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Title: Rumination, cognitive-behavioural avoidance and depression in an Australian clinical sample

Abstract: The study re-investigated the factor structure of the Cognitive-Behavioural Avoidance Scale (Ottenbreit & Dobson, 2004). The study then investigated the relationship between avoidance, rumination and depression in terms of gender, age, life events and unique variance using the reinvestigated scale to measure cognitive-behavioural avoidance. Participants consisted of 158 severely depressed and anxious inpatients; there were 75 men (mean age of 49.9 years) and 83 females (mean age of 44.6 years). Participants completed the Cognitive-Behavioural Avoidance Scale; the Depression, Anxiety and Stress Scale; Brief COPE; The Ways of Coping Questionnaire – Escape – Avoidance Scale and the Response Styles Questionnaire – Rumination Scale. The Cognitive-Behavioural Avoidance Scale was a valid instrument for measurement of avoidance in this sample but, after factor analysis, it differed in its’ subscale structure from the original published version. Females had higher scores on all constructs; overall use of rumination decreases with age but there were different results for the three constructs when age by gender was examined; interpersonal life events were important for all participants and avoidance did contribute unique variance to the construct of depression.

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Title: Elder depressed patients and suicidal drug overdose

Abstract: Background: This population-based study is aimed to assess the incidence and risk of SDO among elder (age of 60 to 99 years) patients with depressive disorders. Methods: From January 2002 to December 2013, 35,716 newly-diagnosed depressive disorders elder patients (age of 60 to 99 years) were enrolled from the National Health Insurance Research Database (NHIRD) in Taiwan. Patients were observed for a maximum of 12 years to determine the incidence of newly onset SDO. Results: Of the total 35,716 elder (age of 60 to 99 years) patients with newly diagnosed depressive disorders, 1,374 patients (3.85%) developed suicidal drug overdose (SDO) during a mean (SD) follow-up period of 6.16 (3.46) years. The risk of SDO increased with the severity of depression (Major depression, hazard ration (HR) 2.7568, 95% CI 2.4627 to 3.0861, p < 0.001). The Cox proportional hazards analysis showed that women (HR 1.5253), substance use disorders (HR 3.5198), insomnia (HR 1.6835), and psychotic disorders (HR 2.0332) were independent risk factors for developing SDO. Conclusions: Our study indicated a subsequent risk of SDO in elder patients with depressive disorders, and the risk increased for those with major depression.

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Title: An experience of medical students promoting mental health issues to the public and their peers in Taiwan.

Abstract: A group of medical students from National Yang-Ming University in Taiwan has launched a series of events during this year at three different places in Taiwan. Aiming to promote two concepts to the public and most importantly to medical students creating a better medical environment for people with mental problems. Firstly, is to understand the feelings of individuals struggling with mental illness. Secondly, have a proper knowing about some major mental illness and understand that these people are not useless, in fact, they still own most of their abilities. After holding the events, feedbacks were mostly positive for learning medical knowledge of mental illness. However, there is little focus on the life of these people. We are concerned that people over focus on the disease itself may ignore what people with mental problems need. This will deprive the right of the individuals with mental illness. As they stay in hospitals for medication, their rights to participate in the society and
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their interest will be taken away, and this might end up leaving the people struggling with mental illness a dull life. This is not what we called “healthy.” Creating a mentally healthy society needs both prevention and creating a friendly environment. We wish to draw attention to the possible stigmatization through spreading the medical knowledge of mental disorders and the possibility of setting up barriers for people with mental problems.

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Title: Professional quality of lives of police officers in Brazil

Abstract: Objectives: This study aimed to evaluate the professional quality of life of police officers in Campo Grande, Mato Grosso do Sul, in Brazil. Method: The investigation was based in a quantitative approach with a sample of 180 police officers. The participants were assessed by a sociodemographic Questionnaire and the 35-item Professional Quality of Life Questionnaire (QLP-35). Results: The respondents were man (81.1%), married (75.0%), age between 34 and 48 years old (63.4%), police investigators (60.6%), working 40 hours per week (93.9%) during a period of 9 to 12 years (57.2%). QLP-35 results revealed a little or none organizational support (60.5%) and quality of life at work (41.7%) and a lot or too much work load (54.4%), discomfort work (31.7%), capacity to carry out the work (84.4%), resources to the job (82.2%), intrinsic motivation (81.7%) and social support (39.4%). Conclusions: The police activities demand a lot of physical and emotional efforts. A lack of organizational support associated to a hard work load is a dangerous combination with potential to cause a serious mental disorder. On the other hand, a lot of motivation combined with social support have the capacity to improve the ability of employees to handle a stressful routine.

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Title: On global approaches to mental health

Abstract: Introduction: Enormous global problems are essentially related to mental health incl. education-ecology-economy-medicine-etc.: New scientific and organizatory models in science are necessary. Conception: Discussion about WFMH and national soc: 1. Enlargement of leading boards/Exec.-Committee-etc. by a. 3 honorary (permanent: moral support/continuity) and 3 presidents (fixed-term) acc. to triumvirate principle. b. Interdisciplinary board: Scientists from philosophy/psychology/medicine incl. c. representatives of intern. soc.: philosophy-FISP-IVR-ISB/psychol.-psychosom.-IUPsyS-ICPM/physiol.-IUPS/pharmac.-IUPHAR/med.-FIGO-SIU-ISIM-etc. Enlargement of 2. congress topics by approaches to philosophy (epistemology-ethics-aesthetics), theology (Brahmanism-Yoga/Buddhism incl. Zen-Shintoism/Christianism-Mosaism/Confucianism-Taoism/Mohammedanism-Sufism), psychology, medicine and 3. Congress summaries to 300-500 words, similar to other soc. 4. Organization of common interdisc. congr., see 1c. 5. Creation of an International Academy for Mental Health with national branches by network also of institutes to Intern. Universities (proposal by British Nobel-Laureate B.Russell/G.Menschnig): intern. UNO-employees, e.g. intern. professors, possibility for whole-life work, etc. Conclusion: Realization of proposals [1-5] by WFMH and other societies (Australian, etc.) could lead to model for scientific-renewal by interdisciplinarity/internationalization, supporting UNO-Agenda21 for better health on global level.

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Title: Mental health in context of political anthropology

Abstract: Introduction: During Opening Ceremony of World Congr.Psychosom.Med. (ICPM-2005-Kobe) were present their majesties Emperor and Empress of Japan, Prime Ministers for Science-Education-others and prominent scientists. Emperor Akihito honoured congress by strategical ideas, available for all anthropological sciences, “total symptoms of mind and body, seeking ways of holistic care ... it is extremely important for patients ... my hope contributes ... the progress of medical science and people's happiness in the entire world”. Conception: Yujiro IEMI/ICPM-Ex-Pres. opened new dimension in psychol. and med. by integration of oriental somatopsychic theory and self-regulation practises (Yoga/Qigong/Zen-meditation/etc.) with occidental psychosomatics (Th.von UEXKÜLL). Philos.-psychol./FISP-WFMH-IUPSyS, also Australian and other soc. can establish Committees “Political Anthropology and Mental Health” preparing proposals for large implication of mental health practises in univ.-schools-hospitals-etc. This matter could be considered during congresses giving recommendations for governments-EU-WHO-UNESCO (FISP-2013-Athens Proc Philos 464-5 and 503-4). Conclusion: Foundation of an International Academy for Anthropology and/or Acad. for Mental Health, similar to European Acad. Neurology/EAN-2015-Berlin, considering mental health by oriental holistic philosophy-psychology-medicine counteracting enormous dominance of occidental one could support UNO-Agenda21 for better health-education-ecology-economy on global level.

