

5th Mental Health Research Conference (MHRC 2026) and
6th Network of education and training
in mental health (nET-MH 2026)

Embracing Diversity : Culturally Informed and Inclusive Approaches to Mental Well-Being

March 27-28th, 2026

Hybrid Conference at Wintree City Resort Chiangmai and Zoom meeting

THEME: Embracing Diversity : Culturally Informed and Inclusive Approaches to
Mental Well-Being



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Welcome to the conference

Director, Office of Research Administration

Professor Doctor Apinpus Rujiwatra, D.Phil.

Good morning, and a warm welcome to you all to this international academic conference on the theme “Embracing Diversity: Culturally-Informed and Inclusive Approaches to Mental Wellbeing.”

I think the two important keywords are diversity and mental wellbeing. In a disruptive society with rapid advancement of everything can very much bring about the discontentment and affect our mentality...from young to old. Diversity in various

aspects can also be a Double-edged sword. I was informed that this conference brings together a diverse community of professionals, scholars, and practitioners who are united by a shared commitment to these matters.

At Chiang Mai University, we are firmly committed to research and innovation in health sciences, including the mental health. And we take a great pride in supporting research initiatives and global collaboration that can contribute to these matters.

I hope that this conference will be an important platform to exchange knowledge, to share research findings, and to explore all possibilities to build robust and impactful collaboration and interdisciplinary engagement.

You have my warm wishes for the success of this conference and I would like also to thank the organizing committee and all the people involved in this conference to make it possible.

Thank you.



From the International Master of Science Program in Mental Health (iMMH)

Professor Nahathai Wongpakaran, MD, FRCPsychT

Good morning and good evening, everyone. Thank you, Dr. Pang, for that kind introduction.

It is my great pleasure to welcome you all to the 5th Mental Health Research Conference (MHRC 2026). This meeting has become a meaningful annual tradition for us since we first established it in 2022, and it is wonderful to see how much we have grown.



Our journey began in 2020 with the launch of the Master of Science in Mental Health. Today, with both Master's and PhD students enrolled, we are proving that mental health is for everyone. In my 30 years as a psychiatrist, I have learned that the heart of this field often lies with non-professionals and caregivers; this reality has shaped our curriculum at the Multidisciplinary and Interdisciplinary School (MidS). By gathering instructors from diverse backgrounds, we have created a unique society where students from all walks of life can thrive.

This two-day conference is more than just a series of science talks; it is a platform for our students to showcase their work and collaborate with delegate researchers from around the world. Beyond the research presentations, I encourage you to participate in our workshops, which highlight that mental health is not just about facing challenges, but also about fostering positive mental health.

I would like to express my sincere appreciation to the Director of the Office of Research Administration for joining us today, and to the organizing committee, staff, and instructors for their tireless work. My thanks also go to the board members, our alumni, and the Network for Education and Training in Mental Health for making this event possible. We are also deeply grateful to Chiang Mai University for their continued support.

To our speakers and participants, whether you are joining us onsite here in Chiang Mai or online from across the globe—thank you for being here. I hope you find these two days to be a valuable opportunity to exchange knowledge and experiences.

In the spirit of our shared mission, I hope you all enjoy the conference and, as our motto says, "I am so much happy" to have you with us.

Thank you very much.

The people

Conference organizing committee

Committee Chairperson

1. Professor Nahathai Wongpakaran
Chairperson of Mental Health Program (International Program)

Academic Administration

1. Professor Tinakon Wongpakaran
Committee Vice-Chairperson and Academic Committee
2. Associate Professor Peerasak Lertrakarnnon
Academic Committee
3. Professor Dr. Patraporn Bhatarasakoon
Academic Committee
4. Assistant Professor Rewadee Jenruamjit
Academic Committee
5. Assistant Professor Chaiyun Sakulsriprasert
Academic Committee
6. Mr. Justin DeMaranville
Academic Committee

Coordination and public relations

1. Assistant Professor Charuk Singhapreecha
Director of Coordination and Public Relations
2. Assistant Professor Jiranan Griffiths
Director of Coordination and Public Relations
3. Dr. Chidchanok Ruengorn
Director of Coordination and Public Relations
4. Ms. Shan Chen
Director of Coordination and Public Relations
5. Ms. Shun Lei Oo
Director of Coordination and Public Relations
6. Ms. Niharika Kafle
Director of Coordination and Public Relations

- | | |
|-------------------------------------------|---------------------------------------------------------------------------|
| 7. Assistant Professor Penkarn Kanjanarat | Director of Coordination
and Public Relations |
| 8. Assistant Professor Awirut Oon-arom | Secretary and Coordination
Committee and Public Relations |
| 9. Ms. Natthinee Sawat | Assistant Secretary and
Coordination Committee and
Public Relations |
| 10. Ms. Bandita Sommanasak | Assistant Secretary and
Coordination Committee and
Public Relations |

The organizations

Partner organizations

The Mental Health Program

This meeting is being organized by the Mental Health Program at Chiang Mai University. Which is a collaborative program from the Faculty of Medicine, Nursing, Medical Technology, Dentistry, Pharmacy, Social Sciences, Humanities, Economics, and Health Sciences Research Institute.



The Network on Education and Training in Mental Health (nET-MH)

The Network on Education and Training in Mental Health (nET-MH) is the network consisting of experts from Germany, Taiwan, Indonesia, Myanmar, Cambodia, and Thailand, which has the Department of Mental Health and Curriculum.

About the conference

Purpose and objectives

- Organize an international academic conference on mental health research
- Organize the 6th nET-MH Network Meeting
- To encourage students in the Master of Science program Mental Health (International Program) at Chiang Mai University. The research results were presented at an international conference.
- Academic exchanges and research in mental health emerged. and cooperation between academics Researchers and mental health personnel both domestically and internationally

The themes of the meeting

For this year, the theme of the conference was “Embracing Diversity : Culturally Informed and Inclusive Approaches to Mental Well-Being”. We continued the concept of positive mental health from last year's conference, Loss, Learn and Live, to promote mental health about Embracing diversity. In today’s increasingly interconnected world, diversity is not only a reality we encounter, but also a strength we must actively embrace. Our cultural backgrounds, beliefs, and lived experiences profoundly shape how we understand and approach mental wellbeing. Therefore, fostering inclusive and culturally informed practices is not merely beneficial—it is essential.

Program overview

Time (GMT+7)	Conference Program Onsite at Convention Room 3	
8.30 - 9.00	Registration	
9.00 - 9.30	<p>MHRC 2026 Welcome remarks and recognitions Professor Nahathai Wongpakaran, MD, FRCPsychT</p> <p>Opening remarks Prof. Apinpus Rujiwatra, D.Phil. Director of Office of Research Administration, CMU</p> <p>Moderator Asst. Prof.Penkarn Kanjanarat, PhD</p>	
9.30 - 10.00	<p>Keynote session: Social Prescribing for Promoting Mental Well-being among Older Adults Prof. Huali Wang, MD, PhD, Peking University, China Moderator: Asst. Prof.Penkarn Kanjanarat, PhD</p>	
10.00 - 11.15	<p>Symposium session I: Using Films to Understand Cultural Diversity and Social Justice Prof. Danny Wedding, PhD, MPH, USA</p> <p>East Meets West: Application of the Concept of Equanimity in the Service of Promoting Older Persons Prof. Carmelle Peisah, MBBS, FRANZCP, Australia</p> <p>Mindfulness, Habit Change, and Happiness: A New Approach to Improve Mental and Physical Health Prof. Ronald O'Donnell, PhD, USA Moderator: Asst. Prof.Penkarn Kanjanarat, PhD</p> <p>Note: 20 minutes and 5 minutes Q&A /speaker</p>	
11.15 - 11.30	Coffee break	
11.30 - 12.30	Research Presentation Session 1: 10-Minute Presentation and 3-Minute Q&A/Presenter	
	Onsite at Convention Room 3 and Zoom 1	Onsite at Executive Room and Zoom 2

<p>Discussant: Prof.Patraporn Bhatarasakoon, PhD, RN, APN, FAAN</p> <p>Co-discussant: Discussant: Asst.Prof.Jiranan Griffiths, PhD</p> <p>Topic: Mental Health Around the Globe</p> <p>Mental Health Awareness and Systems Navigation among African, Caribbean, and Black communities in Alberta, Canada</p> <p>Viola Manokore, Canada</p> <p>Trauma, Coping, and Psychological Distress in Conflict-Affected Communities in Central Myanmar: Preliminary Mixed-Methods Findings from an Ongoing Study</p> <p>San San Oo, Myanmar</p> <p>Intergenerational Mental Health Coping Mechanisms in the Philippines: A Systematic Literature Review</p> <p>Daribel Todiano Sab-it, Philippines</p> <p>Depressive and Anxiety Symptoms among Older Chinese Migrants in Thailand: Psychosocial Correlates and Risk Factors</p> <p>Xinyao Huang, Thailand</p>	<p>Discussant: Prof.Ronald O'Donnell, PhD</p> <p>Co-discussant: Assist.Prof.Penkarn Kanjanarat, PhD</p> <p>Topic: Mental Health Across Lifespan</p> <p>The Interventions to Address the Preparedness for Caregiving among Family Caregivers of People with Dementia: A Scoping Review</p> <p>Xiaobo Yu, China</p> <p>The Mediating Role of Inner Strength in the Relationship Between Biological Factors and Depressive Symptoms</p> <p>Jia Jiao, Thailand</p> <p>Preventable Adverse Drug Reactions of Methylphenidate and/or Risperidone in ADHD Pediatric Patients at Rajanagarindra Institute of Child Development, Chiang Mai Province</p> <p>Supannika Khaykhong, Thailand</p> <p>A Network Analysis of Inner Strength Among University Students with Borderline Personality Disorder Symptoms</p> <p>Yuting Song, Thailand</p>
12.30-13.30	Lunch break
13.30-15.00	Research Presentation Session 2: 10-Minute Presentation and 3-Minute Q&A/Presenter
<p>Discussant: Prof.Patraporn Bhatarasakoon, PhD, RN, APN, FAAN</p>	<p>Discussant: Assist.Prof.Awirut Oon-Arom, MD, FRCPsychT</p>

<p>Co-discussant: Assist.Prof.Penkarn Kanjanarat, PhD</p> <p>Topic: Spiritual Understanding and Mental Health</p> <p>Role of adult attachment and spiritual attachment on meaning in life among religious minorities in Thailand: Insights for mental health promotion</p> <p>Suriwong Wongratanamajcha, Thailand</p> <p>Loving-Kindness Moderates the Association Between Neuroticism and Anxiety Symptoms Among Older Thai Adults</p> <p>Moe Pwint Phyu, Thailand</p> <p>Equanimity and Determination as Predictors of Resilience in Emerging Adults Following Childhood Parental Divorce</p> <p>Shan Chen, Thailand</p> <p>Self-Identity and Its Impact on Romantic Relationship Quality and Mental Well-Being Among Sexual Minorities in China</p> <p>Yansong Hou, Thailand</p> <p>The Relationship Between Afterlife Beliefs and Mental Health Outcomes Among Senior Meditators in Thailand</p> <p>Alla Glushich, Thailand</p>	<p>Co-discussant: Justin DeMaranville, MSc</p> <p>Topic: Social Inclusion and Well-Being of Young Adults in Diverse Communities</p> <p>Culturally Congruent Mentorship and Social Capital as Pathways to Mental Wellbeing Among Black Youth</p> <p>Cecilia Bukutu, Canada</p> <p>Coping Strategies for Psychological Stress in Vietnamese Medical Students: A Narrative Review</p> <p>Le Thanh Thao Trang, Vietnam</p> <p>Mapping Protective Pathways of Workplace Well-being and Turnover Intention: A Bio-psycho-socio-spiritual Network Approach among Hungarian Young Adult Employees</p> <p>Regina Török, Hungary</p> <p>The Effects of Expectancy-Challenge Interventions on Binge Drinking Among College Students: A Systematic Review and Meta-analysis</p> <p>Xian Wang, China</p> <p>Mental Health Promotion for Transgender Pre-Service Teachers: An Integrative Review Informed by LGBTQ+ Stress Model and Transformative Learning Theory</p> <p>Panat Chueprasertsak, Thailand</p>
15.00-15.15	Coffee break
15.45-16.45	<p>Symposium session II</p> <p>GINHAWA: An indigenous Model of Filipino’s Mental Health</p> <p>Assoc. Prof. Jonathan C. De La Cerna, Philippines</p>

	<p>Network Structure of Inner Strengths: Insights from the Ten Perfections</p> <p>Prof. Tinakon Wongpakaran, MD, FRCPsychT, Thailand</p> <p>Global Minds, Local Hearts: Integrating Cultural Wisdom into Evidence-Based Mental Health Care</p> <p>Prof. Patraporn Bhatarasakoon, RN, PHD, FAAN, Thailand</p> <p>Person-Oriented Approach in Mental Health Research</p> <p>Habil. Assoc. Prof. Zsuzsanna Kövi, Hungary</p> <p>Moderator: Assist.Prof.Penkarn Kanjanarat, PhD, and Justin DeMaranville, MSc</p>
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Day 2: March 28th, 2026

Time (GMT+7)	Conference Program	
	Research Presentation session 3: 10-minute presentation and 3-minute Q&A/presenter	
	Onsite at Convention Room 3 and Zoom 1	Onsite at Magnolia 2 and Zoom 2
	<p>Discussant: Asst.Prof.Jiranan Griffiths, PhD Co-discussant: Assist.Prof.Rewadee Jenruamjit, BPharm, BCP</p> <p>Topic: Inclusive Approaches to Mental Well-Being</p> <p>Prevalence of Psychiatric Comorbidity, Personality Disorders, and Cognitive Impairment among Substance Use Disorder Patients: A Cross-sectional Study</p> <p>Naranchaya Sriburapar, Thailand</p> <p>Positive Self-talk as a Protective Factor Against Depression Symptoms Among Myanmar Migrant Workers</p> <p>Mi Mi Maung, Thailand</p>	<p>Discussant: Chidchanok Ruengorn, PhD Co-discussant: Assist.Prof.Awirut Oon-Arom, MD, FRCPsychT</p> <p>Topic: Cultural Adaptation of Psychological Instruments</p> <p>Evaluation of the Effectiveness of the MMPI-3 In Psychological Assessment and Detection of Personality Disorders in Adults: A Systematic Review</p> <p>Vo Pham Kieu Linh, Vietnam</p> <p>Psychometric Properties of the Burmese Self-Stigma Scale (Short Form) in Elderly Migrants in Thailand</p> <p>Shun Lei Oo, Thailand</p>

	<p>Factors associated with depression among orphaned University students in Thailand</p> <p>Fanglin Meng, Thailand</p> <p>When Resilience Fails: Compassion Imbalance in Stroke Depression</p> <p>Aye Myat Thaw, Thailand</p> <p>The Silent Prevalence of Underdiagnosed Borderline Personality Disorder</p> <p>Lifang Dang, Thailand</p>	<p>Quantitative Insights into Thriving Among Older Adults: A Scoping Review</p> <p>Yan Lou, China</p> <p>Psychometric Properties of the Burmese Version of the Rosenberg Self-Esteem Scale: A Culturally Informed Validation Study</p> <p>Khin Khant Khaing, Thailand</p>
10.15-10.30	Coffee Break	
10.30-11.00	<p>MHRC2026 Research presentation award ceremony</p> <p>Moderator: Chidchanok Ruengorn, PhD</p> <p>Onsite at Convention 3 and online on Zoom 1</p>	
11.00-13.00	<p>6th Network in Education and Training in Mental Health meeting (nET-MH)</p> <p>lunch included</p>	<p>Workshop: Forest Bathing Workshop</p> <p>Lunch box for participants.</p> <p>lunch included</p>

Chiang Mai

MHRC2026

5TH MENTAL HEALTH RESEARCH CONFERENCE

CMU
CHIANG MAI UNIVERSITY

inSO
MUCH
HAPPY



CMU Chiang Mai

Late-breaking Abstract
Submission Deadline

CALL FOR ABSTRACT

Abstract submission : now - February, 15, 2026

Theme: Embracing diversity:
Culturally-Informed and Inclusive
Approaches to Mental Wellbeing

KEYNOTE SESSION

Prof. Huali Wang, M.D., Ph.D.



