

30th MCPM 2026

MALAYSIAN CONFERENCE OF PSYCHOLOGICAL MEDICINE

BREAKING BARRIERS BUILDING HOPES

23–25 OCTOBER 2026

InterContinental Kuala Lumpur

SYMPOSIUM 1

Symposium Overview

The Silver Tsunami and Geriatric Mental Health in Malaysia: Breaking Barriers, Building Hope

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ABSTRACT

Malaysia faces a demographic "silver tsunami," yet its mental health services remain inadequately prepared to meet the needs of an ageing population. This presentation addresses three priorities: improving community-based geriatric mental healthcare, advancing the early diagnosis and treatment of Alzheimer's disease, and strengthening the geriatric psychiatry workforce. Ageism, stigma, social isolation and limited mobility continue to prevent many older adults from accessing appropriate care. Addressing ageist attitudes and developing accessible community services are essential to preserving dignity, autonomy and quality of life. Advances in Alzheimer's disease biomarkers and emerging disease-modifying treatments offer opportunities for earlier diagnosis and intervention. However, these developments must be accompanied by sufficient specialist expertise and equitable access to services. Malaysia also faces a shortage of geriatric psychiatrists. Strengthening specialist training, professional networks and collaboration between healthcare institutions is necessary to develop a sustainable workforce. Together, these strategies provide a framework for improving geriatric mental healthcare in Malaysia. By addressing access barriers, embracing diagnostic and therapeutic advances, and investing in workforce development, the country can respond more effectively to its ageing population and ensure older adults receive timely, compassionate, specialised mental healthcare.

Keywords: Ageism; Alzheimer's disease; community mental health; geriatric psychiatry; population ageing

S1-01

Breaking the Barrier of Ageism: Finding Meaning and Hope in Later Life

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ABSTRACT

Population ageing has brought unprecedented opportunities and challenges for healthcare systems worldwide. Among the most pervasive yet often overlooked challenges is ageism, which influences older adults' self-perceptions, societal attitudes, healthcare practices, and public policy. Negative stereotypes that equate ageing with inevitable decline, dependency and loss contribute to reduce autonomy, diminished quality of life, delayed diagnosis and treatment of psychiatric disorders, and inequities in healthcare Ageism impacts mental health, resilience, and healthy ageing. Ageist beliefs may become internalised, contributing to depression, anxiety, loneliness, reduced self-efficacy, and hopelessness. Conversely, recognising the psychological strengths of later life, including resilience, emotional regulation, accumulated wisdom, and the capacity for continued growth, offers a more balanced and person-centred perspective on ageing. The presentation discusses approaches to help older adults cultivate meaning, purpose, and hope despite illness, functional limitations, or life transitions. These include recovery-oriented care, strengths-based interventions, life review and reminiscence therapies, meaning-centred approaches, social connectedness, and promoting autonomy and dignity in clinical practice. As healthcare professionals, we are called to challenge ageist assumptions, foster positive narratives of ageing, and advocate for our patients. By reframing ageing as a stage of continued adaptation, contribution, and personal growth rather than inevitable decline, we empower older adults to rediscover meaning and maintain hope throughout later life.

Keywords: Ageism; hope; meaning in life; resilience; successful ageing

S1-02

Breaking Barriers in Early Diagnosis of Alzheimer's Disease

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ABSTRACT

The use of biomarkers in Alzheimer's disease (AD) has advanced substantially, transforming approaches to earlier and more accurate diagnosis and creating new opportunities for disease-modifying treatment. However, translating these advances into clinical practice requires clinicians to understand the appropriate selection, interpretation, accessibility, and limitations of available investigations. This presentation aims to provide a practical overview of current and emerging biomarkers for AD and examine their evolving role in diagnosis and management. Biomarker modalities discussed will include cerebrospinal fluid markers such as amyloid-β and phosphorylated tau, blood-based biomarkers including plasma phosphorylated tau, and neuroimaging techniques such as amyloid and tau positron emission tomography. Particular emphasis will be placed on their clinical utility, advantages, limitations and accessibility within the local healthcare setting. The presentation will also examine how biomarker-based diagnosis is increasingly linked to the development and implementation of disease-modifying therapies. Biomarkers may facilitate earlier detection, improve diagnostic confidence, support biological characterisation of AD, and assist in identifying patients who may be considered for emerging treatments. Novel therapeutic approaches, including anti-amyloid monoclonal antibodies, will be discussed together with the importance of appropriate biomarker confirmation and monitoring. By integrating advances in diagnosis with therapeutic developments, this presentation seeks to equip clinicians with a clinically relevant framework for incorporating biomarkers into practice, while recognising issues of accessibility, appropriate patient selection, and the rapidly evolving landscape of AD care.

Keywords: Alzheimer; biomarker

S1-03

The Silver Tsunami: Are We Ready as Psychiatrists?

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ABSTRACT

Population ageing in Malaysia, often described as the "Silver Tsunami", is rapidly reshaping healthcare demands, particularly in mental health, as increasing numbers of older adults face dementia, late-life depression, and complex comorbidities. This presentation aims to examine Malaysia's preparedness for this demographic transition and identify system-level priorities for developing responsive psychogeriatric care. Current challenges include limited psychogeriatric services, inconsistent geriatric psychiatry exposure within training programmes, fragmentation between clinical services, academic institutions and research, workforce limitations, insufficient local data on late-life mental health, and changing caregiving needs. Addressing these gaps requires a coordinated national response integrating psychiatry, policy, education, research, healthcare services, communities, and caregivers. Central to this approach is stronger collaboration between the Ministry of Health and universities to bridge service delivery and academic expertise and support the co-development of training pathways, service models and policy-relevant research. Five strategic pillars for readiness are proposed: developing a sustainable workforce pipeline, co-designing integrated services, generating research to inform policy, upskilling the broader healthcare workforce and strengthening community and caregiver engagement. Practical priorities include joint Ministry of Health–university initiatives, integrated service and training sites, and a national agenda for ageing and mental health. Ultimately, preparedness requires confident clinicians, accessible age-friendly services, and coordinated systems. Strategic collaboration and system-wide integration can transform the challenges of population ageing into an opportunity to build a more resilient, responsive, and compassionate mental healthcare system for Malaysia's ageing population.

Keywords: Dementia care; geriatric psychiatry; integrated mental healthcare; workforce readiness

SYMPOSIUM 2

Symposium Overview

Breaking Barriers, Building Hopes - The role of Community & Rehabilitation Psychiatry Services

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ABSTRACT

Mental healthcare has increasingly moved beyond institutional settings towards community-based care and rehabilitation. These approaches emphasise recovery, social inclusion and quality of life. The theme "Breaking Barriers, Building Hopes – Role of Community and Rehabilitation Psychiatry Services" highlights the importance of accessible, patient-centred and multidisciplinary care. Community psychiatry supports early intervention and continuity of care. Outreach programmes, home-based treatment and partnerships with families and local agencies help improve access and reduce stigma. Rehabilitation psychiatry helps individuals with severe and enduring mental disorders regain everyday skills, live more independently, return to work and participate in community life. This symposium explores how community and rehabilitation psychiatry services address stigma, limited access to care and social isolation. It examines how psychosocial rehabilitation and recovery-oriented practices can improve functioning, resilience and quality of life. Multidisciplinary collaboration and sustainable programmes can strengthen these services and support individuals and their families. Together, community and rehabilitation psychiatry contribute to an inclusive mental health system that upholds dignity, social participation and human rights.

Keywords: Community psychiatry; psychiatric rehabilitation; recovery

SYMPOSIUM 3

Symposium Overview

Psychiatry in the Digital Era: Elevating Care & Training through Artificial Intelligence and Digital Innovation

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ABSTRACT

Artificial intelligence (AI) and digital technologies are transforming psychiatric practice, offering opportunities to improve access, patient engagement, service delivery, and professional education. This presentation aims to demonstrate how clinician-led, culturally relevant digital innovations can be integrated across psychiatric care, service delivery, and education. Developed through multidisciplinary collaborations involving psychiatrists, clinical psychologists, researchers, mental health professionals, and industry partners, these initiatives were guided by user-centred and evidence-based principles. They include AI-integrated mobile platforms (FlexMinda and PsychEase), web-based virtual counselling (V-PROB), virtual reality (VR)-enhanced cognitive remediation programmes, and psychiatry Massive Open Online Courses (MOOCs). Collectively, these innovations demonstrate the potential applications of digital technologies across the mental healthcare ecosystem. FlexMinda and PsychEase support patient engagement, personalised care, clinical data management, and communication between patients and providers; V-PROB extends access to psychological support through virtual counselling; VR-based interventions provide opportunities for psychological rehabilitation and cognitive training; and psychiatry MOOCs offer flexible educational resources for healthcare professionals and the wider community. Together, these initiatives illustrate how AI, mobile health, virtual counselling, VR, and digital learning can complement conventional psychiatric practice while addressing clinical, educational, and workforce needs. Their integration provides a practical framework for advancing digital psychiatry through multidisciplinary collaboration, culturally responsive innovation, and scalable approaches to care and education. Continued evaluation will be important to determine clinical effectiveness, acceptability, sustainability, and their potential contribution to future mental healthcare delivery.

Keywords: Artificial intelligence; digital psychiatry; mHealth

S3-01

FlexMinda & Psych Ease: Augmenting Psychiatric Care with an Artificial Intelligence-Powered Mobile Platform

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ABSTRACT

Artificial intelligence (AI)-integrated mobile mental health applications are changing psychiatric care by creating opportunities to improve patient empowerment, accessibility, and service efficiency. This presentation aims to describe the development and potential applications of FlexMinda and PsychEase, two complementary digital psychiatry innovations developed by the Department of Psychiatry, Universiti Teknologi MARA, addressing patient-centred care and psychiatric service delivery. Both platforms were developed using the Design Thinking Model, incorporating empathising with end-users, defining needs, ideating solutions, prototyping, and continuous refinement based on user feedback to enhance clinical and cultural relevance. FlexMinda supports patient empowerment through psychoeducation, mental health screening, mood monitoring, guided self-management and AI-assisted support. PsychEase focuses on service optimisation through AI-enabled administrative functions, patient-load tracking, digital data management, and communication to support psychiatric services. Together, the platforms demonstrate the feasibility of integrating AI-enabled mobile technologies across patient-facing and service-delivery functions. Their applications include enhancing patient engagement and mental health literacy, supporting self-management, facilitating communication, and reducing administrative burden. Their clinician-led and culturally relevant development has also supported clinical use, ethically approved research, intellectual property development, and commercialisation activities. FlexMinda and PsychEase represent complementary approaches to digital psychiatry by simultaneously addressing individual patient needs and healthcare service efficiency. Continued evaluation of their effectiveness, acceptability, safety, and implementation outcomes will be important in determining their potential as scalable models for accessible, culturally responsive, and technology-enabled psychiatric care.

Keywords: AI; digital psychiatry; FlexMinda; PsychEase

S3-02

FlexMinda: Beyond Innovation: Evidence, Validation and Sustainable Funding

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ABSTRACT

FlexMinda is a culturally adapted mobile mental health application developed for adults with major depressive disorder (MDD). This presentation aims to examine its development and evaluation while highlighting how clinical validation, implementation, and sustainability planning contribute to the long-term success of digital mental health interventions. FlexMinda was evaluated through a two-phase pilot study. Phase 1 assessed content validity and usability through expert evaluation using the Content Validity Index (CVI) and provider version of the mHealth App Usability Questionnaire (MAUQ). Phase 2 involved a pilot randomised controlled trial of 38 adults with MDD receiving FlexMinda plus treatment as usual (TAU) or TAU alone. Depressive symptoms were assessed using the Patient Health Questionnaire-9 (PHQ-9), with usability and user perceptions also evaluated. FlexMinda demonstrated acceptable content validity (S-CVI/Ave = 0.83) and good usability (M-MAUQ mean = 5.53/7). Participants reported positive attitudes towards mental health applications, particularly when recommended by their treating psychiatrist. The intervention group showed clinically meaningful reductions in depressive symptoms over 12 weeks, although between-group differences were not statistically significant. Key sustainability challenges included platform maintenance, cybersecurity, long-term user engagement, integration into routine care, and funding beyond the research lifecycle. The FlexMinda experience demonstrates that sustainable digital mental health innovation extends beyond application development. Clinical evidence establishes credibility, while implementation strategies, partnerships, sustainable funding models, and early sustainability planning are essential for translating promising digital interventions into routine mental healthcare.

