Malaysia*
[4]*Forensic Psychiatry Division, Hospital Permai Johor Bahru, Kempas Banjaran, 81200 Johor Bahru, Johor, Malaysia*
[5]*Department of Psychiatry and Mental Health, Hospital Miri, 98000 Miri, Sarawak, Malaysia*
[6]*Department of Psychiatry, Pusat Perubatan Universiti Kebangsaan Malaysia, 56000 Cheras, Kuala Lumpur, Malaysia*
[7]*Department of Psychiatry and Mental Health, Hospital Selayang, 68100 Batu Caves, Selangor, Malaysia*

*Corresponding author's email: azah.ismail@usim.edu.my

The loss of a patient to suicide is profoundly impactful for any psychiatrist. Despite this, psychiatrists often do not receive adequate support in coping with such a loss. This article aims to review the experiences of psychiatrists dealing with the loss of a patient who died by suicide, examine its impact on their clinical practice, and identify potential support measures that can be implemented. A comprehensive literature review focused on the experiences of psychiatrists, clinicians, and other mental health professionals who have lost patients to suicide. The selected articles were either in English or had English translations and addressed experiences, impacts, or recommended postvention protocols for these healthcare providers. Out of 62 reviewed articles, the majority emphasised that losing a patient to suicide is a common and profound experience for psychiatrists worldwide. Many psychiatrists face this loss at least once in their careers, with some encountering it multiple times. Studies from various countries, including the United States, Thailand, and Canada, reveal that a significant percentage of psychiatrists have experienced patient suicide. This loss frequently occurs early in their careers, sometimes during postgraduate training, where its impact is particularly severe. Globally, there are limited postvention protocols and guidelines to manage the complex consequences of a patient's suicide. Barriers to seeking support for psychiatrists who have survived such incidents include concerns about confidentiality, disenfranchised grief, negative reactions from colleagues, and the stigma associated with suicide. The review highlights psychiatrists' silent grief and inadequate

support after a patient's suicide. The impact is influenced by their relationship with the patient, suicide circumstances, and coping mechanisms. In Malaysia, the grief experienced by psychiatrists following a patient's suicide remains underexplored despite its significance. Developing local guidelines or postvention protocols tailored to the sociocultural context in Malaysia is essential to support psychiatrist-survivors effectively.

Keywords: Grief; postvention; loss; psychiatrist; support

What About Us? The Experience and Impact of Patient Suicide on Psychiatrists in Malaysia

MUHAMMAD HANIF ABD LATIF[1]*, NUR IWANA ABDUL TAIB[2], NURAZAH ISMAIL[3], ABDUL HAKEM ZAHARI[4], TUTI IRYANI MOHD DAUD[5], RAVIVARMA RAO PANIRSELVAM[6], JOHARI KHAMIS[7], AHMAD ROSTAM MD ZIN[8], HAZLI ZAKARIA[9]

[1]*Department of Psychiatry and Mental Health, Hospital Bintulu, 97000 Bintulu Sarawak, Malaysia*
[2]*Department of Psychological Medicine, Faculty of Medicine and Health Sciences, Universiti Malaysia Sarawak,94300 Kota Samarahan, Sarawak, Malaysia*
[3]*Psychiatry Unit, Department of Medicine, Faculty of Medicine and Health Sciences, Universiti Sains Islam Malaysia, 71800 Nilai, Negeri Sembilan, Malaysia*
[4]*Department of Psychiatry and Mental Health, Hospital Selayang, 68100 Batu Caves, Selangor, Malaysia*
[5]*Department of Psychiatry, Pusat Perubatan Universiti Kebangsaan Malaysia, 56000 Cheras, Kuala Lumpur, Malaysia*
[6]*Department of Psychiatry and Mental Health, Hospital Miri, 98000 Miri, Sarawak, Malaysia*
[7]*Forensic Psychiatry Division, Hospital Permai Johor Bahru, Kempas Banjaran, 81200 Johor Bahru, Johor, Malaysia*
[8]*Department of Psychiatry and Mental Health, Hospital Sultanah Bahiyah, 05460 Alor Setar, Kedah, Malaysia*
[9]*Alaminda Academy, 63000 Cyberjaya, Selangor, Malaysia*

*Corresponding author's e-mail: haniflatif220189 @gmail.com

Despite its impact, grief following a patient's suicide among psychiatrists in Malaysia is still unrecognised and not responded to systematically, as no local postvention guidelines are available for psychiatrists to get support following the loss. This study aims to describe the experiences of psychiatrists in Malaysia who have encountered patient suicide. This is an ongoing online cross-sectional study conducted among psychiatrists across Malaysia. Data collection has been ongoing since December 2023 and is expected to be completed in July 2024. At the time of writing, there were 73 respondents. Preliminary findings showed that 76.3% of respondents experienced patient suicide, mostly resulting in emotional distress like sadness, regret, guilt, and shame. Approximately 30% experienced effects lasting over a month, with some still ongoing (3.6%). Despite this, most never sought external support or took leave. About two-thirds of the respondents reported negative impacts on their clinical practice; a few considered career or place of practice changes. Many became more cautious with at-risk patients. Over 70% felt pressured to prevent suicide and believe that suicide prevention is the role of psychiatrists. Being blamed and lacking support following the loss were cited as unhelpful actions. Most respondents wanted support mechanisms

such as personal debriefing, help in communicating or meeting the patient's family/ friends, senior clinician involvement, peer support and information about the process following patients' death by suicide and resources for families affected by suicide. Preliminary results on Malaysian psychiatrists' experiences with patient suicide loss were coherent with findings from similar studies around the world. The gap in the support system for psychiatrists was highlighted as most of the psychiatrists did not seek external support following the loss. Future guidelines in supporting psychiatrists in Malaysia should include the involvement of senior clinicians and peer support in managing the events after patients' suicide.

S5-03

Healing the Healers: Support for Psychiatrists After Patient Suicide

NUR IWANA ABDUL TAIB[1]*, MUHAMMAD HANIF ABD LATIF[2], NURAZAH ISMAIL[3], ABDUL HAKEM ZAHARI[4], TUTI IRYANI MOHD DAUD[5], RAVIVARMA RAO PANIRSELVAM[6], JOHARI KHAMIS[7], AHMAD ROSTAM MD ZIN[8], HAZLI ZAKARIA[9]

[1]Department of Psychological Medicine, Faculty of Medicine and Health Sciences, Universiti Malaysia Sarawak,94300 Kota Samarahan, Sarawak, Malaysia

[2]Department of Psychiatry and Mental Health, Hospital Bintulu, 97000 Bintulu Sarawak, Malaysia

[3]Psychiatry Unit, Department of Medicine, Faculty of Medicine and Health Sciences, Universiti Sains Islam Malaysia, 71800 Nilai, Negeri Sembilan, Malaysia

[4]Department of Psychiatry and Mental Health, Hospital Selayang, 68100 Batu Caves, Selangor, Malaysia

[5]Department of Psychiatry, Pusat Perubatan Universiti Kebangsaan Malaysia, 56000 Cheras, Kuala Lumpur, Malaysia

[6]Department of Psychiatry and Mental Health, Hospital Miri, 98000 Miri, Sarawak, Malaysia

[7]Forensic Psychiatry Division, Hospital Permai Johor Bahru, Kempas Banjaran, 81200 Johor Bahru, Johor, Malaysia

[8]Department of Psychiatry and Mental Health, Hospital Sultanah Bahiyah, 05460 Alor Setar, Kedah, Malaysia

[9]Alaminda Academy, 63000 Cyberjaya, Selangor, Malaysia

Corresponding author's e-mail: atiwana@unimas.my

The aftermath of a patient's suicide can significantly impact psychiatrists, often leading to intense feelings of grief, guilt, and professional doubt. This symposium explores effective support mechanisms tailored to the needs of Malaysian psychiatrists facing such challenging circumstances. A recent study identified several support mechanisms that respondents found beneficial and necessary. Key recommendations for supporting psychiatrists include: (i) Personal Debriefing: Providing opportunities for psychiatrists to debrief personally can help them process their emotions and experiences in a safe, confidential environment. This practice enables them to articulate their feelings and receive immediate psychological support. (ii) Assistance with Communication: It is crucial to help psychiatrists communicate or meet with the patient's family and friends. Such interactions can be emotionally charged and complex; thus, guidance and support in these situations can alleviate some of the associated stress and uncertainty. (iii) Senior Clinician Involvement: Senior clinicians' involvement in the support process is vital. Their experience and authority can provide reassurance and mentorship, helping junior psychiatrists navigate the professional and emotional challenges following a patient's suicide. (iv) Peer Support: Establishing peer

support networks allows psychiatrists to share their experiences and coping strategies with colleagues who understand their unique challenges. This collegial support fosters a sense of community and mutual understanding. (v) Informational Resources: Providing comprehensive information about the processes following a patient's death by suicide, including procedural steps and available resources for affected families, ensures psychiatrists are well-informed and better prepared to handle the aftermath. This symposium will explore these recommendations, discussing practical guidance and strategies to implement these support mechanisms effectively. By fostering a supportive environment and addressing the specific needs of psychiatrists, we aim to mitigate the emotional toll of patient suicide and promote resilience and well-being within the psychiatric community.

Keywords: Grief; postvention; suicide loss; psychiatrist; support

SYMPOSIUM 6

Holmesian Insights: Decoding Traumatic Brain Injury and Neuropsychiatric Complexities

CHAIRPERSON: SIVENANTHINI PURANA VISVANATHAN

Department of Psychiatry and Mental Health, Hospital Kuala Lumpur, Jalan Pahang, 50586 Kuala Lumpur, Malaysia

sivenanthini@gmail.com

Traumatic brain injury (TBI) is a brain injury resulted from blunt forces originating from outside the brain. It can be divided into mild, moderate and severe based on clinical features such as Glasgow Coma Scale (GCS) scoring. TBI can produce various acute and chronic neurobehavioral and cognitive sequelae, which can be challenging to assess and manage. A high incidence of feigning further adds to this complexity. This symposium touches on various aspects of TBI assessment and management and is divided into four parts. The first part argues that TBI sequelae are undertreated in Malaysia and focuses on the most affected cognitive, which are impairment in attention, executive function and social cognition, and sexual and social disinhibition. Despite no robust evidence on the most effective pharmacological treatment, some medications can be used to produce better outcomes than the usual current Malaysian psychiatrists' approach. The second part outlines vital clinical features, diagnostic criteria, and management strategies to help clinicians effectively differentiate psychosis after TBI from primary psychosis, ensuring appropriate and effective treatment. The next presentation sheds some light onto the various manifestations of possible feigning after traumatic brain injury with a discussion on the identification of red flags and strategies in dealing with such a complex clinical condition. Last presentation argues against the validity of post-concussion syndrome. It discusses post-concussion symptoms in various populations along with diffusion tensor imaging (DTI) data in concussed brains and other populations.

S6-01

We Are Undertreating the Neuropsychiatric Sequelae of TBI

SITI NOR FADHLINA MISRON

Hospital Permai Johor Bahru, Kempas Banjaran, 81200 Johor Bahru, Johor, Malaysia

*Corresponding author's e-mail: drfadhlina@moh.gov.my

Neuropsychiatric sequelae of traumatic brain injury are among the most underdiagnosed and undertreated conditions. This is especially true in the Malaysian context, whereby neuropsychiatry exposure is limited during postgraduate training. The talk will focus on the most affected cognitive (mainly the impaired attention, executive function and social cognition) and the sexual and social disinhibition. The current positive evidence, despite its lack of robustness, does address the harm that may follow the inappropriate use of dopamine antagonists, which is the practice among psychiatrists in Malaysia. Another emerging positive evidence does address the use of dopaminergic agents in managing the aforementioned neuropsychiatric sequelae, which are currently just taking off in the neuropsychiatry practice of Malaysia. Recently, the Ministry of Health Malaysia has approved the off-label use of methylphenidate for the management of impaired social cognition, mainly for the aggressiveness of post-traumatic brain injury. Just like Sherlock managed to decode a complex, mysterious case by going against the norm, we neuropsychiatrists would like to go against the norm of dopamine antagonists to dopamine agonists for the treatment of neuropsychiatric sequelae of traumatic brain injury.

Keywords: Cognitive impairment; sexual disinhibition; aggression; post-traumatic brain injury

S6-02

Psychosis After TBI: What the Clinicians Need to Know to Differentiate it from Primary Psychosis

CHIN HAN LIM

Hospital Raja Permaisuri Bainun Hospital, Jalan Raja Ashman Shah, 30450 Ipoh, Perak, Malaysia

*Corresponding author's e-mail: chinhanlim@moh.gov.my

Psychosis following traumatic brain injury (TBI) presents significant diagnostic challenges due to its symptomatic overlap with primary psychotic disorders. In the spirit of the symposium theme, "Holmesian Insights: Decoding Traumatic Brain Injury and Neuropsychiatric Complexities," this presentation aims to equip clinicians with the knowledge to expertly differentiate psychosis after TBI from primary psychosis, ensuring precise diagnosis and appropriate treatment. TBI often results in cognitive deficits, such as memory impairment, executive dysfunction, and attention deficits, which can contribute to symptoms that closely mimic primary psychotic disorders like schizophrenia. Disorganised thinking and behaviour, common in primary psychosis, may also arise from TBI-related cognitive dysfunctions, adding layers of complexity to the diagnostic process. Key clinical features to consider include the onset and progression of symptoms. Psychosis after TBI typically emerges following the injury and may have a more fluctuating course compared to the chronic nature of primary psychosis. Additional diagnostic clues include other TBI-related symptoms, such as post-traumatic amnesia and neurological deficits. Diagnostic criteria emphasize the temporal relationship between the injury and psychotic symptoms, along with cognitive deficits and neurological signs. Neuroimaging and neuropsychological assessments are crucial tools in deciphering brain damage and cognitive impairments. Management should be multidisciplinary, involving psychiatrists, neurologists, and neuropsychologists, and may include antipsychotic medications, cognitive rehabilitation, and supportive therapies tailored to both psychotic symptoms and cognitive deficits. By adopting a Holmesian approach to decoding the intricate relationship between cognitive deficits and psychotic symptoms in TBI patients, clinicians can navigate the complexities of diagnosis and treatment, ultimately improving patient outcomes.