OUR SPEAKERS



Prof. Ronald O'Donnell, Ph.D. (USA)



Prof. Tinakon Wongpakaran, M.D., FRCPsychT
(Thailand)



Prof. Danny Wedding, Ph.D. (USA)



Prof. Patraporn Bhatarasakoon, R.N., Ph.D., FAAN
(Thailand)



Assoc.Prof. Zsuzsanna Kövi (Hungary)



Prof. Carmelle Peisah, M.B.B.S., M.D., FRANZCP
(Australia)



Asst.Prof. Jonathan C. De La Cerna
(Philippines)



MHRC 2026 Website

Hybrid
Conference



27-28 MARCH 2026
CHIANG MAI, THAILAND

+66 53942405



mhrc-grad@cmu.ac.th



www.immh-cmu.org



Keynote Session

: Social Prescribing for Promoting Mental Well-being among Older Adults

Prof. Huali Wang, MD, PhD

Professor & Chair, Peking University Institute of Mental Health (Sixth Hospital)

Moderator: Asst. Prof. Penkarn Kanjanarat, PhD

Contents:

1. Defining the Integrated Care Model

- Traditional medical models alone are insufficient for addressing the complex mental health needs of a rapidly aging global population.
- There is an urgent need to shift from fragmented, "siloed" services toward community-based care that integrates social and medical support through social prescribing.

2. The Clinical Imperative of Social Determinants

- Mental health is defined not just as the absence of illness, but as a state of successful functioning that allows individuals to adapt to change and maintain fulfilling relationships.
- Social determinants-such as active social ties and high social capital-act as clinical buffers against depression and are directly linked to preserved cognitive performance in old age.

3. Evidence-Based Mechanisms

- A pilot study showed that three months of social prescribing significantly improved cognitive performance among healthy older adults.
- The primary driver of success is helping individuals utilize available social support networks that they might otherwise ignore in their daily lives.

4. Barriers to Effective Implementation

- **Sector Silos:** A lack of coordination between health and social sectors, where professionals often "speak different languages" and operate under different obligations.
- **Recruitment Challenges:** Difficulty in forming multi-disciplinary teams across various cultural contexts.
- **Stakeholder Gaps:** Insufficient understanding of the specific needs and perspectives of policymakers, implementation teams, and adopters.

5. Call to Action: Four Key Strategies

- **Conduct Pragmatic Research:** Utilize "real-world" study designs to examine not just if social prescribing works, but how it works in local community settings.
- **Empower Link Workers:** Build the capacity of peer supporters and link workers through training to ensure high-quality, person-centered support.
- **Leverage Digital Technology:** Use mobile platforms and apps to identify care gaps, track outcomes in real-time, and provide individualized care plans.
- **Address Cultural Stigma:** Adapt interventions to local cultural norms to overcome the stigma surrounding mental health, which often prevents older adults from seeking care.

6. Regional Collaboration and Impact

- **Workforce Building:** Collaborative programs, such as those at Chiang Mai University, are essential for creating a foundation of trained professionals to deliver these services.
- **Policy Translation:** Continuous research investment is required to translate psychosocial knowledge into local practice and sustainable policy.

Conclusion:

To enhance the well-being of older adults, we must bridge the gap between medical and social care through systemic reform and pragmatic research. Social prescribing is a vital tool for translating psychosocial evidence into practice, demanding cross-sector collaboration to build a brighter, more integrated future for aging populations.

Symposium Session 1

: Using Films to Understand Cultural Diversity and Social Justice

Prof. Danny Wedding, PhD, MPH, USA

Moderator: Asst. Prof. Penkarn Kanjanarat, PhD

Contents:

Films serve as a powerful medium for understanding global cultural diversity and human experience, offering insight into cross-cultural differences as well as shared aspects of life. Through cinematic narratives, audiences can engage with perspectives that may otherwise be inaccessible, particularly in relation to culture and mental illness.



The concept of cultural competence, once widely used in the United States, is increasingly being replaced by cultural humility, reflecting a shift in how cultural understanding is approached in psychological research and practice. Extensive cross-cultural academic and life experiences have contributed to a broader understanding of global cultures.

With nearly 195 countries, 5,000 ethnic groups, and 7,000 languages worldwide, direct exposure to all cultures is not feasible. Films therefore provide an accessible and effective way to explore cultural diversity. Culture, broadly defined, includes elements such as language, traditions, food, and social practices, and plays a central role in shaping human experience. Concerns are raised about the declining emphasis on multiculturalism in the United States.

Food serves as a vivid cultural example, as illustrated in *The Hundred-Foot Journey*, where Indian and French cultures intersect and clash. A wide range of Films are used to examine themes such as immigration, politics, acculturation, norm violations, and indigenous experiences, forming the basis of a textbook for multicultural psychology. Examples include *Get Out* (racism and sexuality), *The Man Who Knew Infinity* (discrimination faced by an Indian mathematician at Cambridge), and *Whale Rider* (Māori culture in New Zealand).

Films also highlight universal human experiences that transcend cultural differences. Across societies, common themes include love for children, care for older generations, shared perceptions of beauty, experiences of illness and aging, and diverse healing practices. All cultures recognize forms of caregiving and sanctioned healers, whether traditional or professional. Human life follows a broadly similar trajectory across cultures, from childhood to relationships, aging, and death.

Despite cultural diversity, fundamental similarities unite human experience. Like patterned cloth that is uniform yet unique, cultures reflect both shared structures and individual differences. Ultimately, human commonalities outweigh distinctions.

: East Meets West: Application of the Concept of Equanimity in the Service of Promoting Older Persons

Prof. Carmelle Peisah, MBBS, FRANZCP, Australia

Contents:

In Western contexts, happiness is often conceptualized as a sustained, highly positive emotional state. However, both empirical findings and lived experience suggest that actively pursuing happiness may be unrealistic and sometimes self-defeating.



This tendency becomes more evident with aging. In contrast, Thai culture, deeply influenced by Buddhist philosophy, emphasizes inner peace, mindfulness, and spiritual development. Central to this perspective is equanimity, a state of balanced awareness characterized by present-moment attention and non-judgmental acceptance. Within Buddhist traditions, equanimity is regarded as a core virtue and a key component of psychological well-being.

Equanimity can be understood as “empathy without pain” referring to the capacity to respond compassionately to suffering without becoming emotionally overwhelmed. Historically, related ideas can be traced to professional ethics in medicine and later to acceptance-based approaches emerging in the 20th century, which share similarities with mindfulness and non-struggling acceptance. Current evidence on equanimity is largely derived from mindfulness-based research. Studies suggest that equanimity is associated with improved mental well-being, including findings from long-term care settings and randomized controlled trials involving individuals with chronic conditions such as Parkinson’s disease. Additional research indicates that equanimity may moderate the relationship between neuroticism, stress, and depressive symptoms, suggesting a potential buffering effect on psychological distress.

In clinical and everyday contexts, equanimity can be understood as a cognitive and emotional stance that supports more adaptive responses to stress, physical symptoms, and aging-related challenges. It can be applied across various therapeutic approaches, including narrative therapy, life review therapy, acceptance and commitment therapy, interpersonal therapy, group interventions, and psychoeducational or spiritual practices.

As a treatment goal, equanimity may be more attainable and stable than the pursuit of happiness, aligning more closely with the concept of euthymia, or balanced mental functioning. Assessing and monitoring equanimity throughout treatment may provide insight into individuals' coping resources.

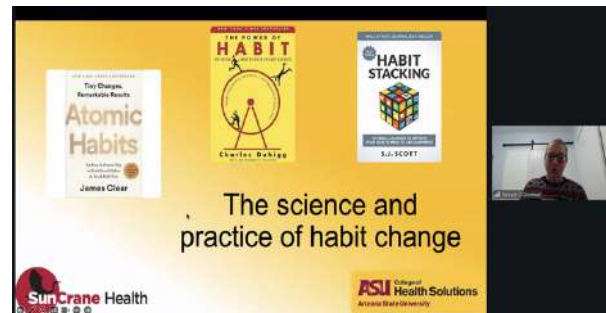
From a personal perspective, reduced striving for happiness may lead to greater well-being, while equanimity enables compassionate engagement without emotional overwhelm. It supports acceptance of universal human experiences such as loss, suffering, and change, and may be particularly valuable in the context of aging and adversity. The concept also holds potential for application in supporting healthcare professionals facing modern clinical challenges.

: Mindfulness, Habit Change, and Happiness: A New Approach to Improve Mental and Physical

Prof. Ronald O'Donnell, PhD, USA

Contents:

The world is currently facing multiple health challenges, including chronic diseases, unhealthy lifestyles (e.g., poor diet, physical inactivity), and increasing psychological stress. These factors interact and further exacerbate the overall disease burden.



However, Western health intervention models are often not directly applicable across different cultural contexts, highlighting the need for more locally adapted approaches.

Globally, stress levels and emotional distress are rising, alongside unhealthy coping behaviors such as alcohol use, excessive screen time, and poor sleep. While these behaviors may provide temporary relief, they often create a vicious cycle that worsens both physical and mental health. A key mechanism underlying this cycle is avoidance, where individuals attempt to escape negative emotions rather than process them.

To address this, an integrated approach combining mindfulness and habit change is proposed. Mindfulness (e.g., based on Jon Kabat-Zinn's stress reduction programs) helps individuals increase emotional awareness, reduce automatic reactions, and cultivate acceptance and balance. Even brief mindfulness practices can yield positive effects.

However, mindfulness alone is insufficient. Sustainable change requires the application of habit science, particularly the "habit loop" (cue-routine-reward). Healthy habits can be built by starting small, repeating behaviors consistently, using reminders and rewards, and maintaining practice over time. Unhealthy habits can be replaced with adaptive alternatives, such as breathing exercises, brief physical activity, or healthier coping strategies.

In terms of happiness, individuals are encouraged to systematically reflect on their daily activities, identify sources of well-being, and intentionally increase positive experiences while reducing negative ones.

Research also suggests that factors such as excessive social media use may negatively impact well-being. Philosophical perspectives, such as those from Buddhism, further distinguish between short-term pleasure and meaningful, sustainable happiness. Overall, this approach emphasizes:

- Reducing emotional avoidance through mindfulness
- Building healthy behaviors through habit change
- Enhancing well-being through reflection and intentional adjustment

Importantly, this model is scalable and can be applied in public health contexts by training non-specialists (e.g., community workers), thereby expanding access to mental health support globally.

RESEARCH PRESENTATION SESSION (Day 1)

1A

Discussant: Prof.Patraporn Bhatarasakoon, PhD, RN, APN, FAAN

Co-discussant: Asst.Prof.Jiranan Griffiths, PhD



Mental Health Around the Globe

Trauma, Coping, and Psychological Distress in Conflict-Affected Communities in Central Myanmar: Preliminary Mixed-Methods Findings from an Ongoing Study

San San Oo¹, Tay Zar LIN^{2*}

¹Consultant Psychiatrist, Aung Mental Healthcare, Yangon, Myanmar

²Dr.PH Scholar, Faculty of Public Health, Chiang Mai University, Thailand

*Corresponding author: tayzar_lin@cmu.ac.th;

Objective: To examine the prevalence of life stressors, coping strategies, and their association with psychological distress among community members in conflict-affected regions of Central Myanmar, based on preliminary data from an ongoing study.



Design: A cross-sectional preliminary analysis embedded within a larger mixed-methods community-based study.

Method: Participants were recruited from a social welfare project operating in Mandalay, Sagaing, and Inle/NyaungShwe regions. Data collection commenced on 26 January and is ongoing, with qualitative interviews being conducted alongside quantitative surveys. This preliminary analysis included 101 participants (78.2% female; mean age 45.33 years). Participants completed assessments on demographics, trauma exposure, coping skills, and the Kessler Psychological Distress Scale (K-10). Multivariate logistic regression using forward stepwise selection examined factors associated with moderate/severe distress; non-significant covariates were omitted from the final model.

Results: Trauma exposure was high: 97% reported loss of property, 98% experienced conflict or natural disaster, 92% witnessed violence, and 87% reported difficulty meeting basic needs. Despite this, 86% utilized religion/faith and social support as coping resources. Mean K-10 score was 25.19 (SD=5.8), with 63.4% reporting moderate to severe distress. In multivariate analysis, positive coping skills were independently associated with significantly lower odds of distress (adjusted OR=0.587, $p=0.014$, 95% CI 0.384-0.897). The model demonstrated fair discriminative ability (AUC=0.66). Other covariates did not reach statistical significance.

Conclusion: Preliminary findings reveal profound trauma exposure and high psychological distress in these conflict-affected communities, alongside notable reliance on faith and social networks. Positive coping appears protective against psychological distress. Data collection, including qualitative components, is continuing in other areas to provide deeper contextual understanding and to confirm these findings.