Keywords: Digital mental health; MDD; sustainability; validation

S3-03

Virtual Problem-Solving Skills Counselling - Web-Based Interventions in Psychiatry: Expanding Access to Mental Health Care & Empowerment

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ABSTRACT

Introduction & objective: Social problem-solving skills are crucial to tackling social problems among young people. In well-developed countries, the provision of counselling at a distance using technology is increasingly used for interventions among young people; however, progress in Malaysia remains limited. The objectives of this study were to determine the effectiveness of social problem-solving skills counselling for young people. **Methods:** Initially, we developed the SELESAI formula as the foundation for innovative social problem-solving skills counselling, informed by our series of philanthropy work to empower vulnerable young people at shelters and rehabilitation centres in Malaysia. The SELESAI formula comes in two modalities: face-to-face consultation and virtual problem-solving skills counselling (V-PROB). Then, we evaluated the validity of SELESAI questionnaires using exploratory factor analysis and assessed the effectiveness of SELESAI counselling and compared the effectiveness of face-to-face consultation and V-PROB. **Results:** The SELESAI questionnaire is a valid tool to evaluate social problem-solving skills. The initial report showed that both face-to-face consultation and V-PROB effectively enhanced the social problem-solving skills of young people with mental health and social problems. V-PROB creates several challenges in improving social problem-solving skills among young people, including poor internet coverage, adherence to treatment appointments, ensuring the safety of counselling procedures and adherence to study protocols. **Conclusion:** Face-to-face consultation and virtual problem-solving skills counselling are beneficial for enhancing the social problem-solving skills of young people. More work is required to address the challenges of using virtual counselling.

Keywords: Problem-solving skills; virtual counselling; young people

S3-04

Transforming Learning and Mental Health Interventions Through Massive Open Online Courses and Virtual Reality

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ABSTRACT

Digital technologies are increasingly important in advancing psychiatric education and mental health interventions by improving accessibility, flexibility, engagement, and opportunities for innovative learning. This presentation aims to describe the development and application of Massive Open Online Courses (MOOCs) and virtual reality (VR) initiatives within psychiatry and explore their potential contribution to education, cognitive remediation, and mental wellbeing. Since 2017, the Department of Psychiatry, Faculty of Medicine, Universiti Teknologi MARA, has developed four MOOCs reaching approximately 1,000 students. These courses incorporate video lectures, readings, quizzes, and interactive discussion forums to support flexible, accessible and engaging learning. Concurrently, the Experiential Design Team developed three VR modules: *Calm Experience*, incorporating breathing exercises; *Escape from Reality*, focusing on nature and harmony; and *Focus*, targeting attention enhancement. Developed in Malay and English and incorporating Nusantara cultural elements, the modules provide immersive environments for practising cognitive and psychological skills. The MOOCs have expanded access to educational resources and enhanced learning flexibility, while the VR modules are designed to strengthen attention, concentration, and problem-solving through interactive and experiential learning. Although the VR applications remain in the developmental phase, they demonstrate potential for cognitive rehabilitation and mental wellbeing, warranting further evaluation of effectiveness, acceptability, and user experience. Together, MOOCs and VR represent complementary digital innovations that combine scalable psychiatric education with immersive mental health interventions. These initiatives demonstrate how culturally relevant digital technologies may strengthen psychiatric education, broaden opportunities for mental health promotion and cognitive rehabilitation, and contribute to future technology-enabled mental healthcare.

Keywords: Mental health; MOOC; virtual reality

SYMPOSIUM 4

The Medical Student Journey: Mind, Motivation and Meaning

S4-01

Beyond Knowledge: Metacognitive Awareness and Academic Achievement among Medical Students

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ABSTRACT

Metacognition skills enable learners to understand and monitor their cognitive processes. The categories described are knowledge/regulation of cognition. Metacognitive skills are necessary in curriculum delivery. Students with metacognitive skills are expected to perform better, and evidence recommends teaching metacognition in the curriculum. Metacognition awareness inventory (MAI) score was collected for knowledge of cognitive factor (KCF) and regulation of cognitive factor (RCF). We also calculated knowledge monitoring accuracy (KMA) as the difference between students' estimated score (SES) and actual knowledge on tests. Pearson correlation coefficient was used to analyse MAI, academic achievement and SES in the end-of-semester written/clinical (EOSAW/EOSAC) test. We found a negative correlation between MAI and EOSAW (-0.029) and MAI and EOSAC (-0.187), and a high correlation between MAI and KCF (0.808) and MAI and RCF (0.920) ($p < 0.001$). Correlation between KCF and RCF was moderately high (0.559, $p < 0.001$). A negative correlation was also found between KMAW and EOSAW (-0.392). The correlations of EOSA achievement score with KFC and RCF were also negative (-0.002 and -0.100, respectively). We found mixed, insignificant ($p > 0.05$) correlations among MAI, KMA and SES for individual instruments. A poor correlation between metacognitive skills and achievement scores indicates students' unrealistic self-evaluation of cognition for knowledge and regulation.

Keywords: Assessment; cognition; correlation; metacognition; students' estimated score

S4-02

Understanding Success: How Academic Self-Concept and Metacognitive Awareness Shape Medical Student Achievement

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ABSTRACT

Academic self-concept (ASC) and metacognitive processes may influence how medical students perceive their academic abilities and approach learning, yet their relationships with academic performance remain unclear. This study aimed to examine associations between ASC, selected metacognitive aspects of ASC, and academic performance among medical students at a private university in Malaysia. A cross-sectional study involving 111 students enrolled in the MBBS programme at International Medical University (IMU) was conducted using Liu and Wang's ASC questionnaire. Associations between sociodemographic characteristics, ASC scores, previous examination failure, and academic performance were examined. Selected questionnaire items reflecting metacognitive aspects of ASC were additionally analysed in relation to ASC and examination performance. Age was significantly negatively correlated with ASC scores, while no statistically significant associations were identified between ASC and gender, nationality, or semester. Students reporting previous examination failures had significantly higher ASC scores. Overall ASC scores were not significantly correlated with academic performance. In contrast, the identified metacognitive components were positively correlated with both ASC scores ($r = 0.553$, $p < 0.01$) and academic performance ($r = 0.703$, $p = 0.016$). These findings suggest that specific metacognitive aspects of academic self-concept may be more closely associated with academic performance than overall ASC scores in this sample. Understanding these dimensions may help refine approaches to supporting students' learning and academic development. Further research with larger samples and longitudinal designs is required to clarify these relationships and determine how metacognitive and self-concept processes may inform educational strategies within medical training

Keywords: Academic achievement; academic self-concept; medical students; metacognition

S4-03

Faith as a Source of Resilience: Religious Coping in Medical Students

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ABSTRACT

Medical students experience substantial academic and psychological stress, and religious coping and religiosity may influence how they respond to distress. However, these relationships remain relatively underexplored in culturally diverse medical education settings involving local and international students. This study aimed to examine associations between religious coping, religiosity, and symptoms of depression and anxiety among medical students at IMU University. A cross-sectional study was conducted using self-administered questionnaires collecting sociodemographic information and incorporating the Hospital Anxiety and Depression Scale, Brief Religious Coping Scale and Duke University Religion Index. Depressive symptoms were reported in 87.6% of participants and anxiety symptoms in 44.8%. Depressive symptoms were significantly associated with female gender, single marital status, part-time employment, and a family history of mental illness. Positive religious coping was significantly associated with non-organisational religious activity and intrinsic religiosity, while students with a family history of depression and anxiety reported higher levels of negative religious coping. These findings highlight a substantial burden of psychological symptoms and demonstrate important relationships between religious coping, religiosity, and mental health among medical students. The findings support the importance of culturally sensitive approaches to student mental health that recognise religious and spiritual coping within a broader understanding of psychological wellbeing. Interventions that strengthen adaptive coping while identifying and addressing maladaptive coping patterns may contribute to student support. Further longitudinal research is needed to clarify these relationships and inform culturally responsive mental health interventions within diverse medical education environments.

Keywords: Anxiety; depression; medical students; religiosity; religious coping

SYMPOSIUM 5

Symposium Overview

The Architecture of Recovery: Dismantling Therapeutic Asymmetry and Rewiring Neurocircuitry in Addiction Psychiatry

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ABSTRACT

This symposium addresses the core challenges of contemporary addiction psychiatry by bridging the gap between systemic reform, individual resilience, and neurobiological interventions. The session opens by confronting the persistent double standard in how substance use disorders are treated compared with other chronic illnesses. It examines how clinician stigma, often manifesting as shorter consultations and undertreated pain, serves as a major barrier to patient care, while offering practical strategies, such as person-first language, to cultivate a more equitable clinical culture. Shifting to individual trajectories, the discussion reframes relapse not as a definitive treatment failure, but as a critical learning opportunity within the recovery continuum. Using a "breaking barriers" framework, attendees will explore person-centred strategies to help patients recognise early warning signs, manage intense cravings, and leverage personal and social "recovery capital" to sustain long-term recovery. Finally, the symposium bridges neurobiology and community care by examining how accessible, low-stigma modalities, such as structured sports, exercise, and music therapies, can help repair damaged reward and self-control neurocircuitry. These cost-effective, real-world approaches offer practical tools to address anhedonia and behavioural addictions, providing a comprehensive framework to modernise addiction care, improve treatment engagement and retention and support sustained recovery.

Keywords: Addiction psychiatry; clinician stigma; neurobiological; recovery capital; relapse prevention

S5-01

The Same Patient, a Different Standard: Stigma in Addiction Psychiatry

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ABSTRACT

Few areas in medicine reveal as stark a double standard as the treatment of substance use disorders. Patients with most chronic diseases, like diabetes or hypertension, are rarely held morally accountable for non-adherence or relapse, yet patients with addiction often are, even among healthcare workers. This asymmetry, although unintentional, remains one of the most enduring expressions of stigma in clinical medicine. This presentation invites psychiatrists to reflect on how clinician stigma can shape everyday addiction care: shorter consultations, hesitancy around prescription of some medications, undertreatment of pain, and the language we use in case discussions and during documentation. We will discuss the principal forms of stigma: public, structural, courtesy and self-stigma. Each interacts with broader institutional and cultural factors at the local level. Addiction in our setting often follows criminal-justice rather than health-system pathways. Service models remain fragmented and substance use is still widely framed in moral rather than clinical terms. Importantly, stigma is not only unpleasant for the patient; it is a measurable barrier to engagement, retention, and clinical outcome, with downstream effects on relapse and overdose mortality. The session closes with practical, evidence-informed strategies: person-first language, contact-based learning, reflective practice, and integration of addiction care into mainstream psychiatric training.

Keywords: Addiction psychiatry; clinician attitudes; person-first language; reflective practice; stigma; substance use disorder

S5-02

Breaking Barriers: Relapse Prevention in Addiction Recovery

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ABSTRACT

Relapse remains a common challenge in the treatment of substance use disorders and behavioral addictions. Rather than representing treatment failure, relapse is increasingly understood as part of the recovery process and an opportunity for learning and growth. Effective relapse prevention requires more than the management of cravings. It involves identifying and addressing the multiple barriers that hinder sustained recovery. Individuals in recovery frequently encounter barriers at the personal, social, environmental, and systemic levels. These include persistent cravings, negative emotional states, co-occurring mental health conditions, stigma, family conflict, peer influences, unemployment, limited access to treatment and lack of social support. When these barriers remain unaddressed, they can increase vulnerability to relapse and undermine long-term recovery efforts. This presentation explores relapse prevention through a "breaking barriers" framework that emphasises early identification of high-risk situations, enhancement of coping skills, strengthening of recovery capital, and development of personalised relapse prevention plans. Particular attention will be given to recognising early warning signs, managing triggers, and transforming lapses into opportunities for recovery rather than progression to full relapse. A holistic, person-centered approach that addresses the biological, psychological, social, and spiritual dimensions of recovery can improve treatment engagement and resilience. By helping individuals overcome barriers to change, clinicians can empower patients to sustain recovery, enhance quality of life, and reduce the burden of addiction on families and communities.

