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Millennials in Psychiatry:
Bridging Past to the Future



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SYMPOSIUM 1

Stolen Childhood: Hidden Harms and Enduring Scars

Chairperson: AILI HANIM HASHIM

Adult, Child & Adolescent Psychiatrist, Klinik Pakar A N & K & Malaysian Psychiatry Association

**NORHARLINA BAHAR¹, RAHIMA DAHLAN @ MOHD SHAFIE²,
ROZANIZAM BIN ZAKARIA³, AFIDATUL HANIM BINTI ABDUL RAZAK³**

¹Prince Court Medical Centre & Andorra Women & Children Hospital

²Hospital Sultan Abdul Aziz Shah, Universiti Putra Malaysia

³International Islamic University Malaysia

Corresponding author's email: nizamzakaria@iiu.edu.my

Childhood is a formative period marked by rapid developmental transitions, yet for many, this trajectory is disrupted by hidden harms that leave enduring scars. This symposium brings together three interrelated perspectives on threats to healthy child and adolescent development, with a focus on the silent burdens carried by those growing up in adverse relational, digital, or familial environments. The first presentation explores the developmental impact of digital media, particularly in children and adolescents with challenges in impulse control, self-regulation, and social connectedness. As young people increasingly navigate identity and relationships online, their engagement with gaming and social media can either enrich or erode healthy development-shaped profoundly by family dynamics and evolving parental roles. The second presentation turns to Adverse Childhood Experiences (ACEs), including abuse, neglect, household dysfunction, and loss. These adversities are shown to have cumulative, dose-dependent effects on emotional regulation, cognitive development, and long-term mental health. The session highlights the mechanisms of intergenerational trauma transmission and calls for trauma-informed approaches that foster resilience and systemic family healing. The final session addresses the often-overlooked impact of parental mental illness on children's psychological and relational development. Beyond genetic risk, parental illness can impair caregiving capacity and attachment, contributing to internalising and externalising symptoms in children that frequently go unrecognised. Emphasis is placed on early identification, family-focused interventions, and the critical role of clinicians in making these "invisible" children visible. Together, the symposium challenges clinicians, educators, and policymakers to recognise the complex interplay of digital influences, adversity, and family mental health in shaping child development. By adopting trauma-informed, developmentally sensitive, and systemically oriented approaches, we can begin to restore what was lost-and protect what remains.

Keywords: Childhood adversity; digital media and development; intergenerational trauma; parental mental illness; trauma-informed care

S1-01

Digital Media & the Stolen Childhood - A Developmental Perspective

NORHARLINA BAHAR

Consultant Child & Adolescent Psychiatrist, Prince Court Medical Centre & Andorra Women & Children Hospital

Corresponding author's email: norharlina.bahar@princecourt.com

Gaming and social media have transformed the landscape of childhood and adolescence, influencing how young people learn, express creativity, and form social bonds. While digital media offers new opportunities, excessive or problematic use can hinder key developmental processes, especially in children with difficulties in impulse control, self-regulation, and social interaction. These challenges are not isolated to the child but unfold within evolving family and relational contexts. This presentation examines how digital media affects cognitive and behavioural development across various stages of childhood and adolescence. It highlights how increasing autonomy and peer influence during adolescence intensify the importance of self-regulation and identity formation. As a result, parents must adjust their roles and strategies in response to these shifts. By exploring developmental transitions and their relational effects, this presentation underscores the importance of adaptive, age-appropriate approaches. Recognising how digital engagement shapes both individual and family growth supports a more balanced path, one that protects the integrity of childhood while equipping adolescents for healthy, responsible use of digital media.

Keywords: Adolescence; child development; digital media; family dynamics; self-regulation

S1-02

Echoes of Pain: Childhood Adversity and the Legacy of Trauma

RAHIMA DAHLAN @ MOHD SHAFIE

Consultant Child and Adolescent Psychiatrist, Hospital Sultan Abdul Aziz Shah, Universiti Putra Malaysia

Corresponding author's email: rahima@upm.edu.my

Childhood adversity leaves an imprint far more profound than surface scars; its echoes reverberate into adolescence and adulthood, often dictating the course of mental health. This session explores how Adverse Childhood Experiences (ACEs), including abuse, neglect, household dysfunction, and loss, exert a dose-dependent effect on emotional, cognitive, and neurodevelopmental outcomes. Drawing from evidence across psychiatry, developmental neuroscience, and attachment theory, the presentation also delves into the mechanisms of intergenerational trauma transmission; how unresolved pain manifests in the next generation through patterns of parenting, stress reactivity, and socio-emotional learning. By examining case examples and real-world contexts, this talk emphasises the urgent need for trauma-informed care and systemic family healing models. Recognising these patterns early in clinical practice may offer a pivotal opportunity for intervention, resilience-building, and breaking the cycle of harm.

Keywords: Adverse Childhood Experiences (ACEs); attachment; family healing models; intergenerational trauma; trauma-informed care

S1-03

Invisible Childhood: Living in the Shadow of Parental Mental Illness

ROZANIZAM BIN ZAKARIA

International Islamic University Malaysia, Kuantan, Pahang

Corresponding author's email: nizamzakaria@iium.edu.my

Parental mental illness represents a significant yet often under-recognised risk factor in the developmental trajectory of children and adolescents. The intergenerational impact of mental illness extends beyond genetic vulnerability, influencing parenting capacity, family functioning, and the psychological well-being of children. This symposium aims to highlight the clinical relevance of this issue and underscore the importance of early identification and systemic intervention. The presentation will begin by examining how parental mental illness may compromise parenting capacity, including impaired emotional availability, inconsistent caregiving, and disruptions in attachment. It will explore the range of clinical presentations commonly observed in children of parents with mental illness, which are often misattributed or overlooked in clinical settings, contributing to underdiagnosis and unmet needs. The symposium will review empirical evidence on risk and protective factors that mediate child outcomes, including illness severity, family support structures, and access to mental health services. Particular attention will be paid to the role of child and adolescent mental health professionals in identifying these children within routine clinical care and in adopting a family-focused approach that addresses the needs of both the parent and the child. This session ultimately advocates for greater clinical awareness and systemic responsiveness to the needs of children affected by parental mental illness, who are too often rendered invisible in both research and practice.

Keywords: Child and adolescent psychiatry; child development; family-focused care; intergenerational risk; parental mental illness

SYMPOSIUM 2

Pathways to Possibility: Education as a Pillar of Psychiatric Rehabilitation

Chairperson: MUHAMMAD HANIF ABD LATIF

Medical Lecturer & Psychiatrist, Department of Psychiatry, Faculty of Medicine, Hospital Canselor Tuanku Muhriz

HASNIAH BINTI HUSIN¹, ZURI SHAHIDII BIN KADIR¹, NURUL AZREEN HASHIM², NURUL SYEEMA BINTI ZULKAFI³, NORA BINTI MAT ZIN⁴, LIHANNA BINTI BORHAN⁵

¹Hospital Bahagia Ulu Kinta, Ministry of Health Malaysia

²Faculty of Medicine Universiti Teknologi MARA

³Hospital Selayang

⁴Kuliyah of Medicine, International Islamic University Malaysia, Kuantan Campus

⁵Kuliyah of Islamic Revealed Knowledge and Human Sciences, International Islamic University Malaysia, Gombak Campus

Corresponding author's email: hasniah.husin@moh.gov.my

In Malaysia, there remains a significant gap in educational support for individuals living with mental health conditions. The early onset of psychiatric symptoms often disrupts formal education, causing many to drop out or fall behind academically. Beyond academics, such disruption may adversely affect social development, self-esteem, and future employment opportunities. Supported education is a recovery-oriented approach that offers tailored assistance to help individuals with mental illness re-engage in learning and skill development. It spans a wide range of populations, including school-age students who need support with classroom learning and exam preparation, young adults pursuing college or vocational certification, and individuals seeking upskilling opportunities for employment or personal fulfilment. One such example is PERINTIS, an innovative initiative by the community mental health service at Hospital Bahagia, which enables individuals who have disengaged from formal education to re-enter post-secondary learning through structured and supported pathways. It offers short-term courses and certification opportunities designed to build confidence, develop practical skills, and improve future employability. Ultimately, PERINTIS aims to enhance quality of life and functional outcomes by equipping participants with meaningful qualifications and a renewed sense of purpose. RISE is a supported education program led by the Community and Rehabilitation Psychiatry team at Hospital Permai, in collaboration with the Child and Adolescent Psychiatry team. It is designed to assist secondary school students facing significant mental health challenges in completing their formal education. The program aims to support these students in completing their Sijil Pelajaran Malaysia (SPM) examination and obtaining a certificate that can enhance their functional outcomes and future opportunities. RISE integrates mental health, academic support, and social interventions through a coordinated, multidisciplinary team approach. These diverse models of supported education reflect a shared commitment across clinical and academic settings to promote lifelong learning as a cornerstone of psychiatric recovery.

Keywords: Education; PERINTIS; recovery; RISE; university students

S2-01

Recovery through Lifelong Learning

HASNIAH HUSIN, ZURI SHAHIDII BIN KADIR

Presenter: HASNIAH HUSIN

Community Mental Health & Psychiatric Rehabilitation, Hospital Bahagia Ulu Kinta

Corresponding author's email: hasniah.husin@moh.gov.my

Education is a vital component of psychosocial rehabilitation and plays a key role in restoring identity, confidence, and social functioning for individuals with severe mental illness. In Malaysia, many are unable to complete their formal education due to the early onset of psychiatric conditions, resulting in long-term consequences on employability, social inclusion, and overall quality of life. Recognising this gap, Hospital Bahagia Ulu Kinta initiated PERINTIS (Pendidikan Rehabilitasi Inklusif dan Integrasi Sosial), a supported education programme aimed at empowering individuals who have disengaged from formal education to re-enter post-secondary learning. PERINTIS adopts a staged learning model, beginning with a thorough assessment of each individual's suitability, motivation, and interests. Engagement sessions are held in collaboration with local community colleges, where lecturers introduce available programmes based on participants' preferences and explain the learning process. Participants who express interest are then supported through the intake process. The next phase consists of short-term, skill-based courses conducted exclusively at the respective colleges, offered at minimal cost. These courses provide participants with formal certification, boosting both confidence and future employability. Individuals who show potential are encouraged to pursue further studies and are provided with formal recommendation letters and guidance for the intake process. Throughout the programme, participants receive individualised coaching, peer support, and are supported by a case manager who maintains close communication with the college to enhance retention and learning outcomes. Graduates may be channelled into supported employment initiatives, leveraging their newly acquired skills and qualifications. Beyond academic attainment, PERINTIS fosters personal growth, independence, and hope. It bridges the gap between mental health and education services through collaboration with educators, NGOs, and vocational agencies. Early outcomes are promising, with participants successfully enrolling in full-time courses and entering the workforce.

Keywords: Education; PERINTIS; psychiatry; recovery; rehabilitation

S2-02

Hope on Campus: Empowering Students with Mental Illness through Supported Education

NURUL AZREEN HASHIM

*Senior Lecturer and Consultant Psychiatrist, Faculty of Medicine & Hospital Al-Sultan Abdullah UiTM
Hospital Al-Sultan Abdullah, Universiti Teknologi MARA, Bandar Puncak Alam*

Corresponding author's email: azreen@uitm.edu.my

Supported Education (SEd) is an individualised, evidence-based, recovery-oriented intervention that assists students with mental health problems and/or psychosocial problems to obtain educational goals. The Department of Psychiatry at UiTM, in collaboration with Yayasan ZuriaCare, has completed a 7-session online training with Professor Emeritus Lies Korevaar, a leading expert and pioneer in SEd from the Netherlands. This training has provided critical insights and practical tools for adapting and implementing the SEd framework within the Malaysian higher education context. The SEd model is structured around three phases—Choose, Get, and Keep—which guide individuals in identifying educational goals, accessing educational opportunities, and maintaining engagement over time. For university students, the focus will be on the “Keep” phase, emphasising long-term academic support, self-management of mental health symptoms, skill development, and collaboration with institutional and community stakeholders to keep them in university and eventually graduate. There are five steps in the “Keep” phase: starting the SEd process, conducting functional and resource assessments, setting an action plan, and finally implementing the plan and monitoring progress. During Step 1, it is important to emphasise ownership of the problem, determine the contact style, and set the educational goals. Steps 2 and 3 focus on identifying the school’s requirements and important personal behaviours, listing critical skills and resources, and prioritising teaching skills and resources. The training module included an SEd toolkit with practical worksheets, checklists, and forms that can be utilised throughout the SEd process. The toolkit is now being translated into multiple languages, including Malay, an initiative of our team. The integration of these training modules into the local university setting is intended to guide the development of SEd services that are culturally and institutionally relevant.

Keywords: Educational goals; supported education; university students

S2-03

RISE Lights the Path to SPM Success

NURUL SYEEMA BINTI ZULKAFLI

Fellow Community Mental Health & Psychiatric Rehabilitation, Consultant Psychiatrist, Jabatan Psikiatri dan Kesihatan Mental, Hospital Selayang

Corresponding author's email: nurul.syeema@moh.gov.my

The Sijil Pelajaran Malaysia (SPM) examination is an essential qualification for Malaysians, often determining their future education and employment pathways. According to data from the Ministry of Education Malaysia (Kementerian Pendidikan Malaysia, KPM), over 10,000 students (2.7%) did not sit for the SPM in 2023, and about 6,246 (1.6%) in 2024. The reasons included working, relocation, school dropout, and illness. However, no specific data on mental health were available. Mental health screenings conducted in schools through the Minda Sihat program have identified many secondary school students with symptoms of depression and anxiety. These students face a significantly higher risk of poor academic performance, dropping out of school, and failing to complete their SPM. Without an SPM certificate, these students face limited job opportunities, disrupted recovery, and reduced chances for social mobility. The RISE (Recovery and Inclusion through Supported Education) program was developed to address the mental health and educational needs of this vulnerable group. It is a supported education model tailored for secondary school students experiencing significant mental health challenges. The program involves selected Form 4 and Form 5 students from one of the schools in Johor Bahru, identified through Minda Sihat screenings as having high PHQ-9 and GAD-7 scores. Its main goal is to support these students in completing their education and obtaining the SPM certificate. RISE is delivered through multidisciplinary collaboration between the Community and Rehabilitation Psychiatry team and the Child and Adolescent Psychiatry team at Hospital Permai. The team includes psychiatrists, medical officers, counsellors, occupational therapists, paramedics, social welfare officers, and local NGOs. The program provides coordinated support that addresses clinical symptoms, social challenges, and academic difficulties, while also offering structured assistance to schools and families.

Keywords: Adolescent mental health; recovery; RISE; supported education

S2-04

Bridging the Gap: University-Supported Education Pathways for Students with Mental Health Challenges

NORA BINTI MAT ZIN

Lecturer/ Consultant Psychiatrist, Kuliyyah of Medicine, International Islamic University Malaysia, Kuantan Campus

Corresponding author's email: drnoramz@iium.edu.my

The abstract highlights the critical role of universities in supporting students with mental health challenges within an education framework aligned with current practices at the International Islamic University Malaysia (IIUM). A collaborative effort involving higher university management, educators, counselling services, facilities management, and the individual is needed to ensure the student's success. Essential role of higher education institutions in creating adaptive frameworks that manage mental health challenges, underscoring the need for an inclusive, empathetic approach that prioritises mental well-being for all students. Key initiatives include developing robust support services, training academic staff to recognise and respond to mental health issues, and addressing barriers to help-seeking, particularly among marginalised groups such as international students. The establishment of IIUM's student mental health policy demonstrates the institution's commitment to students' physical and emotional well-being and to producing balanced graduates. Guided by the policy, several important committees were established, including the Ihsan Council, the Fit For Study Committee, the mental health management procedure, the empowerment of student support in accommodation, the counselling service, and the health clinic. The student or those working with them benefited from this initiative. More collaboration between academic staff and mental health professionals was established through the mental health program and intervention. This abstract also highlighted the challenges and future directions in implementing the supported education program at the university. Among the obstacles are identifying red flags, reducing stigma, implementing a psychosocial rehabilitation program, and securing sufficient manpower. In conclusion, the university's role in managing student mental health within a supported education model encompasses creating a nurturing environment, implementing strategic educational initiatives, and ensuring that all members of the university community are equipped to help one another in achieving the university's educational objective of producing a balanced graduate with intellectual, physical, psychological and spiritual value.