Depressive and Anxiety Symptoms among Older Chinese Migrants in Thailand: Psychosocial Correlates and Risk Factors

Xinyao Huang¹, Chawisa Suradom², Kelvin C. Y. Leung³, Tinakon Wongpakaran², Rewadee Jenraumjit⁴

¹ Mental Health Program (MIdS), Multidisciplinary and Interdisciplinary School, Chiang Mai University, Chiang Mai, Thailand

² Department of Psychiatry, Faculty of Medicine, Chiang Mai University, Chiang Mai, Thailand

³ Specialty of Psychiatry, Faculty of Medicine and Health, University of Sydney, Sydney, NSW, Australia

⁴ Department of Pharmaceutical Care, Faculty of Pharmacy, Chiang Mai University, Chiang Mai, Thailand

This cross-sectional study investigated the psychosocial factors associated with depressive and anxiety symptoms among self-initiated older Chinese migrants in Chiang Mai, Thailand, a rapidly growing and under-researched population. From December 2024 to February 2025, 204 participants, aged 60 years and above who had migrated after the age of 60, resided in



Thailand for more than six months, and possessed adequate Chinese literacy, completed structured questionnaires. Measures included depressive and anxiety symptoms, acculturative stress, perceived social support, sense of mastery, and loneliness. The prevalence of depressive and anxiety symptoms was 29.9% (61/204) and 53.4% (109/204), with mean scores of 5.01 (SD = 3.98) and 7.38 (SD = 4.88) respectively. Correlation analyses showed that depressive symptoms were positively correlated with acculturative stress ($r = 0.71$, $p < 0.001$) and loneliness ($r = 0.68$, $p < 0.001$) and negatively associated with perceived social support ($r = -0.44$, $p < 0.001$) and sense of mastery ($r = -0.72$, $p < 0.001$). Similarly, anxiety symptoms were positively correlated with acculturative stress ($r = 0.69$, $p < 0.001$) and loneliness ($r = 0.72$, $p < 0.001$) and negatively correlated with social support ($r = -0.41$, $p < 0.001$) and sense of mastery ($r = -0.65$, $p < 0.001$). In multiple regression analyses, depressive symptoms were significantly predicted by acculturative stress ($\beta = 0.28$, $p < 0.001$), social support ($\beta = -0.14$, $p = 0.006$), and sense of mastery ($\beta = -0.31$, $p < 0.001$), while anxiety symptoms were predicted by acculturative stress ($\beta = 0.28$, $p < 0.001$), loneliness ($\beta = 0.39$, $p < 0.001$), and social support ($\beta = -0.12$, $p = 0.029$). These findings highlight the key role of psychosocial factors, particularly acculturative stress, loneliness, and sense of personal control in influencing mental health outcomes among older Chinese migrants. Mental health interventions for this population should prioritize strategies to reduce acculturative stress and loneliness, and to foster social support and personal mastery.

RESEARCH PRESENTATION SESSION (Day 1)

1B

Discussant: Prof. Ronald O'Donnell, PhD

Co-discussant: Assist. Prof. Penkarn Kanjanarat,



Mental Health Across Lifespan

The Interventions to Address the Preparedness for Caregiving among Family Caregivers of People with Dementia: A Scoping Review

Xiaobo Yu¹

¹School of Education, Anyang Normal University, Anyang 455000, Henan, China

Objective: This scoping review aimed to examine the extent, range and type of research evidence concerning interventions to address the preparedness of family caregivers of persons with dementia.

Design: This scoping review followed the Joanna Briggs Institute (JBI) methodology for scoping review and align with the PRISMA-ScR (Preferred Reporting Items for Systematic Reviews and Meta-Analyses Extension for Scoping Reviews) guidelines. The design is adopted to align with the research objectives and ensure rigor, transparency, and reproducibility of the scoping review.

Methods: Studies published in English and Chinese were reviewed with no restrictions on the publication date. A comprehensive search was conducted in electronic databases, including PubMed, Embase (Elsevier), CINAHL (EBSCOhost), Web of Science-SCI, and Cochrane Library, PsycINFO (EBSCOhost), ProQuest Dissertation & Theses Global and local databases in Chinese. Two reviewers independently selected studies and extract data. The extracted data were presented in tables or graphs with a narrative summary. The extracted information included target population, theoretical framework, the characteristics of intervention (such as research design, component, provider, types of studies, duration, delivery mode), and outcome as well as measure tools.

Results: Nineteen studies were included. 94.7% (n = 18) were published in English and 5.3% (n = 1) Chinese. 36.8% (n = 7) were conducted in USA, 21.0% (n = 4) in Canada, 5.3% (n = 1) in France, 5.3% (n = 1) in UK, 21.0% (n = 4) in Taiwan, and 10.6% (n = 2) in China. Of 19 studies in this review, 68.4% (n = 13) used RCT (n = 10) or non-RCT(n = 3)comparison group designs; 21.0% (n = 4) used single-group study design; 5.3% (n = 1) adopted a qualitative design; 5.3% (n = 1) is mix method; 26.3% (n = 5) are pilot or feasibility study; 68.4% (n = 13) targeted caregivers and 31.6% (n = 6) dyads. 13 interventions tested were tailored or individualized. 15 studies explicitly adopted theoretical frameworks involving 12 types of theoretical models to guide intervention development. Intervention components included health education (n = 3), psychoeducation (n = 4), skill training (n = 4), family centered approach (n = 2), group support (n = 2) and multi-component (n = 4). Most interventions are led by nurses (n = 10) and delivered face-to-face (n = 13). The interventions occurred in various settings with the majority of outpatient setting (n = 7) and reported benefits for caregiving preparedness, self-efficacy and knowledge of dementia.



Conclusion: This scoping review identifies that interventions for enhancing caregiving preparedness in family caregivers of persons with dementia are heterogeneous. There is an urgent need to rigorously evaluate more country/culturally specific interventions.

The Mediating Role of Inner Strength in the Relationship Between Biological Factors and Depressive Symptoms

Jia Jiao¹, Rewadee Jenraumjit², Shirley Worland³, Saifon Bunyachatakul⁴, Bijing He⁵, Tinakon Wongpakaran⁶

¹Mental Health Program, Multidisciplinary and Interdisciplinary School, Chiang Mai University, Chiang Mai, Thailand

²Department of Pharmaceutical Care, Faculty of Pharmacy, Chiang Mai University, Chiang Mai, Thailand

³Faculty of Health Sciences, University of New England, Armidale, NSW, Australia

⁴Department of Occupational Therapy, Faculty of Associated Medical Sciences, Chiang Mai University, Chiang Mai, Thailand

⁵Longquan Secondary Vocational School, Longquan, China

⁶Department of Psychiatry, Faculty of Medicine, Chiang Mai University, Chiang Mai, Thailand

Background: Depression is a significant public health concern, with working mothers at greater risk due to combined biological and psychosocial stressors. Recent evidence suggests that inner strength may play a mediating role in the link between biological risks and depression.



Objectives: The primary objective was to determine whether inner strength mediates the relationship between biological risk factors (hormonal fluctuations, smoking, alcohol use, family psychiatric history, and physical diseases) and depressive symptoms among Chinese working mothers. A secondary objective was to assess the prevalence of depressive symptoms in this population.

Methods: A cross-sectional online survey was conducted with 330 Chinese working mothers aged 30–45 years, using validated instruments to measure depression, inner strength, and parental stress. Mediation analysis evaluated the indirect effect of inner strength, while covariate-adjusted regression analyses explored associated factors.

Results: Biological risk factors showed a significant direct effect ($\beta = 0.584$, $p < 0.001$) and an indirect effect through inner strength (indirect effect = 0.623, 95% CI [0.294, 0.962]; The Sobel test indicated that the indirect effect of biological risk factors on depressive symptoms through inner strength was statistically significant ($z = 3.67$, $p < 0.001$). The prevalence of clinically significant depressive symptoms was 38.2%.

Conclusions: Biological factors significantly contribute to depressive symptoms, but inner strength partially mediates this relationship, suggesting that interventions to enhance inner strength may help reduce depression risk in working mothers. Further research should investigate strategies to build inner resilience in this population.

Preventable Adverse Drug Reactions of Methylphenidate and/or Risperidone in ADHD Pediatric Patients at Rajanagarindra Institute of Child Development, Chiang Mai Province

Supannika Khaykhong

Objective: To determine the prevalence of preventable adverse drug reactions (pADRs) associated with the use of methylphenidate and/or risperidone in pediatric patients with attention-deficit/hyperactivity disorder (ADHD) at Rajanagarindra Institute of Child Development, Chiang Mai.



Methods: A cross-sectional descriptive study was conducted using adverse drug reaction reports recorded at the institute between 1 October 2021 and 30 September 2024. A total of 559 ADR reports were reviewed. Data were collected from the institute's electronic medical record system. After applying the predefined inclusion criteria, 153 reports involving 129 patients were included in the analysis. The prevalence of pADRs was calculated.

Results: The prevalence of preventable adverse drug reactions associated with methylphenidate and/or risperidone during the study period was 0.35. Methylphenidate was the most frequently implicated drug, accounting for 30 reports (62.5%). The most common drug-related problem was dosage too high, identified in 36 reports (75%). The most frequently observed preventable adverse drug reaction was restlessness, reported in 8 cases (16.7%).

Conclusion: This study found that the prevalence of preventable adverse drug reactions associated with methylphenidate and/or risperidone in pediatric patients with ADHD was 0.35. These findings reflect the occurrence of preventable adverse drug reactions in real-world clinical practice and may serve as baseline information for improving medication safety monitoring and optimizing drug use in this patient population.

Keywords: ADHD, Methylphenidate and/or Risperidone, Preventable Adverse Drug Reaction

A Network Analysis of Inner Strength Among University Students with Borderline Personality Disorder Symptoms

Yuting Song¹, Justin DeMaranville¹, Kanyarat Khattiya², Kelvin C. Y. Leung³, Nahathai Wongpakaran⁴, Tinakon Wongpakaran⁴

¹ Mental Health Program, Multidisciplinary and Interdisciplinary School (MidS), Chiang Mai University, Chiang Mai, Thailand

² Mental Health and Psychiatry Services, Maesai Hospital, Chiang Rai, Thailand

³ Faculty of Medicine and Health, The University of Sydney, Sydney, NSW, Australia

⁴Department of Psychiatry, Faculty of Medicine, Chiang Mai University, Chiang Mai, Thailand

Inner strength is increasingly recognized as a protective factor in mental health, but its structure and dynamics remain underexplored, particularly in individuals with borderline personality disorder (BPD) symptoms. This study applied network analysis to investigate the complex relationships among inner strengths in individuals exhibiting BPD symptoms, aiming to identify core and bridging strengths that could inform targeted



interventions. The sample consisted of 346 Thai university students (25.4% males, 74.6% females; mean age = 21.60 ± 2.24 years) who screened positive for BPD symptoms using the SI-Bord scale. Network analysis revealed that inner strengths formed an interconnected system with both core and peripheral features. The strongest association was observed between generosity and loving-kindness. A cognitive-behavioral cluster comprising perseverance, wisdom, and determination also emerged. Centrality analysis identified loving-kindness as the most influential node in terms of direct connections, while equanimity exhibited the highest bridge centrality. Generosity and determination demonstrated the greatest expected influence. A negative link between truthfulness and equanimity highlighted a potential conflict between absolute honesty and inner balance in this population. These findings suggest that fostering specific inner strengths, particularly equanimity and loving-kindness, may enhance psychological resilience and inform intervention strategies for BPD.

RESEARCH PRESENTATION SESSION (Day 1)

2A

Discussant: Prof.Patraporn Bhatarasakoon, PhD, RN, APN, FAAN

Co-discussant: Assist.Prof.Penkarn Kanjanarat, PhD



Spiritual Understanding and Mental Health

Role of adult attachment and spiritual attachment on meaning in life among religious minorities in Thailand: Insights for mental health promotion

Suriwong Wongratanamajcha¹, Justin DeMaranville¹, Tinakon Wongpakaran^{1,2}, Unchalee Permsuwan^{1,3}, Shirley Worland⁴

¹Mental Health Program, Multidisciplinary and Interdisciplinary School (MIdS), Chiang Mai University, Chiang Mai, Thailand

²Department of Psychiatry, Faculty of Medicine, Chiang Mai University, Chiang Mai, Thailand

³Department of Pharmaceutical Care, Faculty of Pharmacy, Chiang Mai University, Chiang Mai, Thailand

⁴Faculty of Health Sciences, University of New England, Armidale, Australia

Attachment theory suggests that secure relationships are foundational to meaning in life but less is known about the role of spiritual attachment, especially among religious minorities. This study examined whether attachment to God mediates the relationship between insecure human attachment and the presence of meaning in life among Thai Protestant Christians. A cross-sectional survey was



conducted with Thai Protestant Christians, assessing insecure human attachment (avoidant and anxious), attachment to God, and the presence of meaning in life using validated self-report measures. Mediation analysis was used to test the indirect effect of insecure attachment on meaning via attachment to God. The results showed that attachment to God fully mediated the negative relationship between insecure human attachment and the presence of meaning in life. Participants with higher insecure attachment reported lower meaning in life, but those with a secure attachment to God did not display this deficit. Attachment to God serves as a central psychological resource, a positive figure for humans, and enhances meaning in life, particularly in the minority context of Thai Protestant Christians. These findings highlight the importance of spiritual interventions for individuals experiencing relational or social marginalization.

Keywords: Attachment to God, meaning in life, insecure attachment, Thai Protestant Christians, religious minority

Loving-Kindness Moderates the Association Between Neuroticism and Anxiety

Symptoms Among Older Thai Adults

MoeP. Phyu¹, Justin DeMaranville¹, Peerasak Lertrakarnnon^{1,2}, Danny Wedding^{1,3,4}, Nahathai Wongpakaran^{1,5},
Tinakon Wongpakaran^{1,5}

¹Mental Health Program, Multidisciplinary and Interdisciplinary School (MIdS), Chiang Mai University, Chiang Mai, Thailand

²Department of Family Medicine, Faculty of Medicine, Chiang Mai University, Chiang Mai, Thailand

³Department of Clinical and Humanistic Psychology, Saybrook University, Pasadena, CA, United States

⁴Missouri Institute of Mental Health, University of Missouri–Saint Louis, St. Louis, MO, United States

⁵Department of Psychiatry, Faculty of Medicine, Chiang Mai University, Chiang Mai, Thailand

Objective: This research examined if loving-kindness influences anxiety in Thai individuals aged 60 years and older with varying degrees of neuroticism. The hypothesis was that loving-kindness would buffer the positive association between neuroticism and anxiety.



Method: A cross-sectional design employed

secondary data collected through online survey from December 2021 to September 2022. This approach examined loving-kindness, a fundamental concept in Thai Buddhist culture, as a potential protective factor for mental health among older adults. Participants were Thai older adults aged 60 and above with ability to understand Thai questionnaires, and informed consent. Power analysis determined 81 participants needed to detect an effect size of 0.10 with 80% power at $\alpha = 0.05$; the final sample was 232 participants (59.9% female, mean age = 67.96 ± 6.83 years). The Inner Strength-Based Inventory assessed loving-kindness via single-item with five response options. The Neuroticism Inventory measured neuroticism, and the Core Symptom Index assessed anxiety. Analysis used Pearson's correlation and multiple regression with interaction terms after confirming normality, linearity, homoscedasticity, and absence of multicollinearity.

Results: Mean scores were 3.52 (SD = 1.08) for loving-kindness, 31.36 (SD = 8.11) for neuroticism, and 3.63 (SD = 3.03) for anxiety. Anxiety correlated positively with neuroticism ($r = 0.441$, $p < .01$) and negatively with loving-kindness ($r = -0.141$, $p < .05$) and education ($r = -0.234$, $p < .01$). Multiple regression analysis indicated a significant overall model, $F(8,223) = 8.51$, $p < .0001$, $R^2 = 0.234$. The neuroticism and loving-kindness interaction were significant (Coeff. = 0.0439, $p = 0.0165$, 95% CI [0.0081, 0.0798]). Contrary to predictions, higher levels of loving-kindness strengthened the association between neuroticism and

anxiety. Individuals experiencing higher levels of both traits reported heightened anxiety symptoms. The only covariate that significantly correlated negatively with anxiety was education (Coeff. = -0.065, $p = 0.026$).

Conclusions: In older Thai individuals, loving-kindness increased the correlation between neuroticism and anxiety rather than reducing anxiety risk. Individuals with higher levels of both traits experienced more intense anxiety symptoms, indicating that universal sympathy may serve as an emotional burden rather than a protective factor. These findings challenged existing views on prosocial traits and reinforce the need for interventions that combine loving-kindness cultivation with emotional regulation and self-care strategies for older adults with high neuroticism.

Equanimity and Determination as Predictors of Resilience in Emerging Adults Following Childhood Parental Divorce

Shan Chen¹, Penkam Kanjanarat^{1,2}, Tinakon Wongpakaran^{1,3}, Danny Wedding^{1,4,5}

¹Mental Health Program, Multidisciplinary and Interdisciplinary School (MIdS), Chiang Mai University, Chiang Mai, Thailand.

²Department of Pharmaceutical Care, Faculty of Pharmacy, Chiang Mai University, Chiang Mai, Thailand.

³Department of Psychiatry, Faculty of Medicine, Chiang Mai University, Chiang Mai, Thailand.

⁴Department of Clinical and Humanistic Psychology, Saybrook University, Pasadena, CA, United States.

⁵Department of Psychology, University of Missouri-Saint Louis, St. Louis, MO, United States



Background: Parental divorce is widely recognized as an adverse childhood experience (ACE) associated with long-term emotional distress, difficulties in social adjustment, and reduced resilience. Emerging adulthood (ages 18–29) represents a sensitive developmental period marked by identity exploration, increased autonomy, and diminished familial support, during which the psychological impact of early adversity may become more apparent. Resilience refers to the capacity to adapt to adversity and is increasingly understood as being supported by internal psychological resources. Within the Thai Buddhist cultural context, inner strengths are considered important contributors to resilience development. These attributes may function as culturally embedded psychological resources that predict resilience among emerging adults who experienced parental divorce in childhood.

Methods: A cross-sectional design was employed among Thai emerging adults aged 20–29 who experienced parental divorce during childhood (before age 18). Participants completed standardized self-report

measures online, including the Resilience Inventory (RI-9) and the Inner Strength–Based Inventory (I-SBI). Correlation analysis examined associations among variables, followed by multiple regression analysis to evaluate the predictive roles of inner strengths on resilience, with demographic variables entered as covariates.

Results: A total of 163 participants were included, with the sample being predominantly female (84.5%; M age = 24.19, SD = 3.02), with most participants experiencing parental divorce before the age of 12 (75.46%) and identifying mothers as the primary post-divorce caregiver. Most participants had a bachelor’s degree or higher (85.89%) and were single (57.67%). Both equanimity ($r = .30$, $p < .01$) and determination ($r = .32$, $p < .01$) were positively associated with resilience, while their intercorrelation was non-significant. Multiple regression analysis indicated that, after the Bonferroni correction, equanimity ($\beta = .290$, $p < .001$) and determination ($\beta = .248$, $p < .001$) remained significant predictors of resilience after controlling for sociodemographic variables, with the model explaining 36.4% of the variance in resilience ($R^2 = .364$).

Conclusion: This study provides empirical evidence that determination and equanimity independently predict resilience among emerging adults following childhood parental divorce. Within the Thai Buddhist cultural context, these attributes reflect culturally embedded and potentially cultivable psychological resources associated with adaptive functioning during emerging adulthood. Interventions that strengthen determination and equanimity may help support resilience in this group.

Self-Identity and Its Impact on Romantic Relationship Quality and Mental Well-Being Among Sexual Minorities in China

Yansong Hou

Yansong Hou, MSc¹ , Tinakon Wongpakaran, MD² ,
Chidchanok Ruengorn, PhD³ , Ronald O'Donnell,
PhD⁴ , Bijing He, MSc¹ , Awirut Oon-arom, MD²

¹Mental Health Program, Multidisciplinary and
Interdisciplinary School, Chiang Mai University,
Chiang Mai 50200, Thailand

²Department of Psychiatry, Faculty of Medicine,
Chiang Mai University, Chiang Mai 50200, Thailand

³Faculty of Pharmacy, Chiang Mai University, Chiang
Mai 50200, Thailand

⁴College of Health Solutions, Arizona State University, Phoenix, AZ, USA



Objective: This study examined how identity disturbance, romantic relationship quality, and inner strength are jointly associated with psychological well-being among sexual minority individuals in China. Grounded in Erikson's theory of psychosocial development, the study tested whether (1) identity disturbance is negatively associated with psychological well-being and romantic relationship quality; (2) romantic relationship quality mediates the association between identity disturbance and psychological well-being; and (3) inner strength serves as a psychological resource associated with romantic relationship quality, and whether it moderates the association between identity disturbance and relationship quality.

Design: A cross-sectional questionnaire survey design was employed, using a regression-based analytic framework to examine associations among the study variables. This design allowed for the simultaneous estimation of direct and indirect associations among multiple psychological constructs within a community sample.

Methods: A total of 265 sexual minority adults ($M_{age} = 25.19$) were recruited via online snowball sampling. The sample included cisgender individuals (83.7%) and gender-diverse individuals (16.3%), identifying as lesbian (41.1%), gay (24.2%), bisexual (21.9%), and other sexual minority identities. Using a regression-based analytic framework, the study examined the associations among identity disturbance (measured by the Self-Concept and Identity Measure), romantic relationship quality, inner strength (ISBI), and psychological well-being, while controlling for age and gender identity. Mediation and moderation models were tested.

Results: Identity disturbance was significantly associated with lower psychological well-being and poorer romantic relationship quality. Romantic relationship quality, in turn, was positively associated with psychological well-being and partially mediated the association between identity disturbance and well-

being. Inner strength emerged as a stable and significant positive predictor of romantic relationship quality across models. However, inner strength did not significantly moderate the association between identity disturbance and relationship quality, indicating that its role was additive rather than buffering.

Implications: The findings highlight a differentiated risk–resource structure underlying psychological well-being among Chinese sexual minorities. Identity disturbance functions as a developmental vulnerability that compromises well-being partly through relational processes, whereas inner strength operates as a general psychological resource supporting higher-quality romantic relationships regardless of identity disturbance levels. These results underscore the value of integrative interventions that simultaneously address identity integration, relational functioning, and the cultivation of inner psychological resources within culturally sensitive mental health frameworks.

The Relationship Between Afterlife Beliefs and Mental Health Outcomes Among Senior Meditators in Thailand

Alla Glushich¹, Nahathai Wongpakaran^{1,2*},
Tinakon Wongpakaran^{1,2}, Justin DeMaranville¹
and Danny Wedding^{1,3,4}

¹Mental Health Program, Multidisciplinary and Interdisciplinary School, Chiang Mai University, Chiang Mai, 50200, Thailand

²Department of Psychiatry, Faculty of Medicine, Chiang Mai University, Chiang Mai, 50200, Thailand

³Department of Clinical and Humanistic Psychology, Saybrook University, Pasadena, CA 91103, USA

⁴Department of Psychology, University of Missouri-Saint Louis, St. Louis, MO 63121, USA



Background: Different characteristics of afterlife beliefs (general context, e.g., hell and heaven, criteria for attaining one afterlife over another, and personal beliefs regarding one’s conforming to said criteria) may affect their psychological functions in guiding individual affect, cognition, and behavior, further influencing mental health outcomes, such as depression and anxiety. According to the teachings of the Buddha, belief in life after death is pivotal. Buddhist afterlife may entail reaching a higher realm or reincarnation and staying earth-bound. This study aimed to examine the inner strengths, attitudes toward death, and mental health outcomes of meditation practitioners who possess varying beliefs and make distinct decisions regarding life after death.

Methods: A total of 332 older adults who regularly engage in meditation were invited to participate in this study. Participants completed questionnaires designed to evaluate their awareness of death (marananusti), the ten perfections, gratitude, the four divine abodes, self-esteem, overall well-being, life satisfaction, and

negative mental health outcomes, including depression and anxiety. Subsequently, participants were classified based on their beliefs concerning life after death.

Results: Majority of the sample (94.3%) held beliefs in the afterlife. Participants were divided into three distinct groups: the first group (72%) expressed a desire to reach Heaven or a higher realm; the second group (21.4%) preferred to remain connected to their earthly existence and engage with loved ones; and the final group (6.6%) had no specific beliefs or determination regarding the afterlife. A comparison among these three groups revealed significant differences. The first group exhibited higher levels of inner strengths (except precepts and meditation), gratitude, four immeasurables overall well-being, self-esteem, life satisfaction and positive death attitudes. This group also reported significantly lower levels of depression and anxiety.

Conclusion: Different afterlife beliefs appear to have significant influences on participants' mental health and current mindsets, with desire to reach heaven or higher realms, as opposed to remaining connected to earthly existence or uncertainty, yielding the most favorable results.

Keywords: afterlife beliefs, mental health, older adults, Buddhism

RESEARCH PRESENTATION SESSION (Day 1)

2B

Discussant: Assist.Prof.Awirut Oon-Arom, MD, FRCPsychT

Co-discussant: Justin DeMaranville, MSc



Social Inclusion and Well-Being of Young Adults in Diverse
Communities

Coping Strategies for Psychological Stress in Vietnamese Medical Students: A Narrative

Review

Le Thanh Thao Trang

Le Thanh Thao Trang², Phan Thanh Hoa¹, Truong Thanh Nam³

¹Dong Thap Medical College, Dong Thap, Vietnam

²Faculty of Public Health, Chiang Mai University, Thailand

³Faculty of Public Health, Can Tho University of Medicine and Pharmacy, Can Tho, Vietnam

Corresponding author email: le_trang@cmu.ac.th



Objective: This review aims to synthesize evidence from recent studies on coping strategies used by medical students in Vietnam, highlighting both adaptive and maladaptive behaviors and evaluating the impact of structured stress-management interventions.

Design: A narrative review design was adopted to summarize existing empirical findings related to stress coping among Vietnamese medical students. This approach was selected to provide an overview of coping patterns and intervention outcomes reported in recent literature.

Methods: A literature search was conducted using the Scopus database with the keywords “coping strategies” AND “Vietnam” AND “student”. The search yielded three relevant peer-reviewed studies published between 2021 and 2024. All studies involved students from the University of Medicine and Pharmacy, Ho Chi Minh City, and utilized the Coping Orientation to Problem Experiences Inventory to assess coping behaviors. One of the studies evaluated the effectiveness of the Transforming Stress Program, a 10-week psychoeducational and mindfulness-based intervention. Data were synthesized qualitatively.

Results: Common coping strategies included self-distraction, problem-solving, and seeking social support. Maladaptive strategies such as avoidance, self-blame, and substance use were reported less frequently but were associated with higher stress levels. Students under COVID-19-related stress tended to rely more on avoidant behaviors.

Conclusion: Vietnamese medical students employ a combination of coping strategies, with a preference for adaptive methods when support is available. Institutional efforts, such as the integration of structured coping-skills training and mental health education, are recommended to enhance

resilience and psychological well-being in future healthcare professionals.

Keywords: medical students, stress, coping strategies, Vietnam, Brief COPE, mental health, intervention

Bio-psycho-socio-spiritual Network Approach among Hungarian Young Adult Employees

Regina Török

Regina Török, MA Student at Károli Gáspár University of the Reformed Church in Hungary

Objective: To map how workplace well-being and general mental health resources jointly relate to turnover intention, while accounting for work and family conflict and contextual factors (religiosity and subjective social status) in young adult employees using psychological network analysis.

Design: Cross-sectional questionnaire study interpreted within a biopsychosocial-spiritual framework.

Method: Hungarian white-collar employees aged 18-35 working at least 30 hours/week (N=918) completed online the PERMA Workplace Profile (Positive emotions, Engagement, Positive relationships, Meaning, Accomplishment/Achievements, Negative emotions at work, and Physical Health), the Mental Health Test subscales (Global well-being, Resilience, Savoring, Self-regulation, Creative and Executive Efficacy), work-originating work-family conflict (WFC), family-originating family-work conflict (FWC), turnover intention, religiosity, and subjective social status. A Gaussian Graphical Model was estimated using EBICglasso (tuning=0.5); edge-weight accuracy and centrality stability were examined with nonparametric bootstrap samples.

Results: The network comprised 17 nodes with 67/136 non-zero edges (sparsity=0.507). Positive emotions at work showed the highest node strength (2.217) and was strongly connected to Meaning (0.363), Engagement (0.269), Accomplishment (0.207), and Positive relationships (0.208). Turnover intention was negatively linked to Positive emotions at work (-0.326) and positively linked to Negative emotions at work (0.226) and work-family conflict (0.118). Work-family conflict (WFC) and family-work conflict (FWC) were coupled (0.238) but displayed asymmetric embedding: WFC related to Negative emotions at work (0.222), whereas FWC related to Positive relationships (-0.136) and Savoring (-0.092) without a direct



edge to Turnover intention. Mental health variables formed a distinguishable subsystem centered on Global well-being (strength=0.923), which linked to Physical Health (0.223) and Resilience (0.303) supporting a bridging role between general mental health resources and workplace well-being.

Conclusions: Findings indicate two interacting wellbeing systems: a workplace PERMA core organized around Positive emotions at work and a mental health resource subsystem organized around Global well-being, linked primarily via Physical Health. Turnover intention was embedded mainly through reduced workplace positive emotions and elevated workplace negative emotions, with work-originating conflict proximal to a turnover-related risk channel. Work-family functioning showed asymmetric embedding consistent with work-family balance processes: work-originating conflict aligned with a turnover-relevant risk pathway (WFC–Negative emotions at work–turnover intention), whereas family-originating conflict related primarily to relational and savoring resources. This suggests that culturally sensitive workplace mental health promotion may benefit from combining core wellbeing enhancement with work-family balance supports that specifically reduce work-to-family strain.

The Effects of Expectancy-Challenge Interventions on Binge Drinking Among College Students: A Systematic Review and Meta-analysis

Xian Wang

Xian Wang^{1,2}, Siyu Yang¹, Xian Xie^{1,3}, Hunsu Sethabouppha¹

¹Faculty of Nursing, Chiang Mai University, Chiang Mai, Thailand.

²School of Nursing, Zhejiang Chinese Medical University, Hangzhou, China.

³School of Nursing, Southern Medical University, Guangzhou, China.

Objective: To evaluate the effects of expectancy-challenge interventions (ECIs) on binge drinking and alcohol outcome expectancies (AOEs) among college students, given that AOEs are socially learned and may vary across cultural and campus drinking norms.



Design: PRISMA-compliant, PROSPERO-registered

systematic review and meta-analysis of randomized controlled trials comparing ECIs with non-alcohol control conditions.

Method: Eligible studies were randomized controlled trials in college student samples that tested ECIs delivered in experiential, didactic, or digital formats. Trials were identified through systematic searching and screened against prespecified criteria. Effect sizes (Hedges' g) were synthesized for binge-episode frequency and AOEs at immediate post-intervention and follow-up time points; subgroup analyses examined delivery format, control type, and intervention modality.

Results: Eight trials were included. At approximately one month post-intervention, ECIs produced a small but significant reduction in binge-episode frequency ($g = -0.20$; 95% CI: -0.33 to -0.07). Immediately post-intervention, positive expectancies decreased ($g = -0.50$) and negative expectancies increased ($g = 0.27$), with attenuated expectancy effects at one month. Evidence for sustained behavioral effects at 3–6 months was limited and not statistically significant. No consistent moderation was found by delivery format, control type, or intervention modality.

Conclusions: ECIs can shift alcohol expectancies and reduce high-risk drinking in the short term. Scalable classroom or digital delivery may improve reach and support broader public health application. However, because the evidence base is drawn predominantly from U.S. university settings, generalizability to other cultural or institutional contexts remains uncertain. Future trials should test ECIs in non-U.S. settings,

consider culturally informed adaptation of expectancy content, and add booster/maintenance components or optimization strategies to enhance durability.

Mental Health Promotion for Transgender Pre-Service Teachers: An Integrative Review Informed by LGBTQ+ Stress Model and Transformative Learning Theory

Panat Chueprasertsak

Panat Chueprasertsak, Ph.D. Candidate, Educational Psychology, Chiang Mai University founder at KAO vi JAI

Background: Transgender individuals experience elevated rates of psychological distress, anxiety, and depression due to minority stress, discrimination, and societal stigma. In Thailand, despite increasing social



acceptance following the 2025 marriage equality legislation, transgender pre-service teachers face unique mental health challenges arising from professional role expectations that conflict with authentic gender expression. Limited research has examined mental health promotion approaches specifically tailored for this population within the Thai educational context.

Objective: To synthesize existing literature on mental health promotion for transgender youth and identify key theoretical components for developing culturally-responsive interventions grounded in transformative learning and the LGBTQ+ Stress Model framework.

Methods: An integrative review was conducted following Whittemore and Knaf'l's methodology. Literature was searched from PubMed, PsycINFO, Scopus, CINAHL, and Thai databases (ThaiJO, TCI) using terms related to LGBTQ+ mental health, transgender, anxiety, transformative learning, and mental health literacy. Studies examining mental health mechanisms, interventions, and theoretical frameworks relevant to sexual and gender minority populations were included. Thematic synthesis was employed to identify key components across individual, social, and policy levels.

Results: Four major themes emerged from the synthesis: (1) Mechanisms of anxiety in LGBTQ+

populations discrimination, internalized stigma, and identity concealment contribute to psychological distress; (2) Transformative learning as intervention framework Mezirow's 10 step perspective transformation process facilitates mental health promotion through critical reflection and meaning-making; (3) Multi-level factors affecting mental health individual empowerment, social support systems, and inclusive policies interact to determine mental health outcomes; and (4) Mental health literacy as protective factor recognition of mental health problems, help-seeking attitudes, and self-disclosure facilitate access to support. The synthesis revealed that transgender populations (compared to LGB) and pre-service teachers (compared to general students) remain understudied in Southeast Asian literature.

Conclusions: A comprehensive mental health promotion program for transgender pre-service teachers should integrate transformative learning principles with culturally-responsive approaches addressing the Thai social context. Key components include: creating safe spaces for critical reflection, facilitating perspective transformation on gender-based discrimination, building mental health literacy, and empowering help-seeking behaviors. These findings inform the development of evidence-based interventions aligned with WHO mental health promotion guidelines and SDG (Good Health) and SDG (Gender Equality).

Keywords: Transgender, Mental Health Literacy, Transformative Learning, Pre-Service Teachers, LGBTQ+ Stress Model, Thailand

Symposium session 2

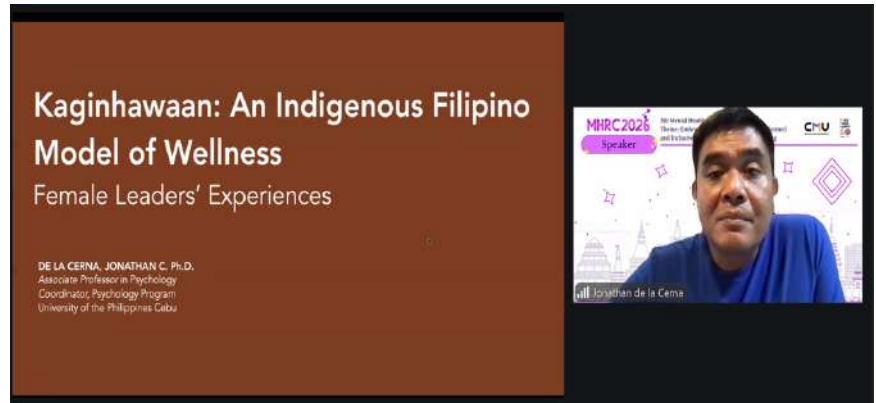
GINHAWA: An indigenous Model of Filipino's Mental Health
Mr. Justin DeMaranville, M.Sc., Thailand

Moderator: Assoc. Prof.

Jonathan C. De La Cerna,
Philippines

Contents:

Asst. Prof. Jonathan C. De La Cerna introduced an Indigenous model of



wellness grounded in Filipino psychology, drawing on a workshop conducted with female leaders during Women's Month.

In Filipino psychology, there is a concept that critiques the uncritical adoption of Western theories, measures, and models without considering their cultural relevance. As a result, efforts have been made to develop indigenous models that better reflect the lived experiences of Filipino people. One such model identifies five key dimensions of wellness: occupational, psycho-emotional, spiritual, economic, and family well-being.

Occupational wellness refers to job satisfaction, career development, education, financial stability, and work-life balance. It also includes mutual support among female leaders, highlighting the importance of solidarity in professional environments. Psycho-emotional well-being includes self-care, emotional regulation, and engagement in enjoyable activities such as leisure, hobbies, and social interactions.

It reflects the importance of maintaining emotional balance and personal happiness. Spiritual wellness is understood as being rooted in personal values and inner reflection, rather than limited to formal religious practices. It plays a significant role in guiding individuals' sense of purpose and meaning.

Economic wellness involves financial independence, stability, and the ability to provide for one's family. It is closely tied to both occupational functioning and overall well-

being. Family stands at the center of the model, serving as a primary source of motivation, identity, and social support. In the Filipino context, individuals often work not only for personal success but also to support their families.

The workshop applied indigenous research methods, including participatory and interactive group discussions. Participants were asked to represent a “strong woman” through drawings and reflect on the internal qualities that contribute to strength and well-being. The findings were consistent with the five domains of the model. However, cultural values can also act as barriers. Prioritizing family over oneself, strong norms of reciprocity, and social expectations may prevent individuals from focusing on their own well-being. These pressures are often accompanied by feelings of guilt, fear, and difficulty in self-prioritization. Psycho-emotional, economic, and occupational well-being support overall functioning, while spiritual reflection fosters personal growth. Family remains both a key motivator and a central support system.

Overall, the presentation emphasized that effective mental health frameworks should integrate cultural values, lived experiences, and indigenous knowledge, rather than relying solely on standardized Western approaches.

: Network Structure of Inner Strengths: Insights from the Ten Perfections

Prof. Tinakon Wongpakaran, MD, FRCPsychT, Thailand

Contents:

What truly supports human flourishing? While Western psychology offers many valuable frameworks, this study draws on Buddhist psychology, specifically the Ten Perfections—qualities cultivated over a lifetime. “Perfection” refers to the full development of a psychological capacity; for



example, generosity reflects a mind fully ready to give. Other qualities include morality, wisdom, patience, loving-kindness, and perseverance, which are interdependent and mutually reinforcing—for instance, generosity supports morality, morality fosters wisdom, and wisdom deepens patience.

Network analysis offers a scientific method to examine these relationships, conceptualizing strengths as nodes within a dynamic system that influence and reinforce one another. Using data from 4,100 Thai participants aged 13 to 97, the study investigates the structure of ten core strengths, identifying central nodes, bridging functions, and overall network organization.

Findings indicate that central strengths vary across the lifespan: wisdom in adolescence, determination in emerging adulthood, perseverance in midlife, and wisdom again in older adulthood. Bridging strengths also differ by age, with generosity serving as a key connector in midlife.

The overall structure of strengths shifts developmentally. Younger individuals tend to exhibit a more integrated network, whereas older individuals show a more modular structure, with clusters of strengths operating more independently. These differences suggest that interventions may have broader effects in more integrated systems but may require more targeted approaches in modular systems.

Comparisons between meditators and non-meditators further reveal distinct patterns. Non-meditators demonstrate a more fragmented structure, while meditators exhibit a more integrated system in which strengths mutually reinforce one another. In meditators, equanimity emerges as a central strength, closely connected with wisdom, morality, and determination, contributing to a more stable and resilient psychological system.

Overall, the findings suggest that inner strengths function as a dynamic system shaped by developmental stage and practice. A network perspective provides a framework for tailoring interventions based on the structural organization of strengths, rather than applying uniform approaches. The study also highlights the value of integrating cultural frameworks, such as Buddhist psychology, with contemporary scientific methods to advance understanding of human well-being.

: Global Minds, Local Hearts: Integrating Cultural Wisdom into Evidence-Based Mental Health Care

Prof. Patraporn Bhatarasakoon, RN, PHD, FAAN, Thailand

Contents:

What kinds of gaps still exist in mental health practice? How can we truly improve people's mental health and well-being? Mental health is a global issue experienced locally. Therefore, a key question is: when providing mental health care, how can we respect people's experiences, beliefs, and the wisdom



they have accumulated in life, in order to better understand the meaning of suffering? Mental health interventions require not only scientific evidence, but also the integration of science with the real world.

Evidence-based practice emphasizes high quality of randomized controlled trials (RCTs), systematic reviews, and guidelines, but effectiveness alone is not enough; interventions must also be feasible, culturally appropriate, and meaningful.

At present, a major global issue is how to translate research evidence into practice. Guidelines proven effective may fail if they conflict with local culture or beliefs, requiring cultural adaptation. Cultural factors strongly influence how mental health is understood and help is sought. For example, depression may be seen as attention-seeking, psychotic symptoms as spiritual phenomena, and people may first seek support from traditional healers or communities. Cultural wisdom, such as mindfulness or community support, can facilitate recovery and enhance engagement, therapeutic relationships, and overall experience.

Methodologically, it is necessary to combine global evidence with local context. This includes culturally adapting interventions and assessment tools, examining whether measurement tools are appropriate across cultures, integrating quantitative and qualitative research to better understand lived experiences, and using participatory research to co-

develop interventions with communities. In addition, both education and practice need to strengthen cultural sensitivity, and develop professional competence that integrates scientific evidence with cultural understanding.

Overall, mental health practice needs to integrate a global perspective with local care. On the one hand, it relies on scientific evidence; on the other hand, it must take into account cultural beliefs, lived experiences, and social contexts. Only by considering effectiveness, feasibility, and meaningfulness together can we develop interventions that are sustainable, acceptable, and truly effective in promoting long-term mental health and well-being.

: Person-Oriented Approach in Mental Health Research

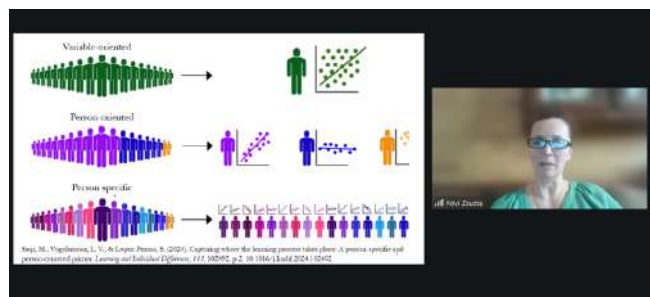
Assoc. Prof. Zsuzsanna Kövi, Hungary

1 Institute of Psychology, Pázmány Péter Catholic University, 1088 Budapest, Hungary; kovi.zsuzsanna@btk.ppke.hu (Z. K.); mirnics.zsuzsanna@btk.ppke.hu (Z. M.)

2 Institute of Psychology, Károli Gáspár University of the Reformed Church in Hungary, 1037 Budapest, Hungary; kovi.zsuzsanna@kre.hu (Z. K.), smohai.mate@kre.hu (M. S.)

Contents:

The person-oriented approach in mental health research typically uses cluster analysis to identify holistic patterns or configurations of characteristics. In other words, it aims to reveal typical types, such as mental state profiles or personality types. This approach classifies individuals into different groups or subgroups. In clinical practice, such an individualized perspective is essential, as each person has a unique holistic background.



Although sometimes criticized for being overly static, this limitation can be addressed by incorporating a more dynamic perspective, such as Otto Kernberg's theory. In addition to temperament, Kernberg emphasized personality organization (psychotic, borderline, neurotic) across different levels (low, medium, high). The present study integrates these dimensions to provide a more dynamic understanding of personality. In addition, an Asian traditional personality classification system was incorporated, particularly Sasang typology, which is based on a biopsychological perspective of yin–yang. This system has been relatively underexplored in Western research and therefore represents a key focus of this study.

This study presents preliminary findings based on a sample of 142 participants (44 males and 97 females). Multiple measurement tools were used, including mental health

scales, the sense of coherence scale, and measures of nature relatedness. In addition, personality questionnaires and a borderline personality screening scale were administered. Regarding yin–yang personality types, the questionnaire includes three dimensions: behavioral dimension (passive–active); emotional stability (stable–unstable); cognitive style (flexible–rigid).

Cluster analysis identified four temperament types (two yin, two yang), each with more static or dynamic forms. Personality organization was categorized into low, medium, and high levels. Results showed that more dynamic types were associated with higher borderline features. The active-dynamic type demonstrated the highest overall mental health, while the easy-going stable type showed stronger self-regulation.

Importantly, differences between personality types were minimal at low borderline levels, but became pronounced at higher levels. Instability—reflected in endorsing both extremes—was strongly associated with borderline features, suggesting that stability may be more important than type itself. This aligns with Kernberg’s view that a coherent and stable personality structure is linked to better mental health, whereas instability increases vulnerability.

Overall, the findings suggest that personality typologies should be understood dynamically. Stability, rather than type alone, plays a key role in mental health outcomes. Higher borderline features were associated with poorer mental health and lower sense of coherence. Future research should further explore these findings in cross-cultural contexts.

RESEARCH PRESENTATION SESSION (Day 2)

1A

Discussant: Asst. Prof. Jiranan Griffiths, PhD

Co-discussant: Assist. Prof. Rewadee Jenruamjit, Bpharm, BCP



:Prevalence of Psychiatric Comorbidity, Personality Disorders, and Cognitive Impairment among Substance Use Disorder Patients: A Cross-sectional Study

Naranchaya Sriburapar

Naranchaya Sriburapar¹, Natthaphansan Sriwichai²

¹Ph.D. Clinical Psychologist at Thanyarak Chiangmai Hospital, Department of Medical Service

²M.P.H.Psychologist at Thanyarak Chiangmai Hospital, Department of Medical Service.

Background: Substance use disorder (SUD) is a complex public health issue in Thailand. The rising complexity of patients in tertiary care, characterized by co-occurring psychiatric conditions and cognitive deficits, necessitates an updated understanding of patient profiles to improve rehabilitation outcomes.