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Title: On mental health in context of philosophy, anthropology, psychology and medicine

Abstract: Introduction. Mental health is essential for holistic and multidimensional consideration of human, i.e. for philosophy-anthropology-medicine. Results. A-PHILOSOPHY-ANTHROPOLOGY. Integral anthropology related to fundamental scientific question of Kant “what is the human?” is considered by scientific-theory &cs conc. mental health in context of to ti en einai/Aristoteles, Agaton/Platon, reason/Vernunft, Verstand, Urteilskraft. B-PSYCHOLOGY-PSYCHOSOMATICS. Modern occidental philosophy and psychology consider mental health on level of normal and subconsciousness (analytic psychology: Freud, etc.), oriental one in form of super-consciousness - samadhi, nirvana, satori, etc. (Sri Aurobindo, Dalai Lama, etc.) in context of future synthetic philosophy and psychology. Prominent scientists reported on similar observations (Carrel*, Neuhausler, Pauli*, Rhiine, Richet*, Vassilev/*Nobel Laureate) in concordance with electrophysiological experiments with Yogis, Buddhist-monks (Anand, Chinna, Kasamatsu, Hirai, Ornsfield). Mental disorders after neurotic reactions can be antagonized by psychosomatic practises (see Neu et al. WFMH-2016). C-ANGIO-CARDIOLOGY and GENITO-UROLOGY. Occidental and oriental psychosomatic therapy help cardiac and radiooncological patients – arrythmia, hypertension, incontinence, radiocystitis, etc. Conclusion. Theoretical and practical models for an integral anthropology (A-C) could support total health in context of UNO-Agenda21 for better health-ecology-etc. in all countries.

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Title: On philosophical anthropology in context of mental health and uno-agenda 21
Abstract: Introduction: Future needs new mental education in context of integral anthropology: multidimensional and holistic: His majesty Emperor AKIHITO honoured World Congress Psychosomatic Medicine (ICPM-2005-Kobe) by strategatical ideas, available also for philosophy and all anthropological health sciences, “total symptoms of mind and body, seeking ways of holistic care … it is extremely important for patients … my hope contributes … the progress of medical science and people’s happiness in the entire world”. Conception: Model for total health education leading to mental health on basis of integral anthropology including consideration of different “integration areas” (“Integrationsebenen”), related to psychosomatic (Thure von UEXküLL) and somatopsychic theories (Y.IKEMI), i.e. a general/philosophical/normative/pedagogical/educative and medical/prophylactic-curative, based on special anthropology/individual (biological to the theological), natural, social (interaction nature-human-society). Individual anthropology considered the human with his spheres: Somatic/psychical-emotional, etc./mental/logical/philosophical/spiritual-theological as well as human, i.e. spheres interaction with environment and society given in ref. Conclusion: School education for total health related to integral anthropology could lead to high degree of mental health supporting UNO-Agenda21 for better health/education/ecology/economy in all countries. Dedication: Nobel-Laureates: Fukui, Josephson, Khorana, Pauling, Lehn, Lorenz, Michel

Authors: Eva Neu, Michael Michailov, Ursula Welscher, Christoph Lütge, Michael Schratz, Germain Weber

Title: On mental health in psychooncology

Abstract: Introduction-Method: Psychooncological therapy is very important for health-behaviour-modification and psycho-neuroimmunomodulation related to occidental and oriental philosophy-psychology-medicine/Chinese-Indian-Japanese etc. Effects of psychosomatic practises incl. yoga on psychological items/polar-attitude-list” and physiological parameters of probands and patients are summarized. Results: (recent/earlier): Observations demonstrate strong positive influence of psychosomatic parameters after music[1], respiratory[2], yoga-physical[3] therapies. Items of psycho-
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Physiological (relaxed), emotional (tranquil/happy), cognitive (few/ordered thoughts), voluntary (active/spontaneous), social (open/assertive), consciousness (clear/sleepy) categories are significantly positive changed 25-50%. The 3 therapies have specific psychic effects, e.g. items “relaxed/tranquil” after respiratory- (+45/50%) and music- (+20/5%), also item “open” after music-therapy (+25%) are positive, but negative after respiratory-therapy (-20%). Radiooncological patients/gynecol.-urol. reported after training [1-3] to be more relaxed-47%/tranquil-62%/clear-40%, large mental-quietness-62% (p<0.05-0.01, n=206). Dedication-Nobel-Laureates: Fukui, Josephson, Khorana, Pauling, Lehn, Lorenz, Michel. Conclusion: Model for integrative psychooncotherapy by high mental control incl. oriental and occidental practises and pharmaco-therapy could essentially help oncological patients (radiochemotherapy incl. intraoperative radiotherapy/IORT).