Keywords: Addiction recovery; barriers to recovery; recovery capital; relapse prevention; substance use disorder

S5-03

Dopamine Detours: Rocking the Rhythm and Rewiring the Brain via Exercise and Music in Addiction Psychiatry

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ABSTRACT

Addictive disorders remain challenging to treat despite established evidence-based approaches such as brief interventions, motivational interviewing, cognitive behavioural therapy and pharmacotherapy. Persistent cravings, anhedonia, and protracted withdrawal symptoms continue to undermine recovery, while the growing prevalence of behavioural addictions, including internet gaming disorder, gambling disorder and compulsive sexual behaviour disorder, highlights the need for innovative treatment strategies. This presentation explores the evidence-based integration of exercise and music therapies as experiential neuromodulatory interventions to support addiction recovery. A comprehensive review of international literature, including Cochrane reviews, was conducted to examine the neurobiological mechanisms underlying exercise and music therapies in addictive disorders. Current evidence on reward processing, impulse control, neuroplasticity, and emotional regulation was synthesised to inform practical clinical applications. Evidence indicates that regular exercise promotes neurogenesis, enhances brain-derived growth factors, and strengthens top-down executive control, contributing to improve impulse regulation and reduced relapse risk. Short bouts of moderate physical activity may also provide immediate relief from acute cravings. Neuroimaging studies demonstrate that music therapy activates mesolimbic reward pathways, facilitates natural dopamine release, and reduces stress-related activation in emotional brain centres. Together, these modalities offer complementary mechanisms supporting emotional regulation, reward restoration, and engagement in recovery. Exercise and music therapies represent low-stigma, cost-effective, and culturally adaptable adjunctive interventions whose integration into community-based treatment models may enhance engagement, reduce relapse, and strengthen long-term recovery outcomes in Malaysia's evolving addiction treatment landscape.

Keywords: Behavioural addictions; exercise therapy; music therapy; relapse prevention; substance use disorders

SYMPOSIUM 6

Symposium Overview

Interpersonal Psychotherapy with Cultural Adaptations for Conflictual Couples Relationships

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ABSTRACT

Interpersonal psychotherapy (IPT) was developed by Gerald Klerman, Myrna Weissman and associates as a treatment for depression. IPT addresses four broad problem areas, namely: interpersonal conflict, role transition, grief and loss, and interpersonal sensitivity. Intimate relationship conflict is a frequent interpersonal context for depression, anxiety and stress-related symptoms. While utilising IPT, clinicians may, however, either focus narrowly on symptoms or drift into a structured or unstructured therapeutic intervention for couples. IPT offers a clear diagnosis-based and time-limited treatment that links symptoms to current interpersonal events and targets a defined problem area, including an interpersonal dispute. IPT is not couple therapy, but it can systematically address the patient's role in a distressed relationship and, when clinically indicated, include a focused conjoint session. This case-based symposium examines the application and adaptation of IPT for conflictual couple relationships in culturally diverse clinical settings. Cultural adaptations in psychotherapy are known to improve the efficacy of the therapeutic intervention. Across the symposium, speakers will illustrate the interpersonal inventory, formulation of discrepant role expectations, assessment of the dispute stage, and the use of clarification, decision analysis, communication analysis and behavioural rehearsal. Clinical vignettes will show how therapists can reduce blame, preserve dignity, help patients communicate more directly, negotiate realistic expectations, and make decisions about the relationship. The objective of this symposium is to impart a structured, culturally sensitive framework for treating symptoms arising within distressed intimate relationships

Keywords: Conflictual couple relationships; cultural adaptation; interpersonal dispute; interpersonal psychotherapy; intimate relationships

S6-01

Interpersonal Psychotherapy with Cultural Adaptations for Conflictual Couple Relationships

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ABSTRACT

Interpersonal psychotherapy (IPT) is an evidence-based treatment widely used across diverse cultural settings, requiring adaptation to address the cultural values and experiences of recipients. This case study describes the application of culturally adapted IPT with a Myanmar Chin refugee woman presenting with interpersonal difficulties in her marriage. The patient was a 34-year-old woman who sought treatment at Health Equity Initiatives (HEI), a Malaysian non-governmental organisation providing mental health services to refugees. At presentation, she experienced moderate symptoms of depression and anxiety. IPT assessment and formulation identified stress-related gastroesophageal reflux disease (GERD), irritable bowel syndrome (IBS), and an overt interpersonal dispute with her husband as the primary IPT problem area. An Interpersonal Inventory revealed that her husband and six-year-old daughter were her principal intimate supports, while close family members and individuals from her Chin ethnic community constituted important sources of extended support. Therapy focused on communication analysis to identify maladaptive communication patterns, role plays to enhance understanding of relationship dynamics, and conjoint sessions involving both partners. The conjoint sessions were particularly effective in shifting the conflict from an impasse stage to a renegotiation stage, facilitating healthier communication and improved mutual understanding. Following these interventions, the patient reported significant improvement in her marital relationship. She completed 12 sessions of IPT, after which her depression and anxiety symptoms were assessed as minimal. Her GERD and IBS symptoms also decreased substantially. Monthly maintenance sessions were arranged. Cultural adaptations included integrating faith and religious practices into therapy, addressing challenges associated with a male-dominant cultural context, mobilising family and community supports, and exploring forgiveness as a psycho-socio-spiritual intervention to promote healing and relational growth.

Keywords: Conjoint sessions; cultural adaptations; interpersonal dispute; interpersonal psychotherapy; supports

S6-02
Symposium Overview

When Love Speaks Different Languages: Interpersonal Psychotherapy in Neurodiverse Relationships

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ABSTRACT

Neurodiverse intimate relationships often contain genuine affection and commitment alongside recurring misunderstandings. Autism and attention deficit hyperactive disorder (ADHD) traits can influence social interpretation, communication style, emotional expression, attention, memory, planning, sensory regulation, and recovery following interpersonal conflict. When these differences are misinterpreted as indifference, rejection, criticism, or lack of commitment, partners may become entrenched in persistent interpersonal disputes. One partner may feel emotionally neglected, unsupported, or overburdened, while the other may feel overwhelmed, chronically criticised, or unable to meet expectations that have not been clearly communicated. Interpersonal psychotherapy (IPT) can be adapted for neurodiverse relationships while maintaining its core principles and structure. Using a clinical vignette, this presentation demonstrates how mood and anxiety symptoms can be linked to the current interpersonal context through an IPT formulation. Participants will learn how to conduct an interpersonal inventory and develop a collaborative formulation centred on discrepant role expectations, focusing on observable interpersonal transactions rather than diagnosing or blaming an absent partner. Core IPT strategies include clarification, affect elicitation, communication analysis, role-play, and decision analysis. Particular emphasis is placed on translating broad complaints into specific interpersonal sequences: what occurred, what was intended, how it was understood, what emotions followed, and how subsequent responses maintained the cycle. Neurodiversity-informed adaptations include explicit language, slower pacing, written summaries, structured sessions, sensory awareness, concrete agreements, and planned repair following conflict. The therapeutic aim is not conformity but understanding, helping patients communicate needs effectively, negotiate realistic expectations, reduce symptoms, and strengthen relational connection.

Keywords: ADHD; autism; interpersonal psychotherapy; intimate relationships; neurodiversity

S6-03

Interpersonal Psychotherapy in Marital Conflict: Breaking the Negative Loop

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ABSTRACT

Interpersonal psychotherapy (IPT) is an evidence-based treatment for depression that addresses the interaction between mood symptoms and current interpersonal difficulties. This case illustrates the application of IPT in depression arising from marital conflict, role transition, and boundary challenges within an early interracial marriage. A young woman with depression and anxiety presented with worsening low mood, feelings of worthlessness, impaired concentration, and suicidal ideation in the context of a one-year marital separation. Her marriage to a man from a close-knit family was marked by difficulties surrounding trust, communication, autonomy, and perceived overinvolvement of her parents-in-law. She experienced significant anxiety regarding her husband's whereabouts and sought frequent reassurance, contributing to recurrent cycles of conflict, emotional escalation, and withdrawal. Cultural differences in expectations surrounding family involvement, marital roles, and boundaries added complexity and contributed to ongoing misunderstandings. Using an IPT framework, her difficulties were conceptualised within the focal areas of interpersonal disputes and role transition. Therapy focused on identifying maladaptive relational patterns, linking interpersonal stressors to depressive symptoms, improving communication, and clarifying expectations and boundaries within the marital relationship. Exploration of effect and interpersonal expectations facilitated greater insight into recurring conflict patterns and unmet emotional needs. This case highlights the utility of IPT in addressing depression associated with marital discord, cultural differences, and evolving family roles, while providing a structured framework for navigating complex interpersonal challenges in early marriage.

Keywords: Depression; interpersonal psychotherapy; interracial marriage; marital conflict; role transition

S6-04

When Silence Becomes Conflict: Interpersonal Psychotherapy for Marital Interpersonal Dispute

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ABSTRACT

Marital conflict may manifest not only through overt disagreement but also through silence, avoidance, emotional suppression, and persistent misinterpretation of interpersonal needs. Interpersonal psychotherapy (IPT) provides a structured framework for understanding the relationship between psychiatric symptoms and unresolved interpersonal disputes, particularly when communication has become emotionally unsafe. This case describes a 53-year-old married Malay Muslim man who presented with persistent depressive disorder, a current major depressive episode, and clinically significant anxiety symptoms in the context of longstanding marital distress. He reported feeling unappreciated, misunderstood, and unable to communicate his emotional needs effectively to his wife. The marital dispute was maintained by a recurrent cycle of interpersonal hurt, withdrawal, untested assumptions, and fears that emotional disclosure would lead to further conflict. His relational style was shaped by family-of-origin experiences involving a dominant, critical mother and submissive father, contributing to emotional inhibition and avoidance of confrontation. The primary IPT problem area was interpersonal dispute. Interventions included interpersonal inventory, assessment of the dispute stage, communication analysis, affect identification, role-play and exploration of significant interpersonal incidents. Treatment was adapted to his sociocultural context, including expectations associated with his roles as husband, father, and provider, and shame surrounding emotional vulnerability. IPT facilitated differentiation between culturally valued emotional restraint and maladaptive silence. Over treatment, he moved from global attributions towards more specific and emotionally congruent expression of feelings, needs, and expectations, illustrating how IPT can transform avoidance into dialogue, clarify interpersonal assumptions, reduce symptoms and improve mutual understanding within distressed marriages.

Keywords: Depression; emotional suppression; interpersonal dispute; interpersonal psychotherapy; marital conflict

SYMPOSIUM 7

Symposium Overview

Psychiatrist with Faith: Religiosity & Psychospirituality in a Multireligious and Multicultural Community

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ABSTRACT

As a multicultural and multireligious society, Malaysians have always integrated their community values into every aspect of their lives, including mental health. As colourful as it is, we seldom have the chance to share different perspectives on faith from a psychiatrist's point of view. In this special symposium, four psychiatrists from four major religions in Malaysia will share with participants how they integrate their faith into practice. We will also explore the challenges they face in navigating these delicate topics through a professional lens.

Keywords: Multicultural; psychospirituality; religiosity

S7-03

Integrated Islamic Psychospiritual Intervention for High-Risk Sexual Behavior

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ABSTRACT

High-risk sexual behavior remains a significant public health challenge, contributing to the transmission of HIV, sexually transmitted infections, psychological distress, and social dysfunction. Existing interventions have largely focused on biomedical strategies such as HIV testing, treatment and pre-exposure prophylaxis, with comparatively less emphasis on the underlying psychological, behavioral, and spiritual determinants of risk-taking behavior. Evidence suggests that factors such as identity conflict, emotional dysregulation, loneliness, trauma, maladaptive coping mechanisms and spiritual disconnection may contribute to the persistence of high-risk sexual practices. Within Muslim populations, the absence of culturally and religiously congruent interventions may further limit engagement and sustainable behavior change. Therefore, there is a need for an integrated intervention that addresses the biological, psychological, social and spiritual dimensions of sexual health

Keywords: High-risk behavior; Muslim; psychospiritual

Symposium 8

Symposium Overview

Reframing Suicide Postvention for Psychiatrists: From Prediction to Compassionate Containment

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ABSTRACT

Suicide remains one of the most emotionally and professionally distressing experiences for psychiatrists. Whilst prevention has long been the focus of policy and training, structured postvention support for clinicians following a patient's suicide remains limited. This symposium brings together international and local perspectives to explore suicide through a postvention and psychodynamic lens, shifting the discourse from prediction towards compassion, reflection, and resilience. Dr Rachel Gibbons will present "Core Truths About Suicide," drawing from sixteen years of clinical practice, research, and peer reflection with bereaved families and clinicians. Her presentation challenges the idea that suicide can be fully predicted or prevented through risk management alone. It redefines it as a deeply human phenomenon rooted in psychic pain and loss. Dr Nur Iwana Abdul Taib will discuss Malaysia's early experience in creating an online reflective support group for psychiatrists, initiated by NADIM, supported by MPA, and inspired by the Balint model, to offer a safe space for meaning-making and shared containment after patient suicide. Dr Muhammad Hanif Abd Latif will present a feasibility study exploring psychiatrists' receptiveness and perceived usefulness of a newly developed departmental postvention framework, which has already been implemented following recent clinician exposure to patient suicide. Together, these initiatives aim to strengthen suicide postvention culture within psychiatry and foster openness, compassion, and professional solidarity in the face of loss.

Keywords: Psychiatrists; reflective space; suicide postvention

S8-01

Core Truths About Suicide: From Prediction and Blame to Compassionate Understanding

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ABSTRACT

This presentation explores the essential truths about suicide, drawn from sixteen years of clinical work, research, and group reflection with those bereaved by suicide and with clinicians affected by patient deaths. Dr Gibbons challenges the dominant notion that suicide is predictable and preventable through risk management alone. Instead, she reframes suicide as a profoundly human, multifactorial act rooted in psychic pain, loss, and the limits of mourning. Through clinical vignettes, Dr Gibbons illustrates that suicide is rarely accidental, never fully knowable, and often represents an unconscious act of communication and suffering. She emphasises that pathologising suicide as a mere symptom of illness obscures its existential depth and human context. The presentation invites clinicians to shift from a culture of blame and prediction to one of containment, truth-telling, and compassion, acknowledging shared vulnerability and the transformative potential of open reflection. By the end of the presentation, participants will be able to understand the psychodynamic mechanisms underlying suicidal states, reflect on the impact of suicide on clinicians and systems, and consider a shift from prediction and blame towards containment, mourning, and responsibility.

Keywords: Clinicians; mourning; psychodynamic; reflection; suicide

S8-02

Developing a National Online Suicide Postvention Balint Group for Psychiatrists in Malaysia: A NADIM Initiative

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ABSTRACT

Following the suicide of a patient, psychiatrists often experience a complex range of emotional reactions, including grief, guilt, self-doubt, and fear of professional scrutiny. Despite the profound personal and professional impact, structured postvention avenues for Malaysian psychiatrists remain limited. Recognising this gap, the NADIM Initiative, in collaboration with the Psychotherapy Chapter of the Malaysian Psychiatric Association, is developing a national online postvention Balint group. The group is designed to provide a safe, confidential, and reflective space for psychiatrists to process their experiences following patient suicide. Adapting the Balint group model, sessions are held monthly via an online platform and facilitated by trained psychiatrists familiar with the model. Participation is open to all MPA members across different service sectors and rural and urban settings. The primary aims are to enhance collective resilience, reduce professional isolation, and promote reflective practice within a psychologically safe environment. The structure allows clinicians to share experiences anonymously and receive emotional containment from peers. The presentation will describe the development of the initiative, including adaptation of the Balint model to the Malaysian context, implementation logistics, and initial participant feedback collected anonymously during pilot sessions. This initiative represents an important step towards integrating postvention into psychiatrists' professional care and well-being in Malaysia and aligns with international movements advocating compassionate, reflective, and system-level responses to clinician exposure to patient suicide.

Keywords: Balint group; psychiatrists; suicide postvention

S8-03

Feasibility of a Postvention Framework for Psychiatrists After Patient Suicide: Early Insights from Malaysia

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ABSTRACT

Patient suicide remains one of the most distressing experiences for psychiatrists, often evoking guilt, helplessness, self-doubt, and professional vulnerability. Despite its significant emotional and professional impact, structured postvention systems supporting clinicians following patient suicide remain limited in Malaysia. To address this gap, the Department of Psychiatry, Hospital Canselor Tuanku Muhriz, Universiti Kebangsaan Malaysia, developed a departmental postvention framework providing a coordinated, compassionate, and systematic response. The framework incorporates three levels of support: immediate emotional and peer support, including timely communication and acknowledgement of the loss; professional and institutional guidance through structured debriefings, supervision, and leadership engagement; and longer-term resilience building through reflective practice, follow-up monitoring, and professional growth. A qualitative feasibility study using semi-structured interviews explored psychiatrists' and trainees' experiences, emotional reactions, perceptions of institutional support, and receptiveness to the framework. Participants reported that the framework provided clarity, validation, and support during a highly challenging period. Early communication, acknowledgement by departmental leadership, and opportunities for reflection were particularly valued in reducing isolation and fostering collegial support. Challenges included stigma surrounding emotional disclosure, concerns about blame and professional scrutiny, and uncertainty regarding confidentiality. Nevertheless, participants considered the framework feasible, culturally adaptable, and important for promoting a reflective and compassionate professional culture. Findings will inform further refinement and potential integration into national psychiatric services and the broader NADIM initiative to strengthen clinician postvention practices in Malaysia.

Keywords: Feasibility; postvention framework; psychiatrist wellbeing

SYMPOSIUM 9

Symposium Overview

Women at the Edge: Forensic Perspectives on Female-Perpetrated Homicide & Infanticide Convenes a Three-part Symposium Examining Offending and Lethal Violence at the Intersections of Gender, Motherhood and Mental Disorder

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ABSTRACT

The opening session examines the growing and disproportionately mentally ill population of female offenders by outlining their distinctive characteristics, patterns of defiant behaviour, theoretical explanations, and insights from local data. The second presentation unearths patterns of mentally disordered female homicide offenders, blending epidemiology, forensic psychiatry, and local data to map clinical contours and risk signatures clinicians confront. The third presentation descends into socioeconomic determinants that carve paths toward infanticide and illegal infant abandonment. Together, the talks interrogate diagnostic complexity, risk formulation, and dilemmas in legal psychiatry. Designed for mental healthcare workers, the symposium unsettles facile explanations and sharpens forensic insight. Attendees will gain new perspectives and practical risk-assessment approaches, and will be compelled to recognise fragile thresholds where care dissolves into catastrophe and to act with renewed vigilance.

Keywords: Female homicide; forensic psychiatry; infanticide; perinatal mental health; violence

S9-01

Invisible Profiles: The Overlooked Demographics of Mentally Ill Women in the Justice System

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ABSTRACT

Women's encounters with justice systems are often challenging and distressing, and navigating the process demands attention to the distinct needs of female offenders. Justice system professionals must meet appropriate standards of care, such as those outlined in the United Nations Bangkok Rules. Worldwide, the number of female offenders is rising at an alarming rate, while mentally ill women are overrepresented in incarcerated populations, a reality of particular relevance to clinicians. This disproportionate representation underscores the need for a better understanding of this marginalised population. This presentation aims to shed light on mentally ill women offenders by describing their distinguishing characteristics, exploring the often-overlooked pattern of defiant behaviours, and discussing relevant theoretical constructs that may contribute to unlawful acts. It will also highlight pertinent insights gathered from a review of local data on female offenders. By providing a broader understanding of the clinical, behavioural and contextual characteristics of mentally ill women who encounter the justice system, the presentation seeks to establish a foundation for subsequent discussion of more specific and complex forms of offending. It serves as a fundamental introduction before subsequent speakers explore homicide and infanticide by female offenders in Malaysia in greater depth.

Keywords: Female offenders; forensic psychiatry; incarcerated women; mentally disordered offenders

S9-02

Cloak of Silence: Women Who Kill

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ABSTRACT

"Cloak of Silence: Women Who Kill" opens the symposium with a forensic gaze into the concealed profiles of mentally disordered female homicide offenders. We traverse epidemiology and expose patterns of diagnosis, precipitants, and methods that distinguish women in lethal acts. Local data illuminate prevalence, age, relational contexts and diagnoses. Attendees will encounter risk signatures where despair fractures caregiving into violence. Clinical assessment, differential diagnosis, and medicolegal implications are interrogated through data from our jurisdiction, revealing how various variables concentrate risk. Designed for mental healthcare workers, this darkly framed session aims to sharpen detection, enrich formulation, and ignite preventive strategies before quiet thresholds become irrevocable ruptures.

Keywords: Female offenders; forensic psychiatry; homicide; mentally disordered offenders; violence

S9-03

Silent Tragedies: Socioeconomic Roots of Infanticide in Malaysia

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ABSTRACT

In Malaysia, stories of abandoned babies still surface far too often, with each case reflecting a quiet crisis unfolding behind closed doors. Between 2000 and 2020, more than two thousand infants were reported abandoned, and hundreds lost their lives to infanticide. The numbers rise and fall each year, but they never disappear. Research suggests that these tragedies are shaped by deeper social and economic pressures. The problem is not urbanisation itself, but the inequality that accompanies it. While some families thrive in modern urban centres, others are left behind, struggling with low wages, high living costs and limited access to education or healthcare. For the urban poor, these pressures can become overwhelming and, in the most desperate circumstances, may manifest in infant abandonment or infanticide. The strongest links were found not simply with urban living, but with gender inequality within urban settings. When women lack equal opportunities, education, and support, the risks rise sharply. Infant abandonment is therefore not simply a by-product of urban growth, but of unequal growth. Addressing this crisis requires more than policing; it demands narrowing the gender gap, ensuring equitable access to education, and strengthening safety nets for families living at the margins of Malaysia's urban centres. Behind every statistic is a child, and behind every child is a mother who needed more support than she received.

Keywords: Abandoned babies; gender inequality; infanticide; socioeconomic factors; urban poor

SYMPOSIUM 10

Symposium Overview

Narcissism or Autism? When Psychotherapy Helps-and When It Harms

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Distinguishing narcissistic personality disorder (NPD) from autism spectrum disorder (ASD) is a challenging differential in adult psychiatry. Both may present with limited emotional reciprocity, apparent empathy difficulties, self-focus, rigidity, and interpersonal strain, yet similar behaviours may arise from different developmental pathways and psychological functions. Misdiagnosis risks inappropriate treatment, reinforcing defensive patterns or overlooking family needs. This symposium examines the differential through psychodynamic psychotherapy, acceptance and commitment therapy (ACT) and family therapy. From a psychodynamic perspective, the autistic-contiguous position describes an early sensory mode of experience relevant to understanding autistic functioning, whereas pathological narcissism is conceptualised as a defensive organisation protecting against shame. Chronic trauma may further complicate assessment when narcissistic defences develop alongside autistic traits. The ACT perspective identifies psychological inflexibility in both presentations but considers its different possible functions: managing sensory-cognitive overload and perspective-taking difficulties in ASD versus protecting a vulnerable self-concept in NPD. Adaptations of self-as-context and cognitive defusion are discussed. Family therapy examines how behaviours acquire meaning within relational systems, with clinical vignettes illustrating how similar presentations may serve different interpersonal functions. Integrating these approaches, the symposium aims to strengthen differential formulation without reducing neurodevelopmental differences to personality pathology or overlooking co-occurring difficulties. Beyond diagnostic labels, clinicians are encouraged to consider what a behaviour communicates, what function it serves, whose needs it affects, and whether therapeutic interventions alleviate distress or inadvertently maintain problematic patterns.