Keywords: Mental health policy; supported education; university

SYMPOSIUM 3

The Future of Geriatric Psychiatry: A Growing Field with Endless Opportunities

Chairperson: GANGGASHINI A/P MUTHUSAMY

Geriatric Psychiatrist, Hospital Melaka

LUA CHONG TECK

Geriatric Psychiatrist, Jabatan Psikiatri dan Kesihatan Mental, Hospital Sultanah Nur Zahirah Kuala Terengganu

Corresponding author's email: chongtecklua@hotmail.com

Across the world, including Malaysia, older adults are a highly respected group in society. In the past, they were often given verbal reassurance of how their needs would be taken care of, especially concerning the mental health aspect, only to find that society's focus on them appeared to wane and become disinterested. Fortunately, passionate healthcare providers and experts in the care of older adults strive to ensure the constant advancement of older adults' mental health needs, and awareness is surely improving and evolving over the years. Nevertheless, challenges in delivering good mental health services persist in our healthcare, and there remain gaps in information on what or how best to handle their mental health efficiently. Thus, in tandem with the growing acknowledgement of health needs, the symposium aims to elevate our understanding of the role of Geriatric Psychiatry in the care of older adults in Malaysia. The symposium covers broad aspects, including understanding the mental health needs of older adults, complementing dementia care with innovative and personalised approaches, and deeply integrating Geriatric Psychiatry to become a core component of our healthcare. Finally, the Geriatric Psychiatry Symposium also aims to share current thoughts and steps to be taken in preparing sustainable care for future older adults by reshaping the current landscape of our generation.

Keywords: Dementia; geriatric psychiatry; mental health; older adults

S3-01

The Silver Wave: Meeting the Mental Health Needs of an Ageing Population

TEH EWE EOW

*Jabatan Psikiatri dan Kesihatan Mental, Hospital Pulau Pinang**Corresponding author's email: eeteh2000@yahoo.com*

A rise in the relative and absolute number of elderly people is currently observed worldwide. Between 2015 and 2050, the proportion of the elderly population is expected to rise from 12% to 22%, reaching approximately 2 billion people. By 2050, according to the United Nations (UN), one in six people will be 65 years of age or older. The silver tsunami is a term used to describe a rapidly aging population and is a popular term in the 80s. The term 'Tsunami' conveys destructiveness and destruction, a gentler term that is much more preferred is the 'silver wave'. The primary concern of this silver wave is the rapid rise of mental health concerns. The 2023 WHO report found that over 20% of adults older than 60 years suffer from mental or neurological diseases, causing 6.6% of total disability in people of this age group. There is a wide span of mental illnesses among older adults, varying from mild to severe disorders. An atypical clinical picture of psychiatric disorders can often be asymptomatic or present with nonspecific manifestations, and is more likely to be susceptible to iatrogenic interventions. Psychiatric disorders and cognitive impairments are one of the problems interfering with active ageing. Still, the psychiatric services that should rise in tandem are very much lacking, and hence will be explored in this session. It is wise to remember that older adults' health status can be very complex in that mental health disorders and chronic diseases can simultaneously or temporally affect one another. Understanding the structure and prevalence of mental disorders can help optimise the functioning of healthcare systems in assisting the elderly population. Specific service provision that will be discussed in this session will be focused more on those with functional mental disorders, specifically late-life depression, schizophrenia and substance use.

Keywords: Cognitive ageing; mental health service provision; older adults; successful ageing

S3-02

Innovations in Dementia Care: From Prevention to Personalised Treatment

SUHAILA BINTI MOHAMAD ZAHIR

Consultant Geriatric Psychiatrist, Jabatan Psikiatri dan Kesihatan Mental, Hospital Tuanku Ja'afar

Corresponding author's email: suhailazahir@moh.gov.my

Dementia presents a growing global health burden, with over 55 million individuals affected worldwide. While a definitive cure remains elusive, recent innovations have transformed approaches across the care continuum, from prevention to treatment. This presentation highlights key advancements, including digital tools for lifestyle-based prevention, AI-assisted early detection, emerging blood biomarkers, and novel pharmacological therapies such as anti-amyloid agents. It also explores non-pharmacological interventions, such as cognitive stimulation therapy, virtual reality, and assistive robotics, as well as integrated care models, including the WHO's iSupport internationally and ICD-GEMS nationally. The session emphasises the importance of multidisciplinary collaboration and person-centred strategies in delivering impactful, ethical, and scalable dementia care.

Keywords: Dementia; early detection; integrated care; innovation; prevention

S3-03

Bridging the Gap: Integrating Geriatric Psychiatry into Holistic Healthcare

ESTHER GUNASELI A/P M. EBENEZER

Consultant Psychiatrist & Old Age Psychiatrist, UniKL Royal College of Medicine, Perak

Corresponding author's email: esthergunamy@yahoo.com

As the population ages, older adults are disproportionately high users of health care resources, including mental health services. Mental health problems often go undiagnosed and therefore untreated. Integrated geriatric psychiatry focuses on providing holistic mental healthcare for older adults, recognising the interconnectedness of their physical and mental health needs. It involves integrating mental health services within primary care settings and various healthcare professionals to improve quality of life of elders and their caregivers. Integration comprises of prevention, early detection, and tailored treatment plans to curb complex challenges. The management of various medical and mental health conditions are complex among older adults due to unique biopsychosocial factors that are part and parcel of growing older. Elders often seek mental health treatment from the primary care; however, they do not receive accurate diagnoses and adequate treatment for mental health concerns. Recent studies found that multidisciplinary integrated care and Primary Care–Mental Health Integration resulted in improvement of health outcomes for older adults with physical and mental health needs. Primary care plays a vital part in recognising and treating common mental health problems, as the demand for mental health services exceeds the available resources, and the elderly are resistant to receiving specialist treatment. Primary care bridges the gap by delivering community care for mental health problems, multimorbidity and polypharmacy through preventive and physical interventions to promote independence. There are setbacks where care for the elderly with chronic illnesses is not fully effective because lifestyle interventions are underutilised; geriatric syndromes are overtreated with medical interventions, and nonpharmacologic integrative modalities are underutilised. We need a comprehensive and interdisciplinary approach that links brain function to the fields of geriatric psychiatry, neurology, and primary care to promote public awareness and early intervention strategies to optimise brain health and prevent the onset of neuropsychiatric disorders associated with ageing.

Keywords: Geriatric psychiatry; interdisciplinary integration; mental health; primary care

S3-04

Reshaping the Future: Training, Advocacy, and the Next Generation of Geriatric Mental Health Experts

NORAZAM BIN HARUN

Senior Consultant Geriatric Psychiatrist and Director, Hospital Permai

Corresponding author's email: dnmorazam@moh.gov.my

Training in Geriatric Psychiatry, also known as Psychogeriatrics, is not only a medical necessity but also a moral imperative as we prepare for an ageing society. Through a comprehensive, multidisciplinary and compassionate training program, we can ensure that older adults receive the mental health care they deserve, hence enhancing their quality of life (QOL) and supporting the ageing population with dignity.

Keywords: Ageing society; psychogeriatrics; quality of life; training program

SYMPOSIUM 4

Multifaceted Challenges in Mental Health: A Symposium of Perspectives

Chairperson: NUR IWANA BINTI ABDUL TAIB

Medical Lecturer & Psychiatrist, Department of Psychological Medicine, Faculty of Medicine & Health Sciences, Universiti Malaysia Sarawak

S4-01

Mind over Menopause: Navigating the Mental Health Rollercoaster

PREMITHA DAMODARAN

Consultant Obstetrician and Gynaecologist, Pantai Hospital Kuala Lumpur

Corresponding author's email: drpremitha@yahoo.com

Perimenopause, the early and late transition before menopause, represents a critical window of vulnerability for developing depression. What makes depression in midlife unique is not just the presence of mood symptoms, but their complex overlap with hormonal shifts, vasomotor symptoms, sleep disturbances, cognitive changes, and psychosocial stress. Estradiol fluctuations, rather than low levels alone, disrupt stress-response systems and affect neurotransmitter pathways, increasing susceptibility to both depressive symptoms and major depressive episodes. Women with a prior history of depression, premenstrual mood symptoms, or postnatal depression face a significantly elevated risk, up to 13 times higher, for recurrence during the menopausal transition. Even those with no psychiatric history may experience their first onset of depression at this stage, especially if vasomotor symptoms are present. Hormonal, psychological, and cultural dimensions of midlife depression, based on global evidence and Malaysian data, must be taken into account for individualised management. An extensive questionnaire-based study amongst middle-aged women in Malaysia found that 54.2% reported depressive symptoms, with perimenopausal women at higher risk. Poor sleep, weight gain, body image issues, and cognitive symptoms such as brain fog further complicate the clinical picture. While there is no menopause-specific mood scale, general screening tools can help identify women at risk. Treatment strategies include cognitive behavioural therapy (CBT) as a first-line option, while hormone therapy (MHT) will benefit those with concurrent vasomotor symptoms. Antidepressants remain valuable, particularly in women with moderate to severe symptoms or prior psychiatric history. Timely recognition and tailored intervention can change the trajectory of a woman's midlife. Depression during menopause is not a regular part of ageing but a clinical condition that demands understanding and care.

Keywords: Cognitive behavioural therapy; Malaysian midlife women; menopausal hormone therapy; menopausal symptoms; perimenopausal depression

S4-02

Mental Health Matters in Menopause

BHARATHI VENGADASALAM

Department of Psychiatry, Pantai Hospital Kuala Lumpur

Corresponding author's email: bharathi1969@hotmail.com

Rates of depression rise dramatically, by sixteen-fold in the age group 42-52, according to the Harvard Mood Study. While most women will navigate their perimenopause without serious mental health issues, symptoms of depression are seen in 18% of women in early perimenopause, and 38% of those in late perimenopause. The menopausal transition is a vulnerable time for relapse of Major Depressive Disorder (recurrent MDD). Perimenopause also increases risk of new-onset depressive disorders, bipolar disorders, anxiety disorders and sleep disorders even after adjusting for variables, i.e. personal history of depression, vasomotor symptoms, stressful life events and other demographic factors. Midlife itself coincides with stressful life events - ageing parents, caring for children, marital struggles, restructuring at the workplace and retirement. 'Perimenopausal depression' may be a unique subtype of depression associated with characteristic symptoms. There is a gap in the recognition and appropriate management of mood and anxiety disorders occurring in the menopausal transition. Management includes psychotherapy and other non-pharmacological interventions. If drug treatment is indicated, it may be menopause hormone therapy, an antidepressant or both. Hence, this has implications for current practices in managing depression in women in the midlife age group. This presentation aims to enhance psychiatrists' knowledge and clinicians skills in assessing and caring for women in menopause.

Keywords: Characteristic; depression; management; menopause; perimenopause

S4-03

The Efficacy of IPT for Menopausal Dysphoria

XAVIER VINCENT PEREIRA

Taylor's University School of Medicine & Damai Service Hospital

Corresponding author's email: xaviervpereira@gmail.com

Interpersonal Psychotherapy (IPT) is an evidence-based psychotherapy for depressive disorders. IPT addresses four problem areas associated with depression. These four problem areas are interpersonal disputes or conflicts, role transitions, grief, and interpersonal sensitivity. Menopause is often experienced as a role transition and can be associated with dysphoria or depression. This case study aims to demonstrate that IPT is a suitable psychotherapy for mood changes like dysphoria or depression in menopause. The patient was assessed to have dysphoria associated with menopause. She requested for psychotherapy instead of medication. She self-administered the PHQ-9 and attained a score of 12 out of 27, which indicated moderate depression. An interpersonal formulation was developed together with the patient. The problem area of focus was identified as a role transition. An interpersonal inventory was also designed and discussed with the patient, and social support was ascertained. In total, 9 IPT sessions were administered, consisting of two initial sessions, six middle sessions, and a terminal session. The PHQ-9 was administered after every three sessions. The PHQ-9 was administered at intervals of 3 sessions. At the end of the first 3 IPT sessions, the patient's PHQ-9 score was 10 out of 27. At the end of 6 sessions, the patient's PHQ-9 score was 7. At the end of 9 sessions, the PHQ-9 score was 4, which indicated minimal depression. IPT has been effective for this patient who had moderate depression associated with menopause and should be considered as a modality of treatment in dysphoria or depression associated with menopause.

Keywords: Dysphoria; interpersonal psychotherapy; menopause

SYMPOSIUM 5

Psychodynamic Psychotherapy: A Never-ending Developmental Process

Chairperson: NG BOON SENG

Child & Adolescent Psychiatrist, Jabatan Psikiatri dan Kesihatan Mental, Hospital Umum Sarawak

NIK RUZYANEI NIK JAAFAR

Consultant Psychiatrist, Department of Psychiatry, Hospital Canselor Tuanku Muhriz, Universiti Kebangsaan Malaysia

Corresponding author's email: ruzyanei@hctm.ukm.edu.my

The symposium explores the dynamic process of learning the skills of psychodynamic psychotherapy, requiring continuous growth in both clinical abilities and self-awareness. It examines key elements shaping this developmental journey. We will address the ****essentials of clinical skills development**** in psychodynamic psychotherapy, emphasising the cultivation of core competencies such as understanding transference and countertransference, maintaining a therapeutic stance, and mastering interventions grounded in psychodynamic theory. The process of skill development is complex and gradual, requiring consistent reflection and refinement to navigate the unconscious dynamics at play in therapeutic relationships effectively. Then, we address the process of fostering critical thinking in case conceptualisation and problem-solving. The discussion includes strategies for encouraging trainees to develop complex, multi-faceted perspectives on clinical cases, enhancing their ability to think critically and engage with nuanced therapeutic dilemmas. Case conceptualisation in psychodynamic therapy is a cornerstone of clinical practice and requires a sophisticated understanding of the underlying unconscious processes. The symposium will explore the psychodynamics of teaching in psychotherapy education, focusing on the relationship between trainers and trainees. This dynamic is a microcosm of the therapeutic process itself, where unconscious factors such as attachment, projection, and resistance emerge. Delving into this intricate interaction, we uncover how trainers can create a safe and reflective space for trainees, facilitating their growth while also acknowledging and addressing the inherent challenges in the teacher-student relationship. Finally, we examine how to navigate the ethical and professional dilemmas in psychotherapy. We will discuss the ethical complexities unique to psychodynamic therapy, including issues of boundary setting, confidentiality, and the impact of personal countertransference. The ongoing training in these areas ensures that psychotherapists remain ethically grounded and professionally competent throughout their careers. This symposium invites reflection on the never-ending nature of psychodynamic psychotherapy education, fostering an environment of continual learning and growth for both trainers and trainees.

Keywords: Essentials in clinical skills development

S5-01

The Essentials in the Clinical Skills Development in Psychodynamic Psychotherapy

CHESTER CHONG SENG OOI

Department of Psychiatry, Faculty of Medicine & Health Sciences, Universiti Putra Malaysia

Corresponding author's email: sengchoi@upm.edu.my

The development of clinical skills in psychodynamic psychotherapy is a deeply reflective process, grounded not only in theoretical knowledge but in the capacity to engage with the unconscious dimensions of human experience. In the Malaysian context - marked by rich cultural, ethnic, and religious pluralism - this process demands additional sensitivity to transference-countertransference dynamics shaped by sociocultural and historical layers. This presentation explores the essential skills required for the psychodynamic clinician in Malaysia, emphasising the cultivation of emotional attunement, the capacity for reverie and containment, and the disciplined use of the self.

Keywords: Unconscious; sociocultural

S5-02

Fostering Critical Thinking in Case Conceptualisation and Problem-Solving

ANG JIN KIAT

Department of Psychiatry, Faculty of Medicine & Health Sciences, Universiti Putra Malaysia

Corresponding author's email: jinkiat@upm.edu.my

The session aimed to enhance the participants' understanding of dynamic formulation in daily practice and facilitation of treatment for clients with complex clinical needs. Moving beyond DSM-5 diagnostic categorisation, this session highlights the centrality of dynamic case formulation as a tool to understand intrapsychic conflict, unconscious desires, developmental influences, and relational patterns. Participants will be invited to embrace a reflective stance to examine how transference/countertransference and defence mechanisms inform the therapeutic alliance and journey of recovery. By integrating theoretical understanding into case formulation, the session aimed to bridge critical thinking and dynamic informed care. Through interactive case materials and discussion, participants will explore how critical thinking could illuminate therapeutic impasses and inform alternative interventions. The session also promotes a disciplined curiosity and honest self-reflection to enhance clinical engagement and therapeutic change.

Keywords: Critical thinking; dynamic formulation; self-reflection; therapeutic alliance

S5-03

The Psychodynamics of Teaching: Delving into the Trainer-trainee Relationship

NIK RUZYANEI NIK JAAFAR

Consultant Psychiatrist, Department of Psychiatry, Hospital Canselor Tuanku Muhriz, Universiti Kebangsaan Malaysia

Corresponding author's email: ruzyanei@hctm.ukm.edu.my

The psychodynamics of supervising psychotherapy explores the psychological interplay between trainers and trainees, emphasising the unconscious processes between them that contribute to the learning environment. Central to the learning process is the relationship being fostered through this supervision. It delves into the trainer-trainee relationship as a dynamic and evolving space shaped by projection, transference, countertransference, authority, dependency, and resistance. Exploring the psychodynamics of the relationship reveals how unresolved personal conflicts, past experiences, and internalised relational patterns during supervisory encounters contribute to learning and growth. Trainers may unconsciously adopt parental roles, while trainees may respond with compliance, rebellion, or anxiety, depending on their psychological histories. These dynamics can either facilitate or hinder the learning process. Recognising and working through these unconscious interactions can enhance mutual understanding, empathy, and promote a transformative psychological safety within the educational setting. Moreover, awareness of these processes enables trainers to manage their emotional responses and boundaries more effectively. By considering psychodynamic insights during supervision and positioning the trainer-trainee relationship as a significant factor in learning, trainers can create authentic learning experiences that address trainees' intellectual and emotional needs.

Keywords: Interplay between trainers and trainees; supervising psychotherapy

S5-04

Navigating Ethical and Professional Dilemmas in Psychotherapy

AILI HANIM HASHIM

Klinik Pakar A N & K & Malaysian Psychiatry Association

Corresponding author's email: childpsy62@gmail.com

Psychotherapists and psychiatrists frequently face ethical and professional dilemmas that require us to balance patient autonomy, confidentiality, therapeutic boundaries, and our duty of care. These tensions often arise in situations involving high-risk patients, countertransference, ending therapy, or navigating the limits of confidentiality. Ethics is our inner compass. It grows not from rules alone, but from our ability to reflect, feel empathy, learn from experience, and remain honest with ourselves. Ethics is not only about complying with standards - it is about how we are with another human being, especially when they trust us with their pain, fears, and deepest secrets. At the end of the day, ethics is about remaining human while caring for another human, even in moments of chaos, conflict, or uncertainty. It is choosing to meet another person's suffering with presence, clear boundaries, courage, and kindness. Ethics is not shown in what we claim to believe - it is revealed in how we sit with someone in their suffering, how we think about them, and how we handle their vulnerability with care, clarity, and integrity. May we continue to build a profession that protects dignity, honours trust, and never forgets the human being in front of us.

Keywords: Ethical issues; humanity; internal compass; therapeutic relationship; trust

SYMPOSIUM 6

Seeing the Unseen: The Three Facets of Frontotemporal Lobar Degeneration (FTLD)

Chairperson: SITI NOR FADHLINA BINTI MISRON

Neuropsychiatrist, Hospital Permai

CHEE JIUNN HENG¹, SIVENANTHINI PURANA VISVANATHAN²

¹*Jabatan Psikiatri dan Kesihatan Mental, Hospital Sultanah Nur Zahirah, Kuala Terengganu*

²*Jabatan Psikiatri dan Kesihatan Mental, Hospital Queen Elizabeth I, Kota Kinabalu*

Corresponding author's email: sivenanthini@gmail.com

Frontotemporal lobar degeneration (FTLD) encompasses a diverse group of neurodegenerative conditions affecting behaviour, language, and motor function, which are often under-recognised due to their atypical and complex clinical presentations. This symposium explores three major FTLD presentations - behavioural variant frontotemporal dementia (bvFTD), semantic variant primary progressive aphasia (svPPA), and the movement-linked syndromes of progressive supranuclear palsy (PSP) and corticobasal degeneration (CBD). The first talk explores bvFTD, highlighting key behavioural changes such as disinhibition, apathy, and social cognition deficits, alongside its diagnostic difficulties and common misdiagnoses. The second talk focuses on svPPA via a case-based discussion of semantic breakdown and anterior temporal lobe atrophy. The final talk examines the intersection of cognition and movement, reviewing PSP and CBD as motor-cognitive syndromes within the FTLD-tau spectrum. The talk discusses the neuroimaging patterns in these conditions (for example, the hummingbird sign in PSP) and how they differ from Parkinsonian or Alzheimer pathologies in clinical, biomarker and radiological parameters. The symposium aims to highlight the diagnostic dilemma and complexities in this group of neurodegenerative disorders through the illustration of case-based scenarios. Through engagement with its audience, the symposium aims to foster greater awareness of the clinical nuances of these diagnoses, why they are often overlooked, the utility of neuroimaging and the importance of interdisciplinary collaboration between psychiatry, neurology, radiology, and allied health professionals. Ultimately, it aims to highlight the role of psychiatrists in the early identification of people with FTLD presentations and reduce diagnostic delays in day-to-day psychiatric practice.

Keywords: Behavioural variant frontotemporal dementia (bvFTD); corticobasal degeneration (CBD); frontotemporal lobar degeneration (FTLD); progressive supranuclear palsy (PSP); semantic variant progressive aphasia (svPPA)

S6-01

The Changing Faces of Behavioural Variant Frontotemporal Dementia (bvFTD)

CHEE JIUNN HENG

Psychiatrist in Neuropsychiatry Fellowship, Jabatan Psikiatri dan Kesihatan Mental, Hospital Sultanah Nur Zahirah

Corresponding author's email: drcheejh@gmail.com

Behavioural variant frontotemporal dementia (bvFTD) is a progressive neurodegenerative disorder characterised by early, prominent changes in personality, behaviour and executive function. The condition presents with disinhibition, apathy, loss of empathy, compulsive behaviour, hyperorality and executive deficits. Its clinical features overlap with a range of primary psychiatric disorders and other neurodegenerative disorders, often creating diagnostic confusion among clinicians. The challenges in diagnostic accuracy of bvFTD often lie in its heterogeneous presentation and insidious onset, with a wide range of differential diagnoses including bipolar disorder, major depressive disorder and schizophrenia. Its clinical manifestations can closely mimic frontal variant Alzheimer's disease, as well as other neurodegenerative disorders and syndromes of frontotemporal lobar degeneration (FTLD). Diagnostic instability is another issue which plagues bvFTD, with its diagnosis often being revised due to evolving clinical profiles or lack of progressive deterioration as expected in neurodegeneration. Beyond meticulous clinical assessment, neuroimaging and biomarkers can be employed to improve diagnostic precision. Structural and functional imaging can reveal frontal and anterior temporal lobe atrophy, whilst positive biomarker parameters such as high CSF/plasma neurofilament light chain (NfL) level can lend support to a neurodegenerative diagnosis. Genetic testing, such as C9orf72 mutation, can aid in diagnosis if clinically implicated. A correct diagnosis is essential as it informs prognosis and patient management, including behavioural assessment, potential interventions, and genetic counselling. The series of cases illustrated in this talk aims to encourage clinicians to consider a diagnosis of bvFTD in day-to-day clinical practice. It also highlights the importance of longitudinal observation and role of biological markers in helping clinicians differentiate bvFTD from primary psychiatric disorders.

Keywords: Behavioural variant frontotemporal dementia (bvFTD)

S6-02

When Words Fade: Understand the Spectrum of Primary Progressive Aphasias

SIVENANTHINI PURANA VISVANATHAN

Neuropsychiatrist, Jabatan Psikiatri dan Kesihatan Mental, Hospital Queen Elizabeth I

Corresponding author's email: sivenanthini@gmail.com

Primary Progressive Aphasia (PPA) is a neurodegenerative disorder which shows gradual decline of speech and language function as the primary presenting symptoms. PPA is classified into three variants – semantic (svPPA), logopenic (lvPPA) and non-fluent/agrammatic (nfvPPA); each with distinct patterns of clinical language impairment and unique neuroimaging findings. While there is no curative treatment and the condition progresses with time, timely and targeted interventions based on subtype can help preserve functional abilities and improve quality of life for patients and their caregivers. This presentation aims to provide an overview of the clinical and radiological features of the three PPA variants. Semantic variant PPA patients demonstrate profound deficits in word comprehension and object knowledge. Its relationship to anterior temporal lobe atrophy will be explored. Logopenic variant PPA is characterised by impaired word retrieval and sentence repetition, correlating with atrophy in the left temporoparietal junction, frequently linked to early-onset presentations of Alzheimer's disease. Non-fluent variant characterised by effortful speech with inconsistent errors and agrammatism. This primarily affects the dominant posterior frontal lobe. The case reports of svPPA highlight the clinical trajectory, neuroimaging changes and diagnostic challenges encountered in the early stages. These cases highlight the heterogeneity in clinical presentation and the importance of integrating detailed neuropsychological and speech pathology assessment. Beyond the detailed assessments, neuroimaging and biomarkers are investigated to aid in achieving a precise diagnosis. Subtyping PPA into its three variants is crucial for tailoring interventions and predicting disease progression. The session will underscore the importance of early identification and multidisciplinary involvement - including primary clinicians, neuropsychiatrists, neuropsychologists and speech pathologists in providing holistic care. Through this presentation, we aim to raise awareness of PPA and promote early recognition, accurate classification, and targeted support for patients and caregivers navigating this complex and often under-recognised disorder.

Keywords: Logopenic variant PPA (lvPPA); non-fluent/agrammatic variant PPA (nfvPPA); primary; Progressive aphasia (PPA); semantic variant PPA (svPPA)

S6-03

From Rigidity to Reasoning: Diagnosing PSP and CBD in the FTLN Continuum

CHEE JIUNN HENG¹, MOHAMMAD NABHAN KHALIL BIN AZIZAN²

Presenter: MOHAMMAD NABHAN KHALIL BIN AZIZAN

¹*Psychiatrist in Neuropsychiatry Fellowship, Jabatan Psikiatri dan Kesihatan Mental, Hospital Sultanah Nur Zahirah*

²*Consultant Neuropsychiatrist & Head of Department, Jabatan Psikiatri dan Kesihatan Mental, Hospital Sultanah Nur Zahirah*

Corresponding author's email: drcheejh@gmail.com

Progressive supranuclear palsy (PSP) and corticobasal degeneration (CBD) are rare, adult-onset neurodegenerative conditions. They are classified as tauopathies which present with motor symptoms, as well as cognitive and behavioural symptoms which often overlap with primary psychiatric disorders. PSP is a spectrum of clinical syndromes sharing a common tau pathology, with its classic presentation, known as Richardson's syndrome (PSP-RS), presenting with postural instability, vertical gaze palsy, axial rigidity and cognitive slowing. Other variants present with a wide range of symptoms such as Parkinsonian features, gait disturbances, and speech difficulties. Due to its clinical heterogeneity, PSP can mimic conditions such as Parkinson's disease, frontotemporal dementia (FTD) or primary psychiatric illnesses. CBD presents with motor symptoms such as asymmetric limb rigidity, apraxia, cortical sensory loss and alien limb phenomena. Its cognitive disturbances are increasingly recognised, including executive dysfunction, aphasia, behavioural changes and visuospatial changes with relatively intact episodic memory. These complex neurodegenerative conditions require detailed clinical assessment and thorough neurological examination, including evaluation of gaze and saccades. Investigations, including structural MRI, can assist with diagnosis, such as the findings of midbrain atrophy or 'hummingbird sign' in PSP, and asymmetric frontoparietal atrophy in CBD. There is a lack of disease-specific biomarkers to aid in diagnosis at this stage. CSF/plasma neurofilament light chain (NfL) and phosphorylated tau are being studied to understand their clinical utility in this group of disorders. The complex presentations of PSP and CBD often lead to misdiagnosis, especially in its early stages; hence, a multidisciplinary team approach is frequently required to come to an accurate and timely diagnosis.

SYMPOSIUM 7

Beyond the Spectrum: Unmasking Adult Autism, Identity, and Misdiagnosis

Chairperson: NG BOON SENG

Child & Adolescent Psychiatrist, Department of Psychiatry & Mental Health, Hospital Umum Sarawak

TESINI M. PARAMANNANTHA VELOO¹, NG BOON SENG²

¹Consultant Psychiatrist, IMU University, Bukit Jalil

²Child And Adolescent Psychiatrist, Hospital Umum Sarawak

Corresponding author's email: tesini@imu.edu.my

Unmasking Adult Autism, Identity and Misdiagnosis explores the often-overlooked realities of autistic adults in Malaysia, a population that remains underserved despite rising public awareness. This symposium presents three interlinked perspectives that illuminate the challenges of late or missed diagnoses, stigma, and a lack of neuro-affirming support systems. The first presentation examines structural and interpersonal barriers that hinder autistic adults in areas such as healthcare, employment, and social participation. It highlights how the “double empathy problem” and prevailing neurotypical norms disrupt therapeutic alliances and compromise wellbeing. The second presentation focuses on autistic females, whose camouflaging strategies often conceal profound distress. It sheds light on the emotional toll of masking, sensory overwhelm, and unmet relational needs—factors that increase vulnerability to trauma, loneliness, and misdiagnosis. Trauma-informed and sensory-sensitive interventions are emphasised as critical components of care. The final presentation critiques conventional deficit-based diagnostic models and introduces autistic-led, participatory research frameworks. Concepts such as monotropism and autistic inertia are explored to reframe core traits through a strengths-based, contextual lens. It advocates for neuroaffirming clinical practices that respect autonomy, emotional safety, and lived experience. Together, these perspectives challenge pathologising paradigms and urge a shift toward inclusive, empathetic, and evidence-informed approaches. This symposium invites clinicians, educators, and policymakers to reimagine how adult autism is understood and supported—centering identity, dignity, and authentic representation at the heart of care.

Keywords: Autistic adult; double empathy problem; mental health; neurodiversity; systemic barriers

S7-01

Beyond the DSM: Insights from Participatory and Autistic-Led Research Towards

ZAHILAH FILZAH BINTI MOHD ZULKIFLI

Consultant Paediatrician, Hospital Sungai Buluh

Corresponding author's email: zahilah@atautism.org

The DSM-V-TR for ASD remains a central tool in autism diagnosis, yet its framework tends to emphasise deficits and impairments, focusing narrowly on the individual while overlooking the relational context in which behaviours occur. It offers a limited interpretation of autism that often underrepresents the lived experiences of autistic individuals. Framing autism within a relational model of disability allows for a more nuanced understanding; one that recognises how the environment can either disable or enable, and how responses often reflect a dynamic interplay between individual and context. Building on this perspective, the presentation draws on findings from autistic-led and participatory research, which offer constructs that challenge conventional assumptions. Explanatory models such as monotropism and the double empathy problem reframe behaviours often pathologised in clinical settings by situating them within autistic lived experience and cognitive processing. In parallel, participatory research has highlighted aspects of autistic experience that remain largely absent from diagnostic criteria, including inertia, masking, burnout, and sensory trauma. Although not formally recognised in standard diagnostic manuals, these phenomena have substantial implications for mental health, particularly in environments that demand conformity or overlook sensory and emotional needs. When these experiences are ignored or invalidated, autistic individuals become more vulnerable to anxiety, depression, and suicidality. Neuroaffirming approaches offer a valuable direction for medical practice, emphasising contextual understanding, collaborative support planning, and respect for sensory and communication differences. These models prioritise emotional safety, autonomy, and relational consistency over behaviour control, aligning more meaningfully with the needs and rights of autistic individuals. This session invites participants to reflect on how medical practices might evolve by engaging with autistic knowledge and moving towards more inclusive, context-sensitive, and ethically grounded models of support.

Keywords: Autistic-led; autonomy; monotropism; neuro-affirming; participatory

S7-02

Whisper Beneath the Camouflage: Loneliness, Sensation, and Sexuality

TESINI M. PARAMANNANTHA VELOO

Consultant Psychiatrist, IMU University, Bukit Jalil, Kuala Lumpur

Corresponding author's email: tesini@imu.edu.my

Autistic females remain one of the most under-recognised and misunderstood groups within the autism spectrum. Diagnostic frameworks continue to reflect a male-centric view of autism that rarely captures how girls and women experience and cope with their differences. Many autistic females develop sophisticated masking and camouflaging strategies that allow them to appear socially competent, yet underneath this mask, they often carry hidden struggles that profoundly shape their sexual development, practices, and well-being. One lesser-discussed aspect is how sensory processing differences influence sexuality. Many autistic women experience heightened sensitivities that make partnered intimacy unpredictable or overwhelming, while solitary sexual behaviors such as masturbation may feel safer and more controlled. This creates a mismatch between internal desire for connection and the reality of sensory discomfort and social decoding difficulties. These subtle differences, combined with core social communication challenges, can leave autistic females at increased risk of sexual victimisation. Difficulties reading social cues, setting boundaries, and recognising manipulative behaviour mean they may consent to unwanted encounters or be unable to assert their needs. Over time, the exhaustion of masking and repeated negative experiences can lead to deep social withdrawal, loneliness, and shame that further perpetuate invisibility. This symposium will draw from emerging research and real-world narratives to bridge the gap between rigid diagnostic criteria and the lived realities of autistic females. Participants will learn how to recognise the hidden signs of masking, understand the sensory and relational factors that shape sexual practices, and develop practical, trauma-informed ways to support safe, affirming discussions about sexuality. By unmasking this lesser-spoken side, we move beyond a one-size-fits-all lens towards diagnosis, education, and care that truly protects autistic women from hidden harm and isolation but finally allows them to be seen, heard, and supported in their fullest, truest selves.

Keywords: Autism females; masking sexuality; sensory processing; vulnerability

S7-03

Adult Autistics and Mental Well-Being: The Gap in Understanding

CH'NG B'AO ZHONG

Psychologist (Counseling), Polytechnic Seberang Prai, Pulau Pinang

Corresponding author's email: baozhong@psp.edu.my

In Malaysia, discourse on autism often centres around children, neglecting the realities faced by autistic individuals as they transition into adulthood - navigating a world that feels foreign and lacks understanding of their needs. One of the most pressing issues in autistic adulthood is mental health. High rates of comorbid conditions are compounded by a disconnect in clinical interactions, often described as the “double empathy problem.” This mutual misunderstanding between autistic individuals and healthcare providers can result in misdiagnoses, inadequate treatment, and loss of trust in the system. Treatment options, too, are fraught with challenges. Pharmacological approaches may overlook interoceptive differences-autistic people often perceive pain, side effects, and bodily cues in atypical ways. Meanwhile, non-pharmacological interventions frequently lack a neuro-affirming framework, leading to inconsistent therapeutic engagement and limited effectiveness. These health-related barriers have ripple effects on other life domains, particularly employment. Autistic adults continue to face low employment rates, largely due to inaccessible recruitment processes, lack of accommodations, and both structural and subtle ableism in the workplace. Microaggressions, rigid expectations, and resistance to reasonable adjustments contribute to high turnover and underemployment, depriving society of valuable contributions. Beyond employment, day-to-day living remains a struggle for many autistic adults. Without structured supports and lifelong services, activities of daily living can become overwhelming, further impacting independence and quality of life. This symposium calls for a fundamental shift from pathologising and infantilising narratives to one that centres autistic voices and recognises adulthood as a valid and vital stage. There is an urgent need for policies, practices, and research that are autism-informed, inclusive, and attuned to the lived realities of autistic adults.

Keywords: Autistic adult; double empathy problem; mental health; neurodiversity; systematic barriers

SYMPOSIUM 8

Integrating Culture and Spirituality in Psychiatric Practice: Insights from Research and Lived Experience

Chairperson: FIRDAUS DATO' ABDUL GHANI

Consultant Psychiatrist, Jabatan Psikiatri dan Kesihatan Mental, Hospital Sultan Haji Ahmad Shah

**ASRENEE AB RAZAK, SHARIFAH ZUBAIDIAH SYED JAAPAR, A'ISYAH
BINTI CHE RAHIMI**

Department of Psychiatry, School of Medical Sciences, Health Campus, Universiti Sains Malaysia

Corresponding author's email: asrenee@usm.my

Culture and spirituality are integral to how individuals understand and manage psychological distress, particularly within Malay-Muslim communities. However, these elements are often underrepresented in mainstream psychiatric care. This symposium presents three research-based perspectives highlighting the role of culturally and spiritually responsive approaches in clinical mental health practice. The first study reports on a randomised controlled trial involving 30 post-angioplasty Muslim patients at Hospital Universiti Sains Malaysia. Participants received either standard rehabilitation or a psychospiritual cardiac rehabilitation module (CR-PS) that integrated psychoeducation, physical exercise, mindfulness breathing, and Quranic recitation (Al-Fatihah, Doa Syifa). After three months, the CR-PS group showed significant reductions in anxiety ($p = 0.001$), depression ($p < 0.05$), blood pressure, and pulse rate, demonstrating the benefits of culturally attuned, spiritually enriched care. The second study explores the lived professional experiences of 20 Muslim mental health providers supporting Muslim sexual and gender minority (SGM) individuals. Using interpretative phenomenological analysis, four themes emerged: varied understandings of religion/spirituality (R/S), its therapeutic role, the importance of wisdom in its application, and ethical dilemmas in practice. Providers emphasised the need for a non-judgmental, culturally sensitive approach that respects faith while prioritising psychological safety. The third study examines the application of a culturally adapted group-based Acceptance and Commitment Therapy (ACT) for individuals with mild to moderate depression. Conducted in Kelantan, the ACT group demonstrated greater improvements in depressive symptoms, psychological flexibility, and quality of life compared to treatment-as-usual. Its emphasis on values, mindfulness, and acceptance resonated with Islamic principles such as sabr (patience) and tawakkul (trust in God). Together, these studies provide compelling evidence for integrating culture and spirituality into psychiatric care. They underscore the importance of contextualised, person-centred approaches that honour patients lived realities while maintaining clinical integrity.

Keywords: Anxiety; cultural psychiatry; depression; Muslim mental health; psychospiritual intervention

S8-01

Faith in Recovery: Enhancing Cardiac Rehabilitation Through Psychospiritual Adaptation among Muslim Angioplasty Patients

NORIZAM MUHAMMAD YUSOF¹, MUHAMMAD HAFIZ HANAFI²,
ZURKURNAI YUSOF³, ASRENEE AB RAZAK⁴

Presenter: ASRENEE AB RAZAK

¹School of Health Sciences, Universiti Sains Malaysia

²Medical Rehabilitation Unit, School of Medical Sciences, Universiti Sains Malaysia

³Department of Internal Medicine, USAINS Healthcare Sdn Bhd, Health Campus, Universiti Sains Malaysia

⁴Department of Psychiatry, School of Medical Sciences, Universiti Sains Malaysia

Corresponding author's email: asrenee@usm.my

Coronary angioplasty is widely used to treat coronary artery disease, but psychological distress such as anxiety and depression often persists post-procedure, potentially affecting recovery and quality of life. For Muslim patients, spiritual practices can serve as effective coping strategies, yet are rarely incorporated into standard cardiac rehabilitation. This study evaluated the effectiveness of a psychospiritual cardiac rehabilitation module (CR-PS) in reducing anxiety and depression among Muslim patients following elective angioplasty at Hospital Universiti Sains Malaysia. To assess the effectiveness of the CR-PS module in reducing anxiety, depression, and physiological parameters in post-angioplasty Muslim patients. A randomised controlled trial was conducted with 30 post-angioplasty patients. Participants were randomly assigned to either the CR-PS group or standard rehabilitation. The intervention began 24-48 hours post-procedure and continued three times weekly for three months. The CR-PS module comprised five components: education on coronary heart disease, nutrition, anxiety and depression management, physical exercise, and psychospiritual elements. The psychospiritual component included mindfulness breathing, relaxation techniques, and listening to recitations of Al-Fatihah and Doa Syifa. Assessments were conducted at baseline, one month, and three months using the Hospital Anxiety and Depression Scale (HADS) and clinical measures (blood pressure and pulse rate). The CR-PS group showed statistically significant reductions in anxiety scores ($p = 0.001$) and systolic and diastolic blood pressure ($p < 0.05$) over the three-month period. A significant decrease in pulse rate was also observed in the CR-PS group compared to the control group ($p < 0.05$). Depression scores also declined significantly in the CR-PS group ($p < 0.05$), while the control group showed slight increases in both anxiety and depression over time. The CR-PS module effectively reduced anxiety, depression, blood pressure, and pulse rate among Muslim patients' post-angioplasty. It offers a promising, culturally tailored complement to conventional cardiac rehabilitation.

Keywords: Anxiety; cardiac rehabilitation; depression; Muslim patients; psychospiritual intervention

S8-02

Integrating Spirituality in Mental Health Care for Sexual and Gender Minorities Muslims in Malaysia: A Perspective from Muslim Mental Health Providers

**SHARIFAH ZUBAIDIAH SYED JAAPAR¹, ROSEDIANI MUHAMAD²,
ASRENEE AB RAZAK¹, MUJAHID BAKAR³, RAFIDAH HANIM
MOKHTAR⁴, AZLINA ISHAK²**

Presenter: SHARIFAH ZUBAIDIAH SYED JAAPAR

¹Department of Psychiatry, School of Medical Sciences, Universiti Sains Malaysia

²Department of Family Medicine, School of Medical Sciences, Universiti Sains Malaysia

³Interdisciplinary Health Science Unit, School of Health Sciences, Universiti Sains Malaysia

⁴Faculty of Medicine and Health Sciences, Universiti Sains Islam Malaysia

Corresponding author's email: zubaidiah@usm.my

Religion and spirituality (R/S) can play a crucial role in mediating conflicts and alleviating psychological distress that may lead to mental health issues among sexual and gender minority (SGM) individuals. However, R/S are typically linked to positive mental health outcomes. The integration or application of R/S in the management of SGM individuals experiencing mental health difficulties presents a complex dilemma and raises ethical challenges for Muslim mental health providers in Malaysia. This study seeks to determine the perspectives of Malaysian Muslim mental health providers on the role of R/S in helping Muslim SGM individuals. This study utilised a qualitative phenomenological approach. A total of twenty Muslim mental health providers, comprising psychiatrists, counsellors, clinical psychologists, and Islamic scholars, were recruited through purposive and snowball sampling methods. Semi-structured interviews were conducted virtually. The data were analysed using interpretative phenomenological analysis (IPA), which included both inductive and deductive coding. Four themes emerged: (i) differences in understanding R/S; (ii) R/S as essential to SGM Muslims' wellbeing; (iii) implementation of R/S requiring wisdom; and (iv) navigating restrictions and ethical dilemmas. While R/S was seen as a resource for fostering self-worth, purpose, and behavioural regulation, providers stressed the need for a non-judgmental approach. Some faced internal conflict between religious teachings and professional ethics, particularly regarding homosexuality and gender-affirming interventions. R/S can play a vital role in improving the mental health of SGM Muslims in Malaysia when applied with sensitivity and respect. Despite the complex interplay between religious beliefs and professional responsibilities, providers acknowledged that integrating R/S through psychoeducation, mindfulness, counselling, and behavioural therapy could offer significant psychological benefits when tailored to individual needs.

Keywords: Mental health service providers; Muslim; religiosity/spirituality; sexual and gender minority

S8-03

Depression Treatment in Context: Outcomes of Group ACT in a Faith-Oriented Community

AISYAH CHE RAHIMI¹, NOR ASYIKIN FADZIL², NUR AMIRA HAIZAM³,
RAISHAN SHAFINI BAKAR⁴

Presenter: A'ISYAH BINTI CHE RAHIMI

¹*Department of Psychiatry, School of Medical Sciences, Universiti Sains Malaysia*

²*Department of Psychiatry and Mental Health, Faculty of Medicine, Universiti Sultan Zainal Abidin*

³*Department of Psychiatry, Hospital Raja Perempuan Zainab II*

⁴*Department of Community Medicine, School of Medical Sciences, Universiti Sains Malaysia*

Corresponding author's email: aisyah.cr@usm.my

Depression remains a leading contributor to global disease burden, with mild to moderate forms being more prevalent and often undertreated, especially in culturally and spiritually rooted communities. In Malaysia, particularly in Kelantan-a state with a strong Malay-Muslim identity-there is a growing need for mental health interventions that are both evidence-based and culturally sensitive. Acceptance and Commitment Therapy (ACT), which promotes psychological flexibility through mindfulness, acceptance, and values-based living, holds promise in such contexts. Its alignment with spiritual values-such as acceptance of life's trials, present-moment awareness, and committed action rooted in personal meaning-makes it especially relevant for faith-oriented communities. This quasi-experimental study examined the effectiveness of group-based ACT for individuals with mild to moderate depression at the Psychiatry Clinic, Hospital Universiti Sains Malaysia. Forty-four participants were assigned to either a four-week ACT group or a treatment-as-usual (TAU) group. Outcomes were assessed using validated Malay versions of the Beck Depression Inventory-I (BDI), WHOQOL-BREF, and Acceptance and Action Questionnaire-II (AAQ-II) at baseline, post-intervention, and three-month follow-up. The ACT group demonstrated significantly greater improvements in depressive symptoms (BDI), quality of life (WHOQOL-BREF), and psychological flexibility (AAQ-II) over time compared to TAU. These findings highlight the potential of ACT not only as an effective therapeutic modality but also as one that resonates with the cultural and spiritual worldview of Malay-Muslim communities, where values, patience (sabr), and trust in God (tawakkul) are integral to coping. This study supports the contextual adaptation of ACT for diverse populations and underscores the importance of integrating cultural and spiritual understanding into psychiatric practice to enhance engagement and outcomes.

Keywords: Acceptance and commitment therapy; depression; group therapy; psychological flexibility; quality of life

SYMPOSIUM 9

Addiction Psychiatry: Addiction: Hidden Trends, Emerging Threats

Chairperson: MOHD FADZLI BIN MOHAMAD ISA

Consultant Psychiatrist, Psychiatry & Mental Health Department, Hospital Kuala Lumpur

MOHD FADZLI BIN MOHAMAD ISA

Consultant Psychiatrist, Psychiatry & Mental Health Department, Hospital Kuala Lumpur

Corresponding author's email: loysz@yahoo.co.uk

This symposium explores emerging patterns of substance use that challenge conventional clinical approaches. The first presentation examines substance use at music festivals, where stimulants and hallucinogens are widely consumed, often resulting in acute psychiatric presentations such as psychosis, agitation, and polysubstance toxicity. The second presentation addresses the rise of novel psychoactive substances (NPS), including synthetic cannabinoids, designer stimulants, and psychedelics, which often evade standard toxicology screening and complicate diagnosis and treatment. The final session focuses on chemsex-sexualised drug use involving substances like methamphetamine and GHB-raising concerns around dual diagnosis, compulsivity, trauma, and sexually transmitted infections. These diverse contexts highlight the evolving face of addiction, with unique diagnostic and therapeutic implications for mental health professionals. This symposium aims to enhance clinical awareness, refine risk assessment, and inform treatment strategies for these complex and often hidden substance use patterns.

Keywords: Addiction psychiatry; chemsex; mental health; music festivals; novel psychoactive substances

S9-01

Tune in, Stay Safe: The Truth about Drugs at Music Festivals

NORSUHANA SAINAL

Hospital Pakar Sultanah Fatimah, Muar

Corresponding author's email: norsuhasainal@gmail.com

Music festivals have emerged as high-risk settings for recreational drug use, particularly among youth. The combination of large crowds, prolonged dancing, and easy access to psychoactive substances increases the likelihood of medical and psychiatric emergencies. Understanding regional and global trends is crucial for informing targeted harm reduction policies. To explore the patterns and risks associated with drug use at music festivals and to evaluate harm reduction strategies globally and within the regional contexts of Malaysia, Southeast Asia, and Asia. A narrative review was conducted using data from peer-reviewed journals, government and NGO reports, and public health surveillance from 2015 to 2024. Sources included the United Nations Office on Drugs and Crime (UNODC), European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), ASEAN Narcotics Cooperation Centre (ASEAN-NARCO), and Malaysia's National Anti-Drugs Agency (AADK). Studies examining drug use at music festivals, adverse health outcomes, and implemented harm reduction measures were analysed. Globally, substances most commonly used at music festivals include MDMA, cannabis, ketamine, LSD, and novel psychoactive substances (NPS). In Europe, up to 60% of festival-goers report illicit drug use. In Asia, Taiwan reported a 26% prevalence of drug use among attendees, with ketamine and MDMA being most common. Malaysia's AADK reports increasing drug-related arrests at music events between 2018 and 2023. Health complications include hyperthermia, acute psychosis, serotonin syndrome, and dehydration—often due to poly-drug use and inadequate on-site medical resources. Drug use at music festivals poses significant health risks across regions. Harm reduction strategies remain underdeveloped in much of Asia. Evidence supports the implementation of drug checking, hydration stations, peer education, and medical response teams. Multisector collaboration is crucial for reducing harm in culturally and legally sensitive ways.

Keywords: Drug use; harm reduction; music festivals; Southeast Asia; MDMA

S09-02

The Mushrooming of ‘Magic Mushroom’: NPS in Disguise

ZAFRIE IZZAT BIN ZAKARIA

Jabatan Psikiatri dan Kesihatan Mental, Hospital Kuala Lumpur

Corresponding author's email: zafrie@moh.gov.my

The use of synthetic cannabinoids (SCs), which is part of the broader category of Novel Psychoactive Substances (NPS), represents a growing and poorly understood substance use phenomenon in Malaysia. Often sold under misleading labels such as “magic mushrooms” or “herbal incense,” these chemically engineered compounds bind to cannabinoid receptors with far greater potency than natural cannabis, leading to a broad and unpredictable range of psychiatric presentations. Despite their misleading names, SCs are neither pharmacologically related to psilocybin nor naturally derived, and they are frequently undetectable on standard toxicology screens - complicating diagnosis and management. This presentation aims to provide the audience with a comprehensive overview of synthetic cannabinoid use in the Malaysian context. Topics may include local epidemiological trends, patterns of street-level mislabelling, common psychiatric manifestations including acute psychosis, agitation, delirium, and mood symptoms, and the challenges posed in clinical settings. Case vignettes from local clinical practice may illustrate the diagnostic dilemmas and management pitfalls encountered in real-world settings. The session will also address emerging legal, public health, and harm reduction perspectives. Given the rapidly evolving nature of designer drugs and their psychiatric impact, mental health service providers must remain vigilant, informed, and prepared to manage these complex presentations. Early recognition and multidisciplinary approaches are essential in minimising harm and guiding appropriate interventions.

Keywords: Harm reduction; psilocybin; synthetic cannabinoids; synthetic drugs

S9-03

“Let’s Talk about Sex and Crystal: Breaking the Silence in Chemsex”

NAVIN KUMAR A/L JEEVAN

Psychiatrist, Jabatan Psikiatri dan Kesihatan Mental, Hospital Kajang

Corresponding author’s email: jnk84@hotmail.com

Chemsex, a fusion of “chemical” and “sex,” refers to the intentional use of psychoactive substances to enhance sexual experiences. This phenomenon is closely tied to drugs such as methamphetamine, GHB/GBL, mephedrone, and ketamine. These substances increase sexual stamina and disinhibition but carry significant physical and psychological risks, including overdose, unsafe sex, dependency, and mental health deterioration. Studies indicate higher chemsex prevalence among MSM living with HIV and those engaged in transactional sex. Common motivations for engaging in chemsex include the desire to overcome insecurities, intensify pleasure, and prolong intimacy. However, prolonged and frequent use leads to issues such as loss of interest in sober sex, poor adherence to HIV treatment or prevention, and increased vulnerability to sexual assault. The overlap between chemsex and sexualised drug use (SDU) contributes to rising rates of sexually transmitted infections and psychological distress. Harm reduction strategies-such as dose control, informed consent, and avoidance of drug combinations-are essential to mitigating the associated harms. There is a growing need for culturally sensitive clinical interventions and public health responses that address the unique dynamics of chemsex in the community.

Keywords: Chemsex; harm reduction; sexual health; substance use

SYMPOSIUM 10

The Anatomy of Murder

Chairperson: YUEN WAI CHONG

Psychiatrist, Jabatan Psikiatri dan Kesihatan Mental, Hospital Tuanku Ja'afar

CHUA SZE HUNG¹, YEOH CHIA MINN², JOHARI BIN KHAMIS³

¹Department of Forensic Psychiatry, Hospital Mesra, Bukit Padang

²Department of Forensic Psychiatry, Hospital Sentosa, Kuching

³Department of Forensic Psychiatry, Hospital Permai, Johor Bahru

Corresponding author's email: drjohari.khamis@moh.gov.my

This symposium delves into the enigmatic world of homicide through the lens of forensic psychiatry. Presented by three seasoned forensic psychiatrists, this comprehensive overview provides a multifaceted perspective on homicide, integrating psychological, criminal, and societal viewpoints. The session emphasises forensic psychiatric assessments, highlighting their crucial role in understanding offenders' mental states and informing legal proceedings. Attendees will examine common myths versus realities surrounding homicides within forensic contexts, challenging misconceptions and shedding light on complex underlying factors. The symposium also addresses the forensic psychiatrist's role as an expert witness, illustrating the delicate balance of evidence and interpretation in courtrooms. Through compelling case vignettes, participants will gain practical insights into the diagnostic challenges, assessment procedures, and courtroom testimony that shape justice. This 90-minute journey aims to enhance understanding, foster discussion, and promote accurate interpretation of homicidal behaviours in forensic psychiatry, ultimately contributing to improved legal and clinical practices in this critical area of forensic medicine.

Keywords: Expert witness; forensic psychiatric assessment; homicide; legal psychiatry; mentally disordered offender

S10-01

Deadly Secrets: Perspectives on Homicide and Forensic Psychiatric Assessment

YEOH CHIA MINN

Department of Forensic Psychiatry, Hospital Sentosa, Kuching

Corresponding author's email: yeohcm@moh.gov.my

Homicide remains one of the most severe and scrutinised criminal offences, often raising questions about an individual's mental state, criminal responsibility, and risk of future harm. In Malaysia, the role of the forensic psychiatrist is central to assisting the courts in determining issues such as criminal responsibility under Penal Code, fitness to plead, and risk management, especially when mental illness is suspected. This session provides an in-depth look at the foundations of forensic psychiatric assessment in the context of homicide cases, tailored to the Malaysian legal and healthcare setting. Participants will be introduced to key principles underpinning forensic assessments, including the importance of collateral information, longitudinal history, mental state examination, and the formulation of psychiatric opinion. The session will outline structured approaches to assessing criminal responsibility, exploring the relevance of psychotic disorders, mood disturbances, personality pathology, and substance use. Emphasis will also be placed on differentiating genuine mental illness from malingering or fabricated symptoms. Real-world Malaysian case examples will be used to illustrate practical applications, common challenges, and medico-legal considerations. The discussion will also explore the limitations faced in local settings, including resource constraints, lack of specialised forensic units, and ethical dilemmas that arise when clinical and legal roles intersect. This session aims to strengthen the clinical and forensic competencies of mental health professionals involved in the assessment or management of individuals charged with homicide. It is especially relevant to psychiatrists, psychologists, medical officers, and postgraduate trainees.

Keywords: Assessment; forensic psychiatry; murder

S10-02

Dissecting Murder: Unravelling the Myth and Reality of Homicide In Forensic Psychiatry

CHUA SZE HUNG

Department of Forensic Psychiatry, Hospital Mesra Bukit Padang

Corresponding author's email: chuaszehung@moh.gov.my

Takes a deep dive into the shadowy realm of homicidal behaviour among the mentally disordered. Exploring the intricate dance between truth and misconception, this presentation elucidates the concept of insanity defence, revealing when mental illness truly influences criminal acts-and when it is used as a deliberate mask. We will also investigate malingering mental illness, discerning genuine pathology from deception. Focusing on Malaysia's mentally disordered homicide offenders, the talk illuminates unique characteristics that challenge conventional understanding. Through contemporary knowledge and insights, this session aims to unravel the complex variables in homicides among the mentally ill, inviting attendees to question assumptions and explore the fine line between sanity and insanity in the pursuit of justice. Prepare to explore the unknown in forensic psychiatry's most compelling mysteries.

Keywords: Forensic psychiatry; homicide; insanity defence; malingering; mentally disordered offenders

S10-03

From Hawthorn to Witness Stand: The Inside Story

JOHARI KHAMIS

Department of Forensic Psychiatry, Hospital Permai Johor Bahru

Corresponding author's email: drjohari.khamis@moh.gov.my

Forensic psychiatrists play a unique and critical role in the criminal justice system, especially in severe cases like murder. They are called upon to offer objective, expert opinions to the court about a person's mental state, both at the time when the crime was committed and during the trial. Their job is not to treat, but to evaluate, explain, and clarify complex psychiatric phenomena in a way that the court can understand. In murder cases, a forensic psychiatrist might be asked: Was the person mentally ill when the crime occurred? Did they know what they were doing? Are they mentally fit to stand trial or plea now? To answer these questions, the psychiatrist will conduct a comprehensive and extensive assessment before coming to an opinion. Their findings are carefully written up in a report and presented in court, where they would be examined and cross-examined by both sides. This is when the excitement begins. The third part of the symposium will explore the very nature of the expert witness's work at its core on the witness stand. What makes this work especially challenging is the need to stay neutral because forensic psychiatrists don't take sides-they're not there to help the prosecution or the defence. Their responsibility is to the truth and the court. Clear, honest, and ever ready to explain complex psychological concepts in plain words, often in high-stakes, emotionally charged settings.

Keywords: Expert witness; fitness to plea; forensic psychiatrist

SYMPOSIUM 11

Millennial Lifestyles and the Mind-Body Impact: A Consultation-Liaison Psychiatry Perspective

Chairperson: NORMALA IBRAHIM

Professor of Psychiatry and a Consultant Psychiatrist, Universiti Putra Malaysia

UMI ADZLIN SILIM¹, NATHISHA THRICHELVAM¹, MOEY CHEE HOONG²

¹*Hospital Sultan Idris Shah, Serdang*

²*Hospital Putrajaya*

Corresponding author's email: nathisha@moh.gov.my

Millennials-born between 1981 and 1996-represent the first generation to fully come of age in a digitally connected, performance-driven world. They are the most educated yet most indebted generation; highly adaptive yet chronically burnt out. Millennials are often fluent in self-help rhetoric and mental health language, but are often unable to access or sustain meaningful rest, stability, or care. This generation is also uniquely shaped by hustle culture-the valorisation of overwork, side hustles, and the pursuit of more. The lure of social media often reinforces comparison, imposter syndrome, and toxic productivity. Self-care practices are, in turn, put aside, and as a consequence, sleep is sacrificed, movement is minimal, and food choices are dictated by convenience and stress. These behavioural patterns, rooted in deeper psychosocial strain, have unfortunately tangible biological consequences. Chronic stress and emotional dysregulation invoke sustained hypothalamic-pituitary-adrenal axis activation, resulting in cortisol elevation, insulin resistance, visceral adiposity, and systemic inflammation. Depression, anxiety, trauma histories, and disordered sleep further exacerbate the risk and severity of metabolic illnesses. The symposium intends to define the distinctive sociocultural ecosystem of millennials and its pathophysiological implications. The presenters will describe the psychological toll of hustle culture and the medical costs of sustained burnout, as well as the psychiatric-to-metabolic trajectory in millennials and opportunities for early interventions. We will then focus on the evolving role of millennials as caregivers and parents, with emphasis on delayed fertility, gendered expectations, and shifting identities, especially among women. We aim to enhance our perspective that millennials are not merely patients with overlapping diagnoses; they are products of a unique era whose stressors are both culturally mediated and biologically embodied and Consultation-Liaison Psychiatry is uniquely positioned to meet this generation at the intersection of identity, behaviour, and health-bridging silos to deliver truly integrative care.

Keywords: Holistic care; mental health; millennials

S11-01

The Hustle Culture Trap: Burnout, Productivity Guilt and Mental Health in Millennials

NATHISHA THRICHELVAM

Psychiatrist, Hospital Sultan Idris Shah

Corresponding author's email: nathisha@moh.gov.my

In an era dominated by the glorification of overwork and relentless self-optimisation, millennials are finding themselves caught in the trap of hustle culture. We aim to explore the complex intersection between modern productivity norms and the mental health challenges faced by a generation raised on ambition and achievement, with a focus on the psychological toll of burnout, the pervasive guilt tied to rest and perceived underperformance and the societal structures that reinforce these patterns. Empirical studies have established a robust correlation between prolonged exposure to hustle culture and the onset of psychological distress, including anxiety, depression, and chronic fatigue. For instance, research indicates that extended work hours and the internalisation of hustle culture norms are associated with heightened symptoms of burnout and diminished sleep quality. Moreover, the pervasive nature of hustle culture, amplified by social media platforms, exacerbates feelings of inadequacy and self-doubt among millennials, as they compare their achievements to curated portrayals of success. From a psychiatric perspective, the internalisation of hustle culture can lead to maladaptive coping mechanisms, such as perfectionism and chronic stress, which undermine mental resilience. The resultant productivity guilt can impede recovery and exacerbate mental health conditions. Thus, it is imperative that addressing the psychiatric ramifications of hustle culture necessitates a multifaceted approach. Interventions should focus on redefining productivity to encompass rest and self-care, promoting work environments that prioritise mental well-being, and fostering cultural shifts that value balance over incessant achievement. Such strategies are essential in mitigating the adverse psychiatric outcomes associated with hustle culture and in promoting sustainable mental well-being and the radical act of rest in a hyper-productive world.

Keywords: Burnout; hustle culture; productivity guilt

S11-02

Fast-Paced Lives, Slow-Burning Diseases: How Millennial Lifestyles Shape Physical Health

MOEY CHEE HOONG

Hospital Putrajaya, Presint 7, Putrajaya

Corresponding author's email: akirasan1017@yahoo.com

Millennials are at the epicentre of a silent but growing metabolic health crisis. As consultation-liaison psychiatrists, we are increasingly encountering young adults with early-onset type 2 diabetes, obesity and non-alcoholic fatty liver disease. These conditions are traditionally associated with older populations. These metabolic disorders are not emerging in isolation, but rather at the intersection of chronic psychiatric stress and behavioural dysregulation. Millennials operate in a high-pressure, hyperconnected environment that fosters chronic psychological stress. Long working hours, economic uncertainty, digital overload, and blurred work-life boundaries lead to persistent activation of the hypothalamic-pituitary-adrenal (HPA) axis. This results in sustained cortisol release, which promotes insulin resistance, central adiposity, and inflammatory signalling-core mechanisms in the pathogenesis of metabolic disease. Moreover, mood and anxiety disorders are widespread in this demographic. The situation directly impact appetite regulation, circadian rhythms, motivation for physical activity, and executive functioning. Depression is associated with hyperphagia, cravings for high-calorie foods, and decreased energy expenditure. Sleep disorders and insomnia, common in both anxiety and burnout syndromes, independently contribute to metabolic dysfunction via leptin resistance, ghrelin dysregulation, and impaired glucose metabolism. These psychiatric symptoms often precede or parallel medical presentations, which go unaddressed. The failure to treat underlying psychological distress in patients with metabolic conditions represents a missed opportunity for both prevention and intervention. Thus, we must champion early psychiatric screening in medical settings, particularly endocrinology, reproductive health, and primary care. By integrating motivational interviewing, behavioural activation, and lifestyle-focused interventions within standard medical care, we can improve adherence and reduce disease burden. These actions disrupt the feedback loop between psychiatric distress and metabolic deterioration. Metabolic disease in millennials is not just a lifestyle issue-it is a neuroendocrine and behavioural consequence of prolonged psychosocial strain. Consultation-Liaison psychiatry is essential in decoding and addressing this complex, systemic interplay.

Keywords: Metabolic diseases; millennials; physical health

S11-03

Delayed Parenthood & Perinatal Mental Health: Insights into the Millennial Experience

UMI ADZLIN SILIM

Consultant Psychiatrist, Hospital Sultan Idris Shah

Corresponding author's email: drumiadzlin@moh.gov.my

Millennials are increasingly postponing marriage and parenthood in pursuit of education, career advancement, financial stability, and personal growth. While this shift reflects evolving societal norms and greater reproductive autonomy, it also introduces new emotional and psychological challenges, especially during the fertility and perinatal period. Delayed parenthood is often associated with subfertility, increased reliance on assisted reproductive technologies, and late pregnancies. These experiences may heighten emotional vulnerability and increase the risk for perinatal mood and anxiety disorders. In Consultation-Liaison Psychiatry settings, millennial patients commonly present not only with depression or anxiety but also with psychosomatic symptoms, adjustment difficulties, and distress linked to fertility struggles or the transition into parenthood. In parallel, the pervasive influence of social media contributes to performance pressure and unrealistic expectations around pregnancy and parenting. These external stressors, combined with internal identity shifts, contribute to feelings of inadequacy, guilt, and emotional overload-particularly in dual-career households or those with limited support. This presentation will explore delayed parenthood from a Consultation-Liaison Psychiatry perspective, integrating clinical case vignettes and evidence-informed strategies. Emphasis will be placed on providing psychiatric care that is culturally sensitive, generationally informed, and responsive to the reproductive, relational, and existential concerns faced by millennial patients. Collaboration with obstetric and primary care teams is crucial to ensure early identification and integrated support. As the first digital generation navigating the journey into parenthood amid evolving social norms, millennials require care that is holistic, compassionate, and grounded in a deep understanding of their lived experiences.

SYMPOSIUM 12

Crossing Borders: Experiences of International Collaboration Among Malaysian Early Career Psychiatrists

Chairperson: CHOW SOON KEN

Klinik Pakar A N & K & Malaysian Psychiatry Association

ABDUL HAKEM ZAHARI¹, TEE LEE CHIN², MOHD FADZLI BIN MOHAMAD ISA³, HAZLI ZAKARIA⁴

¹*Department of Psychiatry and Mental Health, Hospital Selayang, Selangor*

²*Department of Psychiatry and Mental Health, Hospital Bintulu, Sarawak*

³*Consultant Psychiatrist, Psychiatry & Mental Health Department, Hospital Kuala Lumpur*

⁴*Alaminda Specialist Clinic, Idaman Robertson, 2, Jalan Robertson, Bukit Bintang, Kuala Lumpur*

Corresponding author's email: lee_chin@live.com

International collaboration is a key driver in the advancement of psychiatric practice, research, and leadership development. This symposium highlights the lived experiences of Malaysian early-career psychiatrists (ECPs) who have actively participated in global mental health initiatives, demonstrating the tangible value of cross-border engagement in professional development. The first presentation will explore participation in a training programme at a World Health Organisation (WHO) Collaborating Centre for Community Mental Health in Seoul, Korea. The session will outline the structure of the programme, core competencies acquired, and the relevance of the experience to strengthening community psychiatry practice within the Malaysian context. The second presentation will reflect on involvement in the Course for Academic Development of Psychiatrists (CADP) in Japan, an international programme designed to cultivate leadership and academic potential among young psychiatrists through mentorship, peer learning, and cross-cultural dialogue. The presentation will highlight how such programmes serve as catalysts for professional identity formation and global engagement. The symposium will conclude with a senior psychiatrist's synthesis of both experiences, emphasising the broader implications of international exposure for the development of the local psychiatric workforce. The discussion will include strategic recommendations for fostering international opportunities through professional bodies and institutional support, particularly within the framework of the Early Career Psychiatrists section of the national psychiatric association. By showcasing authentic examples of global involvement, this symposium aims to inspire early-career psychiatrists to pursue international collaboration, strengthen their professional networks, and actively contribute to the global mental health landscape.

S12-01

Bridging Systems: Lessons in Community Mental Health from the Mental Health Expert Training, WHO Fellowship program in South Korea

ABDUL HAKEM BIN ZAHARI

Psychiatrist, Department of Psychiatry and Mental Health, Hospital Selayang

Corresponding author's email: hakem@moh.gov.my

In an increasingly interconnected world, international collaboration is crucial for the professional development of Early-Career Psychiatrists (ECPs). The networking offers unique insights into diverse healthcare systems. This presentation outlines the key learnings from participating in the Yongin WHO Fellowship Program in South Korea. The fellowship is a comprehensive training program in psychosocial rehabilitation and community mental health. The fellowship offered a multifaceted learning experience, comprising lectures and conferences on mental health policy and case management, complemented by direct participation in patient programs such as cognitive rehabilitation and social skills training. A significant component involved immersive site visits to a wide array of facilities, including community mental health centres, clubhouses, vocational rehabilitation workshops, and residential group homes. The schedule provided a firsthand view of a mature, integrated community-based mental health service in action. The experience highlighted the profound impact of a robust, well-resourced community system on patient outcomes and social integration. Key takeaways include the value of structured vocational rehabilitation in promoting recovery and the effectiveness of multi-disciplinary teams in providing holistic care. This “border-crossing” experience not only enhanced clinical knowledge but also provided practical models for enhancing psychiatric services in Malaysia. The experience offers a compelling blueprint for strengthening our community mental health infrastructure and advancing psychosocial rehabilitation for our patients.

Keywords: Community mental health; early career psychiatrists (ECPS); international collaboration; mental health expert training; psychosocial rehabilitation

S12-02

CADP: The Catalyst for Rethinking Growth as Psychiatrists Beyond the Textbook

TEE LEE CHIN

Psychiatrist, Department of Psychiatry and Mental Health, Hospital Bintulu

Corresponding author's email: Lee_chin@live.com

In 2002, Prof. Norman Sartorius a distinguished psychiatrist and global mental health leader, started the Academic Development of Psychiatrists (CADP). The course was designed to cultivate the professional and leadership skills of young psychiatrists. Prof. Mitsumoto Sato then initiated the course in Japan. Organised annually by the Japanese Young Psychiatrists Organisation (JYPO), CADP brings together early-career psychiatrists from around the world to explore not just clinical topics, but professional identity, leadership, and growth. Over three days, participants took on different roles, such as presenter, chairperson, or report writer, while their performances were constructively critiqued by their peers. None of the participants were native English speakers, and CADP's supportive structure encouraged open discussion without fear or shame. The special lectures by Prof Norman Sartorius and other global experts provide rare opportunities for mentorship and critical reflection. The program fosters cross-cultural dialogue, peer connection, and the learning that extends far beyond the textbook. This symposium offers a personal reflection on the experience of serving as an international delegate at the 22nd CADP, held in Iwaki, Japan, in 2025, with particular attention to the inspiring journeys of Malaysian alumni who participated previously. What began as an academic opportunity evolved into a transformative experience, a true catalyst. CADP challenged not only what we knew, but also how we think about the deeper meaning of psychiatric practice. Ultimately, the experience invites us to rethink what it means to grow as a psychiatrist, not only moving forward through milestones but also growing upward in values, identity, and purpose.

Keywords: Early Career Psychiatrists (ECP); Japan Young Psychiatrists Organisation (JYPO)

S12-03

Reflections on Global Engagement: Strengthening the Role of Malaysian Early Career Psychiatrists through International Collaboration

MOHD FADZLI BIN MOHAMAD ISA¹, HAZLI ZAKARIA²

Presenter: MOHD FADZLI BIN MOHAMAD ISA

¹*Consultant Psychiatrist, Psychiatry & Mental Health Department, Hospital Kuala Lumpur*

²*Alaminda Specialist Clinic, Idaman Robertson, 2, Jalan Robertson, Bukit Bintang, Kuala Lumpur*

Corresponding author's email: loysz@yahoo.co.uk

The increasing global visibility of Malaysian early career psychiatrists (ECPs) reflects not only individual achievement but also the maturation of the local psychiatric community in embracing international engagement. As we witness the growing participation of young psychiatrists in platforms such as the Course for Academic Development of Psychiatrists (CADP) and WHO Collaborating Centre initiatives, there is a timely need to reflect on how these experiences translate into broader systemic growth. This presentation will provide a senior psychiatrist's perspective on the evolving landscape of international collaboration among Malaysian ECPs. Building upon the personal journeys shared by the earlier speakers, the session will explore the long-term value of such initiatives, including the development of leadership capacity, academic maturity, and global advocacy. Drawing from experience as a former president of the Malaysian Psychiatric Association (MPA), the presenter will also discuss strategic directions for the Early Career Psychiatrists Section (ECP-MPA), including how institutions and professional bodies can better support, recognise, and sustain international pathways for emerging psychiatrists. Ultimately, this presentation serves both as a synthesis and a call to action, emphasising that international collaboration should not be an isolated achievement but part of a structured, inclusive effort to shape the next generation of Malaysian leaders in psychiatry.

Keywords: Early career Psychiatrists; international collaboration; leadership development; professional associations; strategic planning

E-POSTER ABSTRACT

EP-01

Prevalence of Antenatal Depression and its Association with Adverse Childhood Experiences: A Cross-Sectional Study at Hospital Canselor Tuanku Muhriz (HCTM), Kuala Lumpur

FAIRUZ NAZRI ABD RAHMAN^{1,2}, LALIJA NAGENTHIRAN³, RAYNUHA A/P MAHADEVAN¹, ANI AMELIA DATO' ZAINUDDIN⁴, ROSNAH SUTAN⁵

¹Department of Psychiatry, Faculty of Medicine, Universiti Kebangsaan Malaysia, Kuala Lumpur, Malaysia

²Child and Adolescent Psychiatry Unit, Universiti Kebangsaan Malaysia Specialist Children's Hospital, Kuala Lumpur

³Department of Psychiatry, Hospital Kajang, Selangor

⁴Department of Obstetrics and Gynaecology, Faculty of Medicine, Universiti Kebangsaan Malaysia, Kuala Lumpur

⁵Department of Community Health, Faculty of Medicine, Universiti Kebangsaan Malaysia, Kuala Lumpur
Corresponding author's email: fairuzn@hctm.ukm.edu.my

Background: Emerging evidence suggests a higher number of maternal ACEs is associated with increased depressive symptoms during pregnancy. **Aim:** This study aimed to assess the prevalence of antenatal depression and its association with ACEs among pregnant women in a hospital setting. **Methods:** A cross-sectional study was conducted among 314 pregnant women recruited through convenience sampling in November - December 2024. Data collection involved a self-reported sociodemographic questionnaire, the Edinburgh Postnatal Depression Scale (EPDS) and Adverse Childhood Experiences-International Questionnaire (ACE -IQ). Participants were stratified by ACE score groupings (0, 1, 2, 3, 4), and associations with depression risk were analysed using logistic regression models, adjusting for confounders such as race, occupation, planned pregnancy, and trimester. The association between specific ACE domains and depression risk was also explored. **Results:** The prevalence for antenatal depression was 13.7%. with 70.4% reporting at least one ACE. Higher ACE scores were significantly associated with increased depression risk. Women with four or more ACEs had more than a sevenfold increased odds of depression (OR = 7.23, 95% CI = 2.79, 18.71, $p < 0.001$). In adjusted models, the association persisted (aOR = 4.60, 95% CI = 1.32, 16.02, $p = 0.017$). Specifically, physical abuse (aOR = 5.08, 95% CI = 2.20, 11.73, $p < 0.001$), emotional abuse (aOR = 3.54, 95% CI = 1.66, 7.58, $p = 0.001$), household member treated violently (aOR = 4.40, 95% CI = 1.94, 9.96, $p < 0.001$), physical neglect (aOR = 2.65, 95% CI = 1.26, 5.59, $p = 0.010$), and community violence (aOR = 2.16, 95% CI = 1.08, 4.33, $p = 0.030$) were all significantly related to depression risk. **Conclusion:** Our findings suggest that ACEs are strongly associated with an increased risk of depression among pregnant women and highlights the importance of integrating depression and ACE screening into antenatal services to identify at-risk pregnant women early for intervention.

Keywords: Adverse childhood experiences; antenatal; childhood trauma; depression; maternal mental health

EP-02

Prevalence of Antenatal Depression and its Association with Intimate Partner Violence: A Cross-Sectional Study at Hospital Melaka, Malaysia

FAIRUZ NAZRI ABD RAHMAN^{1,2}, SETHUCKARASI NARAYAN³, ROSNAH SUTAN⁴, GAYATHRI K. KUMANASURIAR³, ANDREW KOH SEONG LEONG⁵

¹*Department of Psychiatry, Faculty of Medicine, Universiti Kebangsaan Malaysia, Kuala Lumpur*

²*Child and Adolescent Psychiatric Unit, UKM Specialist Children's Hospital, Kuala Lumpur*

³*Department of Psychiatry and Mental Health, Hospital Melaka, Melaka*

⁴*Department of Community Health, Faculty of Medicine, Universiti Kebangsaan Malaysia, Kuala Lumpur, Malaysia*

⁵*Department of Obstetrics and Gynaecology, Hospital Melaka, Melaka*

Corresponding author's email: fairuzn@hctm.ukm.edu.my

Background: Studies on the association between intimate partner violence (IPV) and antenatal depression in Malaysia are limited. **Aim:** This study aimed to assess the determinants of antenatal depression and its relation to IPV among pregnant women at Hospital Melaka, Malaysia. **Methods:** A cross-sectional study was conducted in February-March, 2024, with 370 pregnant women recruited through convenience sampling. The inclusion criteria were Malaysian citizenship, age above 18 years, and the ability to read and comprehend Malay. Data collection involved a self-reported sociodemographic questionnaire, the Edinburgh Postnatal Depression Scale (EPDS), and part of the WHO Multicountry Study on Women's Health and Life Events Questionnaire. **Results:** The prevalence of antenatal depression was 8.4%. IPV was reported by 64.1% of participants, with 54.6% experiencing controlling behaviour, 30.0% emotional violence, 2.4% physical violence, and 3.5% sexual violence. Bivariate analysis showed that emotional violence ($p < 0.001$), physical violence ($p < 0.001$), sexual violence ($p < 0.001$), and hospitalisation ($p = 0.006$) were significantly associated with an increased risk of antenatal depression. Multivariable logistic regression revealed that women receiving outpatient care had significantly lower odds of developing antenatal depression compared to hospitalised women (adjusted OR 0.262, 95% CI 0.100-0.683; $p = 0.006$). Women who experienced sexual violence were 18 times more likely to develop antenatal depression (adjusted OR 18.761, 95% CI 3.603-97.684; $p < 0.001$). **Conclusion:** The study highlights the need for healthcare workers to recognise risk factors for antenatal depression, particularly IPV.

Keywords: Depression; domestic violence; emotional abuse; intimate partner violence; postpartum

EP-03

Psychological Distress, Religious Coping and Quality of Life among Patients with Lung Cancer

FARAH NUR BINTI MUHAMMAD

*Hospital Tengku Ampuan Afzan**Corresponding author's email: fnma91uia@gmail.com*

Background: Lung cancer is a leading cause of cancer-related morbidity and mortality globally. Patients often experience psychological distress and poor quality of life (QOL). The relationship between psychological distress, religious coping and quality of life in a multicultural, multireligious country remains understudied. **Aim:** This study examines how psychological distress, religious coping and QOL are interrelated and identify key contributors to psychological distress in lung cancer patients. **Methods:** This is a cross-sectional study conducted from December 2024 until February 2025 in two tertiary hospitals. 137 patients with lung cancer completed the Kessler Psychological Distress Scale (K10), Religious Coping Scale (RCOPE) and the European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire (EORTC QLQ-C30). Sociodemographic and clinical data were analysed using descriptive statistics. Group comparisons and associations were evaluated using chi-square tests, multiple linear regression and Spearman's rho correlation. **Results:** Psychological distress was highly prevalent, affecting 51.8% of patients: 31.4% reported mild, 17.5% moderate, and 2.9% severe distress. Common reported symptoms were fatigue (27.7%), pain (14.6%), insomnia (14.6%), and financial difficulties. Emotional functioning and fatigue significantly contributed to distress (both $p < 0.001$), with 56% variance (adjusted $R = 0.56$). Negative religious coping was linked to greater psychological distress ($p = 0.041$), while positive religious coping did not show a significant protective effect ($p = 0.393$). QOL was markedly impaired in emotional (71.5%), physical (75.9%), and cognitive (78.8%) domains. Psychological distress was inversely correlated with all QOL domains: emotional ($r = -0.71$), social ($r = -0.62$), physical ($r = -0.62$), and global health status ($r = -0.57$) (all $p < 0.001$). **Conclusion:** Symptom burden, emotional dysfunction and negative religious coping are major sources of psychological distress in lung cancer patients. Integrated care that address symptoms, emotional well-being and spiritual is essential to improve overall QOL in patients with lung cancer.

Keywords: Cross-sectional; lung cancer; psychological distress; quality of life; religious coping

EP-04

Music with Spiritual Message as an Additional Intervention in the Treatment of Young Adults with Depressive Disorders at Sultan Ahmad Shah Medical Centre, Kuantan, Malaysia

HALIMAH HANIZAM¹, NORA BINTI MAT ZIN²

¹Department of Psychiatry, Kuliyyah of Medicine, International Islamic University Malaysia, Kuantan Campus

²Consultant Psychiatrist, Kuliyyah of Medicine, International Islamic University Malaysia, Kuantan Campus

Corresponding author's email: drnoramz@iium.edu.my

Background: Music-based interventions have demonstrated effectiveness as complementary treatments for depressive disorders. However, limited studies have explored the therapeutic impact of music with a spiritual component, particularly when combined with lyric reflection, on depressive symptoms in young adults. Spiritual music, such as nasyid, incorporates lyrical elements that promote spiritual introspection and emotional regulation, making it a potentially powerful therapeutic tool. **Aim:** This study aimed to examine the effectiveness of a spiritual music intervention with lyric reflection in reducing depressive symptoms among young adults with mild to moderate depressive disorders, using changes in the Beck Depression Inventory (BDI) mean scores as the primary outcome measure. **Methods:** A total of 24 participants were allocated to either an intervention group (n = 12) or a control group (n = 12). Both groups received standard treatment, which included pharmacotherapy and psychoeducation. The intervention group additionally received six weekly 40-minute individual sessions of spiritual music listening followed by lyric reflection, facilitated by a trained therapist. Sessions incorporated pre-selected nasyid songs that were evaluated for therapeutic suitability and Shariah compliance. Depression levels were assessed at baseline and at the end of six weeks using the BDI. **Results:** There were no significant demographic differences between groups. A two-way repeated measures ANOVA revealed significant main effects for group [$F(1, 22) = 137.64, p < .001$], time [$F(1, 22) = 156.26, p < .001$], and group × time interaction [$F(1, 22) = 37.52, p < .001$]. While both groups showed improvement, the intervention group demonstrated a significantly greater reduction in post-test BDI scores. **Conclusion:** The findings suggest that spiritually based music intervention with lyric reflection, when added to standard care, can significantly enhance treatment outcomes in young adults with depression. Further research with larger samples is recommended to confirm and expand upon these findings.

Keywords: Depress; Islam; mental health; music therapy; spiritual music

EP-05

Two-Injection Initiation of Aripiprazole LAI in a Patient with Bipolar I Disorder: A Case Report

JAYABALAN HEMA, BOON SENG NG, ROBERT RAZJEH DRAHMAN

Department of Psychiatry and Mental Health, Sarawak General Hospital, Kuching

Corresponding author's email: hema_austin@hotmail.com

Background: Aripiprazole Long Acting Injectables (LAI) is indicated for the maintenance monotherapy treatment of bipolar I disorder in adult patients. Europe and Canada have approved the two-injection start regimen for aripiprazole LAI, which eliminates the need for 14-day oral supplementation by administering two 400 mg injections and a single 20 mg oral dose on the same day. This regimen is advantageous for patients with poor adherence. **Case Presentation:** We report the case of a 38-year-old Chinese woman with a 12-year history of Bipolar I Disorder who was successfully stabilised using the two-injection start regimen of aripiprazole LAI (Abilify Maintena). Initially diagnosed with Major Depressive Disorder in April 2013, her diagnosis was revised to Bipolar Disorder later that year based on Diagnostic and Statistical Manual for Mental Disorders, version IV test revision (DSM-IV-TR) criteria. She experienced multiple manic relapses, often due to poor medication adherence, requiring treatment with various antipsychotics, mood stabilisers, and electroconvulsive therapy (ECT). Her most recent relapse in March 2025, triggered by workplace stress, involved disorganised and aggressive behaviour necessitating admission, parenteral sedations, and physical restraints. Oral aripiprazole 10 mg once daily was initiated and successfully transitioned to aripiprazole LAI 800 mg via the two-injection start regimen on day 13 of admission, after her fourth ECT. Lithium was reduced to 600 mg once daily due to asymptomatic bradycardia and subclinical hypothyroidism. Following four Acute ECT sessions, she returned to baseline and remained stable post-discharge on monthly aripiprazole LAI 400 mg and lithium 600 mg once daily. **Conclusion:** To the best of our knowledge, this is the first documented case in Sarawak using the two-injection start regimen of aripiprazole LAI 400 mg, a valuable alternative to oral supplementation that may reduce the risk of relapse in noncompliant patients and allow for earlier discharge.

Keywords: Aripiprazole; bipolar disorder; case report; long-acting injectable antipsychotic; two-injection aripiprazole

EP-06

Audit on the Patterns of Referral, Final Diagnoses and Outcomes of the Inpatient Consultation-Liaison Registry in Hospital Kuala Lumpur 2024

LEE CZEN YHI¹, SAPINI BINTI YACOB²¹Hospital Pulau Pinang²Hospital Kuala Lumpur*Corresponding author's email: bridgette2712@gmail.com*

Background: Consultation-liaison psychiatry (CLiP) research in Malaysia remains limited, with only one prior study on specialist inpatient referral patterns. This study provides updated data from Hospital Kuala Lumpur to support the development of CLiP services nationally. **Aim:** The aim of this paper is to examine the patterns of referral of adult cases in specialised wards seen by the Consultation-liaison Psychiatry (CLiP) team of Hospital Kuala Lumpur in 2024 and to improve the utilisation of psychiatric consultation-liaison services in the hospital. It also seeks to determine the completeness of the documentation in the CLiP registry, which is important for future research purposes. **Methods:** All inpatient specialist ward referrals to the CLiP team were recorded in the CLiP Registry book, which included demographic data, source of referral, reason for referral, final diagnosis, and outcome. Data from 1st January to 31st December 2024 were anonymised and collected retrospectively in the form of an Excel file. Five audit standards were assessed, which were the documentation of demographic data, source of referral, reason of referral, final diagnosis, and outcomes. **Results:** Surgical-based units accounted for the majority of the CLiP service utilisation. The most common reason for referral was depression. The CLiP team diagnosed delirium in more than twice as many cases that were initially diagnosed by the referring team. The concordance rate between the diagnoses of the primary team and CLiP team was only 48.30 per cent. One-quarter of all referred inpatients required outpatient appointments at the CLiP clinic. The study found that documentation in the CLiP registry met the audit standards. **Conclusion:** The findings of this study align with both local and international research. Additionally, it provides new insights from previously unexplored data. It is hoped that this latest information can improve utilisation of CLiP services in Malaysian hospitals.

Keywords: Benchmarking; clinical audit; clinical database; clinical indicators; consultation-liaison psychiatry

EP-07

Prevalence of Depression, Level of resilience, and Associated factors among Patients with Psoriasis in Kuantan

MAR'AIN BINTI AHMAD DANI, NORA MAT ZIN, NOOR ARTIKA
HASSAN, ANIS SHAH

International Islamic University Malaysia

Corresponding author's email: marain@iiu.edu.my

Objective: This study aims to determine the prevalence of depression and assess the level of resilience among psoriasis patients in Kuantan, Malaysia, while exploring associated sociodemographic and clinical factors. **Methods:** A cross-sectional study was conducted among 157 psoriasis patients attending the dermatology clinic at Hospital Tengku Ampuan Afzan, Kuantan. The Patient Health Questionnaire-9 (PHQ-9) and the 10-item Connor-Davidson Resilience Scale (CD-RISC) were used to assess depression and resilience respectively. Sociodemographic and clinical data were also recorded. Statistical analyses included chi-square, Fisher's exact test, and multiple logistic regression to identify associations. **Results:** Out of 145 analysed participants, 47.6% exhibited mild to severe depression. Most patients (86.2%) demonstrated moderate to high resilience. A significant inverse association was observed between resilience level and depression symptoms. High resilience was strongly protective (adjusted OR = 0.101; 95% CI: 0.028-0.366). Employment status was the only other factor that met the criteria for inclusion in multivariate analysis but did not retain significance. **Conclusion:** Nearly half of the psoriasis patients experienced depressive symptoms. Resilience emerged as a robust protective factor. These findings suggest the importance of incorporating mental health screening and resilience-enhancing strategies into routine care for psoriasis patients to promote psychological well-being.

Keywords: Depression; Malays; psoriasis; resilience; sociodemographic factors

EP-08

Cognitive Impairment and Parkinsonism in an Elderly Patient with Bipolar Disorder: A Diagnostic Challenge in Geriatric Psychiatry

NADIA AMIRA BINTI ASHIKIN

Jabatan Psikiatri dan Kesihatan Mental, Hospital Putrajaya

Corresponding author's email: nadia5650@gmail.com

Objective: To highlight the diagnostic challenges in differentiating cognitive impairment and parkinsonism in an elderly patient with bipolar disorder and multiple comorbidities. **Methods:** We present a case involving a 67-year-old Malay male with a longstanding diagnosis of Bipolar I Disorder who presented with acute-onset left-sided weakness and slurred speech. Neuroimaging revealed multifocal infarcts and chronic small vessel disease. He also had chronic asymptomatic euvoletic hyponatremia. His medications included valproate, lamotrigine, and quetiapine, which was later switched to aripiprazole due to sedation and cerebrovascular risk concerns. **Results:** After switching to aripiprazole (10 mg daily), the patient developed asymmetric resting tremor and bradykinesia, more pronounced on the left. While mood symptoms remained stable, cognitive deficits, particularly word-finding difficulties and reduced ability to perform instrumental activities of daily living became increasingly apparent. The combination of symptoms created diagnostic uncertainty, including possibilities such as vascular cognitive impairment, early neurodegenerative disease, bipolar-related cognitive dysfunction, or medication effects. The emergence of extrapyramidal symptoms (EPS), despite aripiprazole's lower EPS risk, was likely influenced by advanced age, pre-existing cerebral pathology, and cumulative exposure to psychotropic medications. **Conclusions:** This case underscores the complexity of assessing cognitive and motor symptoms in geriatric psychiatry. A multidisciplinary approach, incorporating neurology, psychiatry, and geriatrics, is essential to differentiate between medication side effects, vascular contributions, and neurodegenerative changes. Accurate diagnosis is critical to guide appropriate management and prevent misdiagnosis.

Keywords: Aripiprazole; cognitive impairment; extrapyramidal symptoms; geriatric psychiatry; vascular cognitive disorder

EP-09

Unlocking Cognitive Recovery: The Role of Gene Expression and Cognitive Reserve in Post-Ischaemic Stroke

NURUL NADIAH MUHAMAD¹, KATTIJAHBE MOHD ALI², AZIAN ABDUL MURAD³, WAN ASYRAF WAN ZAIDI⁴, SURIATI MOHAMED SAINI^{1,5}

¹Department of Psychiatry, Faculty of Medicine, Universiti Kebangsaan Malaysia

²Department of Physiotherapy, Hospital Canselor Tuanku Muhriz

³UKM Medical Molecular Biology Institute (UMBI), Universiti Kebangsaan Malaysia

⁴Department of Medicine, Faculty of Medicine, Universiti Kebangsaan Malaysia

⁵Department of Psychiatry, Hospital Canselor Tuanku Muhriz

Corresponding author's email: atisaini@hctm.ukm.edu.my

Background: Cognitive impairment is a common yet under-recognised complication of ischaemic stroke (IS), with long-term impacts on patient quality of life and rehabilitation outcomes. Identifying early biomarkers and protective factors, such as cognitive reserve, is crucial for enhancing prognosis and informing targeted interventions. **Objectives:** This study aimed to determine: (i) RNA gene expression profiling during acute stroke, and (ii) the association between targeted genes and clinical factors with cognitive impairment during the acute event and at 3-month follow-up. **Methods:** A three-month prospective cohort study was conducted involving 24 adults with mild to moderate IS and 24 age- and sex-matched controls admitted to Hospital Canselor Tuanku Muhriz, Malaysia. Cognitive function was assessed using the Montreal Cognitive Assessment (MoCA) within 48 hours of stroke and at 3 months. Peripheral blood samples were collected for RNA extraction, and gene expression was analysed using RT Profiler PCR arrays. Cognitive reserve was measured using the Cognitive Reserve Index Questionnaire (CRI-Q). Statistical analyses included chi-square and independent t-tests. **Results:** At baseline, 83% of stroke patients had cognitive impairment; 63% remained impaired at 3 months. Baseline impairment was associated with age, lower education, diabetes, musculoskeletal disease, and lower CRI-Education and CRI-Working Activity scores. At 3 months, only age, CRI-Q, and CRI-Working Activity remained significant. Gene expression analysis showed MAPK1 and CAPZB were significantly upregulated in stroke patients. RCOR1 was associated with cognitive impairment during the acute phase, while PIK3R1 was linked to impairment at 3 months. **Conclusion:** These findings highlight MAPK1, CAPZB, RCOR1, and PIK3R1 as promising biomarkers of post-stroke cognitive impairment. Cognitive reserve, particularly through education and work engagement, may offer neuroprotective benefits. Integrating genetic and cognitive profiling holds potential to revolutionise stroke rehabilitation through precision-based, personalised care.

Keywords: Cognitive reserve; gene expression; stroke

EP-10

The Prevalence and Associated Factors of Obesity among Healthcare Professionals and the General Population in Thailand

PITCHAPORN LIAO¹, PORNJIRA PARIWATCHARAKUL², NARATIP SA-NGUANPANICH^{2,3}, LAKKANA THONGCHOT^{2,3}, PAVITA CHONGSUKSIRI⁴, TIYARAT KAYANKIT⁴, PORNPOJ PRAMYOTHIN⁵

¹*Clinical Psychology BS and Biology, Tufts University School of Arts and Sciences, Tufts University, Medford, MA, USA*

²*Department of Psychiatry, Faculty of Medicine Siriraj Hospital, Mahidol University*

³*Research Department, Faculty of Medicine Siriraj Hospital, Mahidol University, Bangkok*

⁴*Department of Psychiatry, Buddhachinaraj Hospital, Phitsanulok, Thailand*

⁵*Division of Nutrition, Department of Medicine, Faculty of Medicine Siriraj Hospital, Mahidol University, Bangkok*

Corresponding author's email: pornjirap@gmail.com

Background: Obesity is a global health issue affecting people across all demographics, particularly healthcare professionals who play an important role in promoting public health. The increasing incidence of obesity among healthcare professionals has drawn attention due to its potential impact on their health and ability to deliver quality healthcare. **Aim:** This cross-sectional survey aims to investigate the prevalence of obesity among healthcare professionals in Thailand. **Methods:** The data was collected by an online self-reported questionnaire survey disseminated across social media channels from June 2022 to March 2023. We utilised height and weight to calculate the body mass index (BMI) to determine the obesity rate. Socio-demographic factors, eating habits, exercise, and mental health issues such as stress, anxiety, and depression were also explored. **Results:** Of the 337 respondents aged 18 years and older, 154 (45.7%) were healthcare professionals. In comparison with the general population, the prevalence of obesity was lower among healthcare professionals (24.0% vs. 39.9%; χ^2 9.573, $p = 0.002$). Healthcare workers had a significantly lower prevalence of stress and anxiety related to the COVID-19 pandemic (11.0% vs. 24.2%; χ^2 9.688, $p = 0.002$), but other mental health aspects, including anxiety and depression, did not show statistically significant differences. **Conclusion:** The results indicate that almost one fourth of healthcare workers in Thailand are obese. Further research is necessary to explore the underlying mechanisms and to develop focused interventions aimed at improving the health and well-being of healthcare staff.

Keywords: Eating; healthcare professionals; mental health; obesity; stress

EP-11

Efficacy of Deep Brain Stimulation in Young-Onset Parkinson's Disease: A Meta-Analysis

SHANE VARMAN A/L PANNIR SELVAM¹, SAMEERA A ISAAK², JOEL BAN CHUN XIONG², ADLINA SOFEA BINTI MUAMMAD FAIZAL², PAVETHIRA RANI A/P RAMESH², THE JIN HUEI²

¹Deputy Head of Medicine, School of Medicine, IMU University Clinical Campus Seremban, 70300 Negeri Sembilan, Malaysia

²School of Medicine, IMU University Clinical Campus Seremban, 70300 Negeri Sembilan, Malaysia

Corresponding author's email: shane_varman@imu.edu.my

Introduction: This meta-analysis aims to determine the efficacy of deep DBS in YOPD with motor and neuropsychiatric symptoms. **Methods:** A search of 188 studies from PubMed, 563 studies from Scopus, and 226 articles from Google Scholar was conducted using Boolean operators up until October 2024 to identify randomised controlled trials and cohort studies examining DBS effects in YOPD patients aged 21 to 50. We included only those studies that used validated tools like the UPDRS, PDQ-39, and neuropsychiatric rating scales. One hundred eighty-two duplicate records were removed. The primary outcome measured motor changes in Parkinson's patients using MDSS-UPDRS. Neuropsychiatric symptoms were assessed using MDS-UPDRS. The study is registered with PROSPERO and adheres to the Joanna Briggs Institute (JBI) Critical appraisal checklist for RCTs. **Results:** Fifteen studies met our criteria. The pooled mean motor improvement with deep brain stimulation (DBS), based on UPDRS-III scores, was 30.1 points, significant (reduction in motor symptoms of 32%). High heterogeneity ($I^2 = 94.5\%$) was found in the meta-analysis, which most likely reflected variations in patient characteristics, treatment regimens, and study designs. **Conclusion:** DBS reduces motor symptoms in YOPD disease and might also improve some neuropsychiatric symptoms and overall quality of life. While more studies are needed to confirm this, it also stands to reason that improvement in PD severity will lead to eventual improvement in anxiety and depression.

Keywords: DBS; motor function; neuropsychiatric symptoms; quality of life; young-onset parkinson's disease

EP-12

Affective Disorders & Anxiety Symptoms in Epilepsy: A Systematic Review

SHANE VARMAN A/L PANNIR SELVAM¹, THAERA ROY², SHRI RAM A/L SIVANESAN², WONG KARMAN², WONG YUKI², UMAR KHAYAM²

¹Deputy Head of Medicine, School of Medicine, IMU University Clinical Campus Seremban, 70300 Negeri Sembilan, Malaysia

²School of Medicine, IMU University Clinical Campus Seremban, 70300 Negeri Sembilan, Malaysia

Corresponding author's email: shane_varman@imu.edu.my

Background: People with epilepsy (PWE) face not only neurological challenges but also significant psychological burdens. Stigma, a pervasive and often under-recognised factor, exacerbates psychiatric distress and strongly predicts depression, anxiety, and suicidality. **Aims:** This systematic review aims to (i) identify associations between affective disorders and epilepsy; (ii) evaluate the presence of anxiety symptoms; and (iii) characterise mood disturbances in this population. **Methods:** A comprehensive literature search was conducted across PubMed, Scopus, and Science Direct using Boolean operators to identify studies assessing affective and anxiety disorders in epilepsy. Inclusion criteria required the use of validated psychiatric tools (e.g., HADS, DASS, BDI, HAM-A, NPI, BPRS, GAD-7, PHQ-9). Studies were excluded if epilepsy was secondary to structural, congenital, intellectual, metabolic, immune, post-infective, post-traumatic, Parkinson-related, or addiction-related causes. Risk of bias was assessed using the Newcastle-Ottawa Scale (NOS). The review was registered with PROSPERO (CRD420250613420). **Results:** Twenty-four studies involving 7,602 PWE were included. Zhao et al. found that perceived stigma significantly increased depression (ab = 0.042, 95% CI: 0.016–0.068), anxiety (ab = 0.077, 95% CI: 0.054–0.099), and stress (ab = 0.092, 95% CI: 0.061–0.122), with physical activity as a partial mediator. Gavrilovic et al. reported worsening HAM-A scores over 18 months, especially in drug-resistant focal epilepsy ($p < 0.001$). Nigussie et al. and Tsega et al. reported depression rates of 30.9%–53.9%, associated with stigma (AOR = 5.73), polytherapy (AOR = 1.87), and poor adherence (AOR = 3.33). Suicidal ideation (26.5%) and attempts (12.6%) were linked to mood symptoms, inadequate social support, and substance use. **Conclusion:** Despite therapeutic advances, anxiety and depression remain highly prevalent in PWE. Stigma is a key contributor. Routine psychiatric screening and stigma-reduction strategies should be prioritised in epilepsy care.

Keywords: Affective disorders; anxiety; depression; epilepsy; mania

EP-13

Resilience in Crisis: Coping Strategies of Migrant Women in Malaysia during the COVID-19 Pandemic

SHARUNA VERGHIS¹, KOH SIN YEE^{2,3}, CHAN XIOU WEN¹

¹*Jeffrey Cheah School of Medicine and Health Sciences, Monash University Malaysia*

²*Institute of Asian Studies, Universiti Brunei Darussalam*

³*School of Arts and Social Sciences, Monash University Malaysia*

Corresponding author's email: chanxw00@gmail.com

Background: Amid the COVID-19 pandemic, migrant women in Malaysia faced increased stressors across gender, migration, health, and work domains. Rising psychological distress and limited healthcare access during the crisis highlight the need for an intersectional lens to understand their coping and resilience. This study addresses that gap by exploring how migrant women navigate overlapping pandemic challenges, thereby enhancing both theoretical and practical knowledge of crisis-driven coping strategies. **Aim:** This research examines problem-focused and emotion-focused coping strategies among migrant women from Bangladesh, Indonesia, Myanmar, Nepal, and the Philippines during the COVID-19 pandemic. **Methods:** Thirty migrant women aged 26 to 63 years (six per nationality) were purposively sampled in Klang Valley between May and August 2024. Semi-structured life-history interviews, conducted in participants' native languages and translated into English, were analysed thematically using Dedoose. Coping responses were categorised according to Folkman and Lazarus's framework, with attention to the influence of gender roles, community ties, and generational views on adaptive behaviours. **Results:** Coping strategies were broadly classified under two functions: (i) problem-focused strategies, such as seeking alternative income, receiving financial and material assistance from embassies, employers and community networks, and self-treating COVID-19 symptoms; and (ii) emotion-focused strategies, including discussing feelings with peers and drawing on religious faith. These approaches alleviated stressors such as unmet basic needs, social isolation, and feelings of alienation during the pandemic. Bangladeshi women, in particular, relied on income diversification and faith networks. Gender norms and inconsistent institutional support shaped these coping patterns, highlighting grassroots resilience amid weak formal safety nets. **Conclusion:** The findings reveal gaps in institutional responses to migrant women's mental health and well-being during crises, which compel reliance on informal networks. Incorporating gender-sensitive mental health provisions within labour frameworks and collaborating with community organisations could reduce protection gaps, improve crisis preparedness, and promote long-term socio-economic resilience.

Keywords: COVID-19; coping strategies; intersectionality; migrant women; resilience

EP-14

The Dual Challenge: ADHD and BPD Symptoms in Adolescents

TAN YEE XIN, CHOW SOON KEN

Department of Psychological Medicine, University Malaya Medical Centre

Corresponding author's email: Yeexin0328@gmail.com

Background: Adolescents with Attention Deficit Hyperactivity Disorder (ADHD) may experience a cascade of emotional and behavioural challenges resembling symptoms of Borderline Personality Disorder (BPD). This dual challenge of overlapping symptom-such as impulsivity, mood instability and interpersonal difficulties-can complicate early identification and intervention. While international studies have explored this co-occurrence, data in Malaysian adolescents remain limited. **Aim:** This study aimed to examine the prevalence of ADHD and BPD symptoms among Malaysian adolescents and explore the association between these symptoms. **Methods:** A cross-sectional correlational study and was conducted from March to July 2025 in 3 government secondary schools in Klang Valley, Malaysia. A total of 126 adolescents aged 14 and 16 participated. ADHD symptoms were assessed using Swanson, Nolan and Pelham Rating Scale (SNAP-IV) completed by parents, while BPD symptoms were assessed using the Borderline Symptom List -23 (BSL-23) completed by adolescents. Descriptive statistics and bivariate correlations were analysed using SPSS to examine the prevalence of symptoms and their associations. **Results:** Among the 126 adolescents, 10.3% met criteria for clinically significant ADHD symptoms and 15.9% for BPD symptoms. A moderate positive correlation was observed between ADHD and BPD symptoms ($r = 0.330$, $p < .001$). **Conclusion:** ADHD and BPD symptoms commonly co-occur in Malaysian adolescents, showing a moderate positive association. These findings highlight the importance of early awareness and identification of these symptoms in youth. Further research is needed to better understand their relationship in different cultural contexts.

Keywords: ADHD; adolescents; BPD; comorbidity; Malaysia

EP-15

Beyond Words: Acoustic Biomarkers of Depression Across Languages

WAN ASLYNN WAN AHMAD¹, NUR HANISAH TUKIRAN¹, NORA MAT ZIN²

¹*Department of Audiology and Speech-Language Pathology, Kulliyyah of Allied Health Sciences, International Islamic, Kuantan*

²*Department of Psychiatry, Kulliyyah of Medicine, International Islamic University Malaysia, 25200, Kuantan*

Corresponding author's email: wanaslynn@iiu.edu.my

Objective: Depression is a global mental health concern, with diagnosis often relying on subjective assessments. Recent advances suggest that acoustic biomarkers, features such as pitch, tone, and rhythm, may provide objective indicators of depressive states. This scoping review aims to synthesise evidence on acoustic biomarkers of depression across languages, highlighting their association and the methodological trends. **Methods:** A scoping review was conducted following PRISMA-ScR guidelines, we searched PubMed, Scopus, ProQuest, and Google Scholar for studies published between 2015 and 2025. Eligible studies analysed acoustic features of speech in clinically diagnosed depressed individuals. Two reviewers independently screened and charted data on participant characteristics, speech parameters and their association with depression as well as the analytical approaches. Extracted information was thematically mapped to identify common biomarkers, and methodological heterogeneity. **Results:** Eighteen studies across eight languages (Hungarian, Portuguese, Italian, English, Dutch, Spanish, Japanese and Mandarin) met the inclusion criteria, with participants ranging in age from 17 to 79 years. Most studies compared individuals with clinically diagnosed depression to healthy controls. Speech samples were derived from both reading tasks and spontaneous speech, sourced either from existing corpora or collected within the study. Acoustic findings were categorised into four domains: vocal fold source features, vocal tract filter features, prosodic features, and language-related markers. Among these, prosodic features were the most extensively investigated, with fundamental frequency (F0), intensity, and speech rate consistently showing negative associations with depression severity. **Conclusions:** Acoustic biomarkers show promise as objective indicators of depression, particularly prosodic features such as pitch, intensity, and speech rate. However, variability in study designs, linguistic contexts, and analytical approaches limits cross-study comparability and generalisability. Future research should prioritise standardised methodologies, multilingual datasets, and culturally informed frameworks to enhance the diagnostic validity and clinical applicability of acoustic markers in diverse populations.

Keywords: Acoustic biomarkers; depression; scoping review; speech

EP-16

From Screens to Scars: Psychological Abuse and Psychiatric Disturbances in Survivors of Cyber-Intimate Partner Violence

YUHANIZ AHMAD^{1,3}, SALMI RAZALI^{1,2}¹Department of Psychiatry, Faculty of Medicine, Universiti Teknologi MARA, Sungai Buloh²Department of Psychiatry, Hospital Al-Sultan Abdullah, Universiti Teknologi MARA Puncak Alam³School of Quantitative Sciences, Universiti Utara Malaysia, SintokCorresponding author's email: drsalmi@uitm.edu.my

Background: Cyber-intimate partner violence (cyber-IPV) has emerged as a growing public health concern in Malaysia, compounding the trauma of offline abuse through harassment, surveillance, and manipulation via digital platforms. Despite its rising prevalence, limited research has investigated its links to psychological abuse and psychiatric disturbances in the Malaysian context. **Objectives:** This study aimed to examine the prevalence of intimate partner violence (IPV), cyberbullying, psychological abuse, and psychiatric disturbances, and identify the relationships among psychological abuse, psychiatric disturbance, cyberbullying, and IPV victimisation. **Methods:** A cross-sectional online survey was conducted among 167 Malaysian participants using validated tools: the World Health Organisation (WHO) IPV questionnaire, Cyberbullying Victimization Scale (CVS), Generalised Anxiety Disorder-7 (GAD-7), posttraumatic stress disorder (PTSD) Checklist for DSM-5 (PCL-5), and the Mini-International Neuropsychiatric Interview (MINI). Descriptive statistics, Chi-square tests, and correlation analysis were applied. **Results:** Cyberbullying was reported by 59.3% of participants, with significantly higher prevalence of cyber-IPV among IPV survivors (44.9% vs. 19.2%, $p < 0.001$). Psychiatric disturbances were frequent among survivors, including major depressive disorder (25.7%), anxiety (19.8%), and PTSD (13.8%). Psychological abuse affected 52.1% of participants, with 81.3% occurring in the IPV group. Younger age and female gender were associated with higher psychiatric vulnerability. Education and employment increased reporting of psychological abuse, while being married appeared protective. Lifestyle factors such as smoking, alcohol, and general cyberbullying showed no significant associations. **Conclusion:** Cyber-IPV is highly prevalent among IPV survivors and strongly linked with psychological abuse and psychiatric disturbances. Younger age, female gender, and certain sociodemographic factors increase vulnerability. These findings emphasise the urgent need for targeted mental health interventions and preventive strategies to mitigate the profound impact of online and psychological abuse.

Keywords: Cyber-intimate partner violence; Malaysia; psychological abuse; psychiatric disturbance

EP-17

From Sperm DNA to Attachment Bonds: How Biology and Relationships Shape Psychiatric Outcomes

FADHILLAH BINTI BAHARI, NATASHA SUBHAS

Jabatan Psikiatri dan Kesihatan Mental, Hospital Kuala Lumpur

Corresponding author's email: fadhillahbahari@yahoo.com.my

Introduction: Psychiatric disorders are best explained within a biopsychosocial framework. While maternal age and parenting have been widely studied, emerging data highlight the independent role of advanced paternal age and insecure attachment in increasing vulnerability to psychiatric illness. This study integrates biological and relational risk factors through clinical vignettes and research evidence. **Methods:** Three illustrative case vignettes were selected from clinical practice to demonstrate biological (advanced paternal age) and psychosocial (attachment insecurity) influences. Relevant literature and regional data from Southeast Asia were reviewed to contextualise the cases within broader epidemiological and theoretical frameworks. **Results:** Case A describes a 6-year-old boy with autism spectrum disorder, born to a father aged 44 at conception. Case B illustrates a 32-year-old woman with recurrent depression and suicidality, shaped by anxious preoccupied attachment linked to childhood neglect. Case C presents a 40-year-old man with schizophrenia relapse, showing dismissive avoidant attachment and poor therapeutic alliance. Evidence indicates that advanced paternal age contributes to sperm DNA fragmentation, de novo mutations and epigenetic changes, elevating risk of autism and schizophrenia. In parallel, insecure attachment styles influence emotion regulation, relapse vulnerability and engagement in treatment. Malaysian data further show that extreme paternal ages (<19 or ≥50) predict higher rates of common mental disorders in offspring, underscoring cross-generational relevance. **Discussion:** The vignettes and supporting data highlight how biological and relational factors converge to shape psychiatric outcomes. Advanced paternal age confers genetic and epigenetic risk, while attachment insecurity compromises interpersonal functioning and treatment engagement. Together, these factors exemplify psychiatry's role in bridging genes and human bonds under the biopsychosocial model. **Conclusion:** Integrating paternal age-related risks with attachment theory offers clinical value for genetic counselling, early screening, psychoeducation and attachment-focused interventions. Addressing both domains may improve prevention, treatment and recovery across generations.

Keywords: Attachment; biopsychosocial psychiatry; paternal age; sperm DNA; psychiatric outcome