1. Triggered Factors of Readmission among Psychogeriatric Patients

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**Background**: Advanced age is an aging process including biological, psychological, and social. These things are interrelated with each other, because they are part of the aging process. This situation can potentially cause health problems in general and mental health, especially for the elderly. Mental patients after being discharged from mental hospitals often experience recurrence. There are 4 factors that trigger recurrence in schizophrenic patients, namely patients who do not take medication, do not control the doctor and lack support from the family.

**Purpose**: The purpose of this study are to find out whether the patient does not take medication regularly, the support of family and control settings is a trigger for relapse of mental disorders in the elderly.

**Method**: The study was conducted at the Surakarta Mental Hospital in March 2018. The total population was 312 patients. The sampling technique used was purposive sampling with the sample size determined by the Lameshow formula involving 37 respondents. Data analysis with bivariate analysis.

**Result**: The results showed that: 1) a sig value of 0.004 < 0.05 was obtained which indicated that there was a relationship between the regularity of taking medication with recurrence in elderly patients with mental disorders, 2) a significant value of 0.896 > 0.05, no family support relationship become the originator of recurrence in elderly patients who have mental disorders, 3) Obtained a significant value of 0,000 < 0,05, there is a relationship of regularity of control to the doctor being the originator of recurrence in elderly patients with mental disorders, 4) Obtained a significant value of 0,000 < 0,05 meaning that the control variable to the doctor, compliance with medication and family support is able to explain the magnitude of the dependent variable on the recurrence of respondents.

**Discussion**: the causes of recurrence in family schizophrenic patients who are less harmonious or less conducive. Relations with relatives who are less familiar, sufferers who are lazy and feel bored of control on a regular basis so that the medication becomes irregular. Lack of support in controlling medication for sufferers from families so that outpatient care becomes unstable, then factors outside the family, namely excessive environmental stressors, one of which is accumulated work.

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**Background:** Autism spectrum disorder (ASD) is a neurodevelopmental disorder characterized by limited interest and behavior, impaired social interaction and communication. The number of children with autism spectrum disorders was estimated at 112,000 in 2010. Prevalence and data on in Indonesia are not yet available.

**Purpose:** This study aims to describe autism spectrum disorder data in Dr. Soetomo Hospital, Surabaya.

**Method:** This study is an observational study using consecutive sampling in August - September 2018 in patients with autism spectrum disorder in daycare services in Dr. Soetomo Hospital Surabaya. The research instrument used a demographic questionnaire and parenting style questionnaire.

**Result:** The number of children with autism spectrum disorders in Dr. Soetomo Hospital were 31 children. Children with total CARS score <30 (non-autistic) is 35.48%, 22.58% with a CARS score is 30-37 (mild-moderate autistic) and 41.93% with a CARS score > 37 (severe autism). Parenting style for children with autism spectrum disorders is 80.64% authoritative, 6.45% authoritarian, 3.22% permissive and 9.67% inconsistent. Children who have a lack socialization with others is 54.80%, and 45.2% practice good social interaction to environment. Proportion of caregiver is 74.2% were cared for by parents, 16.1% were cared for by grandparents and 9.7% were cared for by baby sitters. As many as 45.2% is a working mother and 54% did not work. Children with somatic complaints are 45.2% of children had constipation, 9.7% had diarrhea, 12.9% had seizures, and 38.7% had delayed growth.

**Conclusion:** The number of children with autism spectrum disorders in Surabaya is quite high. The severity of autism spectrum disorder symptom in Surabaya is severe. Involvement of parents in caring for children with Autism spectrum disorders in Indonesia still need to be improved for better outcomes.
3. Does Depression Influence Inflammatory Marker in Burn Patients?

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**Background**: Comorbidity psychiatric problem in burn patients leads to more complicated management as well as a predictor of prognosis. Depression in burn patients would worsen the physical condition and increase pain reaction. This study aims to find out the correlation of depression towards inflammatory response in burn patients.

**Methods**: It was a cross sectional study in Burn Unit of dr. Soetomo General Hospital, Surabaya. Inclusion criteria for subjects were: 1) aged 18-60 years old, 2) moderate to severe burn grading, 3) had no severe psychosocial stressor for the last 1 years, measured using Social Readjustment Rating Scale (SRRS) Holmes and Rahe, 4) Giving consent to participate the study. Interleukin 6 (IL-6) level was used to measure inflammatory response, using ELISA test. Blood test was taken after 2 weeks admission. Instrument used to quantify depression level was Hamilton Depression Rating Scale (HDRS).

**Result**: There were 20 moderate burn patients recruited. There were 12 (60%) male patients and mean age was 40.2 years old. Mean Total Body Surface Area (TBSA) on admission was 31.5%. Mean of IL-6 level was 132.2 and mean HDRS score was 14.2 (moderate depression). There was no significant correlation between IL-6 level and severity of depression in burn patients (p=0.385). No significant correlation between TBSA on admission of burn patients and IL-6 level (p=0.770) as well as HDRS score (p=0.214).

**Conclusion**: Despite of moderate burn patients were having moderate depression, TBSA doesn’t affect the severity of depression. Depression in burn patients doesn’t influence inflammatory marker. This study need further investigation.
4.
Behavioral Response in BPD with Erectile Dysfunction (A Case Report)

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Background : Erectile dysfunction (ED) is a medical condition that considered unpleasant stressor for men. This is very much related to the existing perspective, values and culture. Patient’s responses towards ED is greatly influenced by his personality and could increase the complexity of the management. This case aim to report how to assess personality type by behavioral response to ED.

Case Illustration : A 72-year-old male patient, Madurese. Patients were consulted to psychiatric clinic due to suffering from ED since 2 years ago. Patients had undergone oral therapy with phosphodiesterase type 5 (PDE5) inhibitor such as tadalafil and sildenafil, and testosterone undecanoate oral preparations for a sufficient period of time but the results were minimal. The patient also indicated for intrapenile vasodilator injection (alprostadil), but it is not done because the patient feels uncomfortable with it. Since last 6 months, he feel his penis is enlarged but soft and cannot penetrate at all (Erectile Hardness Score 2). He got depressed. He project his inability to his wife for unable to accept his condition. He had delusional thought about his wife having an affair and became suspicious towards his family. There are history of violent towards his wife such as hitting and threatening to kill, which he later regretted. His emotion became unstable and deteriorate his marital life.

Discussion : ED has been a significant stressor for him. The patient carry out projection and rationalization to maintain his ego. He then developed obsessive and paranoid idea that could be delusional, and felt himself as perpetual victim. There are history of impulsivity and unstable emotion. He always find justification for his behavior. His responses to erectile dysfunction is consistent with behavior patterns in Borderline Personality Disorders (BPD), according to DSM V criteria.

Conclusion : Personality types can be assessed from the patient's response when facing stressors, in this case, erectile dysfunction.

Keywords : erectile dysfunction, behavioral responses, borderline personality disorder
5.
Analysis of delirium the occurrence of the elderly in the emergency department of a regional hospital in southern Taiwan - a pilot study

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Objectives: Understand the situation of delirium in emergency department (ED) and Short-term prognosis status in southern Taiwan.

Background and aims: Some studies have found that the incidence of delirium in emergency department (ED) is about 7-17%, but up to 72-76% is not identified. Delirious issues are still mostly studied in the medical or surgical intensive care unit. The incidence of delirium in emergency and the prognosis after transferring to the ward are still unknown. These aims evaluate the incidence of various types and short-term outcome of the occurrence of delirium in the ED.

Materials and methods: This study is observational, comparative research design with convenience sampling. The population was the ED patients located at regional hospitals in the south of Taiwan. Using the observational structural Richmond Agitation-Sedation Scale (RASS) and Confusion Assessment Method for the ICU (CAM-ICU) as a tool to confirm the occurrence and subtyping delirium, to follow up days in hospital, physical activity function, cognitive function and mortality outcomes of delirium, evaluate the relationships between the incidences of various delirium types and outcomes in ED patients. Data analysis uses descriptive, non-parental analysis of inferential statistics.

Results: This study incidence of delirium in the emergency department was 28.1%, with an average age of 79 years, hypoactive delirium patterns (66.7%), and the history of dementia, hearing impairment and polypharmacy were significantly associated; the short-term outcome there was a statistically significant correlation with cognitive impairment and physical activity function.

Conclusions: The results of this study, it can be understood that there are predisposing factors, males, dementia, and hearing disorders in the delirium emergency department; the precipitating factor is polypharmacy. It is expected that delirium emergency screening and care guidelines will be developed as a continuing education direction for medical personnel. In the future, the increase of follow time and the number of samples, can infer the emergency delirium of elderly population.
6. Psychiatric Symptoms Profile in MDR TB Patients

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Second-line antituberculosis in MDR TB has more severe toxicity and side effects. Drug side effects can affect compliance with treatment. The prevalence of the incidence of psychological stress is quite high in tuberculosis patients. (Peltzer et al., 2012). This study assessed psychiatric clinical symptoms in 26 new patients through in-depth interviews before and after the first two weeks of MDR TB therapy at Dr Sutomo Hospital Surabaya. Data collection is carried out in two periods, 1 May 2014 to 30 June 2014, then 2 January 2015 until 15 February 2015.

At the beginning of the examination: 14 people showed normal psychiatric status; 1 mild anxiety; 3 moderate anxiety; 2 people showed anxiety and depression; 1 mild depression; and 5 moderate depression. The examination after two weeks of treatment showed 9 people with normal psychiatric status; 3 people with mild anxiety; 3 people with moderate anxiety; 4 people with anxiety and depression; one person with mild depression; and 6 people with moderate depression. Unchanged psychiatric status was obtained in 14 patients: 10 people are staying normal; 4 people with moderate depression. Psychiatric status worsened after two weeks of treatment in 11 patients: normal to mildly anxious as many as 2 people; normal to moderate anxiety by 2 people; normal to 1 person anxious and depressed; from mild anxiety to moderate anxiety by 1 person; from being anxious to being anxious and depressed by 3 people; from anxiety and depression to moderate depression by 1 person; from mild depression to moderate depression as many as 1 person.

Before starting MDR TB treatment, careful planning is needed. This is to anticipate the occurrence of psychological distress due to a period of adjustment to the diagnosis of a relatively severe disease and the administration of difficult and prolonged drugs, as well as the effects of the side effects of the drug.
7. The glutamate distribution among treatment resistant schizophrenia patients and treatment response schizophrenia patients.

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**Objects:** Glutamate levels may be informative about the declined cognitive function in the central nervous system. One-third of patients with schizophrenia show a limited response to antipsychotic treatment. This might be due to the variation of neuropeptide abnormalities, like dopamine, glutamate or γ-Aminobutyric acid in the subgroup type of patients.

**Background and aims:** Few studies had systematically evaluated the difference between the patient with diagnosis of treatment response schizophrenia and treatment resistant schizophrenia (TRS) treatment by using the concentration level of glutamate level as a cognitive functional and treatment efficacy biomarker. We aimed to explore glutamate variation of treatment resistant schizophrenia patients compared with treatment response patients by using functional MRI.

**Method and Materials:** We enrolled 23 cases of chronic TRS patients and 18 cases of treatment response patients from Chia Yi branch of Taichung Veterans General Hospital ambulatory service and impatient ward. Proton magnetic resonance spectroscopy spectra were acquired at 1.5 Tesla with the region of interest (ROI) area of 1. Anterior cingulate cortex (ACC) and medial prefrontal cortex (MPFC). The glutamate and glutamine neurometabolite ratios expressed as a ratio to creatine containing compounds (creatine and phosphocreatine) were corrected for CSF fraction within the voxel based on the assumption that CSF has NAA, Cr (Creatine), Cho, Glu, and Glx levels of zero.