Keywords: Autism spectrum; differential diagnosis; narcissistic personality; psychotherapy

S10-01

Narcissism or Autism or Both? The Power and Peril of Naming

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ABSTRACT

In adult mental health, distinguishing between narcissistic personality disorder and autism spectrum disorder presents a profound diagnostic challenge. While surface-level behavioural phenotypes, such as apparent deficits in empathy, self-centred communication and intense emotional meltdowns, may appear similar, their underlying aetiological, structural and psychological drivers can be fundamentally different. Misnaming these conditions carries significant clinical risks, potentially leading to the pathologising of neurodivergent functioning or inadvertent reinforcement of maladaptive personality defences. This presentation reframes the autistic mind by grounding it in normal early childhood development, specifically the primitive sensory foundation of the infant psyche described as the autistic-contiguous position. It contrasts this regulatory mode of experience with the defensive organisation of pathological narcissism, conceptualised as emerging in response to profound shame and vulnerability. The presentation further examines complex and potentially co-occurring presentations in which chronic trauma may contribute to the development of narcissistic defences alongside an autistic core. Through this psychodynamic lens, clinicians are encouraged to look beyond superficially similar behaviours and consider their developmental origins, psychological functions, and underlying emotional meaning. The presentation aims to strengthen diagnostic precision and formulation, reduce the risk of pathologising neurodevelopmental differences, recognise clinically significant personality defences when present, and support more individualised and holistic treatment approaches for complex adult presentations.

Keywords: Autistic-contiguous position; behavioural phenotypes; diagnostic challenge; narcissistic armor; pathological narcissism

S10-02

Same Process, Different Perspectives: Acceptance and Commitment Therapy-Focused Psychological Flexibility for Autism and Narcissism

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ABSTRACT

Acceptance and commitment therapy (ACT) proposes psychological inflexibility as a transdiagnostic maintaining factor across psychopathology. Psychological inflexibility is apparent in both autism spectrum disorder (ASD) and narcissistic personality disorder (NPD), where it can contribute to difficulties for individuals and those around them and becomes manifest in their behaviours. ACT focuses on the function of behaviours associated with these disorders rather than on diagnostic labels alone. The Hexaflex provides a core visual model for understanding psychological flexibility and recognising processes that contribute to psychological inflexibility. In ASD, psychological inflexibility may arise primarily from sensory-cognitive overload and difficulties with deictic framing, resulting in rigid adherence to literal rules and reduced sensitivity to social context. In NPD, inflexibility may be driven by sensitivity to shame and threats to self-concept, manifesting as defensive maintenance of an inflated conceptualised self and avoidance of vulnerable perspective-taking. ACT interventions targeting self-as-context and cognitive defusion can be adapted for both groups: for ASD, through concrete, sensory-grounded language and reduced metaphorical abstraction; and for NPD, through graduated self-compassion exercises aimed at reducing defensive reactivity before introducing perspective-shifting work. An ACT approach attentive to differing neurodevelopmental and personality processes can therefore address shared psychological inflexibility while respecting important differences in their functions. This framework moves beyond categorical diagnostic boundaries and provides clinicians with a flexible approach to fostering psychological flexibility and valued living in both ASD and NPD.

Keywords: ACT; ASD; narcissistic; neurodivergent

S10-03

The Self as a System: Rethinking Autism and Narcissism through Family Therapy

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ABSTRACT

In the clinic room, autism and narcissistic adaptation can look surprisingly alike. Both can present with limited affective reciprocity, apparent empathy gaps, self-focus, rigidity and relational strain. Yet their developmental origins, intrapsychic functions, and systemic implications may differ substantially, and confusing one for the other risks diagnostic error, an inappropriate therapeutic stance, and harm to the family. This presentation makes the case for a family therapy lens, using a systemic perspective to differentiate autism from narcissistic adaptation by relational function and intergenerational meaning rather than symptom checklists alone. Drawing on multigenerational family therapy, attachment theory, and personality organisation models, it explores how outwardly similar behaviours may serve different regulatory functions: neurocognitive processing differences in autism and shame-regulating defences in narcissistic adaptation. Two clinical vignettes illustrate how an autistic son's withdrawal may be interpreted as selfishness, while a husband's defensive devaluation of his wife may be relabelled as an autistic trait. Both demonstrate the same clinical hazards: therapist collusion, over-identification with one family member's narrative, and failure to recognise triangulation and reinforcement across the family system. Relational accountability and neurodiversity-affirming practice are presented as compatible rather than competing therapeutic demands. The aim is not to add another label, but to ask a sharper question: what function does this behaviour serve, and for whom? A clearer answer can protect both the individual being assessed and those closest to them.

Keywords: Autism; family therapy; multigenerational; narcissism; relational

SYMPOSIUM 11

Symposium Overview

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ABSTRACT

Sexual difficulties rarely exist in isolation. They are shaped by the body, emotions, relationships, developmental experiences, cultural expectations, and the meanings individuals attach to intimacy. Yet many patients do not volunteer these concerns, and clinicians may hesitate to ask. As a result, distress may remain hidden behind symptoms such as anxiety, depression, marital conflict, unexplained pain, avoidance, shame, and loss of self-worth. This symposium brings together three complementary perspectives on the interface between sexuality and mental health. The first presentation explores how culture, development, and unspoken personal narratives shape sexual distress, including why patients remain silent and the importance of listening beyond the presenting complaint. The second draws on ten years of practice-based experience from a specialist clinic, highlighting psychological profiles, treatment trajectories, and clinical lessons in the management of vaginismus. The third examines erectile dysfunction beyond performance failure, focusing on shame, masculinity, relationship strain and the silent erosion of intimacy. Across the three presentations, the symposium emphasises a biopsychosocial and culturally responsive approach, understanding sexual symptoms not merely as dysfunctions of organs or performance, but as experiences embedded within identity, attachment, values, expectations, and relationships. Practical implications for assessment, communication, formulation, and multidisciplinary care will be discussed. By bringing hidden experiences into respectful clinical conversation, this symposium aims to strengthen clinicians' confidence in recognising sexual concerns, reduce stigma, and support more compassionate, integrated, and person-centred care for both women and men.

Keywords: Erectile dysfunction; intimacy; mental health; sexual health; vaginismus

S11-01

Understanding Sexual Distress: Culture, Development and the Stories Patients Never Tell

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ABSTRACT

Sexual distress is common but frequently hidden, with many individuals presenting through anxiety, depression, relationship difficulties, chronic pain, infertility-related concerns, or diminished quality of life rather than explicitly disclosing concerns about intimacy. While sexual dysfunction may contribute to distress, emotional suffering is often shaped by the personal, relational, cultural, and psychological meanings attached to sexuality. This presentation explores how sexual distress develops across the lifespan through the interaction of biological, psychological, relational, and cultural influences. Drawing on a developmental and biopsychosocial framework, it examines the influence of early attachment experiences, family and cultural narratives, body image, trauma, intimate relationships, and psychiatric disorders in shaping sexual well-being. Particular emphasis is placed on why many patients remain silent about sexual concerns and how clinicians can learn to listen beyond the presenting complaint. Practical approaches to assessment will be discussed, including strategies for initiating respectful conversations about sexual health, recognising clinically significant distress, and developing formulation-based, person-centred management plans. The presentation also highlights the importance of multidisciplinary collaboration and evidence-based care while addressing barriers that prevent individuals from seeking appropriate professional help. By reframing sexual distress as a multidimensional mental health issue rather than merely a disorder of sexual function, this session aims to provide clinicians with a practical developmental framework for recognising, formulating, and addressing sexual distress, fostering greater confidence in discussing sexual health and supporting compassionate, integrated, and person-centred care.

Keywords: Biopsychosocial; culture; mental health; sexual distress; sexual dysfunction

S11-02

Ten Years of Practice-Based Insights from a Specialist Clinic: Psychological Profiles, Treatment Trajectories and Lessons Learned in Vaginismus Management

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ABSTRACT

Vaginismus, often clinically understood within the broader category of genito-pelvic pain/penetration disorder, is experienced not only as a sexual difficulty but as a deeply distressing condition affecting identity, marriage, fertility plans, self-esteem and emotional well-being. Many women present after prolonged suffering, repeated unsuccessful attempts at penetration, invalidating healthcare encounters, and increasing fear, guilt, or shame, while their partners may experience confusion, helplessness, rejection, or performance anxiety. This presentation draws on ten years of practice-based experience from a specialist clinic managing women and couples with vaginismus. It describes recurring clinical patterns, including anticipatory fear, involuntary pelvic floor guarding, avoidance, catastrophic expectations, limited sexual knowledge, relational tension, trauma-related vulnerability, and culturally shaped beliefs about marital intimacy. Treatment trajectories range from early engagement and psychoeducation to graded behavioural work, pelvic floor interventions, couple involvement, and psychological treatment. Particular attention is given to factors facilitating recovery, including a validating therapeutic relationship, careful assessment, restoration of safety and control, clear psychoeducation, collaborative pacing, partner support, and coordinated multidisciplinary care. Common obstacles include rushed exposure, excessive focus on penetration, inconsistent attendance, partner pressure, untreated psychiatric comorbidity, and fragmented care. Successful treatment requires more than teaching a technique; it requires understanding the woman's fear, body, relationship, cultural context, and personal meaning of intimacy. A compassionate, structured, and individualised approach can transform treatment into a broader process of restoring safety, trust, agency, and relational closeness.

Keywords: Genito-pelvic pain; multidisciplinary care; psychotherapy; sexual dysfunction; vaginismus

S11-03

Beyond Performance: Erectile Dysfunction, Shame and the Silent Struggle of Intimacy

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ABSTRACT

Erectile dysfunction (ED) is commonly approached as a disorder of sexual performance or vascular health. However, for many men, ED represents a profound psychological and relational experience extending beyond the loss of erectile function. Shame, threats to masculine identity, relationship distress, and cultural expectations often remain unspoken, contributing to delayed help-seeking, psychological morbidity, and reduced quality of life. Psychiatrists are uniquely positioned to recognise these hidden dimensions of sexual distress and facilitate holistic care. This presentation explores ED through a biopsychosocial and culturally responsive lens, examining interactions between biological vulnerability, psychological processes, interpersonal dynamics, and sociocultural influences in its development and maintenance. Particular emphasis is placed on shame, masculinity, attachment, communication, and intimacy in shaping patients' experiences and treatment outcomes. Using a clinical vignette and evidence from contemporary psychosexual literature, the presentation examines how ED may affect self-esteem, emotional well-being, partner relationships, and identity. Practical approaches to comprehensive assessment, sensitive communication, biopsychosocial formulation, and multidisciplinary management will be discussed, alongside strategies for integrating psychotherapeutic interventions with medical treatment and considering cultural beliefs, gender norms, and stigma within the Malaysian context. ED should therefore be understood not merely as a dysfunction of erection, but as a multifaceted experience embedded within identity, relationships, and culture. Moving beyond a performance-focused model towards person-centred, biopsychosocial care can reduce shame, strengthen intimacy, and improve sexual and mental health outcomes.

Keywords: Erectile dysfunction; intimacy; masculinity; sexual distress; shame

SYMPOSIUM 12

Symposium Overview

Local Communities, Global Minds: Advancing Community Mental Health in Southeast Asia

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ABSTRACT

Community mental health in Southeast Asia must be designed around local realities: distance, limited specialist capacity, stigma, and fragmented pathways between hospital and community care. This symposium focuses on how local communities can anchor scalable, safe, recovery-oriented mental health systems. Using a case-based approach relevant to early-career psychiatrists, the session highlights practical service strategies that translate global community psychiatry principles into district-level implementation. Key themes include strengthening acute care safety and governance so that inpatient crises become opportunities for system redesign rather than service collapse; expanding community psychiatry through workforce development, task-sharing, and structured supervision to improve access and continuity near home; integrating rehabilitation-oriented pathways that prioritise functional recovery and community reintegration; and building partnerships across primary care, community organisations, and government stakeholders to sustain long-term development, including infrastructure investment. The symposium also addresses how specialist service capability, including the safe delivery of electroconvulsive therapy when indicated, can be upgraded within appropriate governance and follow-up structures. Participants will leave with a practical implementation framework for local transformation: defining community needs and bottlenecks, developing clear referral and crisis pathways, building multidisciplinary capability with measurable accountability, and tracking a focused outcomes dashboard reflecting what communities value: safety, access, continuity, and functional recovery.