Objective: This study investigated the prevalence of psychiatric comorbidities, personality disorders (PDs), and cognitive impairment, while assessing mental health literacy (MHL) and inner strength among SUD patients at Thanyarak Chiang Mai Hospital.

Methods: A cross-sectional survey was conducted with 280 SUD patients, categorized by primary substance: Alcohol (n=97), Methamphetamine (n=128), Opioids (n=19), Polydrug (n=21), and others (n=15). Assessment tools included the M.I.N.I. 7.0.2, SCID-II, ACE-III, MHLq-SVa, and iSBI. Data were analyzed using descriptive statistics and Chi-square tests.

Results: Findings revealed a substantial psychiatric burden. Major Depressive Episode (MDE) was most prevalent in the polydrug group (61.9% current; 81.0% lifetime). Suicidal risk was high, particularly in polydrug (42.9%) and methamphetamine users (32.8%). Regarding PDs, Antisocial Personality Disorder was most frequent among polydrug (71.4%) and methamphetamine users (50.8%). Cognitive assessment via ACE-III showed a mean total score of 77.5 ± 12.0 , with 46% of patients exhibiting some degree of impairment (32.5% mild, 13.5% major). Regarding mental health literacy (MHLq-SVa), 45.0% demonstrated insufficient levels, with the highest rates of insufficiency in the alcohol (52.6%) and methamphetamine (38.3%) groups. For inner strength (iSBI), the total mean score was 161.41 ± 19.86 , indicating a moderate level of resilience across all substance groups, with no significant differences observed between primary substance types ($p = .828$).

Conclusion: The high prevalence of complex psychiatric comorbidities, cognitive deficits, and insufficient mental health literacy underscores the need for integrated psychiatric care. Findings

advocate for routine cognitive screening and targeted educational interventions to enhance mental health literacy and inner strength within addiction rehabilitation settings.

Keywords: Prevalence, Psychiatric Comorbidity, Cognitive Impairment, Mental Health Literacy, Inner Strength, Substance Use Disorder

: Positive Self-Talk as a Protective Factor Against Depressive Symptoms Among Myanmar Migrant Workers

Mi Mi Maung

Mi Mi Maung

Major Supervisor:

Prof. Tinakon Wongpakaran, MD,FRCPsychT

Co-supervisor:

Assoc. Prof. Peerasak Lertrakarnnon, M.D., FRCFPT

Dr. Shirley Worland, BSW, MSW, PhD

Co-investigator:

Mr. Justin Ross DeMaranville, MSc

Background: Myanmar migrant workers in Thailand face substantial psychosocial stressors, including migration-related challenges, economic hardship, and sociopolitical instability. These stressors can increase vulnerability to depression. Neuroticism, a stable personality disposition characterized by heightened emotional reactivity and negative affect, is a well-established risk factor for depressive symptoms. Alongside personality risk, coping-related cognitive processes may shape how migrants respond to stress. Self-talk (internal dialogue) is one such process that can either intensify distress when repetitive and self-focused or support emotion regulation when more positive and adaptive. However, evidence on these factors among Myanmar migrant workers remains limited.



Objective: This study examined whether self-talk frequency, positive self-talk intensity, perceived social support, inner strength, and neuroticism predict depressive symptoms among Myanmar migrant workers in Chiang Mai, Thailand.

Methods: A cross-sectional design was employed. The sample of 81 Myanmar migrant workers (56.8% male, 43.2% female) aged 20 to 45 years ($M = 26.93$, $SD = 5.35$) completed validated self-report measures of depressive symptoms, self-talk, perceived social support, inner strength, and neuroticism. Multiple linear regression analysis was conducted to estimate the unique contribution of each predictor while controlling for the others.

Results: Self-talk frequency ($\beta = .281, p = .009$) and neuroticism ($\beta = .260, p = .013$) were significant positive predictors of depressive symptoms, whereas positive self-talk intensity was a significant negative predictor ($\beta = -.250, p = .022$). Perceived social support and inner strength were not significant predictors in the adjusted model.

Conclusion: Among Myanmar migrant workers, higher neuroticism and more frequent self-talk were associated with greater depressive symptoms, while stronger positive self-talk was associated with fewer symptoms. Interventions that strengthen adaptive coping through positive self-talk may help reduce depressive symptoms in this population.

: Factors Associated with Depression Among Orphaned University Students in Thailand

Fanglin Meng

Fanglin Meng¹, Tinakon Wongpakaran^{1,2}, Nahathai Wongpakaran^{1,2}, Decha Tamdee^{1,3}, Zsuzsanna Surányi Kövi^{2,4}

¹Mental Health Program, Multidisciplinary and Interdisciplinary School (MIdS), Chiang Mai University, Chiang Mai, 50200, Thailand; fanglin_meng@cmu.ac.th; tinakon.w@cmu.ac.th; nahathai.wongpakaran@cmu.ac.th; decha.t@cmu.ac.th; kovi.zsuzsanna@kre.hu

²Department of Psychiatry, Faculty of Medicine, Chiang Mai University, 50200, Thailand

³Department of Public Health Nursing, Faculty of Nursing, Chiang Mai University, Chiang Mai, 50200, Thailand

⁴Károli Gáspár University of the Reformed Church, Pázmány Péter Catholic University

*Correspondence: tinakon.w@cmu.ac.th

Background: Attachment insecurity has been widely associated with depression following early life adversity, yet its role among orphaned university students remains insufficiently explored, particularly in the Thai context. Objectives of study: This cross-sectional study examined the associations between attachment insecurity and depression, and investigated the predictive roles of perceived social support, resilience, and inner strength among Thai orphaned university students.

Methods: The sample comprised 91 orphaned university students (mean age = 23.08 ± 5.543 years). Participants completed standardized measures assessing attachment avoidance, attachment anxiety, depressive symptoms, resilience, inner strength, and perceived social support.

Results: Among Thai orphaned university students, no significant differences in depression, anxiety, or avoidance were found between single orphans and double orphans. Multiple regression indicated that anxiety ($\beta = .193, p = .024$) and avoidance ($\beta = .295, p = .001$) positively predicted depression, whereas



resilience ($\beta = -.323, p = .001$) and inner strength ($\beta = -.229, p = .015$) negatively predicted depression. Perceived social support was not a significant predictor ($\beta = .068, p = .411$).

Conclusion: These findings highlight the importance of enhancing resilience and inner strength to alleviate depression among Thai orphaned university students, while attachment insecurity may increase depressive symptoms in this group.

: When Resilience Fails: Compassion Imbalance in Stroke Depression

Aye Myat Thaw

Aye Myat Thaw¹, Jiranan Griffiths^{1,2*}, Tinakon Wongpakaran^{1,3*}, Nahathai Wongpakaran^{1,3}, Joshua Tsoh^{1,4}, Montana Buntragulpoontawe⁵, Kitti Thiankhaw⁶, Nopdanai Sirimaharaj⁶.

¹Mental Health Program, Multidisciplinary and Interdisciplinary School (MIdS), Chiang Mai University, Thailand.

²Department of Occupational Therapy, Faculty of Associated Medical Sciences, Chiang Mai University, Thailand.

³Department of Psychiatry, Faculty of Medicine, Chiang Mai University, Thailand.

⁴Department of Psychiatry, Faculty of Medicine, The Chinese University of Hong Kong, Hong Kong.

⁵Department of Rehabilitation Medicine, Faculty of Medicine, Chiang Mai University.

⁶Division of Neurology, Department of Internal Medicine, Faculty of Medicine, Chiang Mai University, Chiang Mai, Thailand.

Corresponding authors Email: 1,2 jiranan.gr@cmu.ac.th, 1,3* tinakon.w@cmu.ac.th

Background: Stroke is a leading cause of long-term disability and depression among older adults. While resilience is known to protect mental health in stroke recovery, the conditions under which it is most effective remain unclear. This study examines a theoretically complex model proposing that the protective effect of resilience against depression is jointly moderated by two distinct forms of compassion: compassion for others (loving-kindness) and compassion for oneself (self-compassion).



Objective: To investigate whether the indirect effect of neuroticism on depression through resilience is conditionally dependent on the interactive influence of loving-kindness and self-compassion (moderated moderated mediation).

Methods: A cross-sectional sample of 142 stroke patients (aged ≥ 50 years) was recruited from outpatient rehabilitation, psychiatry, and neurology clinics at Chiang Mai University Hospital. (54.9% of the participants were male and 45.1% are female with a mean age of 65.55 and standard deviation of 8.332). Inclusion required a clinical diagnosis of stroke (ICD-10) and a post-stroke duration of ≥ 3 months. Individuals with

significant cognitive impairment, severe physical disability, or major comorbid conditions were excluded. Participants completed measures of neuroticism (ZKA), resilience (Resilience Inventory), depression (OI-dep), loving-kindness (Four Immeasurables Inventory), and self-compassion (Self-Compassion Scale-Short Form). Data were analyzed using Hayes' PROCESS macro (Model 18) for SPSS to test a moderated moderated mediation model.

Results: A significant three-way interaction among resilience, loving-kindness, and self-compassion was found on depression ($p < .001$). The index of moderated moderated mediation was significant (Index = -0.0096, 95% BootCI [-0.0230, -0.0021]). Conditional process analysis revealed a clinically significant pattern: the indirect effect of neuroticism on depression via low resilience was significant only for patients with high levels of loving-kindness but low levels of self-compassion. For patients with moderate-to-high self-compassion, this pathway was non-significant, suggesting self-compassion provides an alternative protective route that makes resilience less critical.

Conclusion: For stroke patients, resilience primarily transmits the risk from neuroticism to depression in the context of a “compassionate imbalance”, high compassion for others coupled with low compassion for the self. This identifies a specific high-risk subgroup in stroke rehabilitation. Clinical interventions should prioritize cultivating self-compassion, especially for patients prone to extending kindness outward while neglecting themselves, as it may neutralize this vulnerability pathway.

: The Silent Prevalence of Underdiagnosed Borderline Personality Disorder

Lifang Dang

Lifang Dang¹, Shun Lei Oo¹, Tinakon Wongpakaran^{1,2},
Nahathai Wongpakaran^{1,2}, Awirut Oon-arom^{1,2}, Rawadee
Jenraumjit^{1,3}

¹Graduate School, Chiang Mai University, Master of Science
(Mental Health), Chiang Mai, Thailand

²Faculty of Medicine, Chiang Mai University, Department of
Psychiatry, Chiang Mai, Thailand

³Faculty of Pharmacy, Chiang Mai University, Department of Pharmaceutical Care, Chiang Mai, Thailand



Objective: To assess the prevalence and clinical characteristics of under detected BPD among patients diagnosed with depressive disorder in a psychiatric outpatient cohort, and to explore whether prescribing patterns for antipsychotics and mood-stabilizers may indicate hidden BPD.

Methods: This retrospective, cross-sectional study was conducted in the psychiatric outpatient department at Maharaj Nakorn Chiang Mai Hospital from January to September 2025. The sample included 1,175 adult patients (female 872 (74.2%), male 300 (25.5%); mean age 35.7 years, SD 16.7, range 18–93), all diagnosed with depressive disorders, predominantly major depressive disorder (MDD). BPD symptoms were systematically screened and identified. Main pharmacological treatments, including antidepressants, antipsychotics, and mood stabilizers, were reviewed. Data were stratified according to symptom-based suspicion (DSM-5), pharmacotherapy-based suspicion, or both, and results were analyzed in the context of current literature.

Results: Of the 1,175 individuals in the cohort, Overall, 776 individuals (66%) had no evidence of BPD diagnosis or suspicion. 63 (5.4%) had a formal diagnosis of BPD. However, 438 (114+324) exhibited indicators of potential but undiagnosed BPD: 114 were suspected based on symptoms alone, and 324 had been prescribed antipsychotics often used for BPD management. Further classification showed that only 9 people were diagnosed with BPD only. 49 people were suspected of having BPD based on symptoms alone, and 273 people were suspected based only on their use of antipsychotic medications. Overlapping categories included those diagnosed with BPD and suspected by symptoms only (17), diagnosed with BPD and on antipsychotics only (3), and those suspected both by symptoms and antipsychotics but without formal diagnosis (14). Notably, 34 individuals fit all three criteria. These findings highlight a substantial under detected BPD population, many of whom are managed pharmacologically without formal diagnosis.

Conclusions: Underdiagnosed BPD is prevalent, especially among patients managed pharmacologically for depressive symptoms yet missing the diagnosis. Reliance on medication—particularly antipsychotics—as a primary intervention without formal diagnosis may signal underlying, untreated BPD. Comprehensive

clinical assessment using structured tools, regardless of self-harm history, is essential. Improving diagnostic accuracy and facilitating access to evidence-based BPD therapies, such as dialectical behavior therapy, are needed to optimize outcomes and minimize unnecessary pharmacotherapy and its risks.

Keywords: Borderline Personality Disorder, Underdiagnosis, Depressive Disorders, Antipsychotics, t, Clinical Markers, Screening

RESEARCH PRESENTATION SESSION (Day 2)

1B

Discussant: Chidchanok Ruengorn, PhD

Co-discussant: Assist.Prof. Awirut Oon-Arom, MD, FRCPsychT



: EVALUATION OF THE EFFECTIVENESS OF THE MMPI-3 IN PSYCHOLOGICAL ASSESSMENT AND DETECTION OF PERSONALITY DISORDERS IN ADULTS : A SYSTEMATIC REVIEW

Vo Pham Kieu Linh

List of authors

Kieu Linh Vo Pham (presenter)¹, Kieu My Ho Huynh¹, Thuc Uyen Nguyen Ha¹, Khanh Dang Huynh¹ and Lan Anh Tran Ngoc^{1*}

Authors' affiliations

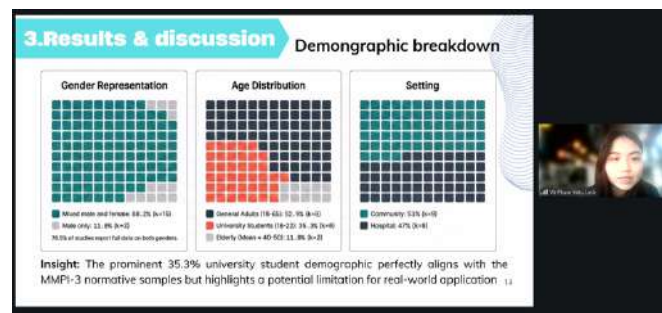
¹University of Health Sciences, Vietnam National University Ho Chi Minh City, Vietnam.

*Corresponding author's e-mail address: nthtram@uhsvnu.edu.vn

Background: Mental health disorders are rapidly increasing worldwide, leading to a decline in quality of life and a growing burden of disease, with hundreds of millions of individuals affected, particularly by anxiety and depressive disorders. This situation highlights the urgent need for multidimensional and highly reliable psychological assessment tools capable of comprehensively capturing mental health conditions.

Objective: This study aims to review the current use and applications of the Minnesota Multiphasic Personality Inventory–3 (MMPI-3) in clinical psychological assessment, while identifying research gaps related to its validity, reliability, incremental validity, and applicability across diverse sociocultural contexts. **Method:** This study was conducted through a synthesis and analysis of published scientific literature related to MMPI-3, including studies on test standardization and applications in clinical, educational, occupational, forensic, and cross-cultural research settings. The selected literature was analyzed with a focus on target populations, application contexts, administration methods, and empirical evidence regarding the reliability, validity, and measurement invariance of MMPI-3. **Expected result:** Based on the synthesis of 83 studies, MMPI-3 is identified as a comprehensive psychological assessment tool suitable for evaluating personality disorders in adults. The evidence indicates that MMPI-3 demonstrates high effectiveness in psychological assessment, reflected by good reliability, moderate to strong measurement validity, acceptable diagnostic accuracy (sensitivity and specificity ≥ 0.70), and statistically significant incremental validity within clinical psychological assessment processes. Additionally, the review clarifies the overall effectiveness of the instrument, the consistency of the evidence, and the applicability of MMPI-3 in clinical psychological practice. **Conclusion:** The objective of this study is to evaluate the effectiveness of MMPI-3 in psychological assessment and the detection of personality disorders in adults by synthesizing evidence on its psychometric properties and clinical utility

Keyword: MMPI-3, a psychological assessment instrument, mental disorder, multidimensional psychological



: Psychometric Properties of the Burmese Self-Stigma Scale (Short Form) in Elderly Migrants in Thailand

Shun Lei Oo

Shun Lei Oo¹, Moe Moe Yu¹, Tinakon Wongpakaran^{1,2}, Jiranani Griffiths^{1,3*}, Peerasak Lertrakarnnon^{1,4*}, Ronald R. O'Donnell^{1,5}, Nahathai Wongpakaran^{1,2*}

¹Mental Health Program, Multidisciplinary and Interdisciplinary School (Mlds), Chiang Mai University, Thailand.

²Department of Psychiatry, Faculty of Medicine, Chiang Mai University, Thailand.

³Department of Occupational Therapy, Faculty of Associated Medical Sciences, Chiang Mai University, Thailand.

⁴Department of Family Medicine, Faculty of Medicine, Chiang Mai University

⁵College of Health Solutions, Arizona State University

*Corresponding authors email : nahathai.wongpakaran@cmu.ac.th



Background: Self-stigma is a major barrier to mental health help-seeking, among marginalized populations such as elderly Burmese migrants in Thailand. Internalized stigma often leads to disengagement from opportunities. Despite its impact, little research has examined in this population, and no validated Burmese-language instrument has been available to date.

Objective: This study sought to evaluate the psychometric properties of the Burmese version of the Self-Stigma Scale–Short Form (SSS-SF). Specifically, we examined its factor structure, reliability, and validity among elderly Burmese migrants in Thailand.

Methods: Participants (N = 211), aged ≥ 60 years, were recruited via online platforms and community outreach initiatives. The SSS-SF was translated and culturally adapted following international guidelines. Confirmatory factor analyses (CFA) were conducted to evaluate unidimensional, three-factor, higher-order, and bifactor models. Reliability was assessed using Cronbach's alpha. Convergent and discriminant validity were examined through correlations with depression and anxiety, help-seeking intentions, and unrelated constructs.

Results: Among the tested models, the bifactor model provided the best fit ($\chi^2 = 77.78$, $df = 16$, $RMSEA = 0.135$, $SRMR = 0.053$, $CFI = 0.962$, $TLI = 0.914$), supporting both general and specific dimensions of the self-stigma construct. During CFA testing, 11 participants were deleted as outliers, and post hoc analyses revealed that removing four items yielded substantially improved model fit indices, further strengthening the scale's psychometric performance. Reliability analyses demonstrated good internal consistency for the original 9-item scale (Cronbach's $\alpha = 0.855$), while the final 5-item version retained acceptable

reliability (Cronbach's $\alpha = 0.828$). Convergent validity was supported by significant positive correlations between self-stigma and depression ($r = .604, p < .01$), anxiety ($r = .590, p < .01$), and help-seeking intentions ($r = .138, p < .05$). Discriminant validity was largely confirmed through weak or non-significant correlations with sociodemographic factors such as age, gender, education, duration of stay, living status, and language barriers. The initially low fit indices may reflect sample characteristics, including advanced age, limited education, and participation of non-Burmese ethnic groups who could read Burmese but interpreted items differently.

Conclusion: The Burmese version of the SSS-SF is a reliable and valid measure of self-stigma among elderly Burmese migrants in Thailand. The revised version, with four items removed, appears particularly suitable for older participants compared to the original scale. Its application offers valuable utility for clinical practice, community-based interventions, and policy initiatives aimed at reducing stigma and enhancing mental health outcomes.

: Quantitative Insights into Thriving Among Older Adults: A Scoping Review

Yan Lou

Decha Tamdee¹, Lijuan Xu², Maria Engström³

¹ Faculty of Nursing, Chiang Mai University, Chiang Mai, Thailand

² Medicine College, Lishui University, Lishui, China

³ Faculty of Health and Occupational Studies, Department of Caring Science, University of Gävle, Gävle, Sweden

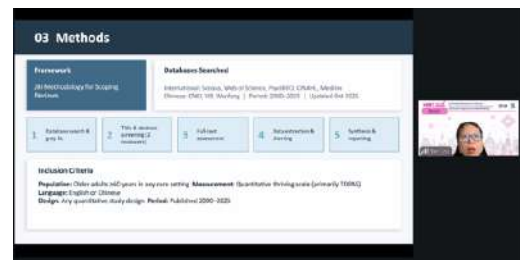
Objective: This study provides an overview of existing research to identify and map the evidence on thriving among older adults, focusing on its levels, associated factors, and outcomes.

Design: A scoping review.

Method: The Joanna Briggs Institute (JBI) methodology for scoping reviews was applied. Comprehensive searches were conducted in Scopus, Web of Science Core Collection, PsycINFO, CINAHL, and Medline, covering studies published from 2000 to the present with the support of librarian in January 2025. Additional searches were performed in China National Knowledge Infrastructure, VIP Information, and Wanfang database resources. A search update was conducted in October 2025.

Results: Sixteen studies met the inclusion criteria. Reported levels of thriving varied across countries and care contexts, with higher scores in home care and in Nordic or Spanish samples, and lower scores in Chinese nursing homes. Most studies employed the Thriving of Older People Assessment Scale (TOPAS) or its adaptations. Factors related to thriving spanned personal, human environmental, and nonhuman environmental domains. Thriving was consistently associated with favorable outcomes, including better self-rated health, reduced depressive symptoms and neuropsychiatric symptoms, and higher quality of life.

Conclusion: This review found that the level of thriving among older adults varied across countries and settings, with slightly higher scores among those receiving home care compared to nursing home residents. Thriving was associated with personal, human, and nonhuman environmental factors, reflecting a good person–environment fit. Higher level of thriving were also related to better health and well-being as well as lower negative emotions, such as depression and apathy. Overall, these findings clarifies how thriving varies across settings and identifies modifiable priorities for practice, including embedding person-centered care, strengthening social connections, enhancing meaningful activities, and promoting supportive physical environments to enhance the alignment between the needs of older adults and their environment.



: Psychometric Properties of the Burmese Version of the Rosenberg Self-Esteem Scale: A Culturally Informed Validation Study

Khin Khant Khaing Khaing

Khin Khant Khaing¹, Tinakon Wongpakaran^{1,2}, Nahathai Wongpakaran^{1,2}, Danny Wedding¹, Justin Ross Demaranville¹
¹Master of Science Program in Mental Health (MSc Mental Health), International Master's Program in Mental Health (IMMH), Multidisciplinary and Interdisciplinary School (MIdS), Chiang Mai University, Chiang Mai, Thailand

²Department of Psychiatry, Faculty of Medicine, Chiang Mai University, Chiang Mai, Thailand



Background:

Self-esteem is a core psychological construct associated with mental health, resilience, and psychosocial functioning. Although the Rosenberg Self-Esteem Scale (RSES) is widely used internationally, a validated Burmese version has not been available. In Burmese cultural contexts, self-concept is shaped by collectivist values and Theravada Buddhist principles emphasizing humility and moral self-regulation, which may influence how self-esteem is conceptualized and expressed. Culturally adapted assessment tools are therefore essential.

Objectives: This study aimed to translate, culturally adapt, and examine the psychometric properties of the Burmese version of the RSES.

Methods: A cross-sectional study was conducted among 240 Burmese-speaking adults aged 20 years and above residing in northern Thailand. The RSES was translated using forward-backward procedures with cultural adaptation. Internal consistency was assessed using Cronbach's alpha and McDonald's omega. Confirmatory factor analysis (CFA) examined one-factor and two-factor models. Convergent and discriminant validity will be examined through correlations with resilience (RI-9), depression (OI-21), and personality traits from the ZKA-20.

Results: The Burmese RSES demonstrated excellent internal consistency (Cronbach's $\alpha = .906$; McDonald's $\omega = .909$). The one-factor model showed inadequate fit, $\chi^2(35) = 171.05$, $p < .001$, CFI = .888, TLI = .856, RMSEA = .127. The two-factor model separating positively and negatively worded items demonstrated improved model fit, suggesting wording-related method effects. All factor loadings were statistically significant ($p < .001$).

Conclusions: Preliminary findings indicate that the Burmese RSES demonstrates strong internal consistency, with evidence of wording-related method effects influencing factorial structure. Further analyses will evaluate convergent and discriminant validity to establish comprehensive construct validity.

Keywords: Self-esteem; Rosenberg Self-Esteem Scale; psychometric validation; Burmese population; cultural adaptation.

Awards

Criteria are used to make decisions, including 6 domains: clarity

1. Namely Clarity
2. Content
3. Style & Delivery
4. Use of visual aids
5. Integration of knowledge
6. Ability to answer the question

Each domain has 5 levels of achievement, which are excellent, good, adequate, inadequate, and no effort.

*The committee is scoring simultaneously and individually.

Best presentation Award

Ms. Mi Mi Maung

“Positive Self-talk as a Protective Factor Against Depression Symptoms Among Myanmar Migrant Workers”



Outstanding Presentation Award

Ms. Regina Török

“Mapping Protective Pathways of Workplace Well-being and Turnover Intention: A Bio-psycho-socio-spiritual Network Approach among Hungarian Young Adult Employees”



Excellent Presentation Award under Embracing Diversity: Culturally Informed and Inclusive Approaches to Mental Well-Being Theme

Ms. Xinyao Huang

“Depressive and Anxiety Symptoms among Older Chinese Migrants in Thailand: Psychosocial Correlates and Risk Factors”



Mr. Yansong Hou

“Self-Identity and Its Impact on Romantic Relationship Quality and Mental Well-Being Among Sexual Minorities in China”

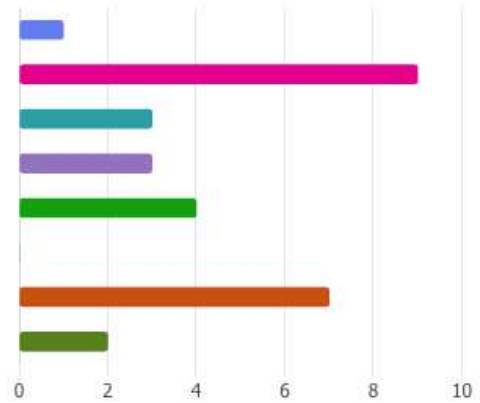


Feedback from participants

Online survey (27 responses)

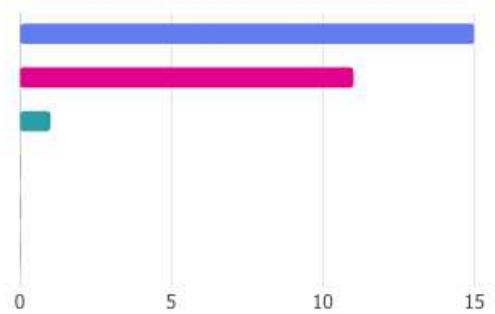
1. Your participation status

Invited speaker	1
Research presenter	9
iMMH instructor	3
iMMH staff	3
iMMH student	4
Alumni	0
General attendant	7
Other	2



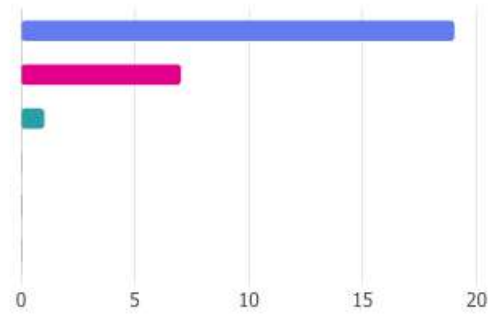
2. How satisfied are you with the whole schedule?

Very satisfied (5)	15
Somewhat satisfied (4)	11
Neither satisfied nor dissatisfied (3)	1
Somewhat dissatisfied (2)	0
Very dissatisfied (1)	0
N/A (0)	0



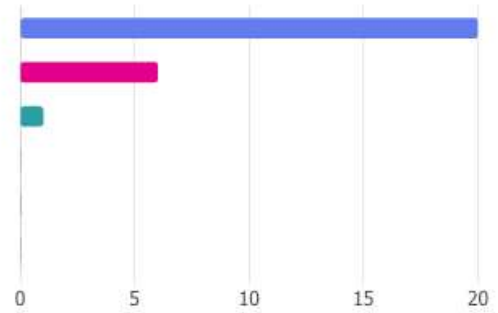
3. How satisfied are you with the public relation?

● Very satisfied (5)	19
● Somewhat satisfied (4)	7
● Neither satisfied nor dissatisfied (3)	1
● Somewhat dissatisfied (2)	0
● Very dissatisfied (1)	0
● N/A (0)	0



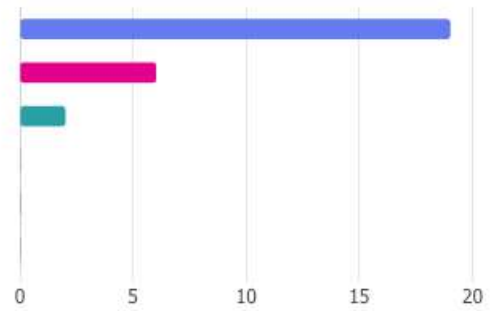
4. How satisfied are you with the conference information?

● Very satisfied (5)	20
● Somewhat satisfied (4)	6
● Neither satisfied nor dissatisfied (3)	1
● Somewhat dissatisfied (2)	0
● Very dissatisfied (1)	0
● N/A (0)	0



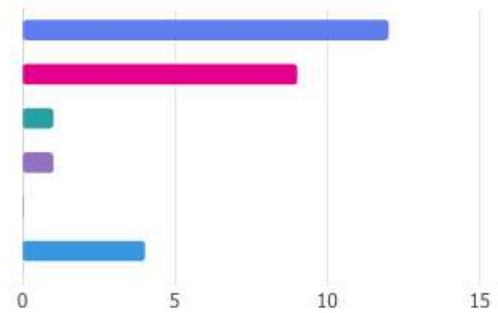
5. How satisfied are you with the registration process?

● Very satisfied (5)	19
● Somewhat satisfied (4)	6
● Neither satisfied nor dissatisfied (3)	2
● Somewhat dissatisfied (2)	0
● Very dissatisfied (1)	0
● N/A (0)	0



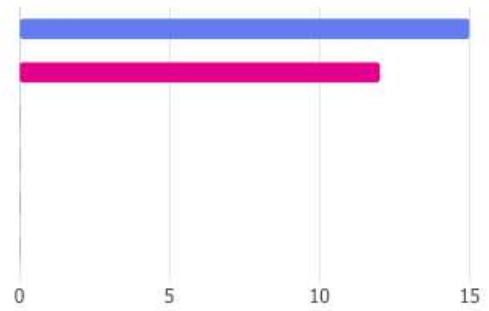
6. How satisfied are you with the virtual conference arrangement via Zoom Meeting?

● Very satisfied (5)	12
● Somewhat satisfied (4)	9
● Neither satisfied nor dissatisfied (3)	1
● Somewhat dissatisfied (2)	1
● Very dissatisfied (1)	0
● N/A (0)	4



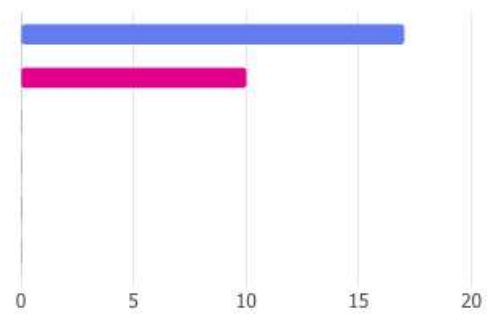
7. How satisfied are you with the knowledge of speakers?

● Very satisfied (5)	15
● Somewhat satisfied (4)	12
● Neither satisfied nor dissatisfied (3)	0
● Somewhat dissatisfied (2)	0
● Very dissatisfied (1)	0
● N/A (0)	0



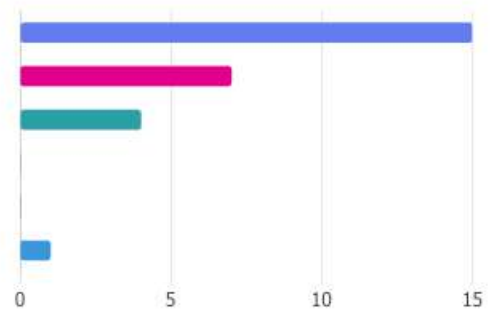
8. How satisfied are you with the research presentations?

● Very satisfied (5)	17
● Somewhat satisfied (4)	10
● Neither satisfied nor dissatisfied (3)	0
● Somewhat dissatisfied (2)	0
● Very dissatisfied (1)	0
● N/A (0)	0



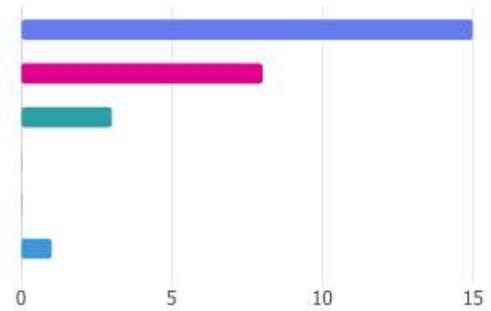
9. How satisfied are you with the type and the number of research presentation awards?

● Very satisfied (5)	15
● Somewhat satisfied (4)	7
● Neither satisfied nor dissatisfied (3)	4
● Somewhat dissatisfied (2)	0
● Very dissatisfied (1)	0
● N/A (0)	1



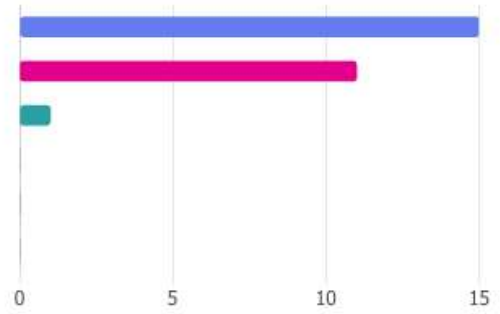
10. How satisfied are you with the opportunity to express your opinion?

● Very satisfied (5)	15
● Somewhat satisfied (4)	8
● Neither satisfied nor dissatisfied (3)	3
● Somewhat dissatisfied (2)	0
● Very dissatisfied (1)	0
● N/A (0)	1



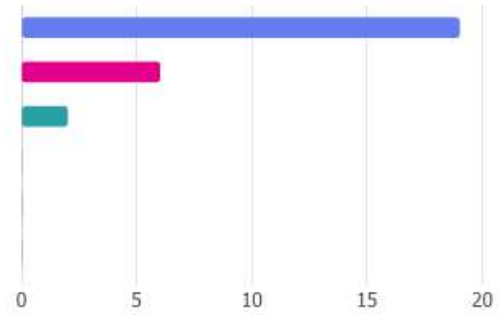
11. How likely are you to attend another MHRC Conference in the future?

Very likely (5)	15
Somewhat likely (4)	11
Neither likely nor unlikely (3)	1
Somewhat unlikely (2)	0
Very unlikely (1)	0
N/A (0)	0

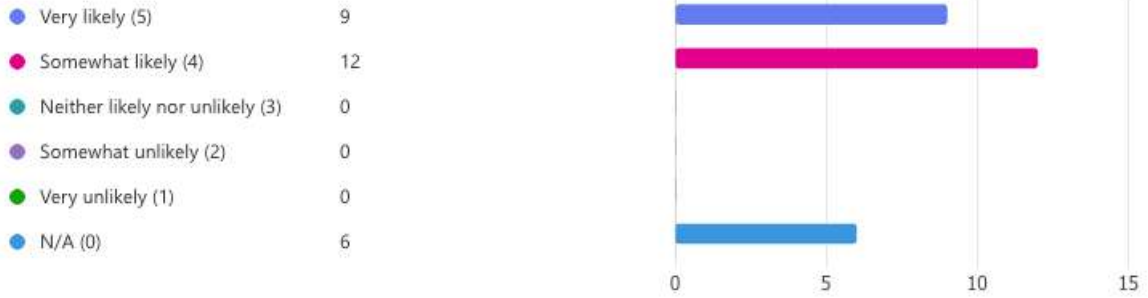


12. How likely are you to recommend future meetings like this to your friends or colleagues?

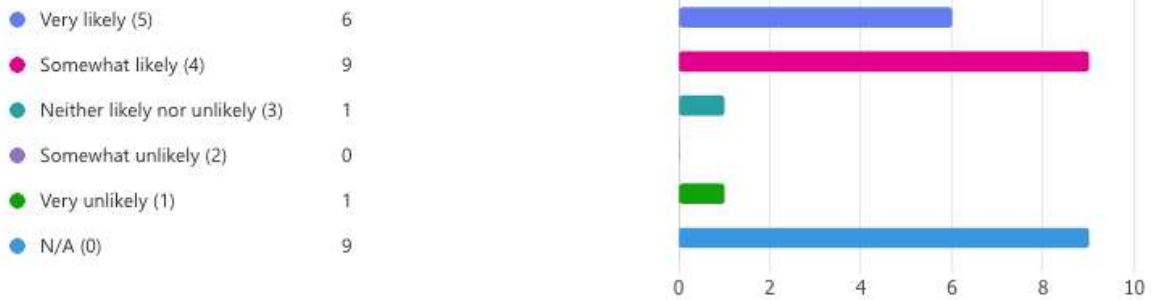
Very likely (5)	19
Somewhat likely (4)	6
Neither likely nor unlikely (3)	2
Somewhat unlikely (2)	0
Very unlikely (1)	0
N/A (0)	0



13. How satisfied were you with the dinner, satisfactory and to your expectations?



14. How satisfied were you with the Forest Bathing Workshop conducted after the conference?



13. Comments and suggestions

- The presentations were better than last year. Most slides had far too much information on them.

- Too many presenters and it should have more type of awards.

- Need more vegetarian food.

- Great conference!

- Appreciate the conference and would like to attend some workshops else.

- More research presentations.

- Please do dry run of technicals on Zoom before the event. It will make the audio clearer for all participants.

- The conference should have more time and session if ok, can add up with group activities and game that make people know each other much more for external participants.

Lists of participants

Name	Email address
Professor Apinpus Rujiwatra	apinpus.rujiwatra@cmu.ac.th
Professor Huali Wang	huali_wang@bjmu.edu.cn
Professor Danny Wedding	danny.wedding@gmail.com
Professor Ronald O'Donnell	ronald.odonnell@asu.edu
Professor Carmelle Peisah	c.peisah@unsw.edu.au
Professor Tinakon Wongpakaran	tinakon.w@cmu.ac.th
Professor Nahathai Wongpakaran	nahathai.wongpakaran@cmu.ac.th
Professor Patraporn Bhatarasakoon	patraporn.t@cmu.ac.th
Associate Professor Peerasak Lerttrakarnnon	peerasak.lerttrakarn@cmu.ac.th
Assistant Professor Rewadee Jenruamjit	rewadee.w@cmu.ac.th
Assistant Professor Penkarn Kanjanarat	penkarnk@hotmail.com
Assistant Professor Dr.Nantawarn Kitikannakorn	rx048@yahoo.com
Assistant Professor Chaiyun Sakulsriprasert	chaiyun.sakul@cmu.ac.th
Assistant Professor Jiranan Griffiths	jiranan.gr@cmu.ac.th
Lecturer Chidchanok Reungorn	chidchanok.r@cmu.ac.th
Assistant Professor Awirut Oon-Arom	awirut.oonarom@cmu.ac.th
Associate Professor Dr. Gabriella Simon	simon.gabriella@kre.hu
Associate Professor Zsuzsanna Kovi	kovi.zsuzsanna@kre.hu
Associate Professor Jonathan C. de la Cerna	jcdelacerna1@up.edu.ph
Lecturer Justin DeMaranville	justinross_de@gmail.com
Dr. Samai Sirithongthaworn	samais2001@yahoo.com
Mrs. Pairada varnado	pairada.v@cmu.ac.th
Dr. Naranchaya Sriburapar	plasticpsyche.k@gmail.com
Ms. Decha Tamdee	decha.t@cmu.ac.th
Mr. Tay Zar LIN	tayzar_lin@cmu.ac.th
Mr. Dan Sullivan	daniel.sullivan@scu.edu.au
Mr. Panat Chueprasertsak	panat.c@cmu.ac.th
Ms. Alla Glushich	alla_g@cmu.ac.th
Ms. Xiaobo Yu	xiaobo_yu@cmu.ac.th
Ms. San San Oo	sansanbago@gmail.com
Ms. Viola Manakore	vmanokore@gmail.com

Ms. Dariebel Todiano Sab-it	dariebeltodianosabit@gmail.com
Ms. Nantawarn Kitikannakorn	nantawarn.k@cmu.ac.th
Ms. Jia Jiao	jia_jiao@cmu.ac.th
Ms. Vo Pham Kieu Linh	vpklinh.d2023@uhsvnu.edu.vn
Ms. Le Thanh Thao Trang	le_trang@cmu.ac.th
Ms. Moe Pwint Phyu	moepwintphyu_moe@cmu.ac.th
Ms. Xian Wang	xian_wang@cmu.ac.th
Ms. Yan Lou	yan_l@cmu.ac.th
Ms. Supannika Khaykhong	Supannika_Khaykhong@cmu.ac.th
Ms. Regina Török	postanetorokregina@gmail.com
Ms. Kaewalin Sriyung	ppcr2023-ams@cmu.ac.th
Ms. Naphatsorn Phuprasoet	palita.y@cmu.ac.th
Ms. Sirilux Klaychaiya	sirilux_klaychaiya@cmu.ac.th
Ms. Fanglin Meng	fanglin_meng@cmu.ac.th
Mr. Suriwong Wongratanamajcha	suriwong_w@cmu.ac.th
Ms. Xinyao Huang	xinyao_huang@cmu.ac.th
Ms. Khin Khant Khaing	khinkhantkhan_k@cmu.ac.th
Ms. Siraluck Puttapatimok	kaemtatar@yahoo.com
Ms. Yuting Song	yuting_s@cmu.ac.th
Ms. Malang Cilangasan	malang_ci@cmu.ac.th
Ms. Lifang Dang	lifang_dang@cmu.ac.th
Ms. Aye Myat Thaw	ayemyatthaw_1@cmu.ac.th
Mr. Yansong Hou	yansong_hou@cmu.ac.th
Ms. Yifei Chang	yifei_c@cmu.ac.th
Ms. Shan Chen	shan_c@cmu.ac.th
Ms. Su San Htun	susan_htun@cmu.ac.th
Ms. Mya Hnin Phyu	myahninphyu_1@cmu.ac.th
Ms. Shun Lei Oo	shunlei_oo@cmu.ac.th
Ms. Mi Mi Maung	mimi_maung@cmu.ac.th
Mr. Surabordee Kirdpradit	surabordee.ki@cmu.ac.th
Mr. Phandin Kaewpradit	phandin.k@cmu.ac.th
Mr. Parintron Mukdapriom	parintron.m@cmu.ac.th
Ms. Biyi Chen	biyi_chen@cmu.ac.th
Ms. Yu Chang	692855802@cmu.ac.th

Mr. Rogene Abalorio Ramos	rogene_ramos@cmu.ac.th
Dr. Mao Heng	drmaoheng@hotmail.com
Mr. Pongsakorn Suppakittpaisarn	pongsakorn.sup@cmu.ac.th
Mr. Nyan Lin Htet	freezeflight2@gmail.com
Ms. Korapin Chaichana	chaichana.md@gmail.com
Ms. Nanthipak Kamoljersawad	nanthipak_k@cmu.ac.th
Ms. Napitchaya Kondkaew	-
Ms. Meiling Han	meiling_han@cmu.ac.th
Ms. Lei Yu	yu_lei@cmu.ac.th
Ms. Siyu Yang	siyu_yang@cmu.ac.th
Ms. Chanittha Senachai	chanittha.senachai@gmail.com
Ms. Sirirat Nitayawan	sirirat.n@cmu.ac.th
Ms. Wilasinee Ueangkittikul	wilasinee.u@cmu.ac.th
Mr. Puwadon Chaimool	puwadon_ch@cmu.ac.th
Ms. Pichamon Srithao	pichamon_sri@cmu.ac.th
Mr. Akarawin Namwong	akarawin_namwong@cmu.ac.th
Ms. Punvilad Sowjaraesuk	punvilad_s@cmu.ac.th
Ms. Wasin Jamroengkajonsuk	wasin_jam@cmu.ac.th
Mr. Wyerit Chitcharoen	wyerit_c@cmu.ac.th
Ms. Witchayaphon Wutthiphap	witchayaphon_w@cmu.ac.th
Mr. Wasawat Leesomboon	Wasawat_l@cmu.ac.th
Mr. Paphop Boonyakitsombat	paphop_boon@cmu.ac.th
Mr. Sirichaloem Khunchaiwong	sirichaloem_khun@cmu.ac.th
Ms. Panwalai Potiwong	Panwalai_p@cmu.ac.th
Mr. Peerapat Naprung	peerapat_n@cmu.ac.th
Mr. Chanutnan Sawaddiphong	chanutnan_s@cmu.ac.th
Mr. Pannavit Lertterjarut	pannavit_lert@cmu.ac.th