19th Johor Mental Health Convention

Freedom First #jmhc #freedomfirst
# Table Of Content

<table>
<thead>
<tr>
<th>Contents</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Core Organising Committee &amp; List of Distinguished Speakers</td>
<td>1</td>
</tr>
<tr>
<td>Welcome Message from The Director of Hospital Permai</td>
<td>2</td>
</tr>
<tr>
<td>Welcome Message from The Organising Chairperson</td>
<td>3</td>
</tr>
<tr>
<td>Opening Message from The Scientific Committee Chairperson</td>
<td>4</td>
</tr>
<tr>
<td>On-Site Information</td>
<td>5</td>
</tr>
<tr>
<td>Program Time Table</td>
<td></td>
</tr>
<tr>
<td>Day 1, 18th April 2016, Tuesday</td>
<td>6</td>
</tr>
<tr>
<td>Day 2, 19th April 2016, Wednesday</td>
<td>7</td>
</tr>
<tr>
<td>Day 3, 20th April 2016, Thursday</td>
<td>8</td>
</tr>
<tr>
<td>Poster Presentation List</td>
<td>9</td>
</tr>
<tr>
<td>Poster Abstracts</td>
<td>10</td>
</tr>
<tr>
<td>Acknowledgement</td>
<td>18</td>
</tr>
</tbody>
</table>
CORE ORGANISING COMMITTEE

Executive Committee
Dr Abdul Kadir Abu Bakar  Advisor
Dr Wan Zafidah binti Wan Nawawi  Chairperson Organising Committee
Dr Suhaila Mohd Som  Chairperson Scientific Committee

Scientific Committee
Dr Badiah Yahya
Dr Suraya Yusoff
Dr Farahidah Md. Dai
Dr Ibrahim Abu Samah
Dr Wan Zafidah Wan Nawawi
Dr Haslina Mohd Yusof
Dr Alipah Baharum
Dr Lee Yee Tieng
Dr Nor Rahidah Abd Rahim
Dr Maryam Amaran
Dr Surina Zaman Huri
Dr Marina Abd Rahman Sabri
Dr Jaey Chin Soo Cheng
Dr Nor Azwani Che Yusof
Dr Peter Low Kuan Hoe
Dr Amalina Abdullah
Dr Cindy Niap Pei Sze
Dr Radhiatul Akmal Razali
Dr Johari Khamis
Dr Nor Rahidah Abd Rahim
Dr Saniah Abdul Rahim
Dr Layuza Aliasad
Dr Rosfaizah Rahmat

Organising Committee
Dr. Norsham binti Hj Ismail
Dr Suhaila Mohd Som
Dr Marina Abd Rahman Sabri
Noor Ratna Naharuddin
Nor Dalia Ahmad
Siti Hajar Mohd
Norfazila Ramli
Norhana Rahmat
Norhameza Ahmad Badruddin
Vera s/o Arumugen
Nor Azni Osman
Norha Othman
Latifah Mohamed
Norhizan Abdullah
Ngadining Manas
Hamidah Mat
Mohd Afiq Ngah
Juwairiah Ariffin
Norpah Mat
Noor Hidayah Mahmood
Nurul Shahidah binti Hamid Shah

Distinguished Speakers of
19th Johor Mental Health Convention

Dr Sotheara Chhim
Dr Abdul Kadir Abu Bakar
Prof Madya Dr Zaiton Hassan
Assoc Prof Dr Yee Hway Ann
Assoc Prof Dr Jesjeet Singh
Dr Mohd Awang Idris
Dr Wan Zafidah Wan Nawawi
Dr Nurulwafa Hussain
Dr Suhaila Mohd Som
Dr Nusrat Khan
Dr Lee Yee Tieng
Ms Norhameza Ahmad Badruddin
Mr Hamadi Othman
Mrs Tangeswari Beemiah
Mrs Aidah Mohd Yusof
Mr Mohd Nizam Tukijan

Assoc Prof Dr Supalak Khemthong
Dr Badiah Yahya
Assoc Prof Dr Amer Siddiq Amer Nordin
Dr Marina Abd Rahman
Dr. Hazli Zakaria
Assoc Prof Dr Sivakumar Thurairajasingam
Dr Umi Adzlin Silim
Prof Dr Hatta Sidi
Dr Haslina Mohd Yusof
Dr Peter Low Kuan Hoe
Ms Siti Aisyah Mohamad Gazalan
Mrs Sarah Naziah Zainal Abidin
Mrs Latifah Mohamed
Mrs Siti Asmah Adam
Mr Gan Beng Seng
Selamat Datang*

Welcome to Johor, the southern state of Malaysia.

I would like to welcome all the speakers and participants to the 19th Johor Mental Health Convention 2017 that is held in Hospital Permai from 18th to 20th April 2017. Our theme this year is “Freedom First”. Freedom is about freedom of choice, freedom of voice and freedom of life. People with mental illness has been debilitated and stigmatized throughout the centuries. They had been restrained and secluded just because of their illness. They should be encouraged to be involved in their illness management, rehabilitation and life decision. With peer support group and illness management, they will be empowered. Thank you and welcome to the 19th Johor Mental Health Convention. I hope we would be able to share our knowledge as expertise in improving our services as well as our patients’ quality of life.

*Selamat datang means welcome.

Dr. Abdul Kadir Abu Bakar,
The Director Of Hospital Permai,
Johor Bahru, Malaysia
WELCOME MESSAGE FROM
THE ORGANISING CHAIRPERSON

N behalf of the Organizing Committee, I am delighted to welcome all
the delegates for the 19th Johor Mental Health Convention. Hospital Permai
will be your host from 18th April 2017 till 20th April 2017.

This convention is one of the longest running annual education affairs
devoted to psychiatry and mental health in the country. It will give speakers
and participants a platform to exchange ideas, discover novel opportuni-
ties, reacquaint with colleagues, meet new friends, and expand their hori-
zon in the universe of knowledge.

This year’s convention theme “Freedom First” encapsulating the way
forward to bring together the needs and welfares of mental health care
service users as well as the care providers in synchrony and harmony. By
doing this, personal involvement, engagement and networking with
various stake holders while ensuring our service users inclusion within com-
munity will be at its best.

Careful selection of distinguished speakers both local and international that
aims to enrich participants’ skills and knowledge as well as sharing the best
practice in mental health and related services. Thus, all are encouraged to
participate during plenaries, symposiums as well as various workshops. Feel
free to raise your hand and share your thoughts. The knowledge and the
new innovations will then be imprinted within you upon returning to your
practice.

Finally, as the 19th JMHC chairman, I’d like to personally thank Dr. Suhaila
Mohd Som, the Scientific Program Chairperson and her committees for the
amazing topics planned for this year. My appreciations also goes to our ded-
icated and enthusiastic staff, alongside volunteers who were working
around the clock, not forgetting corporate sponsors and exhibitors; without
all of you this year JMHC wouldn’t take place. Thank you for making this a
truly great 19th JMHC.

Dr Wan Zafidah Wan Nawawi
Chairman, 19th Johor Mental Health Convention
OPENING MESSAGE FROM THE SCIENTIFIC COMMITTEE CHAIRPERSON

Not so long time ago, I was transferred to Hospital Permai after I completed my housemanship training. As medical officer, I believed in my naivety, what I saw then was what mental health care was all about. The old hospital appeared old, desolate, and holds dark secrets of the past. It has gloomy long corridors in between wards and the long stay patients look at you in meaningless blank stare. Of course, during that time we already have small scale community and rehabilitation programmes that include supported employments and sheltered workshops. Later, I was introduced to the concept of patient’s recovery and the seven principles of psychosocial rehabilitation. That’s about all. I would imagine.

Moving forward, we moved to the new hospital and Dr. Abd. Kadir asked me to join him for a visit to Trieste, Italy. It was the first time I heard about the place and the phrase Freedom First. It really opened my eyes and dramatically changed my views on what we can offer and do for our patients. Freedom First is about uniting and empowering people to improve the quality of care and promote human rights in mental health and social care facilities. It’s promoted recovery and emphasizes the key elements of autonomy and participation of service users in all aspects of their treatment and private lives.

Well, I believe Freedom first is the rightful theme for this year. Please have a look at the scientific programme to see what we have in store for you delegates.

Welcome to the 19th Johor Mental Health Convention

Act, unite and empower for mental health

Regards,

Dr Suhaila Mohd Som
Scientific Committee Chairperson,
19th Johor Mental Health Convention
On-Site Information

**REGISTRATION**
Registration will take place from 0715Hr on 18th April 2017 until 20th April 2017 at the Ixora Auditorium, Hospital Permai. The registration desk will remain open for the duration of the meeting and convention.

**MEETING AREA**
Plenary Session, Keynote Address, Lunch Symposium: Ixora Auditorium
Poster Exhibition: Lower Ground, Kompleks Ixora
P1 Interpersonal & Social Rhythm Therapy - Bilik Seminar Atas OPD
P3 Quality Rights Training - Bilik Seminar Kompleks Balsam (Day 1), Bilik Seminar 1&2 Kompleks Ixora (Day2 &3)
P5 Smoking Cessation- Bilik Persidangan Kompleks Pengurusan
P6 Burnout Workshop - Bilik Seminar 1 & 2 Kompleks Ixora
P7 Workshop On Schizophrenia - Bilik Seminar Kompleks Balsam
P8 Brief Intervention - Bilik Persidangan Kompleks Pengurusan
P9 Parenting Workshop - Bilik Seminar CPU
P10 Happiness Workshop - Bilik Seminar Balsam
P11 Risk Assessment 9Assessing Sex Offender) - Bilik Seminar Balsam

**CATERING ARRANGEMENTS**
Included in the registration fee are the following:
Lunch and refreshment breaks as scheduled in the convention programme.
All delegates are to received breakfast and lunch coupon and required to bring it for breakfast and lunch meals.

**Wi-Fi ACCESS**
Wi-Fi can be access for free. The details are as follows:
Network - Guest
Password - No password applied, network can be access straight away

**POSTER EXHIBITION**
All poster presenters should display their poster at allocated board at the lower ground, Ixora Complex. Staff will be available to provide assistance in locating your board and providing supplies such as push pins, tape and scissors. All presenters should make themselves available at their allocated board for discussions and queries.

**SPEAKERS**
All speakers are reminded to be in the allocated convention venue no later than 20 minutes before the start of the session to finalise the set-up of presentation visuals. Speakers may always refer to the allocated liaison officers for assistance during the convention.
# Program Timetable

## Day 1, 18th April 2017, Tuesday

### Registration & Breakfast

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>0715</td>
<td>REGISTRATION &amp; BREAKFAST</td>
</tr>
<tr>
<td></td>
<td>0800-0840</td>
</tr>
</tbody>
</table>

### Plenary 1

**Topic:** Freedom: Achieving Quality In Life  
**Speaker:** Dr. Marina Abd Rahman Sabri  
**Venue:** Auditorium Ixora

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>1700</td>
<td>TEA BREAK</td>
</tr>
<tr>
<td></td>
<td>1800</td>
</tr>
</tbody>
</table>

### Visit to Poster & Exhibition Booth

### Visit to Poster & Exhibition Booth

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>0840</td>
<td>VISIT TO POSTER &amp; EXHIBITION BOOTH</td>
</tr>
<tr>
<td></td>
<td>End of Day 1</td>
</tr>
</tbody>
</table>

### Lunch Symposium

**Topic:** Early Optimized Treatment For Functional Recovery MDD  
**Speaker:** Dr Hazli Zakaria  
**Venue:** Auditorium Ixora

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>1230</td>
<td>LUNCH SYMPOSIUM</td>
</tr>
<tr>
<td></td>
<td>1300</td>
</tr>
</tbody>
</table>

### LUNCH

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>1300</td>
<td>LUNCH SYMPOSIUM</td>
</tr>
<tr>
<td></td>
<td>1400</td>
</tr>
</tbody>
</table>

### Physical Activity

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>1400</td>
<td>P3. Quality Rights Training</td>
</tr>
<tr>
<td></td>
<td>DAY 1</td>
</tr>
<tr>
<td></td>
<td>P4. Peer Support Training</td>
</tr>
<tr>
<td></td>
<td>Cancelled</td>
</tr>
<tr>
<td></td>
<td>Venue:</td>
</tr>
<tr>
<td></td>
<td>1700</td>
</tr>
</tbody>
</table>

### P3. Quality Rights Training (Day 1)

**Promoting Human Rights In Mental Health**  
**Dr. Norhamzah Ahmad Badruddin**  
**Ms. Siti Aisyah Ghazalan**  
**Venue:** Bilik Seminar Atas OPD  
**Event:** 1400-1700

### P4. Peer Support Training

**Cancelled**  
**Venue:** 1700-1800

### P5. Smoking Cessation

**Introduction To SCOPE**  
**Module 1: Tobacco Control Policy**  
**Dr. Norhamzah Ahmad Badruddin**  
**Venue:** Auditorium Ixora

### P5. Smoking Cessation

**Module 2: Treatment Plan**  
**Module 3: Smoking As Addiction**  
**Module 4: Behaviour Therapy**  
**Dr. Norhamzah Ahmad Badruddin**  
**Venue:** Auditorium Ixora

### P6. Burnout Workshop

**Achieving Work Life Balance: Is It Possible?**  
**Dr. Norhamzah Ahmad Badruddin**  
**Venue:** Auditorium Ixora

### P6. Burnout Workshop

**Keeping The Fire Burning - Individual Coping Strategies**  
**Dr. Norhamzah Ahmad Badruddin**  
**Venue:** Auditorium Ixora

### P7. Workshop on Schizophrenia

**Overview Of Schizophrenia**  
**Dr. Norhamzah Ahmad Badruddin**  
**Venue:** Auditorium Ixora

### P7. Workshop on Schizophrenia

**cancer**:  
**Dr. Norhamzah Ahmad Badruddin**  
**Venue:** Auditorium Ixora

### P7. Workshop on Schizophrenia

**Group Discussion: Psychosocial Interventions**  
**Dr. Norhamzah Ahmad Badruddin**  
**Venue:** Auditorium Ixora

### P7. Workshop on Schizophrenia

**Recovery In Schizophrenia: Is It A Myth?**  
**Dr. Norhamzah Ahmad Badruddin**  
**Venue:** Auditorium Ixora

### P7. Workshop on Schizophrenia

**Group Discussion: Recovery**  
**Dr. Norhamzah Ahmad Badruddin**  
**Venue:** Auditorium Ixora

---

**End of Day 1**
# Program Timetable

## Day 2, 19th April 2017, Wednesday

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>0715 - 0800</td>
<td><strong>REGISTRATION &amp; BREAKFAST</strong></td>
</tr>
<tr>
<td>0800 - 0840</td>
<td><strong>PLENARY 2</strong>&lt;br&gt;Topic: <em>Incorporating Atypical Antipsychotic In Treatment Resistant Depression</em>&lt;br&gt;Speaker: Assoc Prof Dr Jesjeet Singh, Senior Lecturer, Consultant Psychiatrist, University Malaya Medical Centre&lt;br&gt;<strong>Venue:</strong> Auditorium Ixora</td>
</tr>
<tr>
<td>0840 - 0900</td>
<td><strong>VISIT TO POSTER &amp; EXHIBITION BOOTH</strong></td>
</tr>
<tr>
<td>0900 - 1230</td>
<td><strong>P1. Interpersonal &amp; Social Rhythm Therapy (Part 1)</strong>&lt;br&gt;Practical&lt;br&gt;Mr Norhasnem Ahmad&lt;br&gt;Dr Suhaila Md Som&lt;br&gt;Mr Sidi Aisyah Ghazalan&lt;br&gt;<strong>Venue:</strong> Bilik Seminar Atas OPD</td>
</tr>
<tr>
<td></td>
<td><strong>P2. Quality Rights Training (Day 2)</strong>&lt;br&gt;Creating Mental Health &amp; Related Services Free From Coercion, Violence &amp; Abuse&lt;br&gt;Dr Wan Zafidah Wan Noor&lt;br&gt;Mr Hamraid Othman&lt;br&gt;Mrs Sarah Naziah Zainal Abidin&lt;br&gt;Mrs Hanisah d/o Ab Rahman&lt;br&gt;Mrs Azahidah Mohd Taufik&lt;br&gt;Mrs Hadi Amnah Adam&lt;br&gt;Mrs Mohd Nazan Takson&lt;br&gt;Mrs Goh Beng Jring&lt;br&gt;<strong>Venue:</strong> Bilik Seminar 1 &amp; 2 Kompleks Ixora</td>
</tr>
<tr>
<td>1230 - 1300</td>
<td><strong>LUNCH SYMPOSIUM</strong>&lt;br&gt;Topic: <em>Long Acting Treatment In The Journey To Freedom</em>&lt;br&gt;Speaker: Dr Abdul Kadir Abu Bakar, The Director of Hospital Permai, Johor Bahru&lt;br&gt;<strong>Venue:</strong> Auditorium Ixora</td>
</tr>
<tr>
<td>1300 - 1400</td>
<td><strong>LUNCH</strong></td>
</tr>
<tr>
<td>1400 - 1700</td>
<td><strong>P3. Quality Rights Training (Day 2)</strong>&lt;br&gt;Creating Mental Health &amp; Related Services Environment &amp; Community&lt;br&gt;Dr Wan Zafidah Wan Noor&lt;br&gt;Mr Hamraid Othman&lt;br&gt;Mrs Sarah Naziah Zainal Abidin&lt;br&gt;Mrs Hanisah d/o Ab Rahman&lt;br&gt;Mrs Azahidah Mohd Taufik&lt;br&gt;Mrs Hadi Amnah Adam&lt;br&gt;Mrs Mohd Nazan Takson&lt;br&gt;Mrs Goh Beng Jring&lt;br&gt;<strong>Venue:</strong> Bilik Seminar 1 &amp; 2 Kompleks Ixora</td>
</tr>
<tr>
<td></td>
<td><strong>P8. Brief Intervention (Day 1)</strong>&lt;br&gt;Brief Intervention: Purpose, Nature &amp; Rational&lt;br&gt;ASSIST: An Introduction To The Scale&lt;br&gt;ASSIST: Role-Playing&lt;br&gt;Dr Haslina Mohd Yusof&lt;br&gt;Assoc Prof Dr Sivakumar Thurairajasingam&lt;br&gt;<strong>Venue:</strong> Bilik Persidangan Kompleks Pengurusan</td>
</tr>
<tr>
<td>1700 - 1800</td>
<td><strong>P9. Parenting Workshop:</strong>&lt;br&gt;<strong>Tune In Kids</strong>&lt;br&gt;The Philosophy&lt;br&gt;Normalizing Children’s Behaviour&lt;br&gt;What Is Emotional Intelligence?&lt;br&gt;Emotion Talk Time&lt;br&gt;Turning In Low Intensity Emotion&lt;br&gt;Naming Emotion&lt;br&gt;Meta Emotion&lt;br&gt;Emotion Dismissive Vs. Emotion Coaching&lt;br&gt;Dr Nurulwafa Hussain&lt;br&gt;Dr Umi Adlin Sulim&lt;br&gt;<strong>Venue:</strong> Bilik Seminar CPU</td>
</tr>
<tr>
<td></td>
<td><strong>P10. Happiness Workshop</strong>&lt;br&gt;Introduction: Finding Happiness – Treatment of Depression&lt;br&gt;Multimedia Presentation: Depression, Let’s Talk&lt;br&gt;Sending Of Happiness: Group Activity: Talk: Visualizing Our Champion Experience&lt;br&gt;Building Resilience – Becoming A Self-Transformer&lt;br&gt;Group Activity: De-Stressing&lt;br&gt;Group Discussion Of Participants&lt;br&gt;Assoc Prof Sugathak Khemtong&lt;br&gt;Dr Nor Azwani Che Yusof&lt;br&gt;<strong>Venue:</strong> Bilik Seminar Kompleks Balsam</td>
</tr>
<tr>
<td></td>
<td><strong>P10. Happiness Workshop</strong>&lt;br&gt;Group Work &amp; Presentation&lt;br&gt;- Creative Art Activities&lt;br&gt;- Mindfulness&lt;br&gt;- Brain-gym&lt;br&gt;- Touch &amp; Music Activity&lt;br&gt;Assoc Prof Sugathak Khemtong&lt;br&gt;Dr Nor Azwani Che Yusof&lt;br&gt;<strong>Venue:</strong> Bilik Seminar Kompleks Balsam</td>
</tr>
<tr>
<td></td>
<td><strong>End of Day 2</strong></td>
</tr>
</tbody>
</table>
# Program Timetable

**Day 3, 20th April 2017, Thursday**

## REGISTRATION & BREAKFAST

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>0715 - 0800</td>
<td>REGISTRATION &amp; BREAKFAST</td>
</tr>
</tbody>
</table>

## PLENARY 3

**Topic:** Permai Experience: Treatment Resistant Schizophrenia  
**Speaker:** Dr Suhailla Mohd Som, Psychiatrist Hospital Permai, Johor Bahru  
**Venue:** Auditorium Ixora

## VISIT TO POSTER & EXHIBITION BOOTH

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>0800 - 0840</td>
<td>VISIT TO POSTER &amp; EXHIBITION BOOTH</td>
</tr>
<tr>
<td>0840 - 0900</td>
<td>VISIT TO POSTER &amp; EXHIBITION BOOTH</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Session</th>
<th>Topic</th>
<th>Time</th>
<th>Speaker(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>P1.</td>
<td>Interpersonal &amp; Social Rhythm Therapy</td>
<td>0900 - 1230</td>
<td>Prof Dr Hatta Sidi, Dr Nusrat Khan, Dr Hjh Badiah Yahya</td>
</tr>
<tr>
<td></td>
<td>(Day 3)</td>
<td></td>
<td>Venue: Bilik Seminar Kompleks Balsam</td>
</tr>
<tr>
<td></td>
<td>Interpersonal Therapy (Part 2)</td>
<td></td>
<td>Practical</td>
</tr>
<tr>
<td></td>
<td>Practical</td>
<td></td>
<td>Mr Norhanzam Ahmad, Mr Suhailla Md Som, Mr Ist Asyraf Ghazalain</td>
</tr>
<tr>
<td></td>
<td>Venue:</td>
<td></td>
<td>Bilik Seminar Atas OPD</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Session</th>
<th>Topic</th>
<th>Time</th>
<th>Speaker(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>P4.</td>
<td>Quality Rights Training</td>
<td>0900 - 1230</td>
<td>Prof Dr Hatta Sidi, Dr Nusrat Khan, Dr Hjh Badiah Yahya</td>
</tr>
<tr>
<td></td>
<td>(Day 3)</td>
<td></td>
<td>Venue: Bilik Seminar 1 &amp; 2 Kompleks Ixora</td>
</tr>
<tr>
<td></td>
<td>Protecting The Right To Legal Capacity In Mental Health &amp; Related Services</td>
<td></td>
<td>Dr Wan Zafizah Wan Nasirwu, Mr Hamzah Idris, Mrs Sarah Naziah Zainal Abidin, Mr Tengku Othman, Mrs Latiffah Mohamed, Mrs Asti Anas, Mr Mohd Nazmul Ali, Mr Malim roses, Mr Wahid Bung Sung, Mr Mohd Nazim Tuanja, Mr Gen Beng Song</td>
</tr>
<tr>
<td></td>
<td>Venue:</td>
<td></td>
<td>Bilik Seminar 1 &amp; 2 Kompleks Ixora</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Session</th>
<th>Topic</th>
<th>Time</th>
<th>Speaker(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>P6.</td>
<td>Brief Intervention</td>
<td>1230 - 1400</td>
<td>Prof Dr Hatta Sidi, Dr Nusrat Khan, Dr Hjh Badiah Yahya</td>
</tr>
<tr>
<td></td>
<td>(Day 2)</td>
<td></td>
<td>Venue: Bilik Seminar CPU</td>
</tr>
<tr>
<td></td>
<td>FRAMES</td>
<td></td>
<td>Dr Haslina Mohd Yusof, Assoc Prof Dr Sivakumar Thurairajasingam</td>
</tr>
<tr>
<td></td>
<td>FRAMES: Role Playing</td>
<td></td>
<td>Venue: Bilik Persidangan Kompleks Pengurusan</td>
</tr>
<tr>
<td></td>
<td>Linking Screening To Intervention</td>
<td></td>
<td>Clinical Case Scenarios</td>
</tr>
<tr>
<td></td>
<td>Clinical Case Scenarios</td>
<td></td>
<td>Dr Nicoles Mohd Yusof, Assoc Prof Dr Sivakumar Thurairajasingam</td>
</tr>
<tr>
<td></td>
<td>Venue:</td>
<td></td>
<td>Bilik Seminar CPU</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Session</th>
<th>Topic</th>
<th>Time</th>
<th>Speaker(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>P9.</td>
<td>Parenting Workshop:</td>
<td>1400 - 1700</td>
<td>Prof Dr Hatta Sidi, Dr Nusrat Khan, Dr Hjh Badiah Yahya</td>
</tr>
<tr>
<td></td>
<td>Tune In Teens</td>
<td></td>
<td>Venue: Bilik Seminar CPU</td>
</tr>
<tr>
<td></td>
<td>The Foundation For Emotion Coaching Teens</td>
<td></td>
<td>Coaching &amp; Anger</td>
</tr>
<tr>
<td></td>
<td>Turning In &amp; Sitting With Conversation With Your Teens</td>
<td></td>
<td>Coaching Teen’s Worry &amp; Sadness</td>
</tr>
<tr>
<td></td>
<td>Connecting &amp; Emotional Development</td>
<td></td>
<td>A in The Future</td>
</tr>
<tr>
<td></td>
<td>Adolescent Emotional Development</td>
<td></td>
<td>Dr Norshafiee Hassan, Dr Umi Adlina Jihin</td>
</tr>
<tr>
<td></td>
<td>Building Intimacy &amp; Showing Empathy</td>
<td></td>
<td>Venue: Bilik Seminar Kompleks Balsam</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Session</th>
<th>Topic</th>
<th>Time</th>
<th>Speaker(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>P3.</td>
<td>Quality Rights Training</td>
<td>1700 - 1800</td>
<td>Prof Dr Hatta Sidi, Dr Nusrat Khan, Dr Hjh Badiah Yahya</td>
</tr>
<tr>
<td></td>
<td>(Day 3)</td>
<td></td>
<td>Venue: Bilik Seminar CPU</td>
</tr>
<tr>
<td></td>
<td>Protecting The Right To Legal Capacity In Mental Health &amp; Related Services</td>
<td></td>
<td>Dr Wan Zafizah Wan Nasirwu, Mr Hamzah Idris, Mrs Sarah Naziah Zainal Abidin, Mr Tengku Othman, Mrs Latiffah Mohamed, Mrs Asti Anas, Mr Mohd Nazmul Ali, Mr Malim roses, Mr Wahid Bung Sung, Mr Mohd Nazim Tuanja, Mr Gen Beng Song</td>
</tr>
<tr>
<td></td>
<td>Quality Rights post knowledge &amp; Attitude Questionnaire</td>
<td></td>
<td>Dr Nicoles Mohd Yusof, Assoc Prof Dr Sivakumar Thurairajasingam</td>
</tr>
<tr>
<td></td>
<td>Venue:</td>
<td></td>
<td>Bilik Seminar 1 &amp; 2 Kompleks Ixora</td>
</tr>
</tbody>
</table>

End of 19th Johor Mental Health Convention
# Poster Presentation List

<table>
<thead>
<tr>
<th>Ref.</th>
<th>Title</th>
<th>Authors</th>
<th>Affiliations</th>
</tr>
</thead>
<tbody>
<tr>
<td>A1</td>
<td>Post-Secondary Students With Psychiatric Diagnosis In Johor</td>
<td>¹Goh Siao Yen, ²Assoc. Prof. Dr. Azizi Yahaya</td>
<td>¹Master of Education (Psychology), Universiti Teknologi Malaysia, Skudai, Johor; ²Ph.D, Faculty of Education, Universiti Teknologi Malaysia, Johor</td>
</tr>
<tr>
<td>A2</td>
<td>Prevalence Of Depression, Anxiety And Stress Among Patients Attending Periodontal Clinic</td>
<td>¹Ali Sabri Radeef, ²Ghasak Ghazi Faisal</td>
<td>¹Department of Psychiatry, Kulliyyah (Faculty) of Medicine, International Islamic University Malaysia; ²Department of Basic Medical Sciences, Kulliyyah (Faculty) of Dentistry, International Islamic University Malaysia</td>
</tr>
<tr>
<td>A3</td>
<td>Post-Electrocution Persistent Manic Depressive Syndrome: A Unique Diagnostic Syndrome And A Red Flag Against Electro-Convulsive Therapy?</td>
<td>¹Nahdiya Shaari, ¹Ahmad Syukri Chew</td>
<td>¹Department of Psychiatry and Mental Health, Hospital Seri Manjung, Perak</td>
</tr>
<tr>
<td>A4</td>
<td>Aggression In Patients With First Psychosis Episode In Hospital Permai</td>
<td>¹Rosfaizah R, ²Abdul Hamid A.R., ³Tuti Iyani MD, ⁴Badi’ah Y, ⁵Abdul Kadir AB</td>
<td>¹Hospital Permai, Johor Bahru, Johor; ²Hospital Canselor Tuanku Mukhriz (Pusat Perubatan Universiti Kebangsaan Malaysia)</td>
</tr>
<tr>
<td>A5</td>
<td>Evaluation of an EPS monitoring guideline</td>
<td>¹Supakit Dumrongpiwat</td>
<td>¹Pharmacy Department, Srithanya Hospital, Nonthaburi, Thailand</td>
</tr>
<tr>
<td>A6</td>
<td>Employment Among Psychiatric Outpatients in Hospital Miri: A Survey of Interest for Supported Employment.</td>
<td>¹Dr. William Goh Wei Liang, ¹Dr. Lai Wing Wai, ¹Dr. Edgar A/L Samuel Kanniah, ¹Dr. Bong Yee Khiun</td>
<td>¹Hospital Miri</td>
</tr>
<tr>
<td>A7</td>
<td>The Greatest Masquerade: A Case Series of Neurosyphilis with Neuropsychological Manifestations</td>
<td>¹Ravivarma Rao Panisravam, ¹Ong Hui Ming, ¹Joyce Chieng Ai Ning, ¹Nur Adilah Sulaiman</td>
<td>¹Department of Psychiatry and Mental Health, Hospital Bintulu, Sarawak</td>
</tr>
<tr>
<td>A8</td>
<td>Psychiatric Clerkship And Medical Students’ Attitudes Towards Mental Illness: A Comparison Between The Old And New Syllabus</td>
<td>¹Dr. Tan Tze Yin, ¹Assoc Prof. Dr. Jesjeet Singh Gill, ¹Prof. Dr. Ahmad Hatim Sulaiman</td>
<td>¹Department of Psychological Medicine, Universiti Malaya Medical Centre</td>
</tr>
<tr>
<td>A9</td>
<td>Patterns Of Referral To Clinical Psychology Services In Ministry Of Health Malaysia</td>
<td>¹Manal M, ²Siti Aisyah MG, ³Tunku Saraa-Zawiyah TB; ⁴Umi Izzati S</td>
<td>¹Department of Psychiatry and Mental Health, Hospital Pulau Pinang; ²Hospital Permai, Johor Bahru, Johor; ³Hospital Bahagia Ulu Kinta, Perak</td>
</tr>
<tr>
<td>A10</td>
<td>Development of Post-Traumatic Stress disorder (PTSD) screening test</td>
<td>¹Nopporn Tantirangsee, ²Sukanya Sirinintasak, ³Metta Lertkiatratchata</td>
<td>¹Songkhla Rajanagarindra Psychiatric Hospital, Ministry of Mental Health, Songkhla, Thailand.</td>
</tr>
<tr>
<td>A11</td>
<td>Project on “ Technology of using Recovery Language”</td>
<td>³Ms. Vimontra Satporn</td>
<td>³Registered Nurse, Srithanya Hospital</td>
</tr>
</tbody>
</table>
**Poster Presentation Abstract**

[A1]  
**Post-Secondary Students With Psychiatric Diagnosis In Johor**  
¹Goh Siao Yen, ²Assoc. Prof. Dr. Azizi Yahaya  
¹Master of Education (Psychology), Universiti Teknologi Malaysia, Skudai, Johor;  
²Ph.D, Faculty of Education, Universiti Teknologi Malaysia, Johor

This research was the first in Asia on the topic of Supported Education, accorded the Universiti Teknologi Malaysia, Skudai study grant and has been published in two international journal articles and a book. The primary objective of this poster presentation is to share relevant demography of students with psychiatric diagnosis studying in higher education in the state of Johor, and some descriptive analysis of the research findings. The study, a survey by design, was carried out by purposive sampling at the Sultanah Aminah General Hospital and the Permai Hospital. The sample size was 30. The students’ Current Performances were measured in terms of academic achievement (GPA), self-esteem, school self-efficacy and illness symptoms. The instrument was a structured, self-administered questionnaire; with established and modified scales. The secondary objective is to share helpful, interesting findings such as how post-secondary students with psychiatric diagnosis are academically capable, the average GPA being 3.03 out of a 4-point scale; how 90% of them did not face financial difficulty, and 93% not disruptive/violent. Although the research was carried out in 2007, the findings are still very relevant and serve as an empirical evidence that Johor has already ten years ago a notable number of persons with psychiatric diagnosis able to function in campuses of higher education; and the number would likely have grown. The findings are generalizable to Malaysia, as a whole, and other states/regions with similar settings. The recommendation is, therefore, for policy makers, mental health practitioners, researchers and educators to consider the Supported Education practice (a psychiatric rehabilitation practice), for Malaysia, to assist persons with mental health issue succeed in their educational goals; and to check out the first author’s award-winning poster presentation at the European Supported Education Conference on the need for the Supported Education practice.

[A2]  
**Prevalence Of Depression, Anxiety And Stress Among Patients Attending Periodontal Clinic**  
¹Ali Sabri Radeef, ²Ghasak Ghazi Faisal  
¹Department of Psychiatry, Kulliyyah (Faculty) of Medicine, International Islamic University Malaysia  
²Department of Basic Medical Sciences, Kulliyyah (Faculty) of Dentistry, International Islamic University Malaysia

Objectives: The main objectives of our study are to assess the rate and severity of depression, anxiety and stress symptoms and to identify the possible association between these emotional disturbances with oral health problems.

Methodology: This is a cross sectional study conducted on a sample of 159 patients with oral health problems including periodontitis and gingivitis attending the periodontal clinic, Kulliyyah of Dentistry, International Islamic University Malaysia. The prevalence and severity of depressive, anxiety and stress symptoms were assessed among those patients by using the self-rating Bahasa Malaysia version of the Depression Anxiety and Stress Scales (DASS-21).

Results: The overall rate of depression, anxiety, and stress among patients was 18.9%, 36.5% and 19.5% respectively. Regarding the severity of the symptoms, it was found that 3.8%, 6.3 % and 2.5% of the patients had clinically significant depression, anxiety and stress respectively. Although patients with periodontitis had higher mean scores of depression, anxiety and stress than those with gingivitis but it was not statistically significant.

Conclusion: Emotional disturbances in the form of depression, anxiety and stress are existing in high rates among patients with periodontal problem that require early detection and intervention.
Post-Electrocretion Persistent Manic Depressive Syndrome: A Unique Diagnostic Syndrome And A Red Flag Against Electro-Convulsive Therapy?

Ali Sabri Radeef, Ghasak Ghazi Faisal

1Department of Psychiatry, Kulliyyah (Faculty) of Medicine, International Islamic University Malaysia
2Department of Basic Medical Sciences, Kulliyyah (Faculty) of Dentistry, International Islamic University Malaysia

Introduction: Bipolar mood disorder is an established psychiatric disorder affecting 1% of the population and a highly disabling disease. Its aetiology is still a confounding question as most cases do not have a pathophysiological explanation. This case is interesting as the patient presented with a full blown manic depressive clinical syndrome with psychosis after suffering electrical injury. He has no past history of mental illness and no family history of mental disorders. There were no stressors that could precipitate this disorder. Furthermore, the syndrome was persistent and not merely a psychological reaction after brain electrical injury but a persistent bipolar mood disorder indistinguishable from the functional one albeit more difficult to control. Electrical and thermal trauma to the brain, be it direct or indirect injury can precipitate changes in behaviour, emotion and cognition, resembling psychiatric diagnoses. However, the persistent syndrome in this case could point to a unique diagnostic entity and offer possible explanation of the pathophysiology of manic depressive syndromes such as bipolar mood disorder as well as a consideration for caution when prescribing electro-convulsive therapy (ECT).

Case Presentation: This is a 49-year-old Malay gentleman with no known medical or psychiatric comorbid. He was admitted to surgical ward sustaining electrical injury with second degree burns over palms and feet, complicated with rhabdomyolysis while working at his palm plantation. Post event he had no loss of consciousness, dyspnoea or chest pain. He was discharged home after 7-days of admission. Other than initial confusion, he did not demonstrate any major psychiatric symptoms. There were no signs of brain damage or clinical neurological damage. He appeared to be well during this phase. Three days after discharge, he presented back to emergency department with abnormal behaviour such as irritability, poor sleep and irrelevant speech. Physical examination was not remarkable. Blood investigations were within normal range. CT Brain and EEG appointment were arranged as outpatient appointment. He was initially treated as delayed onset delirium because he responded well to antipsychotics and ‘back to normal self’. However, manic symptoms were prominent at a 2 week follow up. He displayed grandiose delusions, increased goal directed activity, pressure of speech, irritability, reduced need for sleep with poor insight and judgement. His behaviour was so disturbing that his wife ran away and filed for separation. He was tentatively diagnosed as having Bipolar Type I secondary to electrical injury even though secondary mania associated with electrical injury is uncommon and not found in our literature search.

Conclusion: Secondary mania post electrical injury is uncommon. There is prominent resistance to treatment with mood stabilisers and atypical anti-psychotic medications in patient who developed manic depressive syndrome post electrical injury. Treating physician to consider prophylactic mood stabiliser in patients post electrocution who demonstrated symptoms of mania. Psychiatrist to be wary in prescribing high dose ECTs to prevent treatment refractory bipolar-like manic depressive episodes.
Aggression In Patients With First Psychosis Episode In Hospital Permai
¹Rosfaizah R, ²Abdul Hamid A.R., ³Tuti Iryani MD, ¹Badi’ah Y, ¹Abdul Kadir AB.
¹Hospital Permai, Johor
²Hospital Canselor Tuanku Mukhriz (Pusat Perubatan Universiti Kebangsaan Malaysia)

Background: Mental disorder often been reported to be linked with aggressive acts than the general population

Objective: To identify the factor associated with aggressive behaviour among patients with first episode psychosis.

Methodology: This is a case-control study among 138 patients with first episode psychosis who were presented to Hospital Permai and other facilities that covered by Hospital Permai within a six-month period of study. The Positive and Negative Symptoms Scale (PANSS) was used to evaluate symptomology and the Overt Aggression Scale-Modified (OAS-M) was used to assess the aggressive behaviour of the respondents. A score of three or more in any of the OAS-M sub scores was defined as aggression.

Results: Aggression was independently associated with a history of lifetime aggression (odds ratio (OR) 15.71, 95% confidence interval (CI) 2.51- 98.22), PANSS positive subscale (OR=1.60, 95% CI 1.32-1.94) and PANSS general psychopathology subscale (OR=1. 37, 95% CI 1.18-1.58). Aggression in the one week prior to contact with mental health services was associated with male gender (OR=2. 61, 95%CI 1.24- 5.50), history of substance misuse (OR = 2.57, 95% CI 1.30-5.11), and history of alcohol abuse (OR = 4.09, 95% CI 2.00-8.38). The majority of the respondents (n=98, 71%) was displayed verbal aggression and only 36.2 percent of them were aggressive towards others (n=50). However, of whom were aggressive towards others, only 2.9 percent (n=4) caused some injury to the victims.

Conclusion: Aggressive behaviour in patient with first episode psychosis is not uncommon, but, the severe violence is rarely occurs. However, the results from this study should be reviewed with caution due to several limitations that have been mentioned. Keywords: First episode psychosis, aggression, violence.

Evaluation Of An EPS Monitoring Guideline
¹Supakit Dumrongpiwat
¹Pharmacy Department, Srithanya Hospital, Nonthaburi, Thailand

Background: The occurrence of extrapyramidal symptoms (EPS) has been frequently reported in 2011 - 2013 (54, 52 and 53 cases, respectively). EPS are dose-related side effects of antipsychotic drugs which can be prevented. Patients experiencing EPS may concern about the use of antipsychotic drugs and this affects their medication compliance. The objective of this study was to reduce the occurrence reports of EPS by developing an EPS monitoring guideline.

Material and Methods: Reviewing medical records of patients experiencing EPS in 2013 to investigate root causes and establishing an EPS monitoring guideline in the early 2014. This guideline consists of 2 parts. The first part explains the prevention of EPS in new patients who received a high dose of antipsychotic drugs. The second part describes how to prevent the recurrence of EPS for the patients who have been experiencing EPS. In April 2014, a meeting was conducted to educate and communicate about the established guideline to relevant doctors, nurses and pharmacists. After implementation, an evaluation of guideline effectiveness was conducted between 2014 and 2015.

Results: After implementing a guideline, the findings revealed that the occurrence reports of EPS in 2014 and 2015 were decreased (21 and 10, respectively). In addition, other indicator such as the number of patients who received an injection of benztropine to treat severe EPS can be used to solve the under record of occurrence reports. The findings showed that the number of patients who received an injection of benztropine in 2015 was less than that of 2013 (45 and 147 patients, respectively). Due to the incidence of benztropine injection shortage in 2014, the data of patients received benztropine injections in 2014 was excluded from this analysis.

Conclusion: An EPS monitoring guideline can prevent the occurrences of EPS.
Employment Among Psychiatric Outpatients In Hospital Miri: A Survey Of Interest For Supported Employment.
¹Dr. William Goh Wei Liang, ¹Dr Lai Wing Wai, ¹Dr Edgar A/L Samuel Kanniah, ¹Dr Bong Yee Khiun
¹Hospital Miri

Background: Supported Employment has become an important focus of psychiatric rehabilitation services in Malaysia. Supported Employment Program in each centre needs to be tailored to the needs of its patients and community. This study aims to gather data in regards to employment and job interest in preparation of setting up a Supported Employment unit in Hospital Miri. This also forms Phase 1 of a prospective study of job attainment and retention for the newly formed unit.

Methods: This is a cross-sectional study. A universal sampling of all outpatients in the psychiatry clinic in Hospital Miri was taken over a period of one month. A total of two hundred (n=200) participants were recruited and a questionnaire was conducted in regards to employment status, job interest, reasons for unemployment and interest for Supported Employment. All patients between the age of 18 and 60 years were included.

Results: From a total of 200 participants (n=200), 54.5% were employed. Most of the jobs were unskilled (26.6%), semi-skilled (23.9%) and homemakers (20.2%). 89.9% were satisfied with their current jobs and were in employment for a mean of 11.6 years.

Of the 91 participants that were unemployed, only 37.4% (n=26) were interested in employment. Mean duration of unemployment is 5.1 years. Reasons cited for being unemployed includes clinical factors (51.7%), Employer factors (24.2%), Not interested (13.2%), Social reasons (4.4%) and Logistic reasons (2.2%). From the total of 200 participants, 22 (11%) has shown interest in Supported Employment and has been recruited accordingly. The kind of jobs the participants were interested in were mostly unskilled types.

Conclusion: The rate of unemployment is high among the patients in Hospital Miri. One of the biggest reasons given for unemployment was clinical factors (unresolved symptoms, medication side effects). This study has given us insight into the areas required for focus to make the supported employment program successful. It has also provided valuable data for the creation of the job bank and area of focus for social enterprise. The numbers of participants which has shown interest in the Supported Employment Program appears promising. With diligent recruiting the Supported Employment Program is expected to expand in the coming year.

The Greatest Masquerade: A Case Series Of Neurosyphilis With Neuropsychological Manifestations
¹Ravivarma Rao Panirselvam, ¹Ong Hui Ming, ¹Joyce Chieng Ai Ning, ¹Nur Adilah Sulaiman
³Department Of Psychiatry And Mental Health, Hospital Bintulu, Sarawak

Neurosyphilis remains elusively underdiagnosed. We present three distinct cases meeting the CDC 1996 criteria for neurosyphilis and received spirochaete eradication therapy.

Case 1: A 46 year old Melanau gentleman with underlying intellectual disability presented with auditory hallucinations, worsening impulsivity and aggression. CT brain showed presenile atrophy leading to screening for neurosyphilis. Patient was treated and received long term mood stabiliser and antipsychotic. Patient was able to achieve ADL semi-dependence.

Case 2: A 43 year old Chinese man presenting with personality change and rapid functional impairment for 1 year. He became delirious 3 days prior to hospitalisation and neurosyphilis was subsequently diagnosed during evaluation. Despite treatment with penicillin and antipsychotic, he progressively worsened and succumbed to the illness after 10 days.
Psychiatric Clerkship And Medical Students' Attitudes Towards Mental Illness: A Comparison Between The Old And New Syllabus

¹Dr. Tan Tze Yin, ¹Assoc Prof. Dr. Jesjeet Singh Gill, ¹Prof. Dr. Ahmad Hatim Sulaiman
1Department of Psychological Medicine, Universiti Malaya Medical Centre

Background: Medical students’ attitudes towards mental illness is of utmost importance as it may influence their view and level of care provided to their patients in the future. Medical education aims to reduce stigma associated with mental illness and create positive attitudes towards mental illness.

Objective: This study aimed to assess and compare the attitudes towards mental illness among medical students under the new (third year students) and old (final year students) undergraduate syllabus before and after completion of a psychiatric clerkship.

Methodology: The study design was a cross-sectional study. All participants completed self-reported questionnaires on the first and last day of their psychiatric clerkship. Participants were given a set of questionnaires which included socio-demographic details, a case vignette and two dependent measures (social distance scale and dangerousness scale) to assess their attitudes towards mental illness.

Results: Pre-clerkship, a total of 226 students participated in the study (102 third year, 124 final year). Post-clerkship, a total of 197 students responded to the study (80 third year, 117 final year). There were no significant differences in the socio-demographic characteristics between the two groups of students. Both groups of students showed significantly more positive attitudes towards mental illness after completion of clerkship (third year: SDS – p<0.024, DS – p<0.001; final year: SDS – p<0.007, DS – p<0.001). Students under the new undergraduate syllabus showed significantly less stigmatizing attitudes compared with students under the old syllabus even prior to starting their psychiatry clerkship (SDS – p<0.007, DS – p<0.001).

Conclusion: Psychiatric clerkship have shown to improve attitudes towards mental illness among the medical students. The new undergraduate syllabus brought about a more positive attitudinal change compared with the old syllabus.

Discussion and Conclusions: These three cases highlight the diversity of neuropsychiatric presentations (psychosis, delirium and depression) and outcomes (disability, death and recovery) making diagnosis not only unsuspected but difficult as well. Nuanced history taking, physical examination, timely laboratory investigations along with awareness and collaborative management including symptom-specific therapy improves diagnostic yield and service user outcomes.

Case 3: A 74 year old Indonesian lady with underlying hypertension, dyslipidemia and subclinical hypothyroidism presented with self-mutilation involving most of the body with severe depressive symptoms and functional deterioration for the month prior to admission. Incidental serology VDRL positivity led to eventual diagnosis of neurosyphilis with mixed anxiety depressive features. Patient was started on antidepressant and antipsychotic along with spirochaete eradication. She showed slow but successful recovery of function and symptoms.
**[A10]**

**Development of Post-Traumatic Stress disorder (PTSD) screening test.**

¹Nopporn Tantirangsee, ¹Sukanya Sirinintasak, ¹Metta Lertkiatratchata  
¹Songkhla Rajanagarindra Psychiatric Hospital, Ministry of Mental Health, Songkhla, Thailand.

Objective: To study the psychometric properties of 2P screening test for PTSD compared with MINI in PTSD module.

Methods: The cross-sectional study was conduct between November and December 2015. The participants were persons who came to OPD in three community hospitals in Pattani province (Kokpoh, Yarang and Saiburi hospital) on the collecting data date (one day/one hospital). All participants were screened with 2P compared with the MINI in PTSD module as gold standard. The sensitivity, specificity, positive predictive value (PPV), negative predictive value (NPV), positive likelihood ratio (LR+) and negative likelihood ratio (LR-) were calculated.

Results: 433 participants were screened (29.3% were male [average age was 47.2 years] and 70.7% were female [average age was 41.1 years]). 224 of them (56.4%) had reported the traumatic stress at least once in their lives and 77 participants had 2P positive. Compared with MINI, the participants who had met the inclusion criteria of PTSD were 39 participants; therefore, we can calculate sensitivity = 87.2%, specificity = 89.1%, PPV = 44.2%, NPV = 98.6%, LR+ = 8.0 and LR- = 0.14.

Conclusion: The 2P screening test was effective and easy to administer to screen the risk for PTSD. It suits for the community health workers to screen people who affected unrest situations in the community for further treatments.

---

**[A9]**

**Patterns Of Referral To Clinical Psychology Services In Ministry Of Health Malaysia**

¹Manal M, ²Siti Aisyah MG, ³Tunku Saraa-Zawyah TB, ⁴Umi Izzatti S  
¹Department of Psychiatry and Mental Health, Hospital Pulau Pinang  
²Hospital Permai, Johor Bahru, Johor  
³Hospital Bahagia Ulu Kinta, Perak  
⁴Department of Psychiatry and Mental Health, Hospital Sultan Zainab II, Kelantan

Introduction: Several studies have investigated the pattern of psychiatric referrals (Lipowski & Wolston, 1981; Bender, Greil & Meyer, 1983, Brown, 1981) but less is known about referral to clinical psychology services.

Aim: The purpose of this study was to identify demographic characteristics and patterns of referral which include types of diagnosis, types of referral, inter referral and source of referrals in child, adolescent and adult cases.

Methods: This retrospective study utilized data collected between January and December 2015 from 6 general hospitals and three mental health institutions which provide clinical psychology services.

Results: The results indicate patterns of referral to clinical psychology services in the Ministry of Health. Implications on clinical psychology services under the Ministry of Health also be discussed.

Conclusion: Findings of this study are useful in assisting clinical psychologists to deliver more efficient services suit to needs of the population served. The development and understanding of clinical psychology services within Ministry of Health Malaysia deserves consideration.
Mental Illness is caused by many factors from biology, psychology and environment, which has effected on disable in performing function and living. Some of diseases cause disability. Treatment is considered as an important when you are sick. However, psychosocial rehabilitation is also important for people with mental illness. At present the recovery approach has been applied. This model is the process to change person in attitude, value skills and role of the person in community, through their hope, even though they still have some symptoms with them. This model has change from focusing symptoms to empower person to learn about their illness and manage themselves to live with their left symptoms. It is the journey not the destination.

Recovery model is not the way to get rid of problems but it is provided to see clearly of problems, which there are 10 components in the model, i.e. Self-Direction, Individual, Empowerment, Holistic, Nonlinear, Strengths-based, Peer Support, Respect, Responsibility and hope. The person will be the one who reflect the channel and opportunity, which the important communication device to implement activities in order to achieve the goals is Language.

Recovery Language is positive language to create hope, empowerment in order to make person has intention and responsibility, ready to overcome various obstacles. The Recovery Language is the initiative activity for recovery approach. Srithanya hospital has recognized the important of this matter, so the project has been proposed and implemented in the following process:

1. Brain storm and review literature to find related vocabularies
2. Develop Recovery Language manual by choosing keywords e.g., Strength, Relationship, Hope & Goal, Responsibility, Dignity, Change, Spiritual and classify vocabulary into 7 blocks of keywords.
3. The 7 keywords will be;
   i. Identified meaning, main point and define activities including application guidance.
   ii. Schedule to apply it (1 vocabulary a day, 7 words a week and alternate communicate within 1 month. Each vocabulary will communicate step, meaning and main point. There will be discussion, invitation to practice and solving existing problems alternately until completed activities. The time spent for each activity will be around 15 – 20 minutes. The conversation will be started in the morning and end at before go to bed.
4. Training all level of personnel to try out the manual.
5. Pilot project of try out manual in all organizations for 3 months.
7. Publish the final draft of manual.

It is in the process of implementation, which is satisfied by the participating personnel. We expect that it will be the effective tool to apply with service user has pathway to recovery and can live according to their role, which have goals and hope.
Acknowledgement

Kementerian Kesihatan Malaysia

Jabatan Kesihatan Negeri Johor

Distinguished foreign and local speakers

All Staff of Hospital Permai, Johor Bahru

Johnson & Johnson Sdn Bhd

Menarini Singapore Pte Ltd

Pfizer (M) Sdn Bhd

Lundbeck (M) Sdn Bhd

Mansa Pharma (M) Sdn Bhd

AstraZeneca (M) Sdn Bhd

Sanofi Aventis (M) Sdn Bhd

Abbot (M) Sdn Bhd

Servier (M) Sdn Bhd

DKSH Malaysia Sdn Bhd

And all those who have contributed towards the success of this convention