Keywords: Community psychiatry; health systems strengthening; recovery-oriented care; Southeast Asia; task-sharing

S12-01

Continuity Beyond Crisis: A Case-Based Journey Through Community Psychiatry for High-Risk Mental Illness

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ABSTRACT

Background: A patient with severe mental illness is clinically stable and ready for discharge after an acute psychiatric crisis. Yet an important question remains: Who will ensure continuity of care once the patient returns home? For many early-career psychiatrists, this marks the point where clinical expertise meets the realities of community mental health. While pharmacological treatment is essential, long-term recovery depends on coordinated support that extends beyond hospital walls. **Objectives:** Using a real-world case pathway from Thailand's Severe Mental Illness High Risk to Violence (SMI-V) programme, this presentation will demonstrate how community psychiatry principles can be translated into everyday clinical practice through task-sharing, multidisciplinary collaboration, and community partnerships. **Presentation Overview:** Following the patient's journey from hospital discharge to community recovery, the presentation will illustrate key decision points involving risk assessment, family engagement, primary care follow-up, community health volunteers, local administrative support, and multidisciplinary case management. The case will serve as a practical framework for discussing how continuity of care can be maintained in resource-constrained settings across Southeast Asia. **Key Messages:** Community psychiatry begins where hospital treatment ends. Through one patient's journey, participants will explore how effective community partnerships can reduce relapse, improve safety, and support sustained recovery. Although illustrated through Thailand's SMI-V model, the principles presented are adaptable to diverse community mental health systems throughout Southeast Asia.

Keywords: Community psychiatry; multidisciplinary workforce; serious mental illness

S12-02

Assertive Community Treatment in Malang, Indonesia: Principles, Practice and a One-Year Implementation Report on Community Mental Health Empowerment

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ABSTRACT

Community mental health services remain limited in Indonesia due to stigma, workforce shortages, and restricted access to care, highlighting the need for feasible community-based approaches to suicide prevention and mental health support. This study aimed to describe the development, implementation, and preliminary outcomes of the Indonesia Sehat Jiwa (ISJ) programme in Malang, which incorporates key assertive community treatment (ACT) principles, including proactive outreach, crisis intervention, multidisciplinary supervision, peer support, and community empowerment. This implementation report summarises the programme's first year, with service and evaluation data collected during the initial six-month implementation period (August 2025–January 2026). Programme components included supervised face-to-face peer counselling (Pojok Curhat), a 24-hour text-based Crisis Hotline, psychiatrist-led supervision, public mental health campaigns, stress management education, and volunteer training in Psychological First Aid and peer support. Outcomes were evaluated descriptively using service utilisation and educational indicators. Pojok Curhat received approximately 1–3 client visits per operating day, while the Crisis Hotline handled 1–5 consultations daily. Among 42 stress management workshop participants, mean knowledge scores increased from 8.33 pre-session to 9.40 post-session. Public awareness activities included a World Suicide Prevention campaign through local radio. Regular supervision strengthened peer counsellors' confidence and practical counselling skills, although volunteer burnout emerged as an important operational challenge. These preliminary findings suggest that an ACT-informed community mental health model is feasible in a resource-limited Indonesian setting. Strengthening volunteer support, standardised outcome evaluation, and long-term follow-up will be important to establish effectiveness and inform sustainable scale-up.

Keywords: Assertive community treatment; community mental health; crisis intervention; peer support; suicide prevention

S12-03

Building a Safer Ward, Building a Stronger Community: Lessons from a District Psychiatry Transformation in Malaysia

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ABSTRACT

A ward-level crisis can expose system weaknesses that local communities feel directly: delayed access to care, repeated transfers, increased family burden, and disrupted continuity after discharge. This case-based presentation shares lessons from a district psychiatry transformation in Malaysia, where an inpatient safety challenge became the catalyst for phased service redesign and community capacity building. The session is organised around three practical decision points. First, it outlines immediate stabilisation measures during service disruption, including risk governance, workflow reorganisation, and clear escalation pathways. Second, it describes planning and executing inpatient renewal through a phased approach that prioritised safety, dignity, and service continuity while redesigning core clinical processes. Third, it highlights how the transformation was sustained by strengthening the workforce, structuring outreach logistics, and implementing follow-up systems to reach geographically dispersed populations. Specialist service capability was further enhanced by upgrading the electroconvulsive therapy (ECT) suite and operationalising an integrated pathway for acute and maintenance ECT within appropriate governance, monitoring, and continuity plans. The presentation also discusses how evidence, alignment with local priorities, and accountability mechanisms supported collaboration with a state-level government agency, progressing towards a dedicated psychiatry block to meet longer-term service needs. The talk concludes with a replicable blueprint for early-career psychiatrists: treat the service as the "patient", diagnose system bottlenecks, implement minimum safe pathways, expand community continuity through task-sharing and supervision, and demonstrate value using a concise outcomes dashboard focused on safety, flow, continuity, and functional recovery.

Keywords: Community psychiatry; electroconvulsive therapy; inpatient safety; multidisciplinary workforce; service transformation

E-POSTER ABSTRACTS

EP-01

When Trauma Becomes Movement: Functional Foot Drop During Emotional Crisis in Complex Post-traumatic Stress Disorder

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ABSTRACT

Functional neurological symptoms may emerge in the context of psychological distress but can be misinterpreted as primary neurological pathology. In individuals with complex post-traumatic stress disorder (C-PTSD), overwhelming emotional states may manifest through somatic pathways, complicating diagnosis and management. This case describes Mrs M, an Asian woman in her early 50s with a history of extensive developmental trauma, including parental separation, sexual abuse, emotional neglect, intimate partner violence, and two decades of untreated depression. She had multiple psychiatric admissions for severe emotional dysregulation, suicidal threats, and behavioural escalation associated with recurrent family conflict and perceived criticism. During one admission, she developed acute right-sided foot drop following extubation after a psychotropic overdose precipitated by interpersonal conflict. No neurological lesion was identified, and the deficit resolved within five months following pharmacological and non-pharmacological treatment focusing on stabilisation and trauma processing. Although her presentation resembled borderline personality instability, a trauma-informed formulation suggested C-PTSD with affective dysregulation and dissociative somatic expression. Interpersonal triggers activated trauma-related schemas of abandonment and inadequacy, resulting in emotional flooding, with the functional foot drop understood as reflecting dysregulation of brain-body stress systems rather than structural pathology. This case highlights the interaction between trauma, affect regulation, and motor function and underscores the importance of a trauma-integrated biopsychosocial formulation to improve diagnostic clarity, reduce unnecessary investigations, and guide trauma-informed multidisciplinary management.

Keywords: Biopsychosocial formulation; complex post-traumatic stress disorder; foot drop; functional neurological disorder; trauma-informed care

EP-02

Bridging the Mental Health Knowledge Gap: Effectiveness of mhGAP-IG Training among Primary Care Doctors in Pahang

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ABSTRACT

Mental health integration in primary care requires primary care doctors (PCDs) with adequate mental health knowledge. This study evaluated the effectiveness of mhGAP-IG training in improving PCDs' knowledge in Pahang and identified factors associated with knowledge improvement. This non-randomised quasi-experimental study included intervention and control groups. PCDs from the IIUM Family Health Clinic and selected Klinik Kesihatan in Pahang were recruited. The intervention group attended a two-day mhGAP-IG 2.0 training, while the control group received no training during the study period. Knowledge was assessed using the mhGAP pre- and post-test questionnaire. Mixed-effects linear regression assessed knowledge change between groups, adjusted for previous training, while linear regression identified factors associated with improvement. A total of 140 PCDs participated, comprising 72 intervention and 68 control participants. The intervention group showed significantly greater knowledge improvement at one month compared with controls ($\beta = 6.19$, 95% CI: 2.62–9.76; $p = 0.001$), with significantly higher knowledge scores (91.91±6.56 vs. 87.24±7.60; $p<0.001$). In adjusted analysis, participants aged 31–40 and 41–60 years showed greater improvement than those aged 25–30 years, while higher baseline knowledge was independently associated with smaller improvement. mhGAP-IG training improved short-term mental health knowledge among PCDs in Pahang. Future programmes should include continuing supervision, longer follow-up, and assessment of service-level outcomes.

Keywords: Knowledge; mental health; mhGAP-IG; primary care doctors; training

EP-03

Beyond Spiritual Assessment: Understanding Psycho-spiritual Inquiry among Muslim Spiritual Care Providers in Malaysia – A Qualitative Study

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ABSTRACT

Objective: Psycho-spiritual care has gained increasing recognition as an essential component of holistic healthcare. However, limited evidence exists regarding how psycho-spiritual inquiry is conducted within the Malaysian Muslim context, where language, culture and religion are closely intertwined. This study explored the approaches used by Malaysian Muslim spiritual care providers in conducting psycho-spiritual inquiry and the challenges encountered in clinical practice. **Methods:** A qualitative study was conducted through semi-structured interviews with nine formally trained spiritual care providers in Malaysia, including chaplains, clinical psychologists, a psychiatrist and a nursing lecturer. Interviews were conducted in Malay and English, audio-recorded, transcribed verbatim and analysed using Braun and Clarke's reflexive thematic analysis. **Results:** Two overarching themes were identified: (i) Creating a therapeutic space to facilitate psycho-spiritual inquiry and (ii) Navigating the complexities of psycho-spiritual inquiry. Participants described psycho-spiritual inquiry as a relational and meaning-centered process that prioritised preparation, therapeutic relationships, presence and flexible communication over structured spiritual assessment. They also highlighted challenges arising from the Malay Muslim socio-cultural context, balancing professional and religious identities, and organisational limitations including insufficient training and integration of psycho-spiritual care within healthcare services. **Conclusion:** Psycho-spiritual inquiry extends beyond spiritual assessment and should be understood as a therapeutic process that facilitates patients' exploration of the psychological, social and spiritual meanings of illness. Strengthening culturally responsive training and organisational support may enhance the integration of psycho-spiritual care within Malaysian healthcare.

Keywords: Malaysia; psycho-spirituality; qualitative study; reflexive thematic analysis; spiritual care

EP-04

Potential Impact of Implementing the 2025 European Medicines Agency Clozapine Absolute Neutrophil Count Monitoring Recommendations: A Retrospective Cohort Study from University Malaya Medical Centre

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ABSTRACT

This study aims to assess eligibility for reduced absolute neutrophil count (ANC) monitoring under the 2025 European Medicines Agency (EMA) recommendations among patients receiving clozapine at University Malaya Medical Centre (UMMC), and to examine potential safety and healthcare resource implications. Secondary objectives include describing longitudinal ANC trends and neutropenia incidence, estimating potential reductions in investigations and associated costs, and generating preliminary local evidence to inform future cost-effectiveness analyses and Malaysian clozapine monitoring practices. This retrospective cohort study includes all patients prescribed clozapine at UMMC in 2025. Pharmacy records identified 682 active prescriptions: 328 for 25 mg and 354 for 100 mg tablets. Following patient-level deduplication, electronic medical records will be reviewed for demographic characteristics, treatment duration, longitudinal ANC trends, neutropenia episodes, and treatment interruptions. Eligibility for reduced monitoring will be assessed against the 2025 EMA recommendations. A healthcare resource utilisation model will compare current Malaysian monitoring with the EMA schedule, estimating changes in ANC testing, outpatient monitoring visits, laboratory costs, and patient-related costs. Patient-level deduplication and medical record review are ongoing. Analyses will determine eligibility for reduced monitoring, describe ANC trajectories and neutropenia events, and estimate potential resource and cost implications. This study will provide preliminary local evidence to inform future cost-effectiveness analyses and potential evidence-based revisions to Malaysian clozapine monitoring practices, although further evaluation will be required to establish safety following implementation.

Keywords: Absolute neutrophil count monitoring; clinical guidelines; clozapine; cost-effectiveness; treatment-resistant schizophrenia

EP-05

Sleeping with Danger: A Case of Fluvoxamine-Associated Nocturnal Parasomnia

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ABSTRACT

This case reports fluvoxamine-associated complex nocturnal behaviours with amnesia, highlighting the importance of recognising unusual behavioural changes following selective serotonin reuptake inhibitor initiation or dose escalation. A 21-year-old woman with no antecedent psychiatric or medical history presented with depressive symptoms and sleep-onset insomnia. Following initiation of fluvoxamine 50 mg nocte and titration to 150 mg daily, she developed multiple episodes of nocturnal self-harm, including attempted strangulation of her spouse. These behaviours were inconsistent with her premorbid personality and occurred without conscious awareness, with recall ranging from partial recollection of dream-enactment to complete amnesia. Following inpatient admission for safety, fluvoxamine was cross-tapered to agomelatine 25 mg nocte. No family history of parasomnia was reported. The absence of tongue-biting, incontinence, or post-ictal confusion made nocturnal seizure disorder less likely, although polysomnography was not performed due to resource limitations. The nocturnal disturbances resolved following complete discontinuation of fluvoxamine. A Naranjo Adverse Drug Reaction Probability Scale score of 6 indicated a probable causal relationship, supported by the temporal association with dose escalation, resolution following discontinuation, apparent dose-dependent severity, and absence of an alternative explanation. The presentation suggested possible overlap with parasomnia, although this could not be confirmed. This case highlights that fluvoxamine may be associated with complex nocturnal behavioural disturbances and variable amnesia, which may be mistaken for psychiatric agitation if their temporal relationship with medication changes is not recognised.