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Title: Ride the airwaves to recovery - Prosumer emPowerment radio

Abstract: This poster presents the use of Internet Radio as a wellness outreach tool to the world, utilizing both talk and music format. This is especially designed to be a wellness tool for people living with a mental health diagnosis so they have an opportunity to feel their own personal power. The songs played have strong positive “I” statements which yield the effect of using positive affirmations. The programming includes The Janet and Anna Show – looking at ways to live life powerfully; and excerpts from Madness Radio, interviews with leaders with lived experience of mental health issues and leaders in the consumer/survivor/ex-patient/user movement. Also included are Keynote Speakers from the Alternatives Conference who are leaders in the movement in the U.S.A. and are chosen by their peers. Listeners are invited to share material to include in the programming by sharing empowerment quotes, gratitude lists, and stories of courage. Prosumer emPowerment Radio is available on line 24/7 to reach people throughout the world when they choose to use natural empowerment in their life.

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Title: Tackling Cyberbullying Website

Abstract: There is no question that Cyberbullying is on the rise particularly amongst our youth. Unfortunately we are only dealing with very limited data on the topic as there is no one mechanism or entity capturing the incidence of Cyberbullying and informing Government or mental health agencies to the extent of the problem within Australia. Anecdotally we know that 1 in 3 children are Cyberbullied in Australia, but in some communities it is believed that the prevalence could be far greater. In Far North Queensland, Australia for instance we have had cases whereby up to 8 youth suicides have occurred in the one geographical location as a direct result of cyberbullying. This number is frightening and there is no doubt that young people, teachers and parents need to learn strategies on how to deal with this ever increasing problem. What we also need is accurate data captured on the incidence of Cyberbullying to ensure that agencies are adequately informed about the issues, incidence rates and therefore be able to plan how best to tackle the problem effectively to achieve positive outcomes. The Tackling Cyberbullying Taskforce was established in late 2014 to help tackle this problem in the local region of Far North Queensland as the community had boasted one of the highest youth suicide rates in the country in recent years. A website with helpful tools and information for victims, parents and teachers as well as a portal to capture incident rates has been setup by the Taskforce.

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Title: Estimated prevalence, social support, and advocacy for the patients with Gender Identity Disorder (GID) in Japan

Abstract: Attitudes toward transgenderism vary among cultures. Medical practice and human rights for patients with GID had long been neglected in Japan until the guidelines for diagnosis and treatment of GID were released by the Japanese Society of Psychiatry and Neurology in 1997. According to the guidelines, patients with GID are able to receive hormone therapy and/or Sex Reassignment Surgery (SRS) by their informed choices. In 2004, an act was enacted, which allowed the legal registration of the change of gender for a person with GID who have received SRS. More than 6021 people who received SRS have since succeeded in officially registering their change of gender by 2015. Epidemiological analysis of clinical data of 496 patients with GID at Yamamoto Clinic in Okinawa, Japan indicates that estimated prevalence is one out of 6000 for Male to Female GID and one out of 600 for Female to Male GID; higher than previous figures indicated in the DSM-5. However, physical therapy such as hormone therapy and SRS are not accredited by medical insurance, and excessive medical expenditures have become an alternate burden to patients with GID. High prevalence and the needs of social support for the people with GID has become a crucial topic for discussion.