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THE INTERNATIONAL SOCIETY FOR PSYCHOLOGICAL AND SOCIAL APPROACHES TO PSYCHOSIS

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Abstract compilation

Posters

P01: “Expanding the Spectrum”: Insights from the Formation of Hearing Voices Groups *(20787)*

Eyal Harel MA; Dr Shahar Timor-Shlevin

Bar-Ilan University

Abstract:

Introduction

Most existing research on Hearing Voices Groups (HVGs) has been conducted in contexts where the groups were already established for several years. Much less is known about their early stage of formation—when new approaches and ideas first enter a culture. How do participants and facilitators experience these first encounters?

This study explores these questions through the experiences of participants and facilitators in newly-formed HVGs within the Israeli context, examining how a psychosocial and community-based model—rooted in lived experience, dialogue, and shared meaning—interacts with a biomedical and conservative psychiatric culture. It examines the group dynamics, identity shifts, and meaning-making processes that emerge during this early stage of formation.

Methods

This qualitative study explored participants’ and facilitators’ experiences via in-depth interviews, focusing on group dynamics, identity, and meaning-making. Participants were recruited through purposeful sampling: 14 interviewees – 8 participants, 6 facilitators (most with lived experience). Data were collected through semi-structured interviews during the groups’ first 1–2 years of activity. Transcribed interviews were analyzed using thematic analysis, combining elements of narrative analysis.

Outcome

Five themes emerged:

1) The groups offered a safe space where deep listening and vulnerability fostered belonging.

2) A process of shifting from shame to pride—reclaiming “madness” and “normality,” finding validation, and forming critical awareness.

3) Narration and meaning-making towards hearing-voices experiences within specific cultural context, while developing coping strategies.

4) HVGs as liminal spaces—fluid in meanings, flexible in roles, and open to diverse views within a stable setting.

5) A dialectical facilitator role, balancing leadership and partnership, experiencing liberation, and integrating professional and lived experience.

Conclusion

The findings show how HVGs function as sequential processes enabling participants to move from isolation and stigma toward belonging, empowerment, identity formation, and meaning-making. By creating dialogical, liminal, and safe arenas, the groups allowed participants and

facilitators to share co-created knowledge, agency, and mutual liberation. These dynamics unfolded in a unique cultural context, marking the first implementation of a critical alternative in Israel's biomedical-conservative field.

P02: AgingUP: A Pilot Program to Address Self-Ageism in Older Adults with Severe Mental Illness Living in Residential Care *(20790)*

Prof. Dr. Macarena Sánchez-Izquierdo PhD[1]; Prof. Dr. Rocío Caballero PhD[1]; Clara Trompeta[2]; Victoria Epifanía Recalde Gamarra[1]

[1] Comillas Pontifical University; [2] Centro San Juan de Dios de Ciempozuelos

Abstract:

Background:

Older adults living with severe mental illness (SMI) often face the combined effects of public stigma, self-stigma, and internalized ageism. Internalized ageism is an under-recognized but significant barrier to recovery among older adults living with severe mental illness (SMI). It interacts with self-stigma to reduce self-efficacy, hope, and engagement in meaningful activities. Despite its relevance, there are virtually no interventions specifically designed to address self-ageism in this population.

Objective:

This pilot study describes the design and ongoing implementation of AgingUP, a ten-session group-based psychosocial program aimed at reducing self-ageism and fostering positive views on aging among adults aged 50+ with SMI residing in a long-term care facility.

Methods:

The intervention consists of ten weekly sessions (60–75 minutes each), integrating psychoeducation, cognitive restructuring, motivational activation, and self-compassion practices. The program draws upon the Stereotype Embodiment Theory (Levy, 2009), the Narrative Enhancement and Cognitive Therapy (NECT), and process-based models such as AgingPLUS (Diehl et al., 2020) and Reimagine Aging (Murphy et al., 2025). Each session follows a structured, safe, and engaging format adapted to the cognitive and emotional profiles of older adults with SMI. Key mechanisms include stereotype awareness, reattribution, and experiential learning to foster more compassionate self-perceptions.

Expected Outcomes:

It is hypothesized that participation in AgingUP will lead to reduced self-ageism and internalized stigma, and enhanced self-compassion and positive perceptions of aging. Analyses will focus on feasibility, acceptability, and preliminary indicators of change.

Conclusions:

AgingUP represents an innovative, recovery-oriented approach addressing the intersection of ageism and severe mental illness, two stigmatizing processes that often remain invisible in psychosocial care for older adults.

P03: Exploring the meaning of well-being in severe mental disorder: Insights from patients, relatives and mental health professionals *(20802)*

Prof. Dr. Rocío Caballero PhD[1]; Prof. Dr. Macarena Sánchez-Izquierdo PhD[2]; Prof. Dr. Ignacio Echegoyen[2]

[1] Universidad Pontificia Comillas; [2] Comillas Pontifical University

Abstract:

Background: Well-being (WB) is a central dimension of recovery in severe mental disorders (SMD), underscoring that mental health extends beyond the absence of illness. However, WB may not hold the same meaning for patients, relatives, and professionals, raising key questions about its assessment in clinical practice. Moreover, the perception of WB is a decisive outcome that can guide clinical decision-making, reinforcing its role as a critical indicator in psychiatric care.

Methods: This sequential mixed-methods study examined agreement between 186 patients with SMD (self-informants) and 186 external informants (family, friends, or therapists) on the Warwick-Edinburgh Mental Well-being Scale (WEMWBS). Quantitative analyses assessed concordance and tested whether age, gender, relationship type, or relationship duration predicted discrepancies. Complementary qualitative interviews explored how each group conceptualizes WB.

Results: Quantitative analyses showed moderate concordance between self- and external informants (69%), with professionals tending to rate WB higher than relatives and patients. Relationship type explained only a small proportion of variance. Qualitative findings indicated that patients primarily linked WB to experiential recovery processes such as empowerment, freedom, and acceptance, whereas external informants—particularly professionals—focused on observable and behavioral aspects, including self-efficacy and help-seeking.

Conclusions: WB is understood differently by stakeholders. Patients emphasize internal, subjective dimensions, while relatives and professionals prioritize behavioral indicators. These complementary but divergent perspectives highlight that self-reports capture unique aspects of WB not reflected in proxy assessments. Clarifying what WB means for each agent is essential for individualized rehabilitation planning and ensuring clinical decisions align with patients' recovery goals.

P04: The making of Crop circles in an honest way. *(20827)*

Jan Loenders

De cirkel vzw

Abstract:

Presentation with explanation/theory + images and footage of manmade crop circles. Jan is a crop circle maker as a landart-artist. The purpose is to go in between at one side of the believers of only extra-terrestrial made crop circles and at the other side of the hoaxers or teams who make crop circles secretely, by night and without permission of the farmers. Jan wants to show that an ethical and honoust way of crop circle making is possible by getting permissons and make crop circles by daylight, in public, without decieving anyone. He proves this with this presentation.

Practically: In this presentation I want to show some images and short footages (2) of my own expertise in combination with a powerpoint.

- Show the short footage of my own made and most beautiful crop circle made by the main tv-channel of Belgium VRT: Program: 'Duizend zonnen en garnalen'.

- Show the short footage of another nice crop circle made by Jan Loenders in cooperation with several pshychiatric patients ....

P05: Exploring the Fidelity of Recovery Colleges in Japan: Current Status and Related Factors *(20842)*

Yui Komine; Yuna Niikawa; Prof. Dr. Taisuke Katsuragawa

Waseda University

Abstract:

Introduction

Recovery is a personal process of living a meaningful life despite mental health challenges (Anthony, 1993). Recovery Colleges (RC), where people with lived experience, professionals, and citizens learn together, have shown recovery benefits (Allard et al., 2024). However, most evidence comes from WEIRD countries (Hayes et al., 2024), and implementation in non-Western contexts remains underexplored. In Japan, RC are nationwide, but how faithfully they reflect UK-origin principles (fidelity) is unclear. This study examined fidelity in Japanese RC and related organizational factors.

Methods

Survey period: 16 May – 30 September 2025

Method: Online or mail-based questionnaire

Participants: Japanese organizations titled “Recovery College,” “Recovery School,” or equivalent

Measures: Philosophy and operation items (Perkins et al., 2012; Hayes et al., 2023); RECOLLECT-Fidelity-Measure-Japanese (Toney et al., 2019; Sakamoto et al., 2022)

Analysis: Means and SDs calculated; multiple responses aggregated at the RC level (0/1/2 scale)

Ethics: Approved by Waseda University Ethics Committee (No. 2025-014)

Outcome

Responses were obtained from 17 facilities (22 responses). The mean fidelity score (max = 14) was 6.78 (SD = 3.44), significantly lower than the UK mean (M = 11; Hayes et al., 2023), $t(16) = -4.90$, $p < .001$, $d = -1.23$. RC established ≥6 years (n = 6, M = 7.65, SD = 2.75) tended to score higher than those ≤3 years (n = 11, M = 6.30, SD = 3.69), although not significantly, $t(15) = -0.74$, $p = .47$, $d = -0.37$. Public (n = 3, M = 9.33, SD = 1.70) and nonprofit RC (n = 3, M = 8.97, SD = 2.19) also tended to score higher than “other” organizations (n = 11, M = 5.58, SD = 3.36), although the difference was not significant, $F(2, 14) = 2.37$, $p = .13$, $\omega^2 = .14$.Similarly, RC with a permanent physical base (n = 5, M = 8.60, SD = 3.26) tended to score higher than those using community spaces (n = 10, M = 6.63, SD = 3.09) or operating fully online (n = 2, M = 3.00, SD = 2.00), though not significantly, $F(2, 14) = 2.03$, $p = .17$, $\omega^2 = .11$.

Conclusion

Fidelity scores in Japan were lower than those in the UK, though comparison should be cautious as the scale was developed there. Differences by establishment duration, organization type, and physical base suggest that stability and sustained operation may support RC development. Future research should clarify how RC principles develop and are implemented in Japan, and what factors support or limit their implementation.

P06: Building Capacity for Family Work: A Cascade Model of Training for Behavioural Family Therapy for Psychosis. *(20858)*

Julia Danks[1]; Paula Conneely[2]

[1] BSMHFT ; [2] Meriden Family Programme, BSMHFT

Abstract:

Introduction - The Meriden Family Programme has been at the forefront of implementing family interventions for psychosis, with a strong emphasis on sustainable workforce development. Central to this approach is the cascade training model, designed to build local capacity by equipping practitioners to become trainers and supervisors within their own services. This model not only enhances accessibility to evidence-based family work but also fosters a culture of shared learning and systemic change across mental health settings.

Method - This poster will outline the cascade model of training used by the Meriden Family Programme.

Outcome - Viewers will understand how this cascade model has successfully built sustainable local capacity and expertise, supporting the long-term implementation of family work within mental health services.

Conclusion - The poster reinforces the benefits of using a cascade model in developing a structured, sustainable approach to workforce development.

P07: Auditory Verbal Hallucinations in Bipolar Disorder: A comeback to "unitary psychosis": A scoping review *(20878)*

Dr. Janne Elin Yttri[1]; Dr. Sidse Arnfred prof.[2]; Dr. Annick Parnas[3]; Dr. Annick Parnas[3]

[1] Psykiatrien Region Sjælland, Dp Slagelse; [2] Psykiatrien Region Sjælland; [3] Region Hovedstadens Psykiatri

Abstract:

Introduction:

Auditory verbal hallucinations (AVH), though classically associated with schizophrenia, also occur in other conditions and also in patients with affective disorders. However, their characteristic features and diagnostic and therapeutic implications in affective disorders remain underexplored. This scoping review aimed to map the characteristics of AVH in bipolar disorder and discuss the old concept of "unitary psychosis".

Methods:

A systematic search of MEDLINE, EMBASE, CINAHL, and PsycINFO via OVID was conducted. Studies were eligible if they provided empirical data on AVH characteristics in individuals with bipolar disorder. Eleven studies met inclusion criteria.

Outcome:

AVH in bipolar disorder were typically described as clear, vivid, and variably located (internal, external, or both). While negative voice content was dominant, neutral and positive voices were also reported. Some recent studies found AVH occurring outside mood episodes and the occurrence of Schneiderian first-rank symptoms such as voices commenting or conversing. These patients were excluded from earlier work. Compared to schizophrenia, bipolar patients generally had greater insight into illness.

Conclusion:

AVH in bipolar disorder often resemble those found in schizophrenia. Insight, symptom context, and episodicity may help differentiate AVH in bipolar disorder from those in schizophrenia.

P08: Joanna - Guided Autobiography *(20885)*

Joanna Obiegałka

Abstract:

Joanna (GAB)

Guided Autobiography is a method that helps people write and understand their life stories. Instead of following a strict timeline (chronology), it focuses on specific life themes.

A facilitator provides a key question or theme (e.g., "Turning Points," "Your relationship with work," or "Health and your body"). Participants then write a short, 2-page story based only on that theme. They typically share these stories in a safe, confidential group setting.

How It Connects to E-Poster Project?

Film script and e-poster concept are a perfect example of this method.

I am not creating a linear biography ("I was born, I went to school..."). Instead, I am building a "portrait of the soul" by exploring key themes from life.

E-poster, which allows a viewer to click different interactive hotspots (to see a clip, a photo, or hear a quote), is the perfect interactive form of Guided Autobiography. It lets the audience discover story through the themes that are most important to me, rather than just by dates.

It will be presented in video format which challenges the submission rules. Will you allow it?

P09: Identifying Key Aspects of Mindful Eating Associated with Binge Eating among Individuals Who Frequently Eat Alone *(20901)*

Yuna Niikawa; Yui Komine; Prof. Dr. Taisuke Katsuragawa

Waseda University

Abstract:

Introduction

In Japan, the number of people who eat alone has been increasing (Ministry of Agriculture, Forestry and Fisheries, 2018). Solitary eating has been identified as a potential risk factor for binge eating (Taniguchi & Ishida, 2018), possibly because people pay less attention to their meals and fail to notice hunger or fullness (Tokunaga et al., 2016; Kristeller & Bowman, 2015). Mindful Eating (ME)—defined as a nonjudgmental awareness of physical and emotional sensations associated with eating (Framson et al., 2009)—has been proposed to promote conscious eating. ME comprises six components: acceptance, awareness, non-reactivity, routine, act with awareness, and unstructured eating (Takahashi et al., 2023). However, it remains unclear which diminished components of ME are most strongly associated with binge eating, especially among those who often eat alone. This study aims to identify key ME components associated with binge eating in solitary eaters to inform future intervention strategies.

Methods

Survey period: early August – mid October 2024

Method: Online questionnaire using Google Forms

Participants: 203 university students in the Tokyo area (89 males, 114 females; M = 21.00, SD = 1.34)

Measures: (1) Demographic variables, (2) Frequency of eating alone, (3) Japanese version of the Mindful Eating Scale (Takahashi et al., 2023), and (4) Binge Eating Scale (Matsumoto et al., 1997).

Analysis: For statistical analyses, jamovi 2.7.11 (The jamovi Project, 2025) was used.

Ethics: Approved by Waseda University Ethics Committee (No. 2024-147)

Outcome

The hierarchical multiple regression analysis showed that the model significantly predicted binge eating ($R^2 = .48$, $p < .001$). Among the Mindful Eating components, acceptance ($\beta = -.53$, $p < .001$) and act with awareness ($\beta = -.25$, $p < .001$) were significant negative predictors, whereas other components were not significant. Interaction effects did not improve the model ($\Delta R^2 = .01$, $p = .66$).

Conclusion

These findings highlight the importance of acceptance and intentional eating as protective factors against binge eating. Therefore, interventions that foster nonjudgmental acceptance of one's eating behavior and encourage conscious engagement in eating may help reduce binge

eating. These findings suggest that, when implementing ME-based interventions in Japan, it is particularly important to develop programs that focus on enhancing acceptance and promoting intentional eating.

P10: Illusions I need *(20902)*

Dr. Tin Matoš; Dr. Sara Belčić; Dr. Daniela Šago

University Psychiatric Hospital Sveti Ivan

Abstract:

We wish to present the case of a patient whose experience of the world became altered through a fixation on determinism. By moving away from learned classifications, we notice that some individuals with psychotic experiences describe unusual perceptions, dreams, and ideas that arise as part of creative or philosophical processes, sometimes intensified by the use of psychoactive substances. A 25-year-old man presented with overwhelming anxiety, depressive mood, and a preoccupation with a changed perception of the world in the form of the predetermination of all behaviors and the consequent loss of free will. His view of the world was particularly altered in his experience of communication with others, which felt robotized. He expressed a sense of being unable to function at his previous level. Reflecting on earlier periods of adolescence, he recalled feeling watched by others, fearing others' opinions, and sensing that he both belonged to certain groups and stood out from them—feeling more emotional and irritable. He said that back then he was happy, funny, and extroverted, but that "until recently," he "no longer has humor and isn't interesting." For eight years, he regularly used cannabis, which calmed him and allowed him to "immerse himself in topics of philosophy and psychology." After a short abstinence of one month and renewed cannabis use, it was as if his worldview on determinism had locked in, and he became overwhelmed by this realization and searched for professional help.We meet him in a day hospital setting after a short inpatient treatment. During therapy, he is unmotivated, anxious, and avoidant in group psychotherapy sessions. He retreats into the world of philosophy, exploring scientific and philosophical positions on determinism, which he extensively discusses with a chatbot, and seeks a therapist familiar with the topic who could provide comfort and help him with difficulties that he struggles to verbalize. The patient's symptoms can be viewed through the prism of the phenomenology of obsession bordering on delusion, where he feels frightened and experiences a loss of meaning due to the realization of the lack of control over his life. Together we arrived at the hypothesis that he experienced a disillusionment and a baring of reality to determinism, and that therapy should aim at reestablishing certain illusions (that is, rediscovering meaning through interests and relationships), which could enable improve his social functioning.

P12: Co-design and pragmatic trial of DRIV-R (Driving my own mental health recovery) App - designed to enhance consumer self-efficacy and leadership in self-assessment and recovery planning *(20933)*

Associate Professor Justin Scanlan PhD[1]; Professor Nicola Hancock PhD[1]; Ass. Prof. Anne Honey[1]; Dr. Naseem Ahmadpour PhD[1]; Yidan Cao[1]; Andrew Povolny[1]; Helen Glover[2]; Professor Lorraine Smith PhD[1]; Dr. Grenville Rose PhD[1]; Mark Orr[3]

[1] The University of Sydney, Sydney, Australia; [2] Enlightened Consultants; [3] Flourish Australia

Abstract:

Background:

Human rights-based policies and international evidence call for greater mental health consumer empowerment and self-determination in health-related decision making. Recovery Assessment Scale – Domains and Stages (RAS-DS), a widely used self-report measure of mental health recovery. Co-designing a digital enhancement of RAS-DS could extend its predominant use as a system driven outcome measure to also support collaborative, recovery-focused conversations and planning and ultimately, greater empowerment of consumers in assessment and planning processes.

Method:

This study involved 2 Phases.

Phase 1: Development of the App occurred through 10 co-design workshops with 19 service users and providers over 12 months. Data evaluating the co-design process were collected via survey and interviews. Data were thematically analysed using constant comparative analysis.

Phase 2: A pragmatic, crossover trial of the App with approximately 80 staff-consumer pairs. App effectiveness is being measured by changes in mental health self-efficacy and mental health recovery following use of the App. Information on usefulness and acceptability is also being collected.

Outcome:

Phase 1: An App (named Driving my mental health Recovery – DRIV-R) addressing needs and priorities of co-designers was developed. Features of the co-design process that co-designers emphasized as important included: a) establishing a shared vision and purpose; b) inclusive mechanisms to maximise contribution; c) an emotionally safe space is created where people are valued and power is balanced, and d) feedback loops evidence contribution and impact.

Phase 2: Mental health self-efficacy remained stable during the pre-intervention phase (prior to using DRIV-R), but then increased significantly after using DRIV-R ($t=2.5$, $p = .016$). Additionally, feedback from consumers and mental health workers indicated that DRIV-R was easy to use and supported recovery-focused conversations and planning.

Conclusion:

The DRIV-R App was co-designed by end users. Trial data suggests that DRIV-R is helpful in enhancing mental health self-efficacy and supporting recovery-oriented ways of working.

Widespread adoption of DRIV-R could help to accelerate the implementation of recovery-oriented practice across the mental health service system in Australia and internationally.

P13: Impaired Dynamics of Neuronal Network Recruitment Under Cognitive Load in the P300 Component of Patients with Schizophrenia *(20936)*

Dr. Pascal Missonnier[1]; Dr. Marina Christou[1]; Prof. Dragos Inta[2]; Prof. Dr. Isabelle Gothuey Professor[1]; Dr. Gregoire Favre PhD[1]; Dr. Bernd Hinney[3]

[1] Mental Health Network Fribourg (RFSM); [2] UNIFR; [3] Universität Fribourg / FNPG

Abstract:

Background: Earlier contributions have documented the presence of significant changes in the P300 component of event-related potential (ERP) during mental workload activation in patients suffering from schizophrenia. Mental workload decrease in schizophrenia has been reported to be associated with an alteration in neuronal energy metabolism, which may explain alterations of the P300 component parameters. However, investigations concerning the time course of abnormalities in the recruitment of functional networks engaged by mental workload during the p300 task in patients suffering from schizophrenia are still scarce and mostly focused on brain oscillations.

Methods: We investigated mental workload using tasks varying in difficulty in an auditory oddball target paradigm in healthy controls and patients suffering from schizophrenia. In order to refine analysis of the time course of morphological changes, we first examined P300 parameters for the infrequent target stimuli, and then we applied a recent method to compute ERPs by intra-block epoch averaging of P300 amplitude component. We obtained eight consecutive blocks of 5 epochs each, which constitutes an electrophysiological parameter to measure mental workload.

Results: The study included 46 patients with first-episode psychosis and 49 controls. Patients with schizophrenia displayed significant changes in the latency of the p300 only when a demanding workload task was administered during the oddball paradigm. Moreover, in the constraining task, the P300 amplitude decreased after the second block of the sequence in patients with schizophrenia, as compared to controls.

Conclusion: The present findings support the notion of a progressive impairment in the activation of neural generators during the execution of mental workload tasks in individuals with schizophrenia. The observed relationship between cognitive demand and neural activation should be interpreted within the framework of an underlying energetic dysfunction, wherein the impaired capacity to sustain stable neuronal activity—specifically, the excitation/inhibition balance—under heightened cognitive load may contribute to the cognitive deficits characteristic of schizophrenia.

P14: Modulations of EEG Spectral Power and Functional Coherence During the DRM Task in Individuals with Schizophrenia *(20939)*

Dr. Pascal Missonnier[1]; Dr. Marina Christou[1]; Prof. Dragos Inta[2]; Prof. Dr. Isabelle Gothuey Professor[1]; Dr. Gregoire Favre PhD[1]; Dr. Bernd Hinney[3]

[1] Mental Health Network Fribourg (RFSM); [2] UNIFR; [3] Universität Fribourg / FNPG

Abstract:

Background: Former EEG studies of false memory in patients suffering from schizophrenia have mainly used ERPs method (Favre et al 2020b). However, no studies have focused on frequency band reactivity or coherence analysis between different brain regions relevant to this phenomenon. In this context, analysis of both event-related spectral perturbations and the inter-regional phase synchronization of low and medium frequency oscillations in a false memory paradigm seems particularly adapted to address the hypothesis that an aberrant prefrontal parietal network might participate to the phenomenon of memory disturbances typical of psychotic disorders.

Methods: Twenty-seven French-speaking adult healthy controls (HC) and seventeen French-speaking patients with schizophrenia (SCZ) were recorded during a French adapted version of the DRM task. Continuous EEG was with 128 active surface electrodes were used. Event-related coherence and the power of different ranges of frequencies were assessed.

Results: Significant group differences in theta and alpha frequency power were observed at the parieto-occipital electrode, respectively, between 500-1000 ms and 700-1200 ms after stimulus onset on. Moreover, a significant difference in phase synchronization (prefrontal to occipito-parietal) in the alpha band between the two groups effect was found.

Conclusion: We propose that connectivity differences in patients with schizophrenia are largely independent of top-down inhibitory control processes, as no parieto-occipital alpha ERS was detected at either the early or late stages of information processing for the verbal memory task. Furthermore, the difference was related to the true recognition condition of the DRM, suggesting an inappropriate activation process underlying information retrieval in patients with schizophrenia.

P15: Benefits of the Triadic Alliance in Promoting Recovery of Persons with Severe Mental Disorders and Preventing Family Caregiver Burnout *(20953)*

Jan-Eerik Leppänen[1]; Professor Slađana Štrkalj Ivezić Prof.[2]

[1] FinFami; [2] University Psychiatric Hospital Vrapče

Abstract:

Introduction

Although the therapeutic alliance among mental health professionals, patients, and family members is associated with improved treatment outcomes, higher patient satisfaction, better adherence, and reduced burnout among family caregivers, it is often underdeveloped in everyday clinical practice. Strengthening this triadic relationship may enhance recovery and protect the well-being of all involved.

Drawing on illustrative cases from European contexts this proposal examines how the triadic alliance functions in diverse healthcare systems. These examples provide insight into both shared challenges and innovative practices in promoting patient recovery and supporting family caregivers within culturally and structurally distinct settings.

Methods

To explore the unmet needs of persons with lived experiences with mental illness, family members, and mental health professionals, focus group discussions were conducted with participants representing each of the three groups. A computer-assisted thematic analysis was performed using qualitative data analysis software. The software facilitated the organisation, comparison, and visualisation of themes related to communication needs, barriers, and collaboration among the groups. Emerging themes were refined through iterative review and researcher consensus.

Results

The analysis identified several key areas of need. Patients and family members emphasised the importance of education about mental illness, recovery processes, managing stigma, and active participation in treatment planning. Families also highlighted their need for support in coping with a relative's illness, burnout prevention, and peer support. All three groups expressed a need for communication training to build effective triadic relationships and implement shared decision-making practices.

Conclusions

Unmet needs remain among all stakeholders involved in the triadic alliance, which is crucial for recovery and service quality. It is therefore necessary to implement interventions that strengthen collaboration and mutual understanding within the professional–patient–family triad. Such interventions contribute to better treatment outcomes, protection of family caregivers' mental health, and the enhancement of professionals' competencies in delivering recovery-oriented mental health care.

P16: A Qualitative Study of Self-Experiences in Non-Clinical Chinese Adults with Paranoia *(20956)*

Dr. Chen Zhu PhD; Hanxue Gao; LiPing Wang; Yuting Huang

Shenzhen University

Abstract:

Introduction

Paranoia— characterised by concerns that one's safety is threatened by intentional harm from others—exists on a continuum from subclinical suspiciousness to persecutory delusions in schizophrenia-spectrum disorders. Phenomenological research demonstrates that anomalous self-experiences (ASE) aggregate in schizophrenia-spectrum populations, supporting the ipseity-disturbance model. However, self-experiences in non-clinical individuals with elevated paranoia remain underexplored. This study examined self-experiences in non-clinical Chinese adults with high paranoia.

Methods

Participants (N = 72, Mage = 26.35 ± 7.16, 61.11% female) were recruited from an online survey assessing paranoid ideation and associated psychological factors. Based on Revised Green et al. Paranoid Thoughts Scale (R-GPTS) cut-off scores, 37 participants were classified as high-paranoia. Semi-structured interviews using the Examination of Anomalous Self-Experiences (EASE) were conducted. Audio-recorded transcripts were subjected to reflexive thematic analysis in MAXQDA to interpret experiential descriptions and generate contextualised meanings.

Results

High-paranoia participants reported a diminished sense of agency and coherence across self-aspects, resulting in heightened self-alienation. They described hypervigilance towards mistakes, increased self-consciousness, and ruminative negative thinking. An embodied distance from and unfamiliarity with the external world coexisted with a heightened concern for others' evaluations. Many reported difficulty articulating these experiences. Compared to low-paranoia counterparts, they employed maladaptive coping strategies, exacerbating feelings of insecurity within themselves and with the external world..

Discussion

Self-experiences in non-clinical paranoia share phenomenological features with ASE characteristic of schizophrenia-spectrum disorders. With limitations and cautions in mind, the findings suggest that integrating self-experience frameworks may enhance understanding of the formation of paranoia. Further research should examine longitudinal trajectories and cultural specificities of these phenomena.

P17: Dream as a clinical tool in psychotherapy *(20965)*

Dr. Daniela Liberato PhD[1]; Dr. Emanuela Fontana; Dr. Caterina Medici[1]

[1] Netforpp Europa ETS

Abstract:

Introduction. Dreaming has always been a compelling subject of investigation, and even prior to the 20th century, many researchers considered dreams to be unconscious modes of communication in clinical practice. Subsequently, further theories and methods were developed, including international Dream Research, which attempt to overcome the prevailing stereotype in evidence-based research that dreams are "a passive and disorganised by-product of brain activity". This paper aims to contribute to this debate by illustrating how dream images are an integral form of communication that patients bring to psychotherapy sessions and that can be used as clinical material with diagnostic, therapeutic and prognostic value.

Methods. This paper makes reference to the Teoria della nascita (Tdn, Human Birth Theory), which was developed by the Italian psychiatrist Massimo Fagioli in the 1970s and has been applied for decades by numerous psychotherapists. According to Tdn, dreams are non-conscious thoughts that draw from the pre-verbal phase of life, when—in the absence of codified verbal languages—mental language is made of images. It is also proposed that dream images represent the transformation of sensations and perceptions experienced specifically in interpersonal relationships, rather than in interactions with objects or nature.

In other words, it is assumed that dream images reveal significant aspects of the individual's unconscious mind, i.e. their idea of themselves and others, and the dynamics of their interpersonal relationships. In light of this, dreams can serve as a compass in therapy, provided that the therapist knows how to interpret the meaning of the dream contents.

Outcomes. We will present and discuss clinical cases which demonstrate how dreams facilitate diagnosis and how their interpretation can guide the therapeutic process in the direction of positive change.

Conclusion. The value of dreams in therapy is not confined to their diagnostic potential. When the therapist is able to interpret a dream while also channelling what we call "frustration with real emotional interest", it can elicit clinical changes that become evident in the evolution of dream images during the course of therapy. This evolution often signals a positive turning point, often before the patient themselves even realises.

P18: Family Lives Made Visible: Parent Caregivers' Journey Supporting Adult Children Experiencing Psychosis *(20966)*

Jenny Sanders Kowalczuk[1]; Joanna Monaghan[2]; Dr. Marianne Wyder[3]

[1] Modus Consulting; [2] Safely Held Spaces; [3] Metro South Addiction and Mental Health services

Abstract:

Family caregivers face an epistemic problem: there is no equality of meaning or knowledge between services and families. Parents provide substantial unpaid support, yet research agendas have been set by services, not families—determining which aspects of family life merit investigation. When families are positioned as subjects in studies that meet professional agendas and service priorities rather than legitimate knowers, their expertise in sustaining relationships, navigating daily realities, and managing across decades becomes invisible or dismissed. Little research examines how family lived experiences change over time, how families make meaning from ongoing support, and how interactions with services impact their experiences.

This participatory study was co-designed and delivered by parent caregivers with lived experience, repositioning families as knowledge producers defining questions meaningful to them. Forty parents completed surveys with open questions and rating scales exploring topics including hypervigilance, self-care, boundaries, and service relationships; responses were grouped by duration of support for analysis. Nine parents participated in in-depth interviews exploring past and present experience and hopes for the future. Analysis used ANOVA for quantitative data and thematic analysis for qualitative material.

Three developmental phases were identified. The crisis phase featured shock, intensive information-seeking, life on hold, and expectations of recovery. The adaptation phase involved life reorganization, recognition of permanence, and growing service skepticism. The expertise phase showed sophisticated coping, alternative meaning-making frameworks, and shifts from personal to systemic advocacy. Interview data revealed parents' complex responses to caregiving including identity transformation, grief, and trauma. Paradoxically, while parents developed wisdom and personal growth over time, interactions with services were a persistent source of ongoing distress.

Parent caregiving follows a developmental journey requiring time-appropriate responses rather than generic interventions. Persistent distress with services across all phases indicates systemic exclusion: services meet organizational needs rather than family realities. To deliver sustainable support, the organizational and professional cultures that silence family voices and dismiss their knowledge of care, recovery, and wellbeing must be addressed.

P19: Trauma-informed assessment in psychosis care: Towards shared understanding of lived experience *(20993)*

Katharina Brinkmann; Prof. Dr. Dorothea von Haebler

International Psychoanalytic University Berlin

Abstract:

Introduction:

Trauma exposure is highly prevalent among people with psychosis, yet trauma-related distress often remains unrecognized in clinical contexts. Overlaps between dissociative, affective, and psychotic experiences can blur diagnostic boundaries, leading to uncertainty and fragmented care. The TriPP project (Trauma in Patients with Psychosis, psychoseambulanz.berlin, IPU Berlin) examines how trauma-informed assessment can help clinicians and service users build shared understanding of biographical experiences beyond categorical distinctions between trauma-related, schizophrenic, and affective psychoses.

Methods:

TriPP employs a mixed-methods approach in a specialized outpatient psychosis service. Participants complete standardized measures assessing trauma exposure, dissociation, PTSD/CPTSD, and psychotic symptomatology. These assessments are used by the clinical and study teams to develop trauma-sensitive, individualized formulations that integrate biographical meaning into diagnostic reasoning and therapeutic planning. Implementation outcomes—such as feasibility, acceptability, and perceived relevance—are evaluated using quantitative data and qualitative feedback from clinicians and service users.

Outcome:

Preliminary insights from the ongoing evaluation indicate that trauma-informed reflection can foster dialogue between service users and clinicians, creating new language for understanding distress in context. The structured process appears to support diagnostic differentiation while reducing stigma and promoting collaboration. Analyses are in progress, and emerging findings will be presented at the conference.

Conclusion:

By embedding trauma-informed assessment within routine psychosis care, the TriPP project seeks to connect diagnostic reflection with lived experience and relational understanding. This approach contributes to a recovery-oriented, person-centered practice that honors the complexity of psychosis as part of human experience—echoing the ISPS ethos of integrating research, dialogue, and shared meaning.

http://www.psychoseambulanz.berlin

https://www.ipu-berlin.de/trauma-und-psychose/

P20: Feasibility and Preliminary Effects of Online Therapist-Delivered Bibliotherapy for Individuals at Clinical High Risk for Psychosis *(20995)*

Taeyoung Lee

Abstract:

Bibliotherapy, a therapeutic approach that integrates structured reading and reflective dialogue, has shown potential to promote emotional insight and cognitive flexibility. This study aimed to examine the feasibility and preliminary effects of an online therapist-delivered bibliotherapy program for individuals at clinical high risk (CHR) for psychosis. Twelve CHR participants participated in eight weekly one-on-one sessions conducted via secure videoconferencing. Each session combined guided reading of selected literary texts with therapist-led reflection and discussion, focusing on themes relevant to self-awareness, emotion regulation, and interpersonal understanding. Assessments before and after the intervention included standardized measures of social cognition, emotional intelligence, and clinical symptoms. Feasibility was evaluated through session completion rates and participant satisfaction. All twelve participants completed at least six sessions, indicating high adherence. Participants reported strong engagement and satisfaction. Preliminary analyses suggested improvements in social cognition and emotional intelligence, with mild effect sizes. Qualitative feedback highlighted that literary reflection fostered perspective-taking, and emotional articulation. Online therapist-delivered bibliotherapy appears to be a feasible and well-received intervention for individuals at clinical high risk for psychosis. The program demonstrated potential benefits in enhancing social and emotional functioning. Further controlled studies are needed to establish efficacy and to explore the therapeutic mechanisms underlying bibliotherapy in early psychosis prevention.

P22: "Anima" Project - an intervention in schools targeting teachers for the prevention of suicide among adolescents." *(21062)*

Dr. Giuseppe Caserta

Istituto Gaetano Benedetti

Abstract:

Suicide is currently one of the leading causes of death among adolescents worldwide, ranking as the fifth cause in the 15–18 age group, with a significant emergence of the issue already around age 14. Every year, nearly 47,000 boys and girls across the globe voluntarily choose to end their lives—approximately one adolescent every eleven minutes.

Among the guidelines recommended by the United Nations agency to address this issue—alongside direct interventions involving minors and parental figures—is the implementation and strengthening of prevention and psychological support services within educational and community settings.

With this objective, the project - sponsored by "Nati per Vivere" Fabio e Simona Cancelloni Foundation - aims to provide teachers with basic knowledge about adolescent suicide and its risk indicators, both social and behavioral, as well as practical guidance on how to identify and manage potential crises or warning signs in adolescents. The project's name is inspired by a statement by James Hillman, a Jungian psychoanalyst, who claimed that "making Soul" (fare anima in latin) means having the possibility to transform facts into experiences—that is, to work on the emotional and symbolic dimension of one's inner life. What characterizes the internal experience of a suicidal person is not so much depression as a profound loss of hope (Pompili, 2013), which often leads them to perceive suicide as the only possible solution once all other alternatives appear absent.

To incorporate this perspective, the project includes both a theoretical and discussion-based component, integrated with an experiential dimension. The project has taken place in Umbria, a region in central Italy, and is still ongoing, involving school principals, teachers, support staff, and students.

P24: Across Continents, Across Families: The Experience of Delivering Behavioural Family Therapy Internationally *(21074)*

Radha Yagnik

Abstract:

Introduction - Meriden Family Programme have trained clinicians from all over the world in Behavioural Family Therapy (BFT). BFT is a form of family therapy known to be effective in families where there is a person experiencing severe and enduring mental health illnesses, such as Bipolar Disorder and Psychosis. This study aims to investigate the experiences of delivering BFT in non-Western and collective cultures, such as Iraq and Japan, with diverse mental health and cultural contexts.

Method – As this is a preliminary study, participants will complete a questionnaire sharing their experiences of delivering BFT in their respective cultural and mental health contexts. The questionnaire seeks to explore the journey of introducing BFT in their work context, possible changes to mental health care provision, qualitative reports of efficacy from a staff lens and adaptations made to the delivery of BFT.

Outcome – As we are currently in the process of data collection, we hope to identify common themes that emerged in both cultures and gain insight into the cultural adaptations of BFT. The findings will help to reshape training and understanding of cultural nuances.

Conclusion – As this is a preliminary study, the poster aims to showcase findings that can enhance curiosity and lead to wider conversations on how cultural and mental health contexts intersect with BFT, ensuring cultural sensitivity is at the heart of therapy.

P25: Awakening Intersubjective Awareness: Affiliative Touch in Severe Mental Suffering
(21076)

Dr. Maurizio Peciccia; Prof. Dr. Giulia Cenci; Dr. Giuseppe Caserta; Dr. Riccardo Catanzaro; Prof. Dr. Gianmarco D'Ercole; Dr. Tania Milletti; Dr. Nicoletta Mariucci

Gaetano Benedetti Existential Psychoanalytic Institute

Abstract:

Introduction

This workshop, part of the activities of the Gaetano Benedetti Institute in Lausanne, explores the contemporary relevance of the thought of the ISPS co-founder. In line with Searles and Sechehaye, Benedetti anticipated what neuropsychoanalytic research has now extensively demonstrated: the transformative core in the treatment of severe mental suffering is the intersubjective connection (Schore, 2019).

Interpersonal interactions mediated by affiliative touch represent a privileged means of fostering such connection, as, despite originating from the external world, they are implicitly and unconsciously perceived as if coming from within the body. This facilitates the formation, within the internal world, of psychocorporeal representations of interconnection (Peciccia, 2024; Peciccia, Gallese, Solms, 2024).

Before explaining and epistemologically interpreting, the word functions to co-create vital forms capable of making participants in relationships aware of the existence of a psychocorporeal group entity, the true transformative and therapeutic agent.

Methods

The workshop offers a theoretical framework and a guided experience in which participants can explore the combined action of affiliative touch, holding and speech, aimed at fostering intersubjective dynamics and a sense of shared connection.

Outcome

The experience allows participants to perceive the effects of affiliative touch and holding in generating states of connection, cohesion, and group synchronisation. Speech aims to facilitate the emergence of a group-entity in which it is possible to experience a sense of group cohesion and unity while maintaining the uniqueness of one’s own individuality.

Conclusion

The workshop proposes that therapeutic transformation occurs at the level of the shared intersubjective entity. Affiliative touch, supported by speech, can facilitate the conscious perception of this dimension, offering new clinical perspectives inspired by Benedetti’s thought and confirmed by contemporary neuroscience.

Bibliografia

Peciccia M (2024) Affiliative touch, sense of self and psychosis. Front Psychiatry. 2024 Nov 13;15:1497724. doi: 10.3389/fpsyt.2024.1497724. PMID: 39606002; PMCID: PMC11600137.

Peciccia M, Gallese V and Solms M (2025) Editorial: Affiliative touch and sense of self: theoretical foundations and innovative treatments. Front. Psychol. 16:1620556. doi: 10.3389/fpsyg.2025.1620556

Schore A (2019) Right Brain Psychotherapy. Norton

P26: Abstract on the interdependency of Psychosis and Depression in male adults and Urological Surgery for the Medical Treatment of Phimosis on young male children incapable of giving consent - A Case Report with far-reaching consequences for the Psychotherap *(21083)*

Sabine Mattner

International Institute for Bioenergetic Analysis

Abstract:

One of my long term patients, showing both heavy schizoid and sexual violence criteria, got better in many physical and social ways, but could by no means remember any such thing as ever having undergone sexual violence.

Being the eldest of three siblings, his father died from intestine cancer when he was thirteen years old.

The client waking up in the middle of the night regularly for no obvious reasons, fighting with heavy respiratory troubles continuously, it left me dazzled not to understand which the profound reason for this kind of troubles could be, supervision did not contribute further evidence.

In the end, finally after a never ending treatment course, he mentioned that, at the age around five years, he had undergone a surgery on his penis, and his mother would write in an e-mail to me, that both him and his eight years younger brother would have been born with a phimosis, so the pediatric doctor recommended him, and eight years later, to the urologist specialized to circumcizing surgery in the local clinic.

Neither the mother, nor my patient nor his brother could remember any pain or trouble with their penis, so we found out that any male baby is naturally born with a foreskin that in the start can not be driven back, which by nature makes sense for a newborn, as newborn babies don't have sex yet, and that this foreskin during childhood and progreeding physical maturation in adolescence starts to unstick to the penis until 18 years of age.

The patient could remember a video registered by his mother on his soccer activities before and after the circumcision - which showed a depressed child after this idiotic surgery.

Being a woman, I asked a male colleague about the role of the foreskin during sexual activities, and he confirmed that for sexual arousal and discharge the foreskin is most important.

80% of male american individuals are circumcized, and psychotherapeutic treatment may fail, if neither the patient nor the therapist can ever draw an interdependecy between such surgery on young boys undergone such treatment in childhood and unable to give consent and seemingly long term depressing effects in adults up to suicidality, as much as to bring back at least part of the sensitivity of the hardened glans and the entire person, psychotherapy has got to become completed by a long term process of restoring the foreskin, guided by an experienced urologist and a self aid group.

P27: From exclusion to inclusion : mobile inclusive housing team *(21087)*

Dr. Eugênia Mascarenhas; Christos Panagiotopoulos; Sophie Malo

EPS de Ville Evrard

Abstract:

The Mobile Inclusive Housing Team (EMHI) of the psychiatric sector 93G10 (EPS Ville-Évrard) works in

Montreuil with people living with mental health difficulties to promote home maintenance and/or

access to inclusive housing. As of July 2025, 48 peopleare being accompanied by the team. 46 housing units have been made available, including in nursing homes(EHPAD). Overall, since January 2023, 66 people have been supported. The team works in coordination with the Montreuil community mental health center (CMP),the mental health activities center (CATTP), day- and full-time hospitalization units, as well as with social partners, contributing to a better coordination between care, housing, and social inclusion.

Missions:

- Support people in their day-to-day activitiesand living,

- Promote autonomy,

- Support people in maintaining housing,

- Prevent relapses and breaks in care by working in close collaboration with different partners (family hostel teams, community mental health center, etc.),

- Facilitate access to physical health care, mental health care, and addiction follow-up when needed,

- Promote inclusion in the city and prevent social isolation (collaboration with associations, mutual-help peer groups/GEM, medico-social services, social housing -providers, and municipal services in the city),

- Raise awareness within the City of Montreuil (housing department) and among social housing providers, promoting the destigmatization of people living with mental disorders and advocating for their need for access to and continuity of housing.

P28: NADA protocol *(21116)*

Milja Kovacevic[1]; Sophia Misiego[2]

[1] CHUV Lausanne; [2] CHUV (Centre Hospitalier Universitaire Vaudois)

Abstract:

A NADA auriculotherapy programme was implemented within the psychiatric hospital as a complementary, low-threshold intervention to support emotional regulation, stress reduction, and patient engagement in care. Delivered by nurses trained in the standardized five-point NADA protocol, the intervention is offered in two formats: individual sessions and twice-weekly group sessions accessible to all patients of the unit.

Group sessions take place in a calm, structured environment that promotes grounding and containment. Patients sit quietly for 30–45 minutes, benefiting from a collective yet non-verbal therapeutic setting that is particularly suitable for individuals experiencing psychosis, anxiety, or communication difficulties. Individual sessions are provided for patients requiring a more tailored, flexible, or discreet approach.

Early observations indicate high acceptability among patients and staff. Participants frequently report reduced tension, emotional soothing, improved sleep, and an increased sense of internal calm. Clinicians highlight the intervention's contribution to a more regulated atmosphere on the unit and enhanced engagement in other therapeutic activities.

The dual individual–group format increases accessibility and continuity, allowing the programme to adapt to varying clinical needs and unit dynamics. Overall, NADA auriculotherapy has become a valued addition to the hospital's biopsychosocial and recovery-oriented treatment framework.

P29: Optimizing Pharmacotherapy in First-Episode Psychosis: Tools for Systematic Assessment *(21117)*

Emilien Fournier[1]; Nadia Akliouat[2]; Prof Laurent Béchard[3]; Olivier Corbeil[3]; Sébastien Brodeur[3]; Prof. Marc-André Roy FRCP MSc[3]; James Hill[1]; Prof. Marie-France Demers[3]

[1] CISSS du Bas-Saint-Laurent (Hôpital régional de Rimouski); [2] CIUSSS du Nord-de-l'Île-de-Montréal; [3] Université Laval

Abstract:

Introduction

Young people with a first episode of psychosis (FEP) are highly sensitive to antipsychotic drugs: although they often respond at lower doses, adverse effects are also more frequent. Extrapyramidal symptoms are particularly concerning. Psychomotor slowing and motor restlessness can impair cognition and communication, making it difficult to distinguish negative symptoms from medication effects. These manifestations may also reduce the effectiveness of psychological assessments and contribute to stigma, self-stigma, and social exclusion. This narrative review aimed to identify clinical tools used to evaluate treatment efficacy, tolerability, and functional impact in FEP, and to propose an assessment battery adapted to clinicians, particularly pharmacists, working in early intervention programs.

Methods

A search strategy developed with a health sciences librarian was applied in Embase. Identified scales were extracted from abstracts and categorized into four domains: symptoms/severity, functioning, adverse effects, and adherence/satisfaction/recovery. Tools were preliminarily selected based on clinical relevance, feasibility, and French availability. An expert committee comprising one psychiatrist and three pharmacists specialized in FEP reviewed each instrument for practicality and clinical sensitivity.

Results

A total of 495 articles were screened. Frequently used scales (PANSS, SAPS/SANS, PSYRATS, CRDPSS, COMPASS) were identified, though few have been validated in youth with FEP. Many tools assessing functioning or adverse effects exist but are rarely adapted to this population or available in validated French versions. The expert committee recommended a balanced battery including symptom measures, extrapyramidal and sexual side-effect scales, functioning assessments, adherence tools (e.g., SMAQ) and recovery measures (Brief INSPIRE). Major challenges include administration time, training requirements, limited evidence in FEP and language barriers.

Conclusion

Although pharmacist involvement in FEP programs is still developing, systematic treatment evaluation represents a key opportunity to enhance care. Implementing a tailored battery could strengthen measurement-based practices, improve pharmacotherapy, support recovery and generate clinically relevant data for integrated research. Ongoing efforts are required to validate and adapt tools specifically for young people with FEP.

P30: MinkoCab: how the institution collaborates with liberal physicians around psychotic patients *(21121)*

Dr. Orestis Kyritsis

CHUV

Abstract:

MinkoCab is a collaborative psychiatry network designed to ensure continuity of care for patients with psychotic disorders by facilitating their transition from hospital-based follow-up (CHUV) to private psychiatric care. The team, composed of internal and external clinicians, meets regularly in Lausanne to coordinate interventions and share expertise.

The model encourages circularity and therefore also includes interventions from the institution to support private physicians. There are two modalities ：

1. Crisis Intervention (6-month duration), aimed at patients already followed within the network who experience acute psychotic relapse, care disruption, or require temporary reinforcement of their support system. The intervention focuses on stabilizing the patient through medication adjustments, crisis factor identification, and network coordination, with the ultimate goal of reintegrating the patient into long-term follow-up with a private psychiatrist.

2. Consilium, providing expert advice on diagnostic clarification, antipsychotic medication management, and psychotherapy indications. This service is delivered through phone consultations and, when necessary, a single in-person meeting with the requesting clinicians.

Future priorities include promoting MinkoCab within professional networks, expanding membership, and maintaining a collaborative dynamic that fosters peer support and shared clinical expertise. By bridging hospital and private practice, MinkoCab strengthens continuity of care and supports clinicians in managing complex cases through structured collaboration.

P31: Clinical profile of trajectories of recovery in first episode of psychosis *(21147)*

Livia Alerci[1]; Dr. Sandra Vieira PhD[2]; Dr. Lilith Abrahamyan Empson[1]; Nadir Mebdouhi[1]; Prof. Dr. Philippe Golay PhD, PD[3]; Prof. Dr. Philippe Conus[1]

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Abstract:

Introduction: Predicting recovery trajectories after a first psychotic episode is complex due to the variability of influencing factors: they are heterogeneous, with fluctuating symptoms complicating the identification of common patterns across patients. This study aimed to investigate psychosocial characteristics of patients with different recovery trajectories in an early intervention program.

Methods: Patients were assessed at baseline, 6, 12, 18, and 24 months. Baseline psychosocial profile included demographics, childhood trauma, pre-morbid adjustment, functioning, cannabis use and clinical information. Patients were manually categorized into three groups: stable trajectory of recovery (STR), defined as symptomatic/functional remission or a good clinical impression maintained from at least 12 to 24 months; no recovery at any timepoint (NR); and remaining patients with an unstable trajectory (UTR).

Outcome: The sample included 127 STR, 53 NR and 135 UTR. Groups did not differ in sex, age, family history of psychosis, age of onset, mania, and childhood trauma. Significant differences were observed in Years of education (STR: 11.00; NR: 9.50; UTR: 9.00), Duration of untreated psychosis (STR: 62.00 days; NR: 193.00 days; UTR: 97.00 days), Cannabis use (STR: 1.00; NR: 1.00; UTR: 2.00), Depression (STR: 1.10; NR: 2.00; UTR: 1.65), Pre-morbid adjustment (STR: 1.81; NR: 2.60; UTR: 2.26),

Conclusion: Patients with poor/unstable trajectories already show a less favorable psychosocial profile at first presentation, particularly with lower levels of education, longer duration of untreated illness, poorer psychosocial adjustment and higher cannabis use and depressive symptoms. This differences in certain baseline characteristics may guide the development of interventions to improve outcome.