Keywords: Adverse drug reaction; fluvoxamine; parasomnia; self-harm; selective serotonin reuptake inhibitor

EP-06

Machine Learning for Drug Addiction Detection: A Systematic Review of Explainable Sensing and Clinical Scalability

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ABSTRACT

Drug addiction remains a major psychiatric and public health challenge, requiring innovative approaches that support early detection, continuous monitoring, and personalised intervention. This systematic review examined the role of machine learning (ML) in detecting drug addiction, focusing on explainable sensing systems and clinical scalability. A systematic literature review based on the PRISMA protocol included 19 studies published between 2021 and 2026 involving alcohol, cannabis, cocaine, opioid and polysubstance use. Studies employed wearable biosensors, smartphones, ecological momentary assessment, transdermal alcohol sensors, electrocardiography, photoplethysmography, electronic health records, and online behavioural platforms. ML approaches included support vector machines, logistic regression, random forest, gradient boosting, deep learning, and natural language processing. Findings showed that passive sensing technologies enabled continuous, ecologically valid, low-burden monitoring of intoxication, relapse risk, craving and physiological changes in real-world settings. Smartphone- and wearable-based systems demonstrated scalability and cost-effectiveness using consumer-grade technologies. Interpretable ML models improved transparency and clinician trust through understandable physiological and behavioural biomarkers, while deep learning offered stronger predictive performance but lower explainability. However, most systems lacked integration with electronic health records and clinical decision-support workflows, limiting implementation in addiction psychiatry. This review provides a clinically oriented synthesis integrating explainable sensing and clinical scalability, bridging experimental artificial intelligence systems and real-world psychiatric implementation and highlighting the potential of explainable passive sensing to support remote monitoring, early intervention, and accessible precision addiction care.

Keywords: Drug addiction detection; explainable AI; machine learning; passive sensing; precision psychiatry

EP-07

Effectiveness of Online Psychoeducation on Mental Illness-Related Stigma and Self-Esteem among Depressive Patients in Sultan Ahmad Shah Medical Centre @ International Islamic University Malaysia

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ABSTRACT

Major depressive disorder (MDD) may involve internalised stigma, reluctance to seek professional help, and low self-esteem as barriers to recovery. This study compared these outcomes following online psychoeducation plus treatment as usual (TAU) with TAU alone. In this quasi-experimental pre-test–post-test study at the Psychiatry Clinic, SASMEC @ IIUM, 70 adults with MDD were allocated by convenience to intervention and control groups (35 each). The intervention comprised five video-narrated Circle of Hope modules plus TAU, while controls received TAU alone. Internalised stigma (ISMI-9), self-stigma of seeking help (SSOSH-BM), and self-esteem (RSES-BM) were analysed using mixed ANOVA. All participants completed the study. Baseline outcome scores did not differ between groups (all $p > 0.05$). SSOSH-BM decreased from 31.83 to 28.37 in the intervention group but increased from 33.17 to 33.89 in controls, with a significant time × group effect, $F(1,68) = 14.165$, $p < 0.001$, partial $\eta^2 = 0.172$. No significant effects were found for ISMI-9, $F(1,68) = 0.084$, $p = 0.773$, or RSES-BM, $F(1,68) = 1.093$, $p = 0.299$. Online psychoeducation added to TAU reduced self-stigma of seeking professional psychological help but did not significantly improve internalised stigma or self-esteem. These findings support further evaluation of online psychoeducation as an accessible and scalable adjunct to usual care, although single-centre convenience allocation, brief follow-up, self-reported outcomes, and unmeasured concurrent TAU limit interpretation.

Keywords: Digital mental health; major depressive disorder; online psychoeducation; self-esteem; self-stigma

EP-08

A Multisensory Immersive Art-Based Intervention for Burnout and Stress Recovery among Medical Students: A Pilot Study

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ABSTRACT

Rimbascape® is a multisensory immersive art-based wellness intervention developed through a transdisciplinary approach to provide a non-stigmatising experiential space for relaxation and stress recovery; it is not formal art therapy and was not delivered by a trained art therapist. This pilot study evaluated its feasibility, acceptability, and preliminary effects on burnout and stress recovery among fourth-year medical students. A mixed-methods, quasi-experimental pre–post one-arm study was conducted at Universiti Malaya. Of 133 students screened using the Maslach Burnout Inventory–Medical Personnel, 19 (14.3%) were eligible and 16 completed three individual Rimbascape® sessions. Outcomes included burnout, depression, anxiety, stress, affect, physiological measures, relaxation, and enjoyment, with post-intervention interviews analysed using reflexive thematic analysis. At screening, 66.2% had mild burnout, 11.3% burnout, and 3.0% high burnout. Emotional Exhaustion decreased from 32.13 to 22.69 ($p < 0.001$, $d = 1.28$), and Depersonalisation from 11.06 to 6.25 ($p = 0.007$, $d = 0.77$). Depression and stress decreased significantly, while personal accomplishment and anxiety did not. Negative affect decreased after every session, while positive affect increased significantly only after the final session. Respiratory rate decreased after each session, with significant heart rate reductions on Days 1 and 4. Five qualitative themes reflected familiarity, multisensory relaxation, nature-like immersion, cognitive clarity, and sensory variability. Rimbascape® was feasible and acceptable, with preliminary short-term improvements across selected outcomes; larger controlled studies are warranted.

Keywords: Burnout; immersive art-based intervention; medical students; pilot study; Rimbascape

EP-09

Financial Burden and Catastrophic Health Expenditure among Patients with Major Psychiatric Disorders in Malaysia: A Patient-Level Analysis

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ABSTRACT

Mental disorders impose a substantial economic burden, yet patient-level evidence regarding their costs and catastrophic health expenditure (CHE) in Malaysia remains limited. This study aimed to estimate the direct cost of illness, quantify patient-reported income loss, and determine the prevalence of CHE among patients with major psychiatric disorders receiving care at a tertiary psychiatric centre in Malaysia. A cross-sectional study was conducted among 324 adults at the University of Malaya Medical Centre. A bottom-up micro-costing approach estimated direct medical and non-medical costs and patient-reported income reduction over 12 months. CHE was defined as total direct healthcare expenditure exceeding 10% or 25% of annual household income. Binary logistic regression identified independent predictors of CHE. The mean total direct cost per patient was RM4,367.44, with medication fees accounting for 46.2%. CHE occurred in 33.3% and 10.5% of households at the 10% and 25% thresholds, respectively. Overall, 34.9% of patients reported a median annual income reduction of RM21,600 attributable to their condition. Psychotic disorders increased the odds of CHE (AOR = 4.901; 95% CI 1.746–13.755; p = 0.003), whereas higher household income (Q4 vs Q1: AOR = 0.110; 95% CI 0.038–0.316; p < 0.001) and government-subsidised healthcare (AOR = 0.321; 95% CI 0.104–0.987; p = 0.047) reduced the odds. Psychiatric disorders impose substantial financial burdens, underscoring the need for targeted policies extending beyond medication costs.

Keywords: Catastrophic health expenditure; cost-of-illness; financial protection; out-of-pocket expenditure

EP-10

The Neuropsychiatric Sentinel: Acute Mania and Reversible Cognitive Decline as the Primary Manifestation of Tuberculous Encephalopathy

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ABSTRACT

Late-onset mania after age 40 is an important red flag for possible secondary organic pathology. Although pulmonary tuberculosis remains a major global health problem, presentation as an isolated neuropsychiatric syndrome with psychosis and rapid cognitive decline without respiratory symptoms is rare and diagnostically challenging. This case highlights frontal-executive dysfunction as an indicator of possible *Mycobacterium tuberculosis*-related encephalopathy. A 45-year-old man with no prior psychiatric history presented with a one-month history of manic-psychotic symptoms, including grandiose delusions and disinhibited behaviour. Further evaluation identified atypical psychosis and rapid cognitive decline on the Mini-Mental State Examination (MMSE) and Neuropsychiatry Unit Cognitive Assessment Tool (NUCOG). He was afebrile with no focal neurological deficits, but contrast-enhanced computed tomography brain showed mild diffuse cerebral oedema, and systemic screening subsequently revealed sputum positivity for tuberculosis (Scanty 3). Although cerebrospinal fluid analysis was not performed due to family constraints, the combination of cerebral oedema, cognitive impairment, and active systemic tuberculosis supported a diagnosis of tuberculous encephalopathy. Treatment with standardised anti-tuberculosis therapy and atypical antipsychotics resulted in complete resolution of psychiatric symptoms within five weeks, with MMSE and NUCOG scores returning to baseline. This case emphasises that late-onset mania should prompt investigation for organic causes and that structured cognitive assessments such as MMSE and NUCOG can assist in distinguishing primary psychiatric illness from organic encephalopathy.

Keywords: Late-onset mania; NUCOG; reversible cognitive decline; tuberculous encephalopathy

EP-11

Socio-demographic and Clinical Factors Associated with Prolonged Admission in a Psychiatric Hospital: A Cross-sectional Study

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ABSTRACT

This study aimed to determine the prevalence of prolonged psychiatric hospitalisation and identify socio-demographic and clinical factors associated with prolonged length of stay (LOS) among adult psychiatric inpatients in Malaysia. A retrospective cross-sectional study reviewed medical records of adults admitted to the acute psychiatry wards of Hospital Bahagia Ulu Kinta between 1 January and 31 March 2025. Prolonged admission was defined as hospitalisation exceeding 30 days. Among 351 admissions, 92 patients (26.2%) experienced prolonged hospitalisation. Age ≥45 years was associated with prolonged admission (OR = 1.626, 95% CI: 1.007–2.624, p = 0.046). Significant clinical factors included previous psychiatric admission (OR = 2.191, 95% CI: 1.257–3.819, p = 0.005), Community Mental Health Team follow-up (OR = 4.706, 95% CI: 1.858–11.920, p < 0.001), treatment-related side effects (OR = 3.386, 95% CI: 1.899–6.035, p < 0.001), and schizophrenia spectrum disorders (OR = 2.670, 95% CI: 1.619–4.404, p < 0.001). Nursing home residency was associated with reduced odds of prolonged admission (OR = 0.382, 95% CI: 0.156–0.934, p = 0.029). Other socio-demographic and clinical variables were not significantly associated with prolonged LOS. Approximately one in four admissions resulted in prolonged hospitalisation, with clinical factors more strongly associated with prolonged LOS than socio-demographic characteristics. These findings may support early identification of higher-risk patients, optimise discharge planning, and strengthen community mental health services.

Keywords: Community mental health team; length of stay; prolonged hospitalisation; psychiatric inpatient; schizophrenia

EP-12

Modifiable Psychosocial Factors Associated with Social Anxiety Symptoms among Malaysian Foundation Students: Implications for Preventive Psychiatry

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ABSTRACT

This study aimed to determine the prevalence and severity of social anxiety symptoms and identify sociodemographic and modifiable psychosocial factors independently associated with social anxiety symptom scores among Malaysian foundation students. A cross-sectional study was conducted among 325 students at the Centre for Foundation Studies, International Islamic University Malaysia, Gambang, selected using stratified random sampling. Participants completed validated questionnaires assessing social anxiety symptom severity, self-esteem, perceived social support, and coping strategies. Descriptive statistics, univariable linear regression, and stepwise multiple linear regression were used. The prevalence of high social anxiety symptoms was 5.5%. Higher family income ($\beta = -0.08$, $p = 0.024$), active coping ($\beta = -0.30$, $p= 0.001$), and perceived friend support ($\beta = -0.26$, $p = 0.001$) were independently associated with lower social anxiety symptom scores. Difficulty adapting to university life ($\beta = 0.11$, $p = 0.004$), denial coping ($\beta = 0.37$, $p = 0.040$), behavioural disengagement ($\beta = 0.39$, $p = 0.024$), and self-blame ($\beta = 0.63$, $p = 0.001$) were independently associated with higher scores, with self-blame emerging as the strongest independent correlate. Although the prevalence of high social anxiety symptoms was relatively low, symptom severity was primarily associated with modifiable psychosocial factors. These findings support early identification of students at risk and preventive strategies that strengthen adaptive coping, supportive peer relationships and resilience during the transition to higher education.

Keywords: Coping strategies; early intervention; foundation students; perceived social support; social anxiety symptoms

EP-13

Positive Urine Drug Tests and Time to Opioid Relapse among Patients Receiving Methadone Maintenance Therapy: A Retrospective Study

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ABSTRACT

Methadone maintenance therapy (MMT) is an established treatment for opioid dependence; however, relapse remains a major challenge that may compromise treatment outcomes. This study aimed to identify factors associated with positive urine drug tests (UDT) and determine the occurrence of opioid relapse among patients receiving MMT at Hospital Tuanku Fauziah. A retrospective cohort study was conducted among patients enrolled in the MMT programme between 2021 and 2024. Cases had positive UDT results for non-prescribed or illicit substances, while controls had negative results; opioid relapse was defined separately by a positive urine morphine test. Conditional logistic regression identified factors associated with positive UDT, while Kaplan–Meier analysis assessed time to opioid relapse. The study included 74 male participants, comprising 43 cases and 31 controls, with a median age of 46 years (IQR = 12). Among 60 patients matched for marital status and employment, history of imprisonment was the only significant factor associated with positive UDT (aOR = 3.79; 95% CI: 1.04–13.8; p = 0.044). Among 43 cases, opioid relapse occurred in 51% (n = 22). Relapse-free probability declined to 0.674 at one year and 0.472 at 3.5 years. A history of imprisonment was associated with increased risk of positive UDT, while opioid relapse was particularly prevalent during the first year of MMT, highlighting the need for enhanced monitoring and targeted psychosocial support for high-risk patients.

Keywords: Methadone maintenance therapy; opioid relapse; positive urine drug tests; risk factors

EP-14

Beyond Psychological Need: Mental Health Support Use and Perceived Barriers among Adolescents in Sabah, Malaysia

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ABSTRACT

Adolescent mental health is a growing concern in Malaysia, yet psychological need may not translate into help-seeking intention. This study examined support desire, actual support use, and perceived barriers among adolescents with and without elevated psychological difficulties. This secondary analysis used cross-sectional data from 429 adolescents aged 13–15 years from three secondary schools in Sabah's West Coast Region. Elevated psychological difficulties were defined as SDQ total difficulties scores ≥16. The Adolescent Mental Health Support Scale assessed desire for school-based support, actual support use, and barriers. Group comparisons and adjusted models controlling for age, gender, household income, family structure and proximity to mental illness were conducted. Of 429 adolescents, 209 (48.7%) had elevated difficulties. Definite desire for school-based support did not differ significantly by SDQ status (20.6% vs 18.6%, p = 0.613). Adolescents with elevated difficulties were more likely to use school formal support (adjusted OR = 1.56, 95% CI: 1.04–2.35, p = 0.031), crisis/text lines (adjusted OR = 2.07, 95% CI: 1.30–3.32, p = 0.002), and social media-based support (adjusted OR = 1.95, 95% CI: 1.27–3.00, p = 0.002). They also reported higher barrier scores (33.2 vs 27.0; adjusted B = 5.88, 95% CI: 4.70–7.06, p < 0.001). School mental health programmes should therefore move beyond availability by improving visibility, confidentiality and adolescent-friendly access, supporting coordinated school-based mental health pathways in Sabah.

Keywords: Adolescent mental health; help-seeking behaviour; mental health literacy; school-based mental health; social media

EP-15

Early Real-World Clinical Outcomes and Safety of Repetitive Transcranial Magnetic Stimulation for Treatment-Resistant Depression in a Malaysian Academic Medical Centre

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ABSTRACT

Repetitive transcranial magnetic stimulation (rTMS) is an established treatment for treatment-resistant depression (TRD), yet real-world evidence from Malaysian public healthcare settings remains limited. This study evaluated the early clinical outcomes and safety of rTMS delivered through a newly established psychiatric rTMS service at a Malaysian academic medical centre. A retrospective cohort study included 25 consecutive adults with TRD who received an acute course of rTMS at Universiti Malaya Medical Centre between November 2024 and May 2026. Demographic, clinical, treatment, Montgomery–Esberg Depression Rating Scale (MADRS), completion, and adverse-event data were extracted from medical records. Mean MADRS scores improved significantly from 33.9±9.1 at baseline to 16.2±11.2 following treatment, representing a mean improvement of 17.7 points (95% CI: 12.8–22.6; $p < 0.001$). Clinical response (≥50% MADRS reduction) was achieved in 13/25 (52.0%) patients and remission (MADRS ≤10) in 7/25 (28.0%). Twenty patients (80.0%) completed the planned acute treatment course. Adverse events occurred in 12/25 (48.0%) patients and were predominantly mild and transient, most commonly headache and scalp discomfort. No seizures or serious treatment-related adverse events were documented. rTMS was associated with clinically meaningful improvement in depressive symptoms and a favourable safety profile, providing preliminary Malaysian real-world evidence supporting its integration into specialist psychiatric services and further evaluation through larger prospective multicentre studies.

Keywords: Malaysia; neuromodulation; real-world outcomes; repetitive transcranial magnetic stimulation; treatment-resistant depression

EP-16

Breaking Barriers in Cognitive Screening: The First Certified Bahasa Malaysia MoCA (Versions 8.1, 8.2 and 8.3) with Memory Index Score

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ABSTRACT

A standardised Bahasa Malaysia version of the Montreal Cognitive Assessment (MoCA) is not widely available in Malaysia, and the use of non-local language versions may introduce linguistic and cultural inconsistencies in interpretation. MoCA version 8 introduced three alternate parallel forms (8.1, 8.2, and 8.3) to reduce practice effects in serial assessments and the Memory Index Score (MIS) to aid differentiation of cognitive impairment aetiology. This study aimed to translate and culturally adapt MoCA versions 8.1, 8.2, and 8.3 into Bahasa Malaysia through a structured linguistic and clinical review process. Conducted under MoCA organisational framework requirements, forward translation was performed by bilingual psychiatric clinicians, followed by expert linguistic review by a geriatric psychiatry specialist to ensure conceptual equivalence, clarity, and cultural appropriateness. Translations were reconciled through team consensus, and back translation was undertaken by a linguist from the Faculty of Languages and Linguistics, Universiti Malaya, before final review under the MoCA organisational framework. Three standardised Bahasa Malaysia versions incorporating the MIS were successfully developed, certified by MoCA Test Inc., and made available for use within the MoCA organisational framework. Cultural and linguistic adaptations ensured conceptual equivalence, while a validation study is ongoing to evaluate psychometric properties. These versions address a longstanding barrier in localised cognitive screening and provide a foundation for culturally grounded cognitive assessment across Malaysian clinical settings.

Keywords: Bahasa Malaysia; cognitive screening; cross-cultural adaptation; montreal cognitive assessment; translation

EP-17

Implementing Simplified Measurement-Based Care in a Malaysian Teaching Hospital: A 9-Year Pragmatic Case Series

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ABSTRACT

Measurement-based care (MBC), the systematic use of validated scales to monitor symptoms and guide clinical decisions, improves psychiatric outcomes but remains uncommon in low- and middle-income countries. This study evaluated the feasibility, clinical utility, sustainability, educational impact, and research potential of a clinician-led MBC initiative in a Malaysian psychiatric teaching hospital. This descriptive case series at Hospital Canselor Tuanku Muhriz (2017–2026) implemented a pragmatic MBC model using brief, public-domain instruments: Patient Health Questionnaire-9 (PHQ-9), Generalized Anxiety Disorder-7 (GAD-7), Mood Disorder Questionnaire (MDQ), Adult Attention-Deficit/Hyperactivity Disorder Self-Report Scale-5 (ASRS-5), Patient Mania Questionnaire-9 (PMQ-9), World Health Organization Disability Assessment Schedule 2.0 (WHODAS 2.0), and Patient Global Impression of Change (PGIC), using a hybrid paper-digital workflow. Four purposively selected cases illustrated clinical utility. The initiative was sustained for nine years without dedicated funding or additional staffing. Cases demonstrated early detection of subsyndromal bipolar features; diagnostic correction to bipolar II disorder with attention-deficit/hyperactivity disorder after serial PGIC scores identified ineffective depression treatment; diagnostic revision to schizoaffective disorder with deficit features; and diagnostic expansion in treatment-resistant body dysmorphic disorder with comorbid ADHD and bipolar features, with serial MBC guiding treatment optimisation. Clinicians reported enhanced clinical structure and residency supervision, while the digital workflow remained resilient during pandemic telepsychiatry transitions. The initiative may also generate a longitudinal dataset for future service-level evaluation. Simplified MBC using freely available tools appears feasible and sustainable in a resource-limited academic setting, with potential to enhance diagnostic accuracy, treatment monitoring, psychiatric training, and health services research, supporting its further integration into psychiatric residency training.

Keywords: Implementation science; low- and middle-income countries; measurement-based care; quality improvement; teaching hospital

EP-18

Beyond Information: Parents' Recommendations for Practical, Structured and Sustained Attention-Deficit/Hyperactivity Disorder Psychoeducation

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ABSTRACT

Introduction: Psychoeducation is an important component of attention-deficit/hyperactivity disorder (ADHD) management, particularly following diagnosis when parents need information and guidance to support their child. However, information delivered during clinical consultations may not fully address the practical, evolving challenges families face. This study explored parents' perceived gaps in ADHD psychoeducation and their recommendations for improving post-diagnostic support. Materials and **Methods:** This generic qualitative study included 12 parents of children with ADHD attending the Psychiatry Clinic at Sultan Ahmad Shah Medical Centre @ IIUM, Kuantan, Malaysia. Participants were purposively recruited and participated in individual semi-structured interviews conducted in Malay or English. Interviews were audio-recorded, transcribed verbatim and analysed using thematic analysis. Interpretation was informed by the Information-Motivation-Behavioural Skills model. **Results:** Parents described a need for psychoeducation that extended beyond the initial provision of information following diagnosis. They preferred practical, structured and sustained support. Practical support included clear, step-by-step guidance for managing every day situations such as routines, homework, emotional outbursts and school-related difficulties. Parents also wanted accessible resources they could revisit outside clinical consultations, including written guides, checklists, videos, and visual demonstrations. They valued guidance from healthcare professionals towards credible and reliable resources and expressed a need for continued professional consultation as new challenges emerged. Greater family involvement and support were also recommended. **Conclusion:** Parents' recommendations suggest that ADHD psychoeducation should move beyond one-off information delivery towards a more practical, structured and sustained model of support. Providing accessible resources alongside ongoing professional guidance may better help parents translate knowledge into everyday management of their child's ADHD.

Keywords: ADHD; parental support; parents; psychoeducation; qualitative research

EP-19

HIV-Associated Mania Mimicking Substance-Induced Bipolar Disorder: A Case Report

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ABSTRACT

Methods: HIV-associated mania is uncommon but may occur in the context of advanced immunosuppression and can be mistaken for a primary psychiatric or substance-induced disorder. We report the case of a 52-year-old man with HIV who discontinued antiretroviral therapy (ART) after one year and remained untreated for approximately eight years. He presented with an elated mood, irritability, reduced need for sleep, and excessive spending. He was initially diagnosed with Substance-Induced Bipolar Disorder following recent methamphetamine use. **Results:** Urine toxicology was negative, and his symptoms showed minimal improvement despite psychotropic treatment. Further investigations revealed severe immunosuppression (CD4 count 54 cells/mm^3) and a high viral load. His manic symptoms progressively resolved following re-initiation of ART, treatment of opportunistic infections, and subsequent immune recovery, supporting advanced HIV disease as the principal contributor to his psychiatric presentation. **Conclusion:** HIV-associated mania should be considered in first-episode mania. Routine infectious screening may improve diagnostic accuracy and outcomes.

Keywords: HIV; mania; neuropsychiatry; substance-induced