Keywords: Post-TBI psychosis; primary psychotic disorder; schizophrenia; neurocognitive impairment; dysexecution

S6-03

Tricks and Tips of Feigning in Traumatic Brain Injury

CHHOA KENG HONG

Hospital Umum Sarawak, Jalan Kuching, 93586 Kuching, Sarawak

*Corresponding author's e-mail: kenghong.chhoa@moh.gov.my

Traumatic brain injury (TBI) is a critical public health issue that can lead to a large number of impairments, leading to irreversible disabilities. TBI affects nearly 64 to 74 million people worldwide, with road traffic accidents comprising most of the TBI cases reported in hospitals. In Malaysia, about 500,000 road traffic accidents occur annually, indicating a high number of possible TBI cases alone. When combined with TBI cases caused by falls, domestic violence and sports injury, the number of cases may be even higher. TBI has been considered one of the most significant contributors to global death, disability and health burden. It has been classified as a persistent disease which may increase the risk of various long-term outcomes in the form of neurological disorders such as Alzheimer's disease, Parkinson's disease, epilepsy, depression and others. Thus, the term "silent epidemic" was coined in a 2018 paper in the Journal of Neurosurgery. It is not uncommon for psychiatrists to encounter cases of TBI of various degrees of severity presented with neuropsychiatric symptoms and a wide range of psychopathology, which may or may not be confined to the classical symptoms evolution in TBI. It is even more intriguing and can be a challenge for inexperienced psychiatrists when they are in the dilemma of determining the reliability and validity of presenting symptoms, especially when incentives and motivation are involved, letting aside the involvement of legal litigation. This symposium will shed some light on the complexity of feigning in TBI with a discussion on the tips and tricks of detecting the elements of feigning in cases of TBI. Concepts of response styles will be covered alongside the delve into the fundamental neuroscience in TBI for correlation and utilisation in investigating and managing cases of TBI suspicious of feigning.

Keywords: Traumatic brain injury; feigning

S6-04

Post-Concussion Syndrome: More Than What It Seems

MOHAMMAD NABHAN KHALIL AZIZAN

Hospital Sultanah Nur Zahirah, Jalan Sultan Mahmud, 20400 Kuala Terengganu, Terengganu, Malaysia

*Corresponding author's e-mail: khalil.azizan@moh.gov.my

Studies show that the majority of those who experienced concussions recover within days and weeks of the injury. Despite that, there are some patients still symptomatic months to years after concussion and thus diagnosed with post-concussion syndrome. However, opinions are divided regarding this diagnostic entity. Major diagnostic manuals, e.g., DSM and ICD, no longer include this diagnosis in their latest versions. Proponents of this diagnosis often cite findings from prevalence and diffusion tensor imaging (DTI) studies as evidence of permanent brain damage after concussion. However, these studies usually have their issues that make interpretations not as straightforward as they seem. This presentation argues against the validity of this diagnosis and discusses post-concussion symptoms in various populations along with diffusion tensor imaging (DTI) data in concussed brains and other populations. Case studies of two patients with persistent symptoms after a concussion are discussed.

Keywords: Concussion; mTBI; cognitive; feigning

SYMPOSIUM 7

MyRAKAN Autism - Exploring Virtual Reality as Adjunct Psychiatric Intervention Malaysian HFASD

CHAIRPERSON: WAN SALWINA WAN ISMAIL

Department of Psychiatry, Hospital Canselori Tuanku Muhriz Universiti Kebangsaan Malaysia, Bandar Tun Razak, 56000 Cheras, Kuala Lumpur, Malaysia

wan@ppukm.ukm.edu.my

This symposium will provide an overview of virtual reality (VR) and its efficacy in social skills training for individuals with autism spectrum disorder (ASD). We will introduce a newly developed, culturally adaptable social skills training module using spherical video virtual reality (SVVR) and video modelling (VM) for individuals with high-functioning ASD. The qualitative research focuses on understanding social skills difficulties and cognitive behavioural therapy (CBT) techniques from the perspectives of individuals with HFASD, parents, and professionals. Findings from the qualitative phase were used to design and develop the training module, which involved identifying intervention elements through the Fuzzy Delphi method, embedding CBT in VR, and conducting formative evaluations with experts and individuals with HFASD. The results of the randomised controlled trial (RCT) will be discussed, including methodology, significant findings, side effects, and limitations.

S7-01

From Virtual to Reality: Enhancing Autism Social Skills Through Virtual Reality

WAN SALWINA WAN ISMAIL[1], NORAZLIN KAMAL NOR[2]*, NOORLAILI MOHD TOHIT[3], FARAH DEENA ABDUL SAMAD[1], TUTI IRYANI MOHD DAUD[1], MOHAMMAD NAZIR AHMAD[4], NUR SAADAH MOHAMAD AUN[5], MOHD AKIF FARHAN AHMAD BASRI[1]

[1]*Department of Psychiatry, Faculty of Medicine, Universiti Kebangsaan Malaysia, Jalan Yaacob Latif, Bandar Tun Razak, 56000 Cheras, Wilayah Persekutuan Kuala Lumpur, Malaysia*
[2]*Department of Paediatrics, Faculty of Medicine, Universiti Kebangsaan Malaysia, Jalan Yaacob Latif, Bandar Tun Razak, 56000 Cheras, Wilayah Persekutuan Kuala Lumpur, Malaysia*
[3]*Department of Family Medicine, Faculty of Medicine, Universiti Kebangsaan Malaysia, Jalan Yaacob Latif, Bandar Tun Razak, 56000 Cheras, Wilayah Persekutuan Kuala Lumpur, Malaysia*
[4]*Institute of Visual Informatics, Level 1, Akademia Siber Teknopolis, Universiti Kebangsaan Malaysia, 43600 Bandar Baru Bangi, Selangor, Malaysia*
[5]*Centre for Research in Psychology and Human Well-Being, Faculty of Social Sciences and Humanities, Universiti Kebangsaan Malaysia, 43600 Bandar Baru Bangi, Selangor, Malaysia*

*Corresponding author's email: norazlinabouzid@yahoo.com

Virtual Reality (VR) technology is emerging as a valuable adjunctive tool for psychiatric interventions in Autism Spectrum Disorder (ASD), offering innovative ways to enhance social skills. Its ability to create engaging, realistic, and controlled environments makes it particularly suited for addressing the diverse and complex needs of individuals with ASD. Traditional interventions, while beneficial, often lack the ability to replicate real-world social dynamics effectively. In contrast, VR offers a versatile platform that can simulate various social scenarios with high fidelity, aligning with the social motivation theory and experiential learning. This allows individuals with ASD to engage in repeated social practice with immediate feedback in a controlled environment. Recent literature consolidates evidence showing VR's effectiveness in improving social skills, emotional regulation, and overall quality of life for individuals with ASD. This symposium will review key studies highlighting the efficacy of VR in social skills training, the theoretical frameworks supporting its use, and the gaps it addresses in existing methods. We will introduce a new culturally adaptable VR-based social skills training module designed for individuals with high-functioning ASD (HFASD) and provide guidelines for healthcare practitioners. These guidelines will outline strategies for the safe and effective use of VR as an adjunct psychiatric intervention among children and adolescents with ASD, ensuring that VR-based interventions are accessible, engaging, and adaptable to the diverse needs of individuals with ASD.

Keywords: Autism spectrum disorder; virtual reality; social skills training

S7-02

The Reality in Our Culture: Navigating Social Skills Challenges in The Youths with High Functional Autism Spectrum Disorder

NOORLAILI MOHD TOHIT[1], FARAH DEENA ABDUL SAMAD[2]*, WAN SALWINA WAN ISMAIL[1], NORAZLIN KAMAL NOR[3], TUTI IRYANI MOHD DAUD[1], MOHAMMAD NAZIR AHMAD[4], NUR SAADAH MOHAMAD AUN[5], MOHD AKIF FARHAN AHMAD BASRI[1]

[1]*Department of Family Medicine, Faculty of Medicine, Universiti Kebangsaan Malaysia, Jalan Yaacob Latif, Bandar Tun Razak, 56000 Cheras, Wilayah Persekutuan Kuala Lumpur, Malaysia*
[2]*Department of Psychiatry, Faculty of Medicine, Universiti Kebangsaan Malaysia, Jalan Yaacob Latif, Bandar Tun Razak, 56000 Cheras, Wilayah Persekutuan Kuala Lumpur, Malaysia*
[3]*Department of Paediatrics, Faculty of Medicine, Universiti Kebangsaan Malaysia, Jalan Yaacob Latif, Bandar Tun Razak, 56000 Cheras, Wilayah Persekutuan Kuala Lumpur, Malaysia*
[4]*Institute of Visual Informatics, Level 1, Akademia Siber Teknopolis, Universiti Kebangsaan Malaysia, 43600 Bandar Baru Bangi, Selangor, Malaysia*
[5]*Centre for Research in Psychology and Human Well-Being, Faculty of Social Sciences and Humanities, Universiti Kebangsaan Malaysia, 43600 Bandar Baru Bangi, Selangor, Malaysia*

Corresponding author's e-mail: farahdeena.as@gmail.com

Culture is described as attitudes, values, customs, and behaviours that characterize a social group. It is learned through observation, experience, shared literature, language, and mannerisms within a society. Living in a multicultural country, Malaysians shared some common values that could be important in the experience of youth with autism. The collectivist culture in Malaysia is more likely to impose social pressure among them as it places priority on conforming to social norms. Hence, this qualitative study aimed to identify specific cultural elements contributing to social skills difficulties among youths with high functioning Autism Spectrum Disorder (HFASD) in Malaysia. We conducted in-depth interviews (IDI) with 20 participants comprising of 13 youths with HFASD and seven parents of youth with HFASD in Kuala Lumpur, Malaysia. Data was analysed using thematic analysis. Five culture specific themes that impose social challenges among youths with HFASD were understanding euphemism, the use of title of respect, the relationship with people of different gender, the cultural expectations during family gathering, and the freedom to use language of preference. Recognising culture specific elements and the social challenges are important in developing culturally sensitive intervention programs to support local youths with HFASD and their families.

S7-03

Design and Development of a Social Skills Intervention Using Video Modelling and Spherical-Based Virtual Reality

MOHD AKIF FARHAN AHMAD BASRI[1]*, WAN SALWINA WAN ISMAIL[1], NORAZLIN KAMAL NOR[2], NOORLAILI MOHD TOHIT[3], FARAH DEENA ABDUL SAMAD[1], MOHAMMAD NAZIR AHMAD[4], NUR SAADAH MOHAMAD AUN[5], TUTI IRYANI MOHD DAUD[1]

[1]Department of Psychiatry, Faculty of Medicine, Universiti Kebangsaan Malaysia, Jalan Yaacob Latif, Bandar Tun Razak, 56000 Cheras, Wilayah Persekutuan Kuala Lumpur, Malaysia
[2]Department of Paediatrics, Faculty of Medicine, Universiti Kebangsaan Malaysia, Jalan Yaacob Latif, Bandar Tun Razak, 56000 Cheras, Wilayah Persekutuan Kuala Lumpur, Malaysia
[3]Department of Family Medicine, Faculty of Medicine, Universiti Kebangsaan Malaysia, Jalan Yaacob Latif, Bandar Tun Razak, 56000 Cheras, Wilayah Persekutuan Kuala Lumpur, Malaysia
[4]Institute of Visual Informatics, Level 1, Akademia Siber Teknopolis, Universiti Kebangsaan Malaysia, 43600 Bandar Baru Bangi, Selangor, Malaysia
[5]Centre for Research in Psychology and Human Well-Being, Faculty of Social Sciences and Humanities, Universiti Kebangsaan Malaysia, 43600 Bandar Baru Bangi, Selangor, Malaysia

*Corresponding author's e-mail: P111101@siswa.ukm.edu.my

This research explores the development and evaluation of social skills intervention for high-functioning autism spectrum disorder (HFASD) youth using video modelling and spherical-based virtual reality (SVVR). The first phase aimed to identify key components for designing the intervention content. Through a Fuzzy Delphi method involving expert consensus agreement, essential social skills (e.g., non-verbal responses, conversation management, emotional regulation, and perspective-taking) and effective cognitive-behavioural techniques (e.g., psychoeducation, modelling, relaxation techniques, reinforcements, and perspective-taking questions) were identified and prioritised. In the second phase, these components were integrated into a social communication skills intervention utilising video modelling (VM) and spherical video-based virtual reality (SVVR). The intervention incorporated psychoeducation, deep breathing, first-person and third-person modelling, and skill rehearsals. Ten HFASD youths and five experts participated in five sessions and provided feedback through semi-structured interviews. The intervention was perceived positively, with psychoeducation being clear and practical, modelling techniques aiding perspective understanding, and relaxation techniques being helpful. SVVR skill rehearsal was found realistic and immersive but lacked interactivity. Recommendations for improvement included adding interactive SVVR features and involving parents. These findings highlight the practicality and potential benefits of integrating cognitive and behavioural techniques into VM and SVVR for HFASD interventions, suggesting that SVVR is a promising tool for

immersive social communication skills training.

S7-04

Randomised Control Trial of Myrakan Autism VR Module: An Adjunctive VR Module for Social Skills Training in Youths with High-Functioning Autism (HFASD)

NORAZLIN KAMAL NOR[1], WAN SALWINA WAN ISMAIL[2]*, NOORLAILI MOHD TOHIT[3], FARAH DEENA ABDUL SAMAD[2], TUTI IRYANI MOHD DAUD[2], MOHAMMAD NAZIR AHMAD[4], NUR SAADAH MOHAMAD AUN[5], MOHD AKIF FARHAN AHMAD BASRI[2], MOHAMAD ADAM BUJANG[6]

[1]Department of Paediatrics, Faculty of Medicine, Universiti Kebangsaan Malaysia, Jalan Yaacob Latif, Bandar Tun Razak, 56000 Cheras, Wilayah Persekutuan Kuala Lumpur, Malaysia
[2]Department of Psychiatry, Faculty of Medicine, Universiti Kebangsaan Malaysia, Jalan Yaacob Latif, Bandar Tun Razak, 56000 Cheras, Wilayah Persekutuan Kuala Lumpur, Malaysia
[3]Department of Family Medicine, Faculty of Medicine, Universiti Kebangsaan Malaysia, Jalan Yaacob Latif, Bandar Tun Razak, 56000 Cheras, Wilayah Persekutuan Kuala Lumpur, Malaysia
[4]Institute of Visual Informatics, Level 1, Akademia Siber Teknopolis, Universiti Kebangsaan Malaysia, 43600 Bandar Baru Bangi, Selangor, Malaysia
[5]Centre for Research in Psychology and Human Well-Being, Faculty of Social Sciences and Humanities, Universiti Kebangsaan Malaysia, 43600 Bandar Baru Bangi, Selangor, Malaysia
[6]Clinical Research Centre (CRC), Hospital Umum Sarawak, Jalan Kuching, 93586 Kuching, Sarawak

*Corresponding author's e-mail: wan@ppukm.ukm.edu.my

A randomized control trial was conducted to assess the feasibility, efficacy and potential side effects of MyRAKAN Autism. Purposive sampling was utilized. The inclusion criteria were individuals diagnosed with mild Autism Spectrum Disorder (Level 1) aged between 18 to 24 years. Following screening, 52 participants were selected and randomized into two groups: treatment (TX; n=26) and delayed treatment or control (DTC; n=26). Each participant underwent specific assessment tools pre- and post-, including (i) Autism Spectrum Quotient (ASQ), (ii) Social Responsiveness Scale 2 (SRS-2), (iii) Beck Anxiety Inventory 2 (BAI-2), and (iv) Quality of Life Questionnaire for HFASD Youth (QoLY). The treatment group (TX) underwent adjunctive intervention including an hour weekly of 5 physical sessions of watching videos (VM) and 3 physical sessions of skill rehearsals using SVVR. Post-assessment measures were completed and in the final analysis there were 24 participants in each arm. The results demonstrated significant improvements in social responsiveness (between pre-/post, p=0.46, between group, p=0.001), social communication (between pre-/post, p=0.38, between group, p=0.001) and imagination (between pre-/post, p=0.48, between group, p=0.48). For social awareness and social cognition, there was significant improvement between group measures, while quality of life showed significant improvement in between group measures. The MyRAKAN Autism

training module shows promise as an effective adjunctive tool for improving social skills in youth with high functioning autism spectrum disorder.

Keywords: High functioning Autism Spectrum Disorder (HFASD); virtual reality (VR); randomised control trial

SYMPOSIUM 8

Advancing Psychotherapy in Malaysia: Initiatives, Education, and Future Directions

CHAIRPERSON: NUUR ASYIKIN MOHD SYUKUR & FARAH NABILA
ABDUL MAJID

Department of Psychiatry, Hospital Canselori Tuanku Muhriz Universiti Kebangsaan Malaysia, Bandar Tun Razak, 56000 Cheras, Kuala Lumpur, Malaysia

nuurasyikin@ppukm.ukm.edu.my & farahnabila@ppukm.ukm.edu.my

Psychotherapy, a term derived from the Ancient Greek "psyche" (meaning spirit or soul) and "therapeia" (meaning healing) has never set a firmer ground in its relevance in the challenging world of today. Modern life stress has put forward psychotherapy as a choice treatment modality. Unlike a neurosurgeon, a therapist must hone his/ her skills to gain competence with experience. Furthermore, advances have provided psychotherapy with neuroscientific support. Nevertheless, this fresh perspective on psychotherapy may not be embraced by many without initiatives to clear prejudices, namely, it being regarded as pseudoscience or speculative. Efforts must be undertaken to pivot the old mindset and worse, the stagnant mentality of "continuing the same" culture. Recognising areas for growth and plans to improve education in psychotherapy, such as providing training for supervisors and support for therapists, is a good start. At the same time, a professional platform may be established to carry out activities that address the gaps in the accessibility and availability of psychotherapy education and services.

Keywords: Psychotherapy; addressing the gaps

S8-01

The Culture of "Continue Same (CS)" and Psychodynamic: The Good, The Bad and The Changes Needed

AILI HANIM HASHIM[1,2]*

[1]Klinik Pakar A N & K, C-G-01, Ground Floor, Block C, Damansara Intan, 47400 Petaling Jaya, Selangor, Malaysia
[2]Malaysian Psychiatry Association, 3 Two Square, Jalan 19/1, 46300 Petaling Jaya, Selangor, Malaysia

Corresponding author's e-mail: childpsy62@gmail.com

Embracing change in patient care is a formidable task. Change forces us to do something different and outside our comfort zones. The culture of "continue same" (CS) in patient care poses challenges for practitioners and patients. While continuity can benefit stable cases, it hinders the growth and adaptability necessary for addressing more complex or evolving situations. The approach is not inherently harmful. Maintaining the same management in chronic or stable conditions provides patients consistency, predictability, and comfort. It offers a structured framework that minimises the risk of drastic changes that could destabilise a patient's condition. CS culture has the potential to stagnation of care. In cases where patients repeatedly return to the service, it is counterproductive. It can create a "revolving door" scenario, where the patient's issues are never fully addressed, leading to countertransference and burnout among practitioners. In these instances, sticking to a fixed treatment plan fails to help, resulting in resentment or frustration from both parties. Many patients with psychiatric or psychological issues, especially those with personality disorders or complex trauma, need a more dynamic approach to care, which CS may fail to provide. The focus on psychodynamic psychiatry (PD) as a tool for change is timely. It allows practitioners to move beyond habitual patterns, including the CS mindset, toward more meaningful and personalised care. Rather than treating symptoms in isolation, PD seeks to uncover the unconscious conflicts and emotional undercurrents that influence the individual. PD has become a psychiatric discipline arising from the needs of clinical practice and has robust scientific evidence. Psychodynamic psychiatry (PD) offers practitioners growth opportunities and improved patient management, including building therapeutic alliances with their patients. This shift in focus requires the practitioner to move beyond standardised treatments and engage in a more nuanced understanding of the patient's inner world.

Keywords:　　Psychodynamic approach in psychiatry

S8-02

Styles and Skills in PD Supervision

CHESTER CHONG SENG OOI

Department of Psychiatry, Faculty of Medicine & Health Sciences, Universiti Putra Malaysia, 43400 UPM Serdang, Selangor, Malaysia

*Corresponding author's e-mail: sengchoi@upm.edu.my

There is something within a psychodynamically oriented supervision that carries with it a sense of caring, engagement, and reciprocity that allows the learner to feel understood in a way that can offset the forces that lead to burnout (Rosenberg, 2018). Supervision is a dynamic and evolving process that aims to enhance the supervisee's clinical competence, self-awareness, and ability to apply psychodynamic principles in their therapeutic work. In clinical supervision, there are at least three minds – the supervisor, the therapist, and the patient. This encounter is exemplified by the interplay of various styles of personality and object relations. The supervisor has to be tactful in keeping the thinking process flowing within supervision. This presentation will explore the various styles and skills essential for psychodynamic psychotherapy supervision.

S8-03

Advancing Psychotherapy Services in Malaysia: An Overview of Current Initiatives and Developments

UMI ADZLIN SILIM

Department of Psychiatry, Faculty of Medicine & Health Sciences, Universiti Putra Malaysia, 43400 UPM Serdang, Selangor, Malaysia

*Corresponding author's e-mail: umiadzlin@gmail.com

This overview highlights the exciting progress in psychotherapy services in Malaysia, centered around the recent establishment of the National Psychotherapy Taskforce. Now expanded as the Sector of Psychotherapy and Psychological Intervention within the Psychiatry and Mental Health Service, Ministry of Health Malaysia, the task force continues to operate under the name 'Jaringan Psikoterapi Kebangsaan' (JEJAK). The sector is making significant strides by enhancing service development and capacity building. It incorporates eight psychotherapy approaches: psychodynamic therapy, interpersonal therapy, cognitive-behavioural therapy, family therapy, mindfulness-based psychotherapy, acceptance and commitment therapy, dialectical behaviour therapy, and spiritually integrated psychotherapy. Efforts are underway to standardise professional roles with terms such as 'informed practitioners' and 'practitioners with interests,' as well as to set clear qualifications for supervisors and trainers. To support this advancement, the sector actively organises workshops, forums, and case-based discussions to foster professional growth. A long-term goal is to establish a comprehensive database of certified therapists, which will coordinate services by providing up-to-date information on therapists and their practice locations while addressing the issues of uncertified therapists. Additionally, the sector is developing a 'Talk-to-Heal' module for general practitioners as part of the 'General Practitioner with Special Interest in Mental Health' (GPSIMH) program, emphasising brief, evidence-based psychological interventions. While there are challenges, such as the need for specific budget allocations for psychotherapy, the sector's proactive approach is driving positive change. It has spurred dedicated individuals to invest their resources and advocate passionately for psychotherapy. Activities organised have been met with enthusiastic responses, reflecting the growing interest among professionals and rising demand from patients for high-quality care. By providing more support to interested professionals and addressing issues like coordination and certification, this collaborative and forward-thinking approach is set to significantly enhance the quality and accessibility of psychotherapy services throughout Malaysia, making a meaningful impact on mental health care.

S8-04

Envisioning MPA Psychotherapy Chapter: Realising Potentials Through a Harmonised Effort in Psychotherapy Education and Supervision

NIK RUZYANEI NIK JAAFAR

Department of Psychiatry, Hospital Canselori Tuanku Muhriz Universiti Kebangsaan Malaysia, Bandar Tun Razak, 56000 Cheras, Kuala Lumpur, Malaysia

*Corresponding author's e-mail: ruzyanei@ppukm.ukm.edu.my

Psychotherapy in the 21st century emerges larger than before in recognition, needs and importance. Yet, in Malaysia, this growing demand highlights gaps in the accessibility and availability of psychotherapy education for present and future therapists. Therefore, MPA may inaugurate a psychotherapy chapter, serving as a platform for initiatives addressing this growing need. This chapter is for all mental health professionals, mature and budding, with a common interest in evidence-based psychotherapy as a treatment modality. This presentation delineates several areas for growth in psychotherapy education and supervision and envisions the chapter to plan for activities that enhance the learning of transtheoretical competencies (such as therapeutic relationships, relational skills, and self-awareness) alongside theoretical approaches (specifically psychodynamic, interpersonal, cognitive behavioural, acceptance commitment therapy and others). Our earlier and ongoing collaborative efforts with international and regional professional bodies, including the World Federation for Psychotherapy and Psychotherapy section of the World Psychiatric Association, would be further enhanced through this chapter, facilitating future learning activities.

SYMPOSIUM 9

Advancing Mental Health Care in Malaysia: Strategies and Innovations in Social Psychiatry

CHAIRPERSON: ASRENEE AB RAZAK

Department of Psychiatry, School of Medical Sciences, Universiti Sains Malaysia, Health Campus, 16150 Kubang Kerian, Kelantan, Malaysia

asrenee@usm.my

This symposium convenes experts in social psychiatry to explore transformative strategies and innovative approaches to mental health care in Malaysia. Presenters will address the impact of social determinants, translational research, transformative strategies, and social innovation shaping mental health outcomes and services. **Topic 1:** Understanding the Social Determinants of Mental Health in Malaysia and Policy Implications. This slot will discuss significant social determinants of mental health in Malaysia, focusing on factors such as socioeconomic status, cultural influences, and urbanisation. The presentation will highlight how these factors impact mental health outcomes, emphasising the importance of integrating social psychiatry into mental health care and policymaking. **Topic 2:** Translational Research in Social Psychiatry: Bridging Science and Practice. This topic will explore translational research methodologies that connect scientific findings with clinical applications in counselling. The presenter will illustrate how school counsellors can be guided through specific school-based mental health policies, bridging the gap between research and practice to improve mental health support for students. **Topic 3:** Transformative Strategies for Mental Health Programmes in Malaysia. This slot will discuss a comprehensive framework for transformative strategies in Malaysian mental health care. The focus will be on practical solutions and actionable steps addressing challenges, such as improving access to services, reducing stigma, and enhancing integration. **Topic 4:** Social Innovation in Mental Health: Bringing the Opportunity Programme. As a social entrepreneur, the presenter will discuss the role of social enterprise in addressing mental health issues in Malaysia. He will present successful programmes, including peer support groups and community outreach, exploring how social innovators design and implement these interventions to create impactful change. The symposium will conclude with a panel discussion, providing an interactive session where attendees can engage with speakers and explore potential collaborations. This event aims to catalyse advancements in social psychiatry in Malaysia, enhancing the mental health care landscape.

S9-01

Understanding the Social Determinants of Mental Health in Malaysia and Policy Implication

ASRENEE AB RAZAK* & NG LEI VOON

Department of Psychiatry, School of Medical Sciences, Universiti Sains Malaysia, Health Campus, 16150 Kubang Kerian, Kelantan, Malaysia

*Corresponding author's e-mail: asrenee@usm.my

The social determinants of mental health play a crucial role in shaping individuals' mental well-being in Malaysia. A content analysis was done to investigate the influence of socioeconomic status, cultural factors, and urbanisation on mental health outcomes, highlighting the complex interplay between these determinants and the mental health landscape in Malaysia. Socioeconomic status is a significant determinant of mental health; disparities in income, education, and employment opportunities contribute to varying mental health outcomes. Individuals from lower socioeconomic backgrounds face increased stress, limited access to mental health services, and heightened vulnerability to mental health disorders. This underscores the necessity of addressing economic inequalities to improve mental health outcomes. Cultural factors also exert a profound impact on mental health. The diverse cultural landscape, encompassing various ethnic groups and traditional beliefs, influences perceptions of mental illness and help-seeking behaviour. Cultural stigma surrounding mental health issues can deter individuals from seeking necessary treatment, exacerbating the burden of mental health disorders. Understanding and integrating cultural considerations into mental health care can enhance the effectiveness of interventions, promoting acceptance within communities. Urbanisation, characterised by rapid population growth and development and intercity migration, poses opportunities and challenges for mental health. While urban areas offer improved access to healthcare and educational resources, they can also contribute to increased stress, social isolation, and environmental pressures. The mental health impact of urbanisation and intercity migration needs innovative approaches to urban planning and policymaking prioritising mental well-being. This presentation advocates integrating social psychiatry into mental health care and policymaking in Malaysia. By addressing social determinants, policymakers and healthcare providers can develop comprehensive strategies that promote mental health equity and resilience. Such an approach ensures that mental health care is responsive to the social and cultural contexts of individuals, fostering improved outcomes and well-being for all Malaysians.

Keywords: Convention on the rights of the child (CRC); rights of persons with disabilities

S9-02

A Qualitative Exploration of the Service Providers' Perspectives on the Need for Specific School-based Mental Health Policies in Malaysia

LEI VOON NG* & ASRENEE AB RAZAK

Department of Psychiatry, School of Medical Sciences, Universiti Sains Malaysia, Health Campus, 16150 Kubang Kerian, Kelantan, Malaysia

*Corresponding author's e-mail: leivoon@student.usm.my

Adolescents aged 10 to 19 years are at a higher risk of developing psychiatric disorders such as depression, anxiety, and behavioural disorders. The Adolescent Health Survey (AHS) 2022 reported by the Ministry of Health Malaysia showed an increase in the prevalence of mental health issues as compared to the previous years. Preventive approaches such as school-based mental health services were integrated into school policies for safeguarding adolescents' well-being. From the lens of social psychiatry, the present study aimed to explore the perspectives of service providers (SPs) regarding the need for specific school-based mental health policies in Malaysia. Purposive sampling was utilised to recruit 48 SPs who were counsellors, clinical psychologists, and mental healthcare volunteers from Peninsular Malaysia public, private and non-governmental organisations. Six focus group discussions (FGDs) including three face-to-face FGDs (n = 28) and three online FGDs (n = 20) were conducted from October to November 2022 by using semi-structured interviews. Reflexive thematic analysis (TA) revealed four major themes via Atlas.ti Windows 23.1.1: (i) the need to address adolescent mental health issues; (ii) the need to increase mental health literacy; (iii) the lack of parental involvement; and (iv) the need to enhance gatekeepers' psychological first aid skills. SPs emphasised the importance of family-school engagement in delivering mental health interventions to support adolescents. These findings could inform the development and implementation of well-defined school-based mental health policies tailored to school settings. Policies targeting parents and educators were crucial to cultivating a supportive environment for adolescents' well-being. It was recommended to conduct regular gatekeeper training via the Parent-Teacher Association.

Keywords: School-based mental health; policies; service providers; adolescents; social psychiatry

S9-04

Social innovation in Mental Health: Bring the Opportunity Program

AHMAD AMIERUL HAZEEQ RUDIE[1,2]*

[1]*BTOP Wellness Sdn Bhd, Kubang Kerian, 16150 Kota Bharu, Kelantan, Malaysia*
[2]*Faculty of Business and Management, Universiti Teknologi MARA, 15050 Kota Bharu, Kelantan, Malaysia*

*Corresponding author's e-mail: hazeeqrudie@gmail.com

This presentation explores the critical role of social innovation in addressing mental health challenges in Malaysia, focusing on the innovative approaches employed by social entrepreneurs to create effective and sustainable mental health interventions. Social innovation is increasingly recognised as a pivotal strategy in enhancing mental health outcomes, particularly in contexts where traditional approaches may fall short. The presentation will highlight successful programmes such as peer support groups and community outreach initiatives designed and implemented by social innovators in Malaysia. These programmes demonstrate the potential of community-driven solutions to improve mental health awareness, accessibility, and support. The role of social entrepreneurs in mental health innovation is multifaceted. They act as catalysts for change by identifying gaps in existing services, developing novel solutions, and mobilising resources and partnerships. By embracing a holistic and collaborative approach, social entrepreneurs contribute to creating more inclusive and equitable mental health care systems.

Keywords: Social innovation; social enterprise; mental health; bring the opportunity

SYMPOSIUM 10

Addiction Psychiatry

CHAIRPERSON: NABILAH ABD. MALEK

Department of Psychiatry and Mental Health, Hospital Kuala Lumpur, Jalan Pahang, 50586 Kuala Lumpur, Malaysia

nabilahabdmalek3452@gmail.com

Addiction psychiatry is never boring, with constant new challenges and discoveries. From a much-stigmatized field of medicine, addiction psychiatry has evolved, transforming into an established and dynamic field with evidence-based interventions, instilling hope in people with addiction. This symposium will cover four of these interesting challenges faced. Kratom is a tropical tree native to Southeast Asia, particularly Thailand, Malaysia, and Indonesia. In this modern era, 'kratom' is produced illegally in large quantities and abused, leading to dependence and other unwanted medical complications. Given the minimal literature, treating 'kratom' dependence and its complications is similar to travelling in uncharted sea! Vaping has emerged as a prominent topic of debate in public health circles, often polarising opinions regarding its safety and efficacy compared to traditional smoking. The latest evidence highlighted how vaping may serve as a less harmful alternative for smokers seeking to quit, but concerns about its long-term health implications and its appeal to non-smokers, particularly youth, were also reported. Chemsex, the use of drugs to enhance sexual experiences, has gained significant attention in recent years due to its implications on mental health, sexual health, and overall well-being. Unrealistic expectations regarding sex are one of the root causes of chemsex involvement. By examining the intersection of substance use and sexual behaviour, the complexities of chemsex and its impact on individuals, relationships, and communities might be better understood. The maternal and fetal consequences of substance use in pregnancy have been well studied, but surrounding issues of stigma, poor insight, concerns of being arrested and socio-economic difficulties still prevent pregnant women who use substances (PWUS) from attending their antenatal care, treatment for addiction, and other required treatment. PWUS also often presents with complex problems, such as living in a high-risk area or 'port', which requires an intensive multi-agency intervention.

S10-01

Kratom: Not As Easy As It Seems

SASITHARAN MOORTHI

Department of Psychiatry and Mental Health, Hospital Raja Permaisuri Bainun Hospital, Jalan Raja Ashman Shah, 30450 Ipoh, Perak, Malaysia

*Corresponding author's e-mail: shashi7342@mail.com

Kratom is a tropical tree native to Southeast Asia, particularly Thailand, Malaysia, and Indonesia. Its leaves have been used traditionally for centuries for their stimulant and sedative effects. The active compounds in kratom are alkaloids such as mitragynine and 7-hydroxy mitragynine, which can affect the opioid receptors in the brain. 'Air ketum' is a term used in Malaysia to refer to a beverage made from kratom leaves. "Air" means "water" or "drink" in Malay, and "ketum" is the local term for kratom. This drink is traditionally consumed in Malaysia for its stimulant and relaxing effects, depending on the dosage. Some believe that 'kratom' is the panacea for many medical ailments and abuse it to treat withdrawal and dependence from opioid addiction. However, the exact nature and effects of 'kratom' are poorly understood, and the literature on the treatment and benefits of 'kratom' is scarce. In this modern era, 'kratom' is produced illegally in large quantities and abused by many for various reasons, leading to dependence and other unwanted medical complications. Given the minimal literature on 'kratom', treating 'kratom' dependence and complications arising from it is similar to travelling in an uncharted sea! This symposium will focus on understanding the chemical components and effects of 'kratom' and put forward treatment options for 'kratom' dependence. Let us get together for this exciting, informative and entertaining talk on 'kratom.'

Keywords: Kratom; myrtagyna; substance; ketum; addiction

S10-02

Vaping Yay or Nay

AL-ZILAL ABDUL WAHID

Department of Psychiatry and Mental Health, Hospital Pulau Pinang, 10450 Georgetown, Penang, Malaysia

Corresponding author's e-mail: zeals01@gmail.com

In recent years, vaping has emerged as a prominent topic of debate in public health circles, often polarising opinions regarding its safety and efficacy compared to traditional smoking. This upcoming scientific talk will delve into the multifaceted landscape of vaping, exploring its potential benefits and drawbacks through a rigorous examination of current research. We will review the latest evidence on how vaping may serve as a less harmful alternative for smokers seeking to quit while also addressing concerns about its long-term health implications and its appeal to non-smokers, particularly youth. Our discussion will cover the mechanisms of e-cigarette technology, the chemistry of vape liquids, and the latest epidemiological data. By evaluating both the potential therapeutic uses and the risks associated with vaping, this talk aims to provide a balanced perspective and contribute to informed decision-making in public health policy and personal choices. Join us for an insightful exploration of the pros and cons of vaping as we navigate this evolving and contentious issue.

Keywords: Vape; vaping; addiction; e-cigarette; substance

S10-03

Chemsex: When an Unrealistic Expectation Becomes an Issue

ASSVIN ALAGA

Psychiatry Addiction Unit (PaDU), Department of Psychiatry and Mental Health, Hospital Kuala Lumpur, Jalan Pahang, 50586 Kuala Lumpur, Malaysia

*Corresponding author's e-mail: assvin85@yahoo.com

Chemsex, the use of drugs to enhance sexual experiences, has gained significant attention in recent years due to its implications on mental health, sexual health, and overall well-being. This symposium aims to delve deeper into the phenomenon of chemsex and explore the underlying factors that contribute to its prevalence and associated risks. The unrealistic expectations surrounding chemsex often stem from societal pressures, personal insecurities, and lack of awareness about the potential consequences. By examining the intersection of substance use and sexual behaviour, this symposium seeks to shed light on the complexities of chemsex and its impact on individuals, relationships, and communities. This symposium aims to promote a deeper understanding of the issues surrounding chemsex and pave the way for effective solutions to address this growing public health concern. Join us for an enlightening and thought-provoking symposium that aims to uncover the realities of chemsex and empower individuals and communities to confront this issue with compassion, empathy, and evidence-based interventions.

Keywords: Chemsex; addiction; psychiatry; drugs; sex

S10-04

Substance Use in Pregnancy - How Far Do We Go?

MUHAMMAD ARIF MUHAMMAD RASAT

Addiction & Dependence Unit (A&D), Department of Psychiatry and Mental Health Department, Hospital Sultanah Bahiyah, Jalan Langgar, 05460 Alor Setar, Kedah, Malaysia

*Corresponding author's e-mail: arifrasat@gmail.com

The maternal and fetal consequences of substance use in pregnancy have been well studied, but surrounding issues of stigma, poor insight, concerns of being arrested, and socio-economic difficulties still prevent pregnant women who use substances (PWUS) from attending their antenatal care, treatment for addiction, and other required treatment. PWUS also often presents complex problems, such as living in a high-risk area or 'port' which can't be managed by a single agency. In Alor Setar, Kedah, a task force focused on women and child addiction was formed in the hopes of ensuring the engagement of PWUS with appropriate and holistic interventions. The strength of this task force is its ability to provide intensive interventions in the community and consists of a wide array of agencies, including the local health department, National Anti-Drug Agency, welfare department, religious department, police department, youth council, education department, local leaders, and non-governmental organisations. This is a case series on intensive multi-agency intervention in managing PWUS and its outcome. Review medical notes and task force's minutes of meetings. Compare outcomes with previous studies. PWUS were able to remain abstinent throughout pregnancy and confinement period. Intensive multi-agency intervention is effective in managing PWUS and reducing the risk of negative consequences to both mother and child.

Keywords: Pregnancy; addiction; peripartum; substance; PWUS

SYMPOSIUM 11

Early Career Psychiatrists: Surviving the Early Years

CHAIRPERSON: SIVENANTHINI PURANA VISVANATHAN

Department of Psychiatry and Mental Health, Hospital Kuala Lumpur, Jalan Pahang, 50586 Kuala Lumpur, Malaysia

sivenanthini@gmail.com

Psychiatry as a medical discipline has undergone many changes and will probably undergo more changes in the coming years. Embarking as a career in psychiatry means one has undergone rigorous training, and the challenges do not stop as one finishes the training. Being sent to work away from family, in an unfamiliar environment, and the junior status yet again are among the many challenges early career psychiatrists face. Although changes can be particularly stimulating and challenging, the new psychiatrists must be prepared to face and deal with them appropriately. One may be fortunate to get the support of senior colleagues, or one may be unfortunate to be entrusted with endless tasks. The first years of an early career psychiatrist's work often involve roles for which formal training may not have prepared them for their new role. Many would have no direct guidance and are expected to take on the role effortlessly and without questions. Survival would come from reflective practice and learning to navigate clinical care, supervision, governance, and endless administrative work. What is needed to survive this path? Formal and informal mentoring and peer review are necessary for survival, but where can one get such opportunities? The symposium will help participants reflect and possibly provide experiential advice to address the roles of early career psychiatrists.

Keywords: Early career psychiatrists; survival

S11-01

Navigating Across Shared Horizon: The Musing of a Budding Psychiatrist

AISHAH SIDDIQAH ALIMUDDIN

Department of Psychiatry, Faculty of Medicine & Health Sciences, Universiti Putra Malaysia, 43400 UPM Serdang, Selangor, Malaysia

*Corresponding author's e-mail: aishahsiddiqah@upm.edu.my

The decision to become a psychiatrist may have been easy for some, but only for some. As an Early Career Psychiatrist (ECP), many go through a journey of self-exploration and discovery while applying the skills and knowledge gained during the four years of rigorous training. Staying updated with the latest scientific developments and evidence-based approaches is essential while being grounded by local traditional values held by many patients. Advocacy work is crucial in fostering a wholesome society for current and future generations. Support from mentors and colleagues is invaluable as ECPs navigate the hurdles of becoming established psychiatrists. Mentorship in this field provides guidance and support in the face of constant change and learning, shaping the next generation of psychiatrists. The path comes with trials, from witnessing patients' struggles to adjusting to new roles and navigating the healthcare system's complexities. The emotional toll this profession can take on an individual needs acknowledgement. However, the camaraderie among ECPs fosters empathy and understanding, which helps weather certain demanding times. Achieving breakthroughs during the journey reaffirms the decisions made, offering hope and inspiration in facing challenges.

Keywords: Early career psychiatrist; survival; resilience; growth

S11-02

MidLife (Psychiatrist) Crises: Neither the Newbie nor the Senior

AHMAD ROSTAM MD ZIN

Hospital Sultanah Bahiyah, Jalan Langgar, 05460 Alor Setar, Kedah, Malaysia

*Corresponding author's e-mail: baraqah08@gmail.com

After a few years of practising as a psychiatrist, your daily responsibilities slowly become a chore. The sparks that enlightened you during the initial five years as the psychiatrist are slowly waning, and you are again at a crossroads. Options are aplenty, but if you take it, uprooting yourself again and destabilising the foundation you have made for the past five years and the dreams you sowed many years before is not an easy option. At the crossroads of just going with the flow of the service, waiting for the time of retirement, and leaping to another new height, there are two differing options that need to be thoroughly considered. Politics in psychiatry? Administration versus Clinical? Subspecialty? Quitting and embarking on a new horizon? The journey is yet to unfold.

Keywords: Midlife crisis; psychiatrist

S11-03

The Mental Health Profession: Remaining Relevant Across One's Working Life

WOLFGANG KRAHL

Klinik für forensische Psychiatrie, Isar Amper Klinikum Munich East, Vockestraße 72, 85540 Haar, Germany

*Corresponding author's e-mail: drwkrahl@yahoo.de

Like in any other medical discipline, mental health professionals undergo rigorous training. Given that psychiatry is a medical discipline, it is essential that you are interested in medicine as well as psychology. It would be best if you did not become a psychiatrist because you want to solve your mental problems. The psychiatrist deals with the diagnosis and treatment of psychiatric disorders with changes in the areas of thinking, mood, feelings, memory, behaviour, experience, or even drive. It is helpful to use the "bio-psycho-socio-cultural" model of illness to explore the main cause of any given mental disorder. In Malaysia, like in many other countries, a physician has to deal with patients from different ethnic, religious and linguistic backgrounds. This means that you must be open and tolerant towards different ideas and remember not to impose your own convictions and beliefs upon your patients. Treatment of psychiatric illnesses and symptoms requires the use of pharmaceutical drugs and/or psychotherapeutic approaches and physical exercise; it is also important to keep abreast of the latest developments in clinical research. Burnout is a major problem in the medical profession, with work overload being the primary driver. Unfortunately, most burnout research has focused on its profound prevalence rather than seeking to identify the root cause of the epidemic. My talk will include a discussion of ideas for preventing burnout. Finally, making money must not be the motivation to become a psychiatrist (or any other type of doctor). What is important is that you live a fulfilled life, enjoying the rewards attached to being a good psychiatrist. Living a fulfilled life will also boost your own mental health and well-being.

SYMPOSIUM 12

Enhancing Mental Health Care in the Armed Forces: Current Practices and Future Directions

CHAIRPERSON: MOHD FARID MD YUSOF

95 Hospital Angkatan Tentera Tuanku Mizan, Wangsa Maju, 53300 Kuala Lumpur, Malaysia

blackjeack27@yahoo.com

Military personnel's mental health and well-being are crucial for maintaining an effective and resilient armed force. This symposium explores various dimensions of psychiatric services within the military, addressing current practices, challenges, and future directions. The Malaysian Armed Forces (MAF) have developed comprehensive psychiatric services to support the mental health of service members, evolving to meet their changing needs. These services, structure, and significance will be examined to understand their impact and ongoing challenges. A key initiative within the MAF is the mental health screening program for recruits, emphasising early identification and intervention for mental health issues. This program plays a vital role in detecting mental health conditions during the early stages of military training, allowing for timely support and interventions that significantly impact recruits' well-being and performance. The symposium will also address the unique mental health challenges faced by women in the armed forces. Women experience gender-specific stressors and face issues related to work-life balance and access to mental health services. Efforts to support women's mental health and promote gender equity within the military will be discussed, highlighting initiatives and strategies to address these challenges. Looking towards the future, the adoption of advanced technologies such as artificial intelligence (AI) and digital health tools in military psychiatry will be explored. These technologies can enhance diagnostic accuracy, personalise treatment, and improve mental health care delivery. Ongoing research and potential future developments in this field will be highlighted, showcasing promising advancements that can transform military psychiatry. This symposium aims to understand military psychiatry's current state and future prospects comprehensively. It will foster discussions that improve mental health outcomes for military personnel, ensuring that the armed forces remain resilient in the face of evolving threats and challenges.

S12-01

Introduction to Psychiatry Service in MAF

MOHD BADLI MAHMUD

94 Hospital Angkatan Tentera Kem Terendak, 76200 Sungai Udang, Melaka, Malaysia

*Corresponding author's e-mail: badli@mod.gov.my

The Malaysian Armed Forces (MAF) have recognised the importance of mental health and psychiatric services in maintaining operational readiness and the overall well-being of service members. This presentation provides an overview of the comprehensive psychiatric services available within the MAF, emphasising the integration of mental health care into routine military operations. Our services encompass preventative measures, early identification, intervention for mental health issues, and continuous support for service members, veterans, and their families. Key initiatives include pre-deployment psychological assessments, stress management programs, and post-deployment support. Additionally, we highlight the critical role of multidisciplinary teams in delivering holistic care and the ongoing efforts to destigmatise mental health within the military context. This introduction sets the stage for subsequent discussions on targeted mental health programs for recruits, women's mental health, and the future directions of military psychiatry, including the adoption of advanced technologies.

Keywords: Psychiatry; mental health; military; armed forces; Malaysia

S12-02

From Civilian to Soldier: Evolving Mental Health Screening Practices for Military Recruits

MUHAMMAD FARHAN NORDIN[1]*, MOHD FARID MD YUSOF[2]

[1]Faculty of Medicine and Defence Health, Universiti Pertahanan Nasional Malaysia, Sungai Besi, 57000 Kuala Lumpur, Malaysia
[2]95 Hospital Angkatan Tentera Tuanku Mizan, Wangsa Maju, 53300 Kuala Lumpur, Malaysia

*Corresponding author's e-mail: farhan@upnm.edu.my

The mental health of military recruits and officer cadets is crucial for the readiness and effectiveness of the armed forces. This presentation focuses on current practices in mental health screening, emphasising the identification of the risks and symptoms of major mental illnesses. Military training environments are inherently stressful and can exacerbate underlying psychological conditions. Effective screening processes are essential for the early identification of vulnerable individuals, ensuring recruits are mentally prepared for service. This benefits both the individual and the broader military community. Challenges in the screening process include limitations in manpower and time. This presentation will highlight recent advancements in mental health assessments, demonstrating their effectiveness and efficiency. Looking ahead, future plans include improving current screening methods, incorporating personality and resilience assessments, and developing tools specific to different military branches - army, navy, and air force. Additionally, assessing trade compatibility for corps and regiment assignments will be discussed. By enhancing mental health screening practices, we aim to better prepare recruits and officer cadets for the psychological demands of military service, contributing to a more resilient and capable armed forces.

Keywords: Psychiatry; mental health; military; screening; recruits; Malaysia

S12-03

Women's Mental Health in Armed Forces

SITI NORDIANA DOLLAH

95 Hospital Angkatan Tentera Tuanku Mizan, Wangsa Maju, 53300 Kuala Lumpur, Malaysia

*Corresponding author's e-mail: drdiana2012@gmail.com

Women's mental health appears to be significantly associated with military service. Women in the military encounter unique mental health challenges stemming from the demanding nature of military life, social and cultural expectations, work-life balance, combat-related stress and gender-based discrimination. These abstract aims to outline the specific mental health challenges faced by women service members, their mental health outcomes and potential support and interventions necessary to address these issues within the Malaysian context. Addressing these mental health issues, as well as recognising the unique challenges, is crucial for ensuring the well-being and performance of women service members.

Keywords: Malaysia Armed Forces; servicewomen; mental health; work-life balance; military

S12-04

Future Direction and Technology Adoption (AI and Digital) in Military Psychiatry Setting

LOTFI ANUAR

Armed Forces Health Training Institute, Kem Terendak, 76200 Sungai Udang, Melaka, Malaysia

*Corresponding author's e-mail: lotfianuar@gmail.com

In recent years, advancements in digital and artificial intelligence (AI) technologies have sparked transformative changes in the healthcare industry, including psychiatry. The field of psychiatry, traditionally reliant on interpersonal interactions and subjective assessments, is now at the precipice of a technological revolution. This presentation explores the future direction of psychiatric services by adopting digital and Artificial Intelligence (AI) technologies. Integrating digital tools such as mobile applications, wearable devices, and telepsychiatry platforms has already begun to enhance the delivery and accessibility of mental health services. These technologies facilitate continuous monitoring of patients' mental states, enable remote consultations, and empower individuals to actively participate in their own mental wellness. For example, AI algorithms are increasingly employed to analyse vast datasets, predict mental health trends, and personalise treatment plans. Machine learning models can assist psychiatrists in diagnosing disorders, identifying at-risk individuals, and optimising therapeutic interventions based on real-time data and behavioural patterns. However, alongside these opportunities come significant ethical, legal, and practical considerations. Issues related to data privacy, algorithm biases, and the potential for technology to replace rather than augment human interaction must be carefully navigated to ensure responsible and effective implementation. Looking ahead, the future landscape of psychiatric services will likely be characterised by a hybrid approach, combining the empathy and expertise of clinicians with the precision and scalability of digital and AI technologies. Collaborative efforts between healthcare providers, technology developers, policymakers, and patients will be essential in shaping a future where mental health services are more accessible, personalised, and effective. This presentation aims to provoke thoughtful discussion on how stakeholders can harness the full potential of digital and AI advancements while safeguarding the core values of psychiatric care.

Keywords: Technology adoption; artificial intelligence; digital healthcare; psychiatry; military

E-POSTER ABSTRACTS

EP-01

Prevalence of Post-Traumatic Stress Disorder (PTSD) Among Postpartum Women in Malaysian Population and Its Associated Factors

**AFIDATUL HANIM BINTI ABDUL RAZAK[1]*, ALI SABRI RADEEF AL-ANI[1],
NURJASMINE AIDA BINTI JAMANI[2]**

[1]Department of Psychiatry, Kulliyyah of Medicine, International Islamic University Malaysia, Bandar Indera Mahkota, 25200 Kuantan, Pahang, Malaysia
[2]Department of Family Medicine, Kulliyyah of Medicine, International Islamic University Malaysia, Bandar Indera Mahkota, 25200 Kuantan, Pahang, Malaysia

*Corresponding author's e-mail: afidatulh@iium.edu.my

Despite the increased global interest from researchers in post-traumatic stress disorder (PTSD) among postpartum women, studies of postpartum PTSD (PP-PTSD) in Malaysia are very limited. Indeed, the prevalence and associated factors of PP-PTSD have received little attention in Malaysia. This study aims to determine PP-PTSD prevalence in Malaysia and investigate the association between sociodemographic risk factors, depression, and PP-PTSD. The research applied a cross-sectional study involving 108 women who consented to answer a set of questionnaires via social media platforms. The sociodemographic risk factors and depressive level were collected through a questionnaire. The questionnaires used to investigate associated factors are the sociodemographic data and Patient Health Questionnaire (PHQ-9). PP-PTSD symptoms were measured by the validated Malay PTSD Checklist (MPCL-5). Two added questions fit the definition of "traumatic birth" to fulfil criterion A for PTSD. The gross prevalence rate of PP-PTSD was 25.9%, and the sole prevalence of PTSD without depression was 4.6%. In this study, a multiple logistic regression failed to predict the risk factors for PP-PTSD symptoms. PTSD has a modest association with depression as the correlation coefficient is 0.613 and the significance level of 0.000, indicating that the relationship is highly significant. This study addressed some gaps in the literature and provided a better understanding of PP-PTSD in Malaysia, contributing to early detection and intervention. Attention should be paid to all postpartum women, especially those most susceptible to PP-PTSD, including those with depression.

Keywords: Post-traumatic stress disorder; Post-partum; PTSD; depression; PP-PTSD

EP-03

Depression Trajectories in Breast Cancer Patients: Insights from a Three-Year Study

CHIOU JIA OOI[1]*, CHONG GUAN NG[1,2], TANIA ISLAM[3], SUNIZA JAMARIS[3], NUR AISHAH TAIB[3]

[1]Department of Psychological Medicine, University Malaya Medical Centre, Lembah Pantai, 59100 Kuala Lumpur, Malaysia
[2]Department of Psychological Medicine, Faculty of Medicine, Universiti Malaya, 50603 Kuala Lumpur, Malaysia
[3]Depatment of Surgery, Faculty of Medicine, Universiti Malaya, 50603 Kuala Lumpur, Malaysia

Corresponding author's e-mail: chioujiaooi@gmail.com

Breast cancer is one of the most common cancers in Malaysia, with a rising incidence. Research indicates that breast cancer can lead to psychological morbidities affecting patient outcomes. This study aims to determine the trend of depression among breast cancer patients over three years. Participants were recruited from University Malaya Medical Centre, starting 1st May 2011. Inclusion criteria were: (i) confirmation of breast cancer through histological examination, (ii) ability to complete questionnaires and interviews, and (iii) comprehension of study requirements and provision of informed consent. Exclusion criteria included: (i) secondary breast cancer, (ii) delirium and confusion, and (iii) male patients. Participants were assessed at baseline, 6 months, 12 months, and 3 years using the Depression Subscale of the Malay Version of Hospital Anxiety and Depression Scale (HADS), with a maximum score of 21. A total of 1068 participants were recruited, and 381 completed the 3-year follow-up. The mean age was 56.33 (SD = 11.59). The ethnic distribution was 485 Chinese (47.2%), 332 Malay (32.3%), 203 Indian (19.7%), and 8 from other ethnicities (0.8%). The majority of the participants were diagnosed with stage 2 breast cancer (277, 40.1%), followed by stage 1 (175, 25.3%), stage 3 (146, 21.1%), non-invasive breast cancer (also known as stage 0) (52, 7.5%), and stage 4 (41, 5.9%). Treatment included surgery (57.9%), chemotherapy (24.0%), radiotherapy (23.7%), and hormonal therapy (16.2%). Generally, breast cancer patients have a low level of depression at baseline, with a mean of 3.53 (SD = 3.43). The scores further decreased to 3.18 (SD=3.28) at 6 months, 2.85 (SD=2.97) at 12 months, and then 2.78 (SD = 3.92) at 3-year follow-up ($p < 0.001$). In conclusion, depression levels decreased over three years among breast cancer patients. This positive trend encourages further research into the factors contributing to this reduction.

Keywords: Depression; breast cancer

EP-04

The Hidden Struggle: A Case of Severe Kratom Dependence in a Culturally Embedded Context

FARAH NAJIHAH TAJURUDIN[1,2]*, TAN KHAI PIN[2], NORA BINTI MAT ZIN[1]

[1]*Kulliyyah of Medicine, International Islamic University Malaysia, Bandar Indera Mahkota, 25200 Kuantan, Pahang, Malaysia*
[2]*Department of Psychiatry and Mental Health, Hospital Tengku Ampuan Afzan, 25100 Kuantan, Pahang, Malaysia*

*Corresponding author's e-mail: farahnajihah.tajurudin@gmail.com

Kratom (Mitragyna speciosa) has been culturally accepted in Southeast Asia for centuries. It is perceived as harmless due to its symptomatic alleviation of a variety of ailments, obscuring the awareness of its significant risk of dependency by the public. To highlight the risks of chronic kratom use in a culturally accepted context and to explore societal stigma as a challenge in managing substance use disorders in psychiatry settings. We present a case of a 34-year-old Malay male presenting with severe kratom dependence over 20 years. He began using kratom to alleviate body aches while working since adolescence. As his consumption increased significantly within years, he developed significant tolerance and experienced withdrawal symptoms. Despite multiple attempts to cease the usage, including self-medication with methadone, he remained dependent on kratom, which subsequently caused functional impairment. Amplified by these stressors, he eventually sought psychiatric help despite experiencing self-stigma and partial insight into the need for treatment. With psychoeducation and motivational interviewing, he demonstrated high motivation for abstinence and was pharmacologically treated with withdrawal management, followed by naltrexone. However, he eventually discontinued naltrexone due to side effects despite initial success in reducing kratom use without significant withdrawal symptoms. He ultimately chose to be discharged from follow-up, stating that he is confident in maintaining abstinence on his own. This case highlighted the challenges in managing long-term kratom dependence with the under-recognition of kratom's risk in our community. Apart from the potential for successful detoxification and the difficulties in ensuring long-term treatment adherence, there is a need for greater public awareness of kratom's dependency potential and efforts to destigmatise addiction treatment to improve the outcome in similar cases.

Keywords: Kratom dependence; addiction treatment; destigmatisation; detoxification; naltrexone

EP-05

Interventions to Address Mental Health Workers' Burnout and Compassion Fatiguein China: A Scoping Review

YU GAO[1]*, WEN TING TONG[1], YEW KONG LEE[1], CHONG GUAN NG[2], JIA SHANG[3]

[1]*Department of Primary Care Medicine, Faculty of Medicine, University Malaya, 50603 Kuala Lumpur, Malaysia*
[2]*Department of Psychological Medicine, Faculty of Medicine, University Malaya, 50603 Kuala Lumpur, Malaysia*
[3]*Multicultural Research and Psychological Consultation Centre, School of International Education, Tianjin University, Tianjin, China*

*Corresponding author's e-mail: Gaoyu89757@gmail.com

Mental health workers (MHWs) are at high risk of burnout and compassion fatigue due to the nature of their work. Reviews of interventions in addressing burnout and compassion fatigue among MHWs mostly exclude non-English studies. To scope for the available interventions in addressing burnout and compassion fatigue among MHWs in China, and their effectiveness. Systematic searches on six databases (PubMed, PsycINFO, EBSCO, CNKI, WANFANGDATA and NSTL) using Arksey & O' Malley' s scoping framework was conducted. The search was limited to journals published in Mandarin and English, utilised an intervention for the treatment of burnout or compassion fatigue within MHWs, and the study was conducted in China. Reporting was guided by the PRISMA guideline. 1370 articles were identified, and 64 were included in the final analysis. Most studies focused on psychiatric nurses (n=39), followed by social workers (n=12) and mixed population (n=9), with limited evidence available regarding counsellors (n=3) and psychiatrists (n=1). Five categories of interventions were identified (mindfulness-based interventions, organisational interventions, Balint group, group psychotherapy and others). In general, it was found that most interventions have positive effects on MHWs' burnout, while mindfulness, self-care letter activity and group psychotherapy were found effective for MHWs' compassion fatigue. The study highlights the effectiveness of various interventions in reducing burnout and compassion fatigue among mental health workers in China, particularly among psychiatric nurses and social workers. However, the limited focus on other professions and measurements suggests a lack of research in this area.

Keywords: Burnout; compassion fatigue; mental health workers; intervention; China

EP-06

Can Artificial Intelligence Replicate Human Empathy in Mental Health Care? A Narrative review

LIM POH KUEN

Department of Psychological Medicine, University Malaya Medical Centre, Lembah Pantai, 59100 Kuala Lumpur, Malaysia

*Corresponding author's e-mail: pohkhuen@outlook.com

Empathy, the ability to understand what another person is experiencing, is a fundamental element of the therapeutic relationship and a crucial skill in psychiatry. Having empathy allows therapists to build rapport, communicate effectively, and gain a deeper understanding of the client's world. Recent artificial intelligence (AI) breakthroughs have made AI-mediated therapy more accessible to individuals in need, providing always-available support such as cognitive-behavioural therapy and emotional support to help reduce psychological distress. However, as AI becomes increasingly integrated into the healthcare system, a key question arises: Can AI be designed to incorporate the multifaceted nature of empathy to enhance mental health care? This narrative review reviews AI's capabilities and limitations in providing empathetic interactions. Through Natural Language Processing and emotion recognition, AI can engage in therapeutic conversations using predefined scripts and learning algorithms. Computer-based personality judgements were more accurate than those made by humans, with higher external validity in predicting life outcome. Additionally, computer-vision technology identified subtle differences in facial emotional expressions more effectively, which could enhance diagnostic accuracy. Furthermore, AI can be a cost-effective therapeutic agent in reducing symptoms of depression and anxiety. However, AI's current capabilities have limitations. AI lacks true understanding and genuine empathy, providing poorer counselling quality. Conversational AI may be insufficient in times of crisis and potentially exacerbate an individual's condition. Furthermore, AI cannot effectively deliver psychodynamic psychotherapy, which relies on a nuanced understanding of emotional experiences of patients. Patients may also perceive AI as less trustworthy and authentic compared to human therapists. In conclusion, AI can be considered as an adjunct to mental health care rather than a replacement for human therapists. Future research should focus on enhancing AI's ability to simulate empathy and emotion recognition algorithms, ensuring that it supports rather than replaces the human elements essential to therapy.

Keywords: Empathy; artificial intelligence; AI-mediated therapy; psychotherapy; psychiatry

EP-07

Implementation of Integrated Islamic Mindfulness at Work and Relaxation (i-MaWaR) in Reducing Anxiety, Depression and Stress among Muslim Nurses in the Critical Care Unit

MOHD RAHMAT ABDUL HAMID*, AHMAD HATIM SULAIMAN, NG CHONG GUAN

Department of Psychological Medicine, University Malaya Medical Centre, Lembah Pantai, 59100 Kuala Lumpur, Malaysia

*Corresponding author's e-mail: mrahmat@ummc.edu.my

To evaluate the effectiveness of the Integrated Islamic Mindfulness at Work and Relaxation (i-MaWaR) program in reducing anxiety, depression, and stress and to assess the mindful awareness level among Muslim nurses in the Critical Care Unit. This interventional study involved 45 participants in each group. The i-MaWaR program consisted of 2 sessions, each lasting 3 hours and 30 minutes, covering four topics. Pre-assessments using the Mindfulness Attention Awareness Scale (MAAS) and Depression Anxiety and Stress Scale (DASS-21) were conducted during the first session. After completing two sessions, the intervention group received a headphone set for seven days, listening to Al-Quran recitations at their convenience, either at home or the workplace. The headphones had a 2GB memory card preloaded with Al-Quran recitations for 1 hour. Meanwhile, the control group continued their everyday routines. After a week, post-assessments for DASS-21 and MAAS were conducted to compare results between the two groups. There was a significant difference in mean score found for stress, anxiety and depression between control and intervention groups (p-value <0.001). The MAAS analysis showed a significant increase in mindful awareness among participants in the intervention group, with mean scores rising from 70.33 (SD = 14.43) to 85.87 (SD = 3.01). The results suggest that i-MaWaR is effective in reducing stress, anxiety, and depression symptoms. Additionally, mindfulness awareness among Muslim nurses in the Critical Care Unit increased. Hence, it is recommended that organisations consider implementing i-MaWaR as an alternative Islamic mindfulness approach among their staff.

Keywords: Anxiety; critical care; depression; Islamic; mindfulness; stress

EP-08

Need Assessment for Implementing Integrated Islamic Mindfulness at Work and Relaxation (i-MaWaR) to Reduce Occupational Stress among Muslim Nurses in a Critical Care Unit.

MOHD RAHMAT ABDUL HAMID*, NG CHONG GUAN, AHMAD HATIM SULAIMAN

Department of Psychological Medicine, University Malaya Medical Centre, Lembah Pantai, 59100 Kuala Lumpur, Malaysia

*Corresponding author's e-mail: mrahmat@ummc.edu.my

The study aimed to (i) evaluate the need for implementing the Integrated Islamic Mindfulness at Work and Relaxation (i-MaWaR) program to reduce stress and (ii) assess the level of mindfulness awareness among Muslim nurses in a Critical Care Unit. This cross-sectional study involves 304 Muslim nurses working in a Critical Care Unit at UMMC, Kuala Lumpur, Malaysia. The survey was conducted from July 2023 to September 2023 and obtained approval from the Medical Research Ethic Committee, UMMC (MEC ID No 20221219-11824). The analysis of the Need Assessment Implementation of i-MaWaR form among 304 Muslim nurses found that in Section A: stress experience at Workplace mean (SD) score is 7.15(3.28), indicating that the Muslim nurses have a moderate stress level. The analysis of *section B: Practice to reduce stress at the workplace* showed the mean (SD) score is 16.18(5.36), indicating that Muslim nurses practice basic mindfulness at the workplace for some time only. Further analysis for *Section C: Need of i-MaWaR implementation at workplace* mean (SD) score is 19.13(4.47), indicating that Muslim nurses agree with the implementation of Integrated Islamic Mindfulness at Work and Relaxation (i-MaWaR) at the workplace. The overall MAAS mean scores are around 4 (somewhat infrequently). There was a significant difference in MAAS score between genders with p-value=0.014, with the mean score of 65.72 reported significantly higher MAAS mean score compared to male is 58.46. It is necessary to establish Integrated Islamic Mindfulness at Work and Relaxation (i-MaWaR) among Muslim nurses. Its implementation serves as an alternative mindful approach. Relevant organisations can make it available as it supports mindful practices at the workplace.

Keywords: Anxiety; depression; Islamic; mindfulness; nurse; stress

EP-09

Psych Ease: Revolutionizing Psychiatric Workflow Management through Digital Innovation

MOHD ZUHAIRI ZAINUDDIN* & NUR FAIZAH ALI

Department of Psychiatry, Hospital Al-Sultan Abdullah UiTM, 42300 Puncak Alam, Selangor, Malaysia

*Corresponding author's e-mail: mohdzuhairi@uitm.edu.my

Psychiatric departments face significant administrative challenges, including inefficient staff roster management, communication delays between healthcare providers, and manual patient data entry. These issues impact both staff productivity and quality of patient care, necessitating an innovative digital solution. To develop and implement a comprehensive mobile application that improves administrative efficiency, enhances inter-staff communication, and supports better patient care management in psychiatric healthcare settings. We developed "Psych Ease," a Flutter-based cross-platform application for iOS and Android. Key features include real-time staff availability tracking, patient census management, and staff roster optimization. The app integrates Firebase backend with Google Sheets API for data management. It was implemented and evaluated in the Department of Psychiatry at Hospital Al-Sultan Abdullah UiTM, with 17 staff members using the app over a period ranging from less than 1 month to more than 6 months. Psych Ease demonstrated significant improvements in departmental operations: 47% of users reported a 41-100% reduction in time spent on data entry and roster management. 76% of staff reported faster communication for on-call consultations, with 41% noting improvements of 5 minutes or more. Patient data accuracy improved, with 94% of users reporting enhanced accuracy in patient information management. 82% of respondents indicated that Psych Ease positively impacted the quality of patient care. Cost analysis revealed that 53% of users perceived a reduction of 41% or more in administrative overhead. User satisfaction surveys (n=17) indicated that 88% of staff reported satisfaction levels of 4 or 5 on a 5-point scale, with 94% likely or very likely to recommend Psych Ease to other departments or hospitals. Psych Ease shows promise in addressing administrative challenges while indirectly supporting patient care through improved operational efficiency. The high user satisfaction and perceived improvements in various aspects of departmental operations suggest its potential for broader implementation. Future work will focus on refining direct patient care features and exploring implementation across diverse healthcare settings. This project aligns with Malaysia's digital health transformation goals and contributes to sustainable healthcare development.

Keywords:　Digital psychiatry; mobile health; clinical communication systems; workflow optimisation; administrative psychiatry

EP-11

Using Decision Support Tools: Steps Toward Shared Decision Making for Antidepressants in Outpatient Psychiatric Consultations

NOR HAZILA MAT LAZIM[1]*, AYESHAH SYED[1], CHARITY LEE[2], NG CHONG GUAN[3]

[1]*Department of English Language, Faculty of Languages and Linguistics, Universiti Malaya, 50603 Kuala Lumpur, Malaysia*
[2]*Department of Asian and European Languages, Faculty of Languages and Linguistics, Universiti Malaya, 50603 Kuala Lumpur, Malaysia*
[3]*Department of Psychological Medicine, Faculty of Medicine, Universiti Malaya, 50603 Kuala Lumpur, Malaysia*

*Corresponding author's e-mail: hazila@um.edu.my

Patient non-adherence to antidepressant treatment is a common clinical issue in mental healthcare, which can impact treatment outcomes. One factor associated with antidepressant non-adherence among patients with major depressive disorder (MDD) is a lack of patient involvement during treatment decision-making. This has prompted the development of two decision support tools in two consecutive projects: a booklet of scripts (BOS) for psychiatrists and patient decision aid (PDA) designed to support more effective doctor-patient interaction in shared, informed, and preference-based decisions. However, little is known about decision-support tools used during doctor-patient encounters. This study investigates the use of decision-support tools in decision-making about antidepressants during conversations between patients with MDD and their psychiatrists. To explore how the tools were used in consultations, this study applied theme-oriented discourse analysis to audio recordings of 17 control and 16 intervention consultations. In the control consultations, only a doctor's conversation guide was used. In the intervention consultations, the conversation guide was used in tandem with a PDA. The findings showed that psychiatrists dominated conversations in both consultation groups, and patient participation was limited to minimal responses. Also, the psychiatrists were less likely to elicit patient treatment-related perspectives in the intervention consultations as they focused more on delivering information through the PDA sections than obtaining information about patient perspectives. However, the use of PDA in the intervention consultations encouraged patients to participate slightly more in the decisional talk and fostered active collaboration with psychiatrists in treatment decision-making. The study findings highlight the interactional practices that encourage or constrain shared decision-making in psychiatric encounters.

Keywords: Shared decision-making; decision support tools; doctor-patient communication; psychiatric encounter

EP-12

Unmasking Catatonia in Autism: A Case Report of 13-years-old Girl at Hospital Bintulu

NUR AJEERA ROSLAN*, NURAYUNIE ABD HALIM, RUBANI DEWI THANGAVELO & MUHAMMAD HANIF ABD LATIF

Department of Psychiatry and Mental Health, Hospital Bintulu, 97000 Bintulu, Sarawak, Malaysia

*Corresponding author's e-mail: nurajeeraroslan@gmail.com

The overlapping features between autism, catatonia, and psychosis often complicate diagnosis, leading to delays in effective treatment. This case report aims to highlight the challenges clinicians face when assessing a girl with Autism Spectrum Disorder (ASD), who first presented in adolescence with overlapping features of catatonia and psychosis. We report a case of a 13-year-old girl who, over the past 3 months, developed an inability to independently perform activities of daily living (ADLs). She presented with mutism, agitation, and psychomotor retardation. Further history revealed long-standing deficits in social interaction and restricted, repetitive behaviours since early childhood. During the recent 3 months, her mother also observed hallucinatory behaviour. Initially, she was diagnosed with ASD with psychotic features and was started on antipsychotic treatment. However, there was minimal improvement. Further evaluation revealed signs of waxy flexibility, catalepsy, and echopraxia, consistent with catatonia. Blood investigations and imaging studies yielded no significant findings. Consequently, her diagnosis was revised to Catatonia associated with ASD. Treatment was adjusted to include Lorazepam, titrated up to 2 mg daily, in addition to her existing Risperidone 1 mg ON. After a month, she regained independence in ADLs and resumed her school routine. Her affect became more responsive to her surroundings, and able to talk in short sentences during subsequent follow-up visits. She was more proactive in her daily routine. Her response time had improved tremendously. Patient able to choose meal and eat on her own without prompting. She had weight gain around 4 kg from her initial presentation. The mother reported that her daughter's condition had returned to the level of functioning she exhibited prior to onset of her illness. Accurate identification of overlapping features of psychosis, catatonia, and autism is crucial for determining the appropriate treatment regimen for managing catatonic autism.

Keywords: Autism; catatonia; psychosis; antipsychotic; benzodiazepine

EP-13

Utilisation of Mental Health Mobile Application (FlexMinda) in Empowering Mental Health Embracing Adversities

NUR FAIZAH ALI[1]*, NOR JANNAH RADUAN NASUTION[1], SALINA MOHAMED[1], NURUL AZREEN HASHIM[1], NORLEY SHUIB[1], NOR HIDAYAH JARIS[1], AZLINA WATI NIKMAT[1], SAKINAH IDRIS[1], SITI AMINAH OMAR[1], SAW JO ANNE[1] & MOHD ZUHAIRI ZAINUDDIN[2]

[1]Department of Psychiatry, Faculty of Medicine, Universiti Teknologi MARA, Kampus Sungai Buloh, Jalan Hospital, 47000 Sungai Buloh, Selangor, Malaysia
[2]Department of Psychiatry, Hospital Al-Sultan Abdullah UiTM, 42300 Puncak Alam, Selangor, Malaysia

*Corresponding author's e-mail: faizah7761@uitm.edu.my

Utilisation of mobile app can be used to empower mental health. The number of mobile health apps focused on mental health has rapidly increased. World Health Organization (2015) survey of 15,000 mobile apps (mHealth) revealed that 29% focus on mental health diagnosis, treatment, or support. Mobile apps are a good choice for psychological treatment delivery compared to other platforms due to ease of habit, low effort expectancy, and high hedonic motivation. Identifying the needs, the Department of Psychiatry UiTM developed FlexMinda, the mobile app focusing on mental health empowerment. FlexMinda was developed using the design thinking model with an AI component. It has a Malay and English version. FlexMinda focuses on a self-administered screening tool, mindfulness activities, gratitude journaling, mood diary, self-harm monitoring, focus enhancement, time management, and a directory of mental health service providers. In 2024, the usability of FlexMinda was tested among 25 university students aged 23-25. Preliminary data revealed that most participants found the application easy to learn (80%) and use (80%). 84% of participants reported that the application interface allowed them to use all the features offered and found the information well-organized and easy to find. Most participants found FlexMinda beneficial for their well-being and health (84%), improved their access to mental health services (84%), and helped them effectively manage their health (84%). The FlexMinda mobile app is an early intervention in empowering self-management of mental health. It is complementary to other conventional interventions that can be used effectively. This user-friendly application can be used according to the user's convenience. Financial and technical constraints are the main challenges to maintaining the mobile app. In the future, more research is needed to explore the effectiveness of FlexMinda in managing other major psychiatric disorders, such as depression and anxiety.

Keywords: Mobile app; mental health; empowerment; adversity; FlexMinda

EP-14

First Onset Manic Episode During Hajj Pilgrimage; Perception and Detection From a Muslim Perspective

NUR HAFIDAH ISHAK & LEE SIQI*

Department of Psychiatry, Faculty of Medicine & Health Sciences, Universiti Putra Malaysia, 43400 UPM Serdang, Selangor, Malaysia

*Corresponding author's e-mail: siqilee22@gmail.com

31,400 Malaysian Muslims embarked on their pilgrimage to Mecca in the recent month of Zulhijjah. This significant life event involves exposure to potential triggers for bipolar disorder, including rapid climatic changes (heat stress) and time zone shifts. Bipolar disorder among pilgrims is rare due to rigorous screening. This report discusses a middle-aged man with no prior psychiatric history who developed manic symptoms during Hajj. Before the pilgrimage, he showed over-generosity by sponsoring his entire family's trip for RM250,000, interpreted by his family as benign in the context of Hajj. In Mecca, he experienced reduced sleep and heightened desires to perform additional religious activities. These symptoms escalated to full-blown mania, including irritability, talkativeness, increased energy, and abnormal perceptual disturbances. The symptoms persisted upon returning to Malaysia. The patient was brought to a government hospital due to physical and verbal aggression. Initial investigations revealed mostly normal blood results and a CT scan showing an old infarct over the right internal capsule. He was also diagnosed with NSTEMI during the visit. Antiplatelet therapy and mood stabilizers were initiated, leading to symptom improvement. (i) Similar cases have been described as Jerusalem syndrome. Jerusalem syndrome is when people (often without psychiatric history) experience religiously themed ideas, delusions, or psychotic experiences, triggered by the intense religious atmosphere. Similarly, our patient manifested manic symptoms in Mecca during Hajj. The aforementioned triggers can precipitate psychiatric episodes in susceptible individuals. These cases necessitate increased awareness and preparedness among healthcare providers to manage potential psychiatric emergencies during religious pilgrimages. (ii) Perception of the Muslim community. Increased religious fervour, generosity, and energy might be seen as heightened spiritual experiences or divine favour rather than psychopathology, which delays medical treatment. Education about psychiatric disorders helps early recognition, promotes a compassionate approach and destigmatises mental health within religious practices.

Keywords: Bipolar disorder; hajj pilgrimage; Muslim perspective; Jerusalem syndrome; perception/detection

EP-15

The Association of Psychological Inflexibility with Anxiety among House Officers in Selangor, Malaysia

NUR RASYIDAH MOHD SABRI[1]*, AZLINAWATI NIKMAT[1]*, SALINA MOHAMED[1], NORNI ABDULLAH[2]

[1]Department of Psychiatry, Faculty of Medicine, Universiti Teknologi MARA, Kampus Sungai Buloh, Jalan Hospital, 47000 Sungai Buloh, Selangor, Malaysia
[2]Department of Psychiatry and Mental Health, Hospital Tengku Ampuan Rahimah, 41200 Klang, Selangor, Malaysia

*Corresponding author's e-mail: azlinawati@uitm.edu.my, 2020206264@student.uitm.edu.my

Anxiety usually occurs when fresh medical graduates embark on housemanship training. High psychological inflexibility has been linked to an increased risk of anxiety, yet its association and implications among house officers in Malaysia remain poorly understood. This study aimed to determine the relationship between sociodemographic profiles, work-related variables, and psychological inflexibility with anxiety, as well as to determine the predictors of anxiety among house officers in Malaysia. A cross-sectional study was conducted from December 2023 to March 2024 at Hospital Tengku Ampuan Rahimah, Selangor. A total of 138 house officers were recruited using convenience sampling, and questionnaires were completed to assess demographic data, anxiety symptoms (GAD-7), and psychological inflexibility level (AAQ-II). Data were analysed using descriptive statistics and logistic regression. The prevalence of anxiety among house officers was 54.3%. Marital status, average working hours per week and psychiatric history were significantly associated with anxiety. The mean score for psychological inflexibility among house officers was 26.14 $\pm$ 10.38, and there was a significant difference in psychological inflexibility between the anxiety group and the non-anxiety group. Logistic regression found that psychological inflexibility (OR = 1.19, 95% CI: 1.12-1.27) and working hours per week (OR =1.04, 95% CI: 1.01-1.07) have a significant association with anxiety. This study highlighted the high prevalence of anxiety and psychological inflexibility among house officers in Malaysia. The study identified psychological inflexibility and working hours per week as significant predictors of anxiety. It added to the growing body of evidence that psychological inflexibility and excessive working hours are detrimental to the mental health of house officers. Despite the limitation of this study, psychological inflexibility may constitute a valuable tool in assessing and evaluating mental health among house officers. This will be beneficial in developing psychological interventions to address the growing issue regarding mental health in healthcare professionals.

Keywords: Anxiety; psychological flexibility/inflexibility; house officer; intern; housemanship

EP-16

The Effect of Mobile Application (Calm Harm) in Self-Harm Reduction Among Young Adults in Sultan Ahmad Shah Medical Centre

NURLIYANA DZULKARNAIN & NORA MAT ZIN*

Department of Psychiatry, Kulliyyah of Medicine, International Islamic University Malaysia, Bandar Indera Mahkota, 25200 Kuantan, Pahang, Malaysia

*Corresponding author's e-mail: drnoramz@iium.edu.my

The occurrence of self-harm among young adults is a significant public health issue. Traditional mental health treatments face accessibility challenges, necessitating innovative solutions. This study explores the efficacy of the Calm Harm mobile application, an mHealth intervention, in reducing self-harm behaviors and improving emotional regulation and coping mechanisms among young adults at Sultan Ahmad Shah Medical Centre Kuantan. Pre-and post-intervention study design was employed over six weeks, involving 33 participants. Self-harm instances were assessed using the Deliberate Self-Harm Inventory (DSHI), emotional regulation was measured with the Difficulties in Emotion Regulation Scale (DERS), and coping strategies were evaluated using the Brief COPE questionnaire. The impact of the Calm Harm app on these variables was analyzed. The study observed a statistically significant reduction in self-harm frequency (t=2.28, p<0.05) and improvements in emotional regulation and coping strategies. DERS scores indicated enhanced emotional control, aligning with prior research on mHealth efficacy. Participants showed increased use of problem-focused and emotion-focused coping mechanisms and a reduced reliance on avoidance techniques. The Calm Harm app effectively reduces self-harm behaviors and enhances emotional regulation and coping skills among young adults. Despite limitations such as small sample size and lack of a control group, these findings provide valuable insights into the potential of mobile apps for mental health interventions. Future research with larger, more diverse samples and extended follow-up is recommended to confirm these results and explore long-term effects.

Keywords: Self-harm; emotional regulation; coping strategies; Calm Harm app; mobile intervention

EP-17

Repetitive Hugging: Akathisia as a Rare Side Effects of Clozapine

NURUL AMALINA OSMAN* & SUHAILA MOHD SOM

Hospital Permai Johor Bahru, Kempas Banjaran, 81200 Johor Bahru, Johor, Malaysia

*Corresponding author's e-mail: nurulamalina@duck.com

Akathisia, a component of extrapyramidal syndrome (EPS), is frequently observed in individuals taking antipsychotics. Clozapine, often chosen for schizophrenia treatment, stands out regarding its lower propensity to cause EPS. There is limited evidence suggesting increased risk of akathisia with clozapine use. A 43-year-old married woman diagnosed with treatment-resistant schizophrenia was treated with clozapine after failing to respond adequately to various antipsychotics. Her medication was gradually increased according to her response. A few days after clozapine was increased to 400 mg, her family noticed a sudden behaviour change, i.e., inappropriate hugging of family members, sleep disturbances, restlessness, and neglect of personal hygiene, leading to her admission to the ward. She denied other psychotic symptoms typical of her previous presentation. Blood investigations, brain imaging, and urine drug tests were negative. She was initially treated with fluoxetine for clozapine-induced obsessive-compulsive symptoms (OCS), but her symptoms worsened despite treatment. Her clozapine was reduced to 200mg, and her symptoms resolved. It was concluded that she was experiencing akathisia secondary to clozapine. She was maintained on a similar dose of clozapine, and mirtazapine 30 mg was added to treat the akathisia. The worsening of symptoms upon the introduction of fluoxetine warrants reconsideration of the diagnosis of clozapine-induced OCS. Her compulsive behaviour lacked any features of obsession or preoccupation often found in OCD/OCS but was associated with extreme mental unease and dysphoria, leading to her inability to sit still and a compulsion to hug others. A clear temporal relationship of symptoms, their occurrence after the dosage increase, and rapid resolution after dose reduction confirmed the role of clozapine in developing akathisia. The dose-dependent effect was also implied. Although clozapine-induced akathisia occurs infrequently, clinicians should be aware of these side effects. It is also important to exclude other causes that may contribute to restlessness.

Keywords: Clozapine; akathisia; extrapyramidal symptoms; clozapine-induced obsessive-compulsive symptoms (OCS)

EP-18

Prescribing Patterns of Antipsychotic Medications with Associated Factors in Long-term Inpatient Ward

NURUL AMALINA OSMAN[1]*, TAN CHIN XUAN[1], LIM XIAO WEN[1], CHAI YEE CHIN[2]

[1]Hospital Permai Johor Bahru, Kempas Banjaran, 81200 Johor Bahru, Johor, Malaysia
[2]Hospital Sultan Ismail, 81100 Johor Bahru, Johor, Malaysia

*Corresponding author's e-mail: nurulamalina@duck.com

Antipsychotic medications are commonly used among people with mental health disorders. High-dose and combination antipsychotic prescribing are common. This study aimed to assess the patterns of antipsychotic medication prescribed in long-term inpatient wards, screening for high-dose and combination antipsychotic prescribing. This issue has not been investigated among patients in long-term inpatient wards. This cross-sectional study used information from patients' medical records and medication profiles at Hospital Permai Johor Bahru. All patients prescribed antipsychotic medications from January to June 2023 were included. Demographic and clinical data (diagnosis, pharmacological regimen, concurrent psychotropic drug prescriptions) were extracted. High-dose prescribing was defined as the combined dosage of one or more antipsychotics exceeding 100% of the British National Formulary (BNF) maximum. Of 542 long-term inpatients, 451 (63%) were prescribed antipsychotic medications. The sample mainly consisted of males (68.7%), Malay ethnicity (53.7%), aged under 60 (51.2%), institutionalised for less than 20 years (53.5%), and diagnosed with schizophrenia (86.3%). The most common medication prescribed was clozapine (38.1%). Respective rates of high-dose and combination antipsychotic prescribing were 8% and 19%. Among those prescribed combination antipsychotics, combinations of first-generation and second-generation antipsychotics were common (51%). The most common combinations were clozapine and amisulpride (20%) and clozapine and fluphenazine depot (14%). Other concurrent psychotropic medications included anticholinergics (33.7%), mood stabilizers (29.3%), benzodiazepines (5.3%), and antidepressants (5.3%). Regression analysis showed a strong association between combination and high-dose antipsychotic prescriptions (odds ratio = 21.28, p < 0.001). No other statistical associations were identified. The patterns of antipsychotic prescriptions in long-term inpatient wards raise concerns about polypharmacy and the high rate of combined first-generation and second-generation antipsychotic prescriptions. Recommended actions to minimise inappropriate prescriptions include creating a file tagging system, reviewing patients regularly, and providing continuous medical education to clinicians. The common practice of high-dose and combination antipsychotic prescribing calls for increased awareness of safe antipsychotic prescribing practices among prescribers.

Keywords: Antipsychotic; schizophrenia; long-term inpatient; prescribing pattern

EP-19

The Acceptability of Virtual Reality as an Augmentation in Patients with Generalised Anxiety Disorder among Doctors in Psychiatry Department

NURUL NADIA ISMAIL

Department of Psychiatry and Mental Health Department, Hospital Sultanah Bahiyah, Jalan Langgar, 05460 Alor Setar, Kedah, Malaysia

*Corresponding author's e-mail: drnadia.ismail@moh.gov.my

Virtual reality (VR) technology presents a promising avenue for delivering relaxation therapy to patients suffering from generalized anxiety disorder (GAD), both remotely and onsite. This abstract focuses on a survey conducted among clinicians, assessing the acceptability and feasibility of integrating VR into daily clinical practice. A survey was conducted using Google Forms between June and July 2024 among clinicians at four public hospitals and one mental health institution. This survey was taken as part of a research entitled 'A Randomized Control Trial of the use of Virtual Reality as an adjunct in the treatment for generalized anxiety disorders (VR-GAD)'. This research aims to determine the effectiveness of virtual reality to improve the anxiety symptoms in addition to treatment as usual. The survey consists of sociodemographic factors such as reason for involving with this research and years of experience in psychiatry and the acceptability for healthcare technology and wellbeing, measured by validated acceptability scale. Simple descriptive analysis was employed to interpret the results. A total of 20 clinicians responded to the survey. The majority (65%) have been working in psychiatry departments for over five years. Reasons for joining the VR_GAD study included interest in VR technology, the potential for better patient prognosis, and the desire to expand treatment modalities. By the end of the study, 90% agreed on the integration of VR into clinical practice, 95% believing that VR technology would benefit patients' mental health. The validated acceptability questionnaire consists of 3 sections measuring acceptability, appropriateness and feasibility. The acceptability of VR among clinicians was high (>90%) in all 3 sections. This survey highlights the high acceptability of VR among clinicians as an adjunctive treatment for GAD, underscoring its potential to enhance therapeutic outcomes, improve prognosis, and diversify treatment options. Challenges identified include the need for technical support, potential patient resistance, and considerations of cost-effectiveness.

Keywords: Virtual reality; mental health; anxiety disorders; acceptability

EP-20

Social Determinants of Mental Disorders and Its Association with Depressive Disorders in Malaysia: A Cross-Sectional Study

RACHEL WONG SU GWEN, LIM POH KHUEN* & SHARMILLA KANAGASUNDRAM

Department of Psychological Medicine, University Malaya Medical Centre, Lembah Pantai, 59100 Kuala Lumpur, Malaysia

*Corresponding author's e-mail: pohkhuen@outlook.com

Advancing mental health care necessitates revisiting foundational principles such as the social determinants of health (SDH), which are non-medical factors that influence health outcomes. The United Nations (UN) Sustainable Development Goal (SDG) target 3.4 emphasizes promoting mental health and well-being through prevention and treatment to reduce mortality. Key SDH domains include demographic, economic, neighbourhood, environmental events, social and cultural. Depression arises from a complex interaction between biological, psychological and social factors, with SDH playing a vital role. This study explored the association between SDH and depression severity and identified significant socio-demographic factors. This cross-sectional study was conducted at the psychiatry clinic of University Malaya Medical Centre, Malaysia. Participants diagnosed with major depressive disorder using the DSM-5 were recruited, excluding participants with psychosis, manic episodes and substance use disorder. Depression severity was assessed with the Montgomery-Asberg Depression Rating Scale (MADRS). ICD-10 Z-codes were used for SDH as it covers most of the domains. A total of 142 participants were recruited, predominantly female (78.2%), aged 31-50 (50.7%), Malay (56.3%), Muslim (59.9%), single (66.9%), employed (54.9%), living in urban areas (77.5%), and low monthly income <MYR4849 (33.8%). Among these, 70.5% had moderate to severe depression. Logistic regression analyses revealed that 'Z61.6 Problems related to alleged physical abuse of child' (OR=4.69, 95% CI 1.041-21.140, p=0.044) and 'Z63.0 Problems in relationship with spouse or partner' (OR=2.51, 95% CI 1.116-5.666, p=0.026) were both SDH that were significantly associated with depression severity. No socio-demographic factors were significantly associated with depression. This study highlights the necessity of addressing specific social and relational factors in the prevention and treatment of depression to enhance patient outcomes. Clinicians should prioritise screening for SDH to facilitate early identification and provide holistic approaches. Training and developing tailored interventional programmes are crucial in preventing depression and improving mental health care.

Keywords: Social determinants of health; depression; mental health; physical abuse; relationship

EP-21

Mental Health Challenges & Coping Strategies among Malaysian Defence University Students during the Pandemic

ROSNADIA SUAIN BON[1]*, MAIZATULLIFAH MISKAN[1], FATIMAH ZAHRA MOHAMAD ROM[1], ASMA ASSA'EDAH MAHMUD[1], HALYNA LUGOVA[2]

[1]Faculty of Medicine and Defence Health, Universiti Pertahanan Nasional Malaysia, Sungai Besi, 57000 Kuala Lumpur, Malaysia
[2]Faculty of Medicine & Health Sciences, University College Sedaya International (UCSI), 56000 Cheras, Kuala Lumpur, Malaysia.

*Corresponding author's e-mail: rosnadia@upnm.edu.my

The COVID-19 pandemic has brought challenges and caused abrupt disruptions of normal daily activities. This study aims to explore the mental health challenges experienced by these students and the coping strategies they employed during the pandemic. A cross-sectional survey was conducted at the National Defence University of Malaysia (NDUM) from May 2 to May 15, 2020. A total of 603 undergraduate students aged from 19 to 26 years participated. The Depression, Anxiety, and Stress Scale (DASS-21) was used to assess levels of depression, anxiety, and stress and Brief COPE to evaluate coping strategies. BRIEF COPE identifies adaptive coping (religion, positive reinterpretation, acceptance, active coping, planning, self-distraction, instrumental support, emotional support, and humour) and maladaptive coping (denial, behaviour disengagement and substance abuse). Descriptive analysis was performed on sociodemographic data, and regression analysis was performed to examine the association between coping styles with demographic data and depression, stress and anxiety. The prevalence of depression, stress and anxiety were 36.1%, 38.3% and 11.4% respectively. Religion was the most widely used adaptive coping skill across the races, while substance abuse was the least used maladaptive coping behaviour. Among the responders, females, Malays and younger age were significantly associated with maladaptive coping behaviour. Depression and stress have a significant association with maladaptive coping skills. Malays were predicted to have a higher mean score of adaptive coping than non-Malays. Our study's psychological impact rate was comparable to other studies. The findings highlight different types of coping skills used among the respondents. In conclusion, the pandemic has significantly affected students' mental health, highlighting the need for focused mental health support.

Keywords: COVID-19 pandemic; university students; coping style; psychological health

EP-23

The Association of Early Electronic Exposure and Its Associated Factors with Challenging Behaviours in Children with ASD in Hospital Umum Sarawak, Kuching

TNEW CHIN LIANG[1]*, WAN SALWINA WAN ISMAIL[2], SELVASINGAM RATNASINGAM[1]

[1]Department of Psychiatry, Hospital Umum Sarawak, Jalan Kuching, 93586 Kuching, Sarawak
[2]Department of Psychiatry, Hospital Canselori Tuanku Muhriz Universiti Kebangsaan Malaysia, Bandar Tun Razak, 56000 Cheras, Kuala Lumpur, Malaysia

*Corresponding author's e-mail: richardtnew81@gmail.com

Early electronic exposure (EEE) is associated with negative health impacts such as impairment in social interaction, attention span, language delay and challenging behaviour among children with ASD. This cross-sectional study involved 134 children with ASD, aimed at examining EEE and its associated factors. Participants were consecutively recruited from the child and adolescent psychiatry and paediatrics developmental clinics at Hospital Umum Sarawak for 6 months. Their parents completed self-reported questionnaires, including sociodemographic details, a weekly electronic screen time diary, the Child-Parent Relationship Scale (CPRS), and the Behaviour Problems Inventory-Short form (BPI-SF). These measures assessed sociodemographic factors, EEE and associated factors, child-parent relationship, and challenging behaviour (CB), respectively. The majority of children (78.4%) had EEE and were exposed to electronic screens at a mean age of 15 months. Parental marital status ($p = 0.026$), children attending kindergarten ($p < 0.018$) and special needs school ($p = 0.032$), educational and cartoon electronic content, showed significant associations with the EEE group. Children who were prescribed mood stabilizer such as sodium valproate showed a significant association with late electronic exposure ($p = 0.016$). EEE was not significantly associated with CB. However, low closeness in the child-parent relationship negatively correlated with CB ($p < 0.05$). The frequency and severity of both self-harm and aggressive behaviours positively correlated with the presence of stereotyped behaviour ($p < 0.001$). Non significance finding between EEE and CB could be attributed to disproportionately small number of children in the late electronic exposure group. Possible confounders such as autism severity and IQ level could also contribute to the non-significant findings. Exploring EEE and its associated factors is important given its potential negative impact. Future research studies can be recommended to examine other important predictive factors such autism severity, child's IQ, duration of early intervention program and parenting style.

Keywords: Challenging behaviour; autism; children; screen

EP-24

Stress and Emotional Regulations among Parents in Relation to Behaviour Problems in Children with ASD in Kelantan

WAN HANIE RASYIDA WAN HISHAM*, RAISHAN SHAFINI BAKAR, AHMAD SHAHRIL AB HALIM

Department of Psychiatry, School of Medical Sciences, Universiti Sains Malaysia, Health Campus, 16150 Kubang Kerian, Kelantan, Malaysia

*Corresponding author's e-mail: cardeosza@gmail.com

Autism Spectrum Disorder (ASD) is a neurodevelopmental disorder with restrictive and repetitive behaviours (RRB) as a prominent feature that significantly affect children's routines and adaptability. Such challenges often increase parental stress. This study investigates the stress levels among parents of children with ASD in Kelantan, their cognitive emotion regulation (CER) strategies, the types of RRB in their children and its associated factors. A cross-sectional study was conducted from June 2023 to May 2024 using convenient sampling. Participants were parents from Hospital Universiti Sains Malaysia and the Kelantan Autism Care Centre. A total of 177 parents were surveyed using three validated questionnaires: the Perceived Stress Scale (PSS-10), the Repetitive Behaviour Scale-Revised (RBS-R) Malay version, and the Cognitive Emotion Regulation Questionnaire (CERQ) Malay version. Data were analysed using SPSS version 29, employing simple and multiple linear regression models to identify significant predictors of perceived stress. Most parents were mothers (80.2 %), and 14 (7.9%) reported underlying mental illness. The mean perceived stress score was 16.86 (6.26). Positive Reappraisal was the most common CER strategy, demonstrated by a mean score of 15.30 (3.89). Most children exhibited sameness behaviour, with a mean score of 7.95 (6.38). Factors positively associated with parental stress included being a mother, having an underlying mental illness, using Rumination as a CER strategy and children exhibiting stereotyped and sameness behaviours. Conversely, Positive Refocusing and Positive Reappraisal were negatively associated with parental stress. This study shows that children's behaviours and parents' cognitive emotion regulation significantly affect parental stress, particularly among mothers. Guiding parents to use adapting coping strategies like positive refocusing and positive reappraisal can help manage their stress more effectively.

Keywords: ASD; repetitive and restrictive behaviour; caregivers; perceived stress; cognitive emotional regulation

EP-25

Integration of Spirituality, Youth N Creativity (InSYNC) with Mental Health Project: Fostering Positive Religious Coping through PsychoSpiritual First Aid among University Students in Malaysia

ZURAIDA AHMAD SABKI[1]*, CHE ZARRINA SAARI[2], SYED MOHAMMAD HILMI SYED ABDUL RAHMAN[2], MUHAMMAD KAMAL MUHAMMAD TAHIR[2], ROOVAM BALASUBRAMANIAM[3], LEON GUO JIAN[3], AHMAD HATIM SULAIMAN[1], GAN XHI YAN[3]

[1]*Department of Psychological Medicine, Faculty of Medicine, Universiti Malaya, 50603 Kuala Lumpur, Malaysia*
[2]*Department of Aqidah and Islamic Thoughts, Academy of Islamic Studies, Universiti Malaya, 50603 Kuala Lumpur, Malaysia*
[3]*Psychological Medicine Research Unit, Universiti Malaya Medical Centre, Lembah Pantai, 59100 Kuala Lumpur, Malaysia*

Corresponding author's e-mail: zuraidasabki@um.edu.my

University students face psychosocial challenges that impact their mental well-being. They may not use existing spiritual or religious coping strategies. This study introduces a Psycho-Spiritual First Aid (PSFA) approach to enhance positive religious coping among university students.   It aims to (i) enhance positive religious coping through peer psychosocial and spiritual support, (ii) promote help-seeking behaviour among university students, and (3) to develop a Psycho-Spiritual First Aid (PSFA) module tailored to the needs of multi-cultural university students focusing on positive religious coping. The InSYNC with Mental Health Project was executed in two phases. In the first phase, an online Wellness Needs Assessment survey was conducted to assess the students' perspectives on wellness related issues. 171 medical students across different academic years from the Faculty of Medicine, University Malaya, participated. The second phase involved developing a Psycho-Spiritual First Aid (PSFA) Module through literature review and adaptation of existing resources, focusing on creating modules on a Psycho-Spiritual First Aid action plan and practical strategies to enhance wellness and foster positive religious coping. While most respondents reported positive wellness levels, 15% to 30% of respondents expressed uncertainty regarding aspects like setting interpersonal boundaries, finding inner peace, mood regulation, forgiveness, positive thinking, and career progression. The InSYNC with Mental Health Module developed to enhance positive religious coping comprised five submodules: Assessing needs, Building trust, Cultivating calmness, Destigmatizing help-seeking behaviour and Encouraging faith-based self-care practices.   The InSYNC with Mental Health Project, which integrates spiritual and psychosocial dimensions, is a significant step in addressing university students' mental well-being. It identifies strengths

and areas for improvement in coping mechanisms and offers a holistic approach through positive religious coping within Psycho-Spiritual First Aid. The conclusion underscores the need for future research to further refine these integrated approaches, thereby effectively supporting diverse student needs.