Oral

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Oral 9

[O-9-01]

Rethinking Psychosis: Inuit Perspectives on Parallel and Plural Realities

*Dominique Gaulin[1] (1. Université de Montréal (Canada))

[O-9-02]

Unrecognized cases of psychosis in disability evaluations

*Brad Booth[1,2], Dominique Bourget[1,2], Sarah Mamane[1,2] (1. Univ. Ottawa (Canada), 2. Royal Ottawa Mental Health Centre (Canada))

[O-9-03]

The correlation between recovery in schizophrenia, macroeconomic and socio-cultural indices, a meta-analysis

Donato Zupin[4,5,6,7], *Stefano Roberti[1], Giulio Castelpietra[3], Luca Pellegrini[2], Giorgia D'Aulerio[2], Valerio Camela[3], Salma Mohellebi[3], Umberto Albert[2] (1. Università degli Studi di Udine (Italy), 2. Università degli Studi di Trieste (Italy), 3. Centre Neuchâtelois de Psychiatrie (Switzerland), 4. ASUGI (Azienda Sanitaria Universitaria Giuliano Isontina) (Italy), 5. Transcultural Psychiatry Section, Italian Society of Psychiatry (Italy), 6. Italian Institute of Transcultural Mental Health (Italy), 7. World Association of Cultural Psychiatry (Italy))

[O-9-04]

Measuring What Matters: Patient Centered Outcome Measures of Goal-Directed Care for People with Serious Mental Illness

*Joshua Breslau[1], Caroline Blaum[2], Nev Jones[3] (1. RAND Corporation (United States of America), 2. National Committee for Quality Assurance (United States of America), 3. University of Pittsburgh (United States of America))

[O-9-05]

Caffeine Consumption and Schizophrenia: A Systematic Review and Meta-analysis of Cognitive, Symptomatic, and Functional Outcomes

*ZHEN ZHOU BENJAMIN WONG[1], *Soh Qi Rui, *Soh Qi Xu (1. Graylands Hospital (Australia))

[O-9-06]

Early psychosis is characterized by white matter abnormalities in fiber structures supporting local connectivity

*YOSHITO SAITO[1], Warda T. Syeda[1,2], Cassandra M.J. Wannan[1,3,4], Yasmin Gurleyen[1], Marta Rapado-Castro[1,5], Maria A. Di Biase[1,6,7,8], Remika Mito[1], Christos Pantelis[1,9,10] (1. Department of Psychiatry, The University of Melbourne (Australia), 2. Melbourne Brain Centre Imaging Unit, Department of Radiology, The University of Melbourne (Australia), 3. Centre for Youth Mental Health, The University of Melbourne (Australia), 4. Orygen (Australia), 5. Department of Child and Adolescent Psychiatry, Hospital General Universitario Gregorio Marañón, Universidad Complutense (Spain), 6. Systems Group, Department of Psychiatry, The University of Melbourne (Australia), 7. Stem Cell Disease Modelling Lab, Department of Anatomy and Physiology, The University of Melbourne (Australia), 8. Department of Psychiatry, Brigham and Women's Hospital, Harvard Medical School (United States of America), 9. Western Centre for Health Research & Education, University of Melbourne & Western Health, Sunshine Hospital

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[O-9-01] Rethinking Psychosis: Inuit Perspectives on Parallel and Plural Realities

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Keywords：psychotic phenomana、parallel and plural realities、epistemic injustice、coloniality、recovery

In dominant psychiatric discourse, psychotic phenomena are often framed as pathological disruptions of reality. However, among the Inuit of Nunavik, Quebec, Canada, these experiences are understood in more diverse ways, shaped by spiritual, social, biological and historical contexts. This presentation will explore the findings of an ethnographic study that redefines so-called psychotic experiences as “parallel and plural realities” (RPP). Based on interviews with Inuit in Nunavik, one of the Indigenous nations of Quebec (Canada) affected by these experiences—individuals, families, traditional knowledge holders, and mental health workers—this research highlights four main explanatory frameworks: spiritual interpretations (e.g., spirits, nature, religious forces), psychosocial factors (e.g., trauma, substance use), structural determinants (e.g., colonial history, social inequalities), and biological explanations. The concept of recovery is also explored through Inuit perspectives, emphasizing holistic, relational, and culturally grounded approaches rather than symptom suppression alone. This said, despite efforts toward cultural safety, the prevailing mental health system often dismisses Inuit knowledge, reinforcing epistemic violence and limiting access to care that aligns with local worldviews. This raises critical questions: How can we decolonize mental health practices? How do we make space for multiple ways of understanding distress and healing? This presentation will conclude with reflections on rethinking mental health interventions in Nunavik by integrating Inuit epistemologies and fostering culturally relevant, collaborative approaches. The goal is to move beyond mere recognition of cultural differences and toward systemic change that honors and includes Indigenous knowledge in mental health care

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[O-9-02] Unrecognized cases of psychosis in disability evaluations

*Brad Booth[1,2], Dominique Bourget[1,2], Sarah Mamane[1,2] (1. Univ. Ottawa (Canada), 2. Royal Ottawa Mental Health Centre (Canada))

Keywords：Forensic psychiatry、Disability evaluations、Psychotic disorders

Background:

Independent medical evaluations (IMEs) are often sought for determination of eligibility for disability benefits. At times, individuals with obvious or subtle psychosis present in the context of these IMEs. There is little literature on the topic. The current study reviews psychosis and schizophrenia spectrum disorders in IMEs for disability claimants.