**Results:** Group differences in cerebrospinal fluid-corrected glutamate, glutamine and
total glutamate and glutamine levels were detected. The TRS group had higher total glutamate + glutamine levels than those with treatment response schizophrenia patients (p<0.005). The same trend was also found in the sum glutamine level of these 2 ROIs between TRS and treatment response patients. (p=0.015).

**Conclusions**: The sum of total glutamate + glutamine levels in ACC and MPFC may represent a biomarker of TRS patients. Future studies are needed to investigate glutamatergic anomalies prior to initial treatment and predicting successful treatment.
Clotiapine severed the condition of iron deficiency anemia in a patient with chronic schizophrenia.

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Objective and background: Typical and atypical antipsychotic agents are now the first line medications for schizophrenia, bipolar disorder and augmentation in major depressive disorder. Anemia is a rare adverse drug reaction (ADR) during treatment with typical antipsychotics drugs and atypical antipsychotics agent. Only a few cases of clozapine, quetiapine or olanzapine reported the side effect of anemia. No cases were reported to anemia or worsen the anemia occurrence related to clotiapine usage.

Aims: We aimed to present the first case of clotiapine severed the iron deficiency anemia in a patient with chronic schizophrenia

Material and Methods: We report a case of severe anemia occurrence after switching medication treatment from zotepine to clotiapine, which remitted after clotiapine removal. The This adverse drug reaction (ADR) scale is used to assess the causal relationship between a suspected drug and undesired clinical reactions was 8 out of 11 indicating a probable reaction.

Results: Mr A, a 36-year-old male with diagnosis of chronic schizophrenia and mild iron deficiency anemia with hemoglobin (HGB) level: 11.2 g/dl, and was in therapy with zotepine 200 mg/day. Because of the persistence of psychotic symptoms, clotiapine 160 mg/day was administered, and zotepine was discontinued. Three to four months after the clotiapine usage, the patient experienced persisted HGB level decreased condition (from 11.2 g/dl to 4.7 g/dl ) without dyspnea and general weakness condition. The condition was reversible after clotiapine discontinuation.

Conclusion: This is the first case report of severe anemia associated with the use of clotiapine in the world. Little is known about the mechanisms that contribute to the antipsychotic-associated anemia response. It is the severity of this potential adverse effect warrants consideration when initiating clotiapine therapy in iron deficiency anemia patients.
9.
Walking through the valley: the Effect of Depression Patients’ Caregivers’ subjective and objective burden on their caring behaviors

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Objectives: The course of depressive disorder is chronic and high recurrence. Caring depressive patients usually becomes a long-lasting challenge for caregivers. Literatures indicated that the depression caregivers might also become high-risk group of depression (Coyne et al., 1987; Fan & Chen, 2011). However, the empirical study to investigate both the subjective and objective burden of the caregivers of depression patients is still lacked. Thus, the aim of the present study is to examine the relationships between caregivers’ burden and caring behaviors.

Background and aims: Except for the objective burden, such as spending time and money, the excessive reassurance-seeking, which means patients tends to ask for promises for their value or acceptances for their significant others, of depressed patients may resulted in different negative affective consequences for their caregivers. The subjective burden can be depression, anxiety and hostility. Caregivers’ subjective burden and objective burden are not only interfere with caregivers’ quality of life, but also affect their caring behavior. Once caregivers decline their concern and support, the unfulfilled needs of the depressed patients then might enhance patients’ depression (Coyne, 1976; Rosen & Amador, 1997; Joiner & Metalsky, 1995). Therefore, the aims of the present study are to examine the effects of caregivers’ perceived reassurance-seeking, subjective and objective burden on their caring behavior.

Materials and methods: The participants in this study are 134 depression patients’ caregivers. Participants were recruited either from the depression patient’s suggestion or from the referral of the patients’ doctors. Participants completed the informed consent procedure at first, then they were asked to complete self-report questionnaires, including perceived reassurance-seeking scale, caregiver’s subjective
and objective burden scale and caring behavior scale.

**Results:** There positive correlations of subjective burden, objective burden and perceived reassurance-seeking were significant (r = .26 & .22, ps < .05). Perceived reassurance-seeking and caring behavior were also significantly correlated (r = .31, p < .001). However, there were no significant correlations among subjective burden, objective burden and caring behavior (r = .053 & .16, ns). Hierarchical regression analysis revealed that as the patients’ depression severity, comorbidity status, and caregivers’ demographical variables were controlled, the perceived reassurance-seeking and objective burden can predict highly caring behavior significantly (βs = .33, .28, ps < .05); on the other hand, the subjective burden can predict lower caring behavior (β = -.30, p < .05).

**Conclusions:** The higher of perceived reassurance-seeking behavior, the higher of caregivers’ subjective and objective burden. It’s worth noting that as perceived reassurance-seeking behavior and objective burden increase, the caregivers in this study still provide more caring behavior, but high degree subjective burden would make caregivers decrease their caring behavior. Based on the findings, it is valuable to increase caregivers’ self-awareness by helping them to identify their emotional burden. To realize and support caregiver’s psychological needs can in turns enhance the quality of life both caregivers and depressed patients.
Neurobehavioral Comorbidities in a school-aged boy with Frontal Lobe Epilepsy: A Case Report

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Objectives: We presented a boy with epilepsy and difficulties across a range of domains, focused on the differential and intervention of coexisting cognitive and behavioral difficulties.

Case Presentation: This is a 9-year-old boy frontal lobe epilepsy diagnosed at 8-year-old, with initial presentation of tonic and clonic, versive toward left, Electroencephalography (EEG) found very active right hemisphere spikes and spike-and-wave complexes. Brain Magnetic Resonance Imaging no obvious intracranial mass lesion. He was under oxcarbazepine treatment for one and half year, and shift to valproate due to poor seizure control. He was refer to Child and Adolescent Psychiatry Out Patient Department due to academic function decline, frequently outburst, impulsivity and irritability even when the epilepsy was controlled with relative stable status.

Initially we made differential between chronic frontal lobe epilepsy caused cognitive function problems or comorbid attention-deficit/hyperactivity disorder (ADHD). Tracing back history, he had no perinatal insult or development delay, but his mother reported he had mild attention problems, but didn’t fulfill ADHD criteria before epilepsy. The Wechsler Intelligence Scale for Children found Working Memory Index and Processing Speed Index performance didn’t display subtests substantially below average. Consider the high prevalence for autism spectrum disorder in epilepsy, we also traced his early childhood social and communication behavior, his mother recalled “When he was little, he focused playing Lego and puzzle and was deaf to other’s calling.” “Can’t understand joke or other’s feeling.” But he could still had peer relationship. Autistic trait screen was confirmed by Childhood Autism Spectrum Test over 15 points. Education, parenting skills and behavioral treatments for autistic trait was done during follow up. After the frontal lobe epilepsy well controlled for another 6 months, his attention and academic performance returned to baseline. His conflicts
with family and friend also partial improved.

**Discussion:** The coexistence between these disorders has been reported for many years. Children with ASD and epilepsy showed greater impairment. However, it is important to note that ASD symptoms may be unrecognized in these populations. We need to raise clinical awareness in this group and provide appropriate ASD intervention strategies.
Disorders of Sex Development (DSD) in Palembang: The First Look in Psychological Interventions

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Introduction: Disorders of Sex Development (DSD) are defined as congenital conditions associated with atypical development of chromosomal, gonadal, or anatomical sex. DSD has several effects on patients, especially from the psychological aspects and can impact their quality of life. A thorough interventions must be carried out to improve their quality of life. This study is aimed to identify psychological interventions in DSD patients in dr. Mohammad Hoesin Hospital Palembang.

Method: An observational descriptive study using medical records from 2013-2017 was performed. All patients that met the DSD criteria based on the 2006 Chicago Consensus and a diagnosis by a competent doctor were selected. DSD type, age, psychological complaints and psychological interventions were the variables being identified.

Result: From a total of 173 participants that were included, majority are in their late childhood (39.3%). Hypospadias (35,8%) was the most common DSD type. In the term of psychological complaint, there were 117 participants (67,6%) complained of anxiety. Supportive therapy (42,6%), education to parents (40,5%), counseling (14,2%) and gender assignment (2.7%) were psychological interventions that found.

Conclusion: DSD patients have a higher risk of psychological distress. Psychological interventions by the psychologist or psychiatrist is important, but the most important is providing care management with a multidisciplinary team.

Keyword: disorders of sex development (DSD), psychological complaints, psychological interventions.
A Comparison of Psychosocial Resources among College Students with and without Suicidal Ideation, Non-Suicidal Self-Injury and Suicidal Attempt in a Public University in Manila: A Cross-sectional study

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Abstract

Introduction/Objectives: This study aimed to compare the levels of psychosocial resources in terms of perceived social support, social connectedness, and resilience among UP Manila college students with and without suicidal attempt, suicidal ideation, and non-suicidal self-injury (NSSI).

Methods: A cross-sectional study including students from the seven colleges of UP Manila chosen through computerized randomization. Data were obtained through self-administered questionnaires on perceived social connectedness, social support, and resilience subjected to reliability and face validity testing. Descriptive and inferential analysis of data were used in this study.

Results and Conclusion: Reliability testing showed Social Connectedness Scale, Resilience Scale, and Social Support Scale are highly reliable tools as shown by Cronbach’s alpha, Spearman-Brown Coefficient, and Interclass Correlation Coefficient. Psychosocial questionnaires were considered valid by consultant experts. It was noted that 23% of participants reported suicidal ideation, 18% conveyed NSSI and 3% informed having suicidal behavior in the past 12 months. 57% percent of the respondents experienced bullying with verbal, physical, and cyberbullying ranking high on the list. There were more bisexual students reporting both NSSI and suicidal ideation compared to other groups. Furthermore, irregular students had higher reports of suicidal ideation and NSSI. Moreover, those reporting sexual bullying engaged in NSSI. There were no noted differences in the scale scores for the three psychosocial tools vis-à-vis the self-harm categories. The odds of NSSI was 6 times higher in those who reported with suicidal ideation, and vice-versa. Collaborative conceptualization and rolling out of programs aiming at addressing SITBs among college students is recommended to address this problem.
The Experience of Mental Illness Patient When Given Guided Imagery
(Narrative Inquiry)

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Understanding the experience of mental illness patient after being given guided imagery is important because guided imagery is one of suggested modality therapy that used to change the behavior of mental patients who had maladaptive behavior to be adaptive. This research aim is to explore information related to experiences of mental patients when relaxation guide imagery is performed. The study was a qualitative method with narrative inquiry method. The researcher conducted the study at Surakarta mental hospital for two months. The samples were 16 mental illness patient who has never received guided imagery therapy before and was taken by non-probability sampling. The data were taken by in-depth interview and observation toward the respondent. Thematic analysis was used to analyze the data. The results of the theme identification found eight themes related to the experience of patients with mental disorders when given guided imagery therapy. Those themes are social factors result in anger, mental illness results in anger, hit when angry, Slammed the item and snapped when angry, guided imagery calms the mind, guided imagery is fun, guided imagery has the effect of relaxing the body, guided imagery eliminates anger.
Performance Enhancing The Quality of Life among Patients with Post-Shackling (Physical Restraint) using Mental Health Promotion on Family Caregiver and Health Cadre

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Shackling (Physical Restraint and Confinement) towards people with mental illness is a prohibited act and threatened with criminality, yet this phenomenon currently are still existing in several regions in Indonesia. Mental health promotion on caregiver (family) and health cadres is done by modifying the determinant factors in order that they can provide care and prevention of shackling for people with mental illness. The promotion was performed with the psychoeducation method, discussions, and using media such as books, booklets, posters, and brochures.

The aim of this research is to explore the influence from this promotion on shackling-prevention which is to increase knowledge, attitudes, behavioral tendencies, subjective norms, self-efficacy, intentions, (behavioral components) and social support on family / caregiver and health cadre whom can enhance the quality of life for post-shackling patients. This study using nonequivalent control group design as a quasi experimental method with pre-test and post-test design also repeated measures design. The sample of this study consisted of 32 post-shackling patients from Sukoharjo and 31 patients from Klaten who eligible for the inclusion criteria. This promotion was given to caregivers and cadres of 37 patients from Sukoharjo as an experimental group while the caregivers from Klaten only got the psychoeducation as a controlled group. Quality of life measurements were performed before the experiment and 4 months after the promotion was given. Research data collection using questionnaires as the instrument, while data analysis using paired sample t-test to measure the patient’s quality of life and repeated anova-test to determine changes in behavioral components of caregiver and health cadres.

The results on the assessment of mental health promotion needs for patients are; 1) The health stakeholders in Sukoharjo or Klaten basically have good policies and commitments about mental health community, but are still generally limited. Performance due to actualize shackling-free program in these two districts are still need to be optimized. 2) The health promotion which peerformed using media like books, booklets, brochures, and posters by involving families and cadres to prevent the patients from recurrence and re-shackled is very important, also in accordance
with the basic principles of the community mental health program, which are 1) Cross-sectoral and interdisciplinary cooperation, 2) Mental health as a basic component of health services, 3) Community participation, and 4) Identification of mental health problems. This mental health promotion can improve the behavior components of caregivers and health cadres, which can enhance the patient’s quality of life from the experimental and controlled group eventually. Enhancing the quality of life on post-shackling patients in the experimental group was better than the controlled group. The conclusion of this study is that mental health promotion was very necessary, besides for the caregivers, also the health cadres.
The effect of horticultural therapy on psychiatric symptoms in schizophrenia: A systematic review.

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Objectives: The study examined the psychiatric symptoms of participation horticultural therapy in patients with schizophrenia.

Background and aims: Schizophrenia is a chronic and disabling disease. Medication adherence is important to control the symptoms. However, most patients cannot be well treated with only taking medication. Horticultural therapy can promote physical activity and improve psychological comfort. In recent years, it has been used in psychiatric rehabilitation or adjuvant therapy, but there are few empirical articles on horticultural therapy in psychiatry. The aim of this paper is to examine the effectiveness of horticultural therapy in stabilizing psychiatric symptoms in patients with schizophrenia.

Materials and methods: Using a systematic review of the literature. Five English electronic databases were searched: PubMed, Cochrane Library, CINAHL Complete, PsycINFO, & Embase. Articles with the keywords "schizophrenia", "horticultural therapy", & "psychiatric symptoms"). Inclusion criteria: (1) English articles; (2) Experimental group use horticultural therapy; (3) Patient with schizophrenia; (4) The result contains psychiatric symptoms; (5) Intervention study; (6) Published in 2010-2019. Exclusion criteria: (1) Only abstract published; (2) Experimental group combined with other non-medication treatment. Research quality was assessed using the Modified Jadad Scale and the Oxford Centre for Evidence-Based Medicine.

Results: Found one Pilot Study, one quasi-experimental study, and one randomized controlled study. Middle-to-high-quality levels of evidence were rated 4−7 (Modified Jadad Scale) and 1−2 (Oxford Centre for Evidence-Based Medicine). Results showed that horticultural therapy was used group formats for a period of time ranging from 1−3 months; consisted of seeding, planting, weeding, harvesting, making tea, cooking, and tasting the vegetables.

Conclusion: The studies examined in this literature review support that horticultural therapy benefits patients with schizophrenia by stabilizing their psychiatric symptoms. And horticultural therapy had few side effect. However, the published evidence related to horticultural therapy is rare. Suggest future studies use more research designs.
A preliminary research of the group therapy in deferred prosecution of substance addiction by using strengths perspective

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Background and aims:
As social workers of mental health, we focus on the interaction between people in environment. And we found that substance addiction users have weaker ability in psychological adjustment process, impulsive control and delayed reward than healthies. Also due to the lack of trust in interpersonal relationships, they can’t perform their intrinsic abilities and resources effectively. According to the strengths perspective, we commit to change one’s potential, discover one’s advantages, and remove one’s labels. There are three aims of this study: 1) explore the life experience of the people diagnosed as substance addiction before join the deferred prosecution of substance addiction group, 2) explore the change after the group, and 3) explore how the strengths perspective be applied in the group.

Materials and methods:
This study was based on judgmental sampling and qualitative research. We enrolled 15 participants who were over 20 years old, had been heroin or amphetamine addicted, and joined the group at least 6 times. The group focused on taking inventory of current difficulties and strengths, expanding personal resources and desires, and promoting substance addiction users to perceive their connections with their families. Before and after the group, we conducted a semi-structured in-depth interview. Then we analyzed the records of the group process and the interview content.

Results:
We analyzed the records, and had the three following findings: 1) Life experience of the people diagnosed as substance addiction before joining the group: didn’t agree with the meaning of participating the groups; social discrimination led to low personal self-esteem; the purpose of taking substance was to relax; maintain physical work and improve mood; and some of the participants denied heroin or amphetamines as narcotics. 2) The change after the group: the resistance of joining the group decrease; more willing to discuss with the therapists because of the increase trust and rapport; autonomy, mutual assistance, common sense, positive interpersonal interaction, self-exposure and emotional expression increase; and explore the intrinsic feeling of lack
of social identity then improve their self-identity. 3) The strengths perspective applied in the group: participants knew the most important thing that which connection the individual made was a personal choice; participants could help each other; including introducing works and leaking (tuning) each other; four participants reported that they had stopped taking the substance, and they concerned about the families views the most; the self-identification of the participants elevated, and they created a LINE group named “EATING ISN’T BAD” to communicated with each other at the end of the group.

Conclusions:
Strengths perspective can promote the motivation of substance addiction users. 10 participants joined up to 12 times of the group, and 3 participants joined 11 times. Strengths perspective can also reveal containment and empower members to not only support but also coherence to each other. That means the groups provide therapeutic value. Strengths perspective can enhance participants’ self-identity and positive interpersonal learning. Strengths perspective can touch the inner level of the individual, similar to the personal Iceberg theory of the Stair model. Strengths perspective can be helpful for substance addiction users to explore their close and entangled relationship between themselves and their families.
THE PERCEPTION OF ADOLESCENCE AND FAMILIES ABOUT SUICIDE

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Suicide is the fourth cause of death for the age group of 10-15 years. Suicide treatment and suicide prevention efforts have been made but suicide rates in adolescence have increased in recent years. The objective of the research to know the perception of adolescence ages 12-15 years and family about suicidal behavior. This study used a phenomenological qualitative research design of thirty participants selected utilizing snowball sampling in Ruang Publik Terbuka Ramah Anak (RPTRA) Betawi Ngumpul area. Interview transcripts were analyzed using the Colaizzi method. This study revealed four themes: suicide as a problem solving, suicide give a sign, risk factor of suicide in adolescence, the factor protectif to prevent the risk of suicide in adolescence. These themes come by categories do not know how to resolve the problem, frustrating, an unconscious idea, say want to die, interpersonal relationship is not harmonious, broken home, a closed personality, feeling guilty, under pressures, relationships with parents, open communication, improve knowledge of religion. Conclusion this research give input on risk factors and protective factors to prevent the idea of suicide, and will be used as a basic information for the development of promotive and preventive efforts in treating suicidal idea and behavior for the group of 12 – 15 year old.

Keyword : suicide, adolescence 12-15 years old, risk factors, protective factors
THEORY OF MIND, EMOTION RECOGNITION, AND CLINICAL SYMPTOMS IN SCHIZOPHRENIA

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Objectives: The current study aimed to investigate the association between social cognitive functions and psychotic symptoms in schizophrenia. Background and aims: Evidence has indicated that the patients with schizophrenia are impaired in social cognitive functions including recognizing emotions from facial and prosodic expressions and inferring other's mental states (i.e. theory of mind). But it is not clear how these social cognitive functions relate to patients' psychotic symptoms. The current study aimed to investigate the association between theory of mind, emotion recognition, and psychotic symptoms, and to examine whether theory of mind and emotion recognition predict psychotic symptoms in patients with schizophrenia.

Materials and methods: We recruited 23 patients who met the DSM-IV-TR diagnostic criteria for schizophrenia (12 females, with the mean age was 43.13 ± 8.11). All patients were conducted with Brief Psychiatric Rating Scale, a measure includes thought disturbance, anergia, affective, and disorganization symptoms, and two social cognitive tasks assessing facial and prosodic emotion recognition accuracy and theory of mind. Results: Correlations analysis showed that theory of mind was significantly correlated with affective symptoms. After controlling for age and gender, theory of mind and facial emotion recognition accuracy significantly predict affective symptoms. Conclusions: Our preliminary data suggests that social cognition functions may contribute to affective symptoms in patients with schizophrenia. The crucial role of theory of mind and emotion recognition ability in understanding the psychopathology of schizophrenia should be carefully considered.
PATIENT’S RESTRAIN IN MENTAL HOSPITAL: THE PERSPECTIVE OF CLIENTS AND THERAPIES

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There are some mental health problems in Indonesia: the facility for psychiatric patients and prevalence of mental disorder is not significant, limited mental health professional, Limited access to mental health facilities ⁴. Consequently there are still restraints in the community (pasung) and the practice of restraint still be implemented in many mental hospitals.

The aims of this study is to identify perspectives about restraints from clients (patients and family). The method used is interface deep interview with 24 respondents consist of 10 patients, 3 families, 7 nurses, and 2 doctors.

The result of this study are 2 themes were identified: positive and negative perspectives. Positive perspectives consist of 3 categories. Restraints is useful to safe their self, another patients, and to safe surrounding properties. Negative perspectives consist of 3 categories, against human rights, tortures, and limiting full filing basic human needs.

The clients and the therapies agree that restraint can be done when the behavior is dangerous, uncontrolled and cannot managed by persuasive approach. The therapies (i.e. nurses and doctors) must have parameters as reference when they decide to restraint the patient.

The study conclude that restraint can be accepted by patients, families, nurses, and doctors in the event of violent behavior that risk harming patients, others, and damaging the environment. Restraint must be done humanely, respecting the rights of the patients and is the last alternative. There needs to be a standard parameter for measuring conditions as a basis for making decisions on the application of restraint to patients in mental hospitals.

Key words: restraint, safe, violents
The risk factors of suicide ideation among adolescents: a descriptive qualitative study

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Introduction: Suicide in adolescents is now a serious problem in Indonesia. Data from the Global School based student Health Survey (GSHS) shows the estimated suicide rate per 100,000 population in the age group 15-29 in Indonesia is 3.6 (WHO, 2017). Based on previous research in the cities of Depok, Bengkulu and Bali (Keliat et al, 2018) it was found that out of 422 students who were screened, there were 247 teenagers who had suicidal ideation from a low score range (3.3) to high (55.2%). Suicide is a complex problem. The purpose of this study was to obtain a description of the risk factors that contribute to the suicidal ideation in adolescents.

Method: The design of this study was descriptive qualitative. Face-to-face interviews using a semi-structured interview guide were conducted on 28 participants consisting of 16 teenagers, 6 parents, 3 teachers and 3 nurses using purposive sampling procedure. Data analysis was guided by thematic analysis.

Results: There are two themes and ten categories obtained from the results of data analysis. The theme obtained was social factors consisting of six categories, maladaptive coping, positive views of adolescents on suicidal behavior, negative life experiences, unwillingness of teenagers to seek help, a history of family members with mental disorders and suicide and also history of previous suicide attempts. The second theme is social factors which consist of four categories: inadequate family support, absence of peer support, experience of peer violence and lack of health facilities and support of professional staff in schools.

Conclusion: The findings in this study can be a reference for developing suicide prevention programs in adolescents by using a comprehensive approach that involves elements of the family, peers, schools and health services so that the incidence of suicide in adolescents can be overcome.

Keywords: Suicide ideation, adolescents, risk factors
Comparisons of Cognitive function between Depressed Mothers and Healthy Mothers with Attention-deficit Hyperactivity Disorder Offspring

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Objective:
Maternal depression is common for children with attention-deficit hyperactivity disorder (ADHD). The neuropsychological characters needs to be identified. The aim of this study is comparisons of the cognitive function between depressed and healthy mothers with ADHD offspring in order to see if any specific pattern exists in depressed mothers.

Methods:
Eleven mothers with depressive disorder history and ADHD offspring and 14 healthy mothers with ADHD offspring were recruited. The mothers’ depression level were measured using Hamilton Rating Scale for Depression (HAMD). The Continuous Performance Test (CPT), Wechsler Adult Intelligence Scale (WAIS), Wechsler Memory Scale-Revise (WMS-R), and Winsconsin Card Sorting Test (WCST) were performed thereafter. χ² and Mann-Whitney U test were employed to examine the group differences.

Results:
The mean HAMD score in the depressed mothers was 10.14, which indicated borderline to mild depressive level. The intelligence, memory index and performance
in WCST didn’t differ between the healthy and depressed mothers. Although no group difference was found on the CPT without masked (which meant lower level of difficulty in performance), depressed mothers tend to have poor attention when the difficulty increased in masked CPT (3.20±1.14 vs. 4.26±0.60, p=0.022).

**Conclusions:**

The finding suggested that difference in the neuro-cognitive pattern in attention function existed between depressed and healthy mothers with ADHD offspring. Depression might play moderator or mediator effects on the sustained attention in mothers with ADHD offspring.
The association between the cognitive function of mothers with attention deficit hyperactivity disorder offspring and offspring’s symptoms

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Objective:

The manifestation of symptoms in attention deficit hyperactivity disorder (ADHD) patients is influenced by maternal factors, and maternal cognitive function is considered to be one of these factors. The aim of this study is to explore the association between maternal cognitive function and ADHD offspring’s symptoms severity.

Methods:

Twenty-five mothers with ADHD offspring and their offspring were recruited. The Continuous Performance Test (CPT), Wechsler Adult Intelligence Scale (WAIS), Wechsler Memory Scale-Revise (WMS-R), Wisconsin Card Sorting Test (WCST) were used to measure mothers’ cognitive function. The offspring’s ADHD symptoms profile were collected using SNAP-IV Teacher and Parent Rating Scale and Child Behavior Checklist for Ages 6-18 (CBCL/6-18). The relationship between mothers’ neurocognitive performance and child’s symptoms profile severity were assessed by Spearman rho correlation.

Results:
Correlation analysis indicated that the performance of intelligence and performance of WMSR of mother are related to the symptoms of their child. The domain of oppositional defiant behaviors on CBCL is related to mothers’ FIQ \( (\rho = 0.52, P < 0.05) \), VIQ \( (\rho = 0.52, P < 0.05) \), and PIQ \( (\rho = 0.54, P < 0.05) \). The domain of oppositional defiant behaviors on SNAP-IV is related to mothers’ VIQ \( (\rho = 0.45, P < 0.05) \) and FIQ \( (\rho = 0.48, P < 0.05) \). The social competence on CBCL is related with visual memory \( (\rho = 0.57, P < 0.05) \); and the domain of school competence in CBCL is related with the verbal memory \( (\rho = 0.61, P < 0.01) \), general memory \( (\rho = 0.55, P < 0.05) \), and attention/concentration \( (\rho = 0.49, P < 0.04) \) of mothers’.

**Conclusions:**

Higher intelligence of mothers is related to higher score in oppositional behaviors and overall ADHD symptoms, and better memory function of mother is related to better social ability among children. These trends indicated that maternal cognitive function might influence the manifestation of ADHD offspring’s symptoms. Further study to verify the influence is warranted.
23. Childhood trauma and the treatment response in bipolar I disorders

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Objective: Childhood trauma appears to be highly associated with bipolar spectrum disorder (BD). However, the effect of childhood trauma in adulthood BD I patients about the treatment response still needs more investigation.

Method: Twenty-six participants who met DSM-IV diagnostic criteria for BD I were enrolled. Severity of symptoms was assessed using the Hamilton Depression Rating Scale (HAMD) and the Young Mania Rating Scale (YMRS), and the information of childhood trauma was obtained through the Childhood Trauma Questionnaire (CTQ). The treatment response is evaluated by the Alda score, and the numbers of admission in the past five and ten years.

Results: Participants with higher total childhood trauma scores exhibited a significantly higher numbers of hospitalizations in recent 5 (r=0.525, p = 0.007) and 10 years (r=0.566, p = 0.003). We also found the correlation between emotional abuse and higher numbers of hospitalizations in recent 5 (r=0.493, p = 0.012) and 10 years (r=0.444, p = 0.026), and the correlation between physical abuse and higher numbers of hospitalizations in recent 5 (r=0.036, p = 0.001) and 10 years (r=0.724, p < 0.001).

In the 13 of the 26 BD I patients who finished the Alda scale, we found a significant positive correlation between the B total score of Alda scale and total CTQ (r=-0.56, p = 0.047), sexual abuse(r=-0.288, p = 0.047), physical neglect score(r=-0.597, p = 0.031).

Conclusions: Childhood trauma may be a potential risk factor of poorer treatment response in BD I patients.
Investigation on the recovery process of elderly suicide attempters

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Background and aims:
The mortality rate of all deaths among the elderly in Taiwan has declined in the recent years except for the increase in suicide mortality. The annual average suicide death rate among the elderly over 65 years old is about 34.75%, which is higher than other age groups. The number of suicide notifications in Tainan City over the age of 65 has increased year by year, accounting for about 10% of the total suicide attempters. The purpose of this study is to explore the life experience of elderly suicide attempters in their recovery process.

Materials and methods:
This study is a qualitative study, using semi-structured interview syllabus as a tool for in-depth interviews, and finally using thematic analysis method for data analysis. The research subjects include: first, outpatient and hospitalized patients aged 65 years or older; second, they committed suicide but have not occurred in the last year.

<table>
<thead>
<tr>
<th>Code</th>
<th>case1</th>
<th>case2</th>
<th>case3</th>
<th>case4</th>
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<td>female</td>
<td>male</td>
</tr>
<tr>
<td>Education degree</td>
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<td>elementary school</td>
<td>senior high school</td>
<td>university degree</td>
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<tr>
<td>Age</td>
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<td>83</td>
<td>68</td>
<td>65</td>
</tr>
</tbody>
</table>
### Results:

For the recovery process of the elderly suicide attempters, we can sort out the themes of "family companionship and concern", "living for the important families", "dying at home" and "family relationship contradictions and tangles". However, there are many negative thinking in the elderly's mind "towards the end of life" and "hopeless" ideas, which form a process of repeated swings.

### Conclusions:

1. Providing accessible, accessible and affordable services can not only reduce suicide risk, but also form acute stress and heavy burden. Therefore, the extent and quality of resource use depends on the evaluation and utilization of resource providers.
2. The positive family function contributes to the emotions of the elderly. Highly related to old people's life satisfaction. It is the core of informal social support system and is highly correlated with the life satisfaction of the elderly.
3. The elderly can integrate their life experience after they committed suicide. They rethink the value of life and the meaning of personal life, and accept themselves and their present life.
4. Make good use of community volunteers to provide care, and when necessary, can be combined with hospital-based home care and other outreach-to-home services.
5. It is necessary to cultivate the professional knowledge of service for the elderly, especially the psychological changes, tasks and challenges in the life cycle of the elderly. Strengthen the sensitivity of professionals.
6. The suicide attempter has a long history of recovery. It is impossible to determine the closing criteria, the frequency of care and the duration of care entirely by the standard process. It needs to be re-examined and individualized.

<table>
<thead>
<tr>
<th>Suicide methods</th>
<th>hit the head &amp; cut the wrist and commit suicide</th>
<th>drug overdose</th>
<th>drug overdose</th>
<th>drug overdose</th>
</tr>
</thead>
<tbody>
<tr>
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<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Occupation</td>
<td>resources recovery</td>
<td>housewife</td>
<td>housewife</td>
<td>retired doctor</td>
</tr>
<tr>
<td>Marital status</td>
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<td>widowed</td>
<td>divorced</td>
<td>married</td>
</tr>
</tbody>
</table>
Proposing an Web-based Platform for Bridging the Research and Education for Indo-Pacific Region

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Objectives: To propose a web-based platform for enhancing the research and education for psychiatry and mental health in indo-pacific region.

Background and aims: Promotion of mental health has become an emerging challenge along with the prosperity and growth in this region. To facilitate the research, education, and training, a platform is essential for facilitating knowledge communication of mental health. The aim of this project is to develop the web-based prototype.

Material and methods: Server and database will be provided by the Department of Health and Welfare, Taiwan, R.O.C. The system has been designed by the REBAMP team.

Results: The first version of this platform will be well-prepared at this year. Free online video and Important statistical analysis for psychiatry and mental health will be provided in the platform for public assess. In the future, this platform would also be a hub for research and education information. Job and training opportunities, research projects, resources, or proposals, could also be integrated to this platform.

Conclusion: We need cooperation partner from indo-pacific region for the future development of this platform.
Correlation between Personality and Glycemic Control in People with Type 2 Diabetes Mellitus

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Introduction: Diabetes Mellitus (DM) is one of the most common chronic diseases suffered by adults nowadays. Good glycemic control will prevent complications and improve the quality of life of the patients. Therefore, it is important to identify factors associated with glycemic control in people with DM. Personality factors towards glycemic control in people with DM in Indonesia are still relatively neglected. This study aims to analyze the correlation between personality profiles and glycemic control in people with type 2 DM.

Method: It is a cross-sectional observational analytic study with consecutive sampling on patients with type 2 DM visited Diabetes Outpatient Unit Dr. Soetomo General Hospital. Instruments used include Personality Psychopathology Five (PSY-5) scale of Tes Kesehatan Mental Indonesia (TKMI), Perceived Stress Scale (PSS), and measurements of HbA1c laboratory to assess glycemic control. Data are analyzed with multiple logistic regression.

Results: Psychoticism score in patients with type 2 DM in Diabetes Outpatients Unit are higher than other personality elements (mean 57.54; median 56). Most patients (59.8%) have moderate levels of perceived stress. Most patients (77%) have uncontrolled HbA1c levels. Psychoticism element is significantly correlated with perceived stress ($\beta$ 0.031; p 0.064). Disconstraint element significantly have negative correlation with perceived stress (p 0.018; -0.108 $\beta$). There is a negative correlation between perceived stress and glycemic control (p 0.000; -4.851 $\beta$). Conclusion: Personality correlated with glycemic control in patients with type 2 DM through perceived stress.