Methods:

The authors completed a retrospective chart review of 705 consecutive disability independent medical examinations (IME's) for disability dating back to 2010 drawn from forensic work by BDB. Data was extracted for patients who consented to research where a primary psychotic disorder was likely or suspected. Numerous standardized scales were administered and available for analysis, including validity measures.

Results:

Out of the approximately 705 consecutive IME, 27 (3.8%) were found to have a likely psychotic elements to their presentation, such as s schizophrenia spectrum diagnosis. Of this sample, 23 consented to use of their data in research. Nearly all were diagnosed with a new-onset psychotic disorder. The average patient had 2.5 comorbid DSM diagnoses suggesting high comorbidity. Many endorsed numerous psychosocial stressors.

Discussion:

Experts involved in IME's and other forensic evaluations must be aware of the potential of unrecognized/subtle psychotic signs. In approximately 3.8% of a large disability evaluation sample, psychosis was the likely cause of disability. Many had not been recognized as being psychotic and were not on appropriate treatment. Once the correct diagnosis of psychosis or a schizophrenia spectrum disorder is made, the clinician can comment on the potential for improvement over a predictable course. The expert will be in a position to offer recommendations, such as pharmacological treatment, psychiatric and psychological follow-up, and other relevant advice.

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[O-9-03] The correlation between recovery in schizophrenia, macroeconomic and socio-cultural indices, a meta-analysis

Donato Zupin[4,5,6,7], *Stefano Roberti[1], Giulio Castelpietra[3], Luca Pellegrini[2], Giorgia D'Aulerio[2], Valerio Camela[3], Salma Mohellebi[3], Umberto Albert[2] (1. Università degli Studi di Udine (Italy), 2. Università degli Studi di Trieste (Italy), 3. Centre Neuchâtelois de Psychiatrie (Switzerland), 4. ASUGI (Azienda Sanitaria Universitaria Giuliano Isontina) (Italy), 5. Transcultural Psychiatry Section, Italian Society of Psychiatry (Italy), 6. Italian Institute of Transcultural Mental Health (Italy), 7. World Association of Cultural Psychiatry (Italy))

Keywords：schizophrenia、recovery、remission、socio-cultural indices、macroeconomic indices

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One of the most debated results among those that emerged from the studies conducted by the World Health Organization since the late 1960s (IPSS, DOSMed, ISoS) is the apparent better prognosis of schizophrenia in developing countries compared to developed countries.
The cause of this result has never been identified with certainty, but among the possible explanations highlighted by the authors, cultural differences between the countries in which the studies were conducted were considered by the WHO as the most probable explanation. However, the lack of standardized systems to measure cultural differences between developing and developed countries makes it difficult to operationalize a systematic comparison.
In order to ensure greater standardization of the variables considered, we used macroeconomic indices of growth and industrialization as proxies for cultural differences between developing and developed countries, hypothesizing that rapid changes in the economy of a nation correlate with cultural changes in developing countries.
We therefore performed a systematic review and meta-analysis to compare the remission rates in schizophrenia (defined according to ICD or DSM criteria) and some of the main indices of wealth and economic, industrial and urban development determined according to internationally validated economic criteria.
The screening of the studies included 8822 articles and led to the inclusion of 22 studies that presented sufficient data to define the remission rate in schizophrenia according to the main definitions used in the literature.
From the initial analysis of the studies, two main significant results emerged: an inverse relationship between the remission rates and the greater per capita wealth of the nations and their urbanization and a significant positive correlation between a greater speed of economic development and a greater prevalence of remission in schizophrenia.

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[O-9-04] Measuring What Matters: Patient Centered Outcome Measures of Goal-Directed Care for People with Serious Mental Illness

*Joshua Breslau[1], Caroline Blaum[2], Nev Jones[3] (1. RAND Corporation (United States of America), 2. National Committee for Quality Assurance (United States of America), 3. University of Pittsburgh (United States of America))

Keywords：Outpatient Psychiatry、Quality Measurement、Person-Centered Care

Measurement of the quality of mental health care can help guide improvements in care, but existing measures do not assess how well care addresses needs as perceived by patients. Patient-centered outcomes measures are a potential strategy for filling this gap. This ongoing study is developing quality measures that assess how well care for adults with serious mental illness is helping service users to attain goals that are important to them. The measures use an approach called Goal Attainment Scaling (GAS), which combines personalization of goals with standardization of measurement. In GAS, clinicians work with their clients to identify a goal and create a personalized scale for measuring progress toward that goal. Clinicians are trained to help clients develop attainable goals based on their values and preferences. Progress towards the goal is then assessed at follow-up meetings within 2 to 6 months. GAS has been used in long term care for the elderly and is being adapted for use in serious mental illness care. This paper presents preliminary quantitative and qualitative findings from five integrated behavioral health clinics in Texas and Arizona, where the measures are being implemented. Preliminary findings indicate successful introduction of the measures into practice, with potential limitations in long-term follow-up that should be addressed in future work. Clinic administrators and case managers report effective integration of the measures into routine care and advantages over prior approaches to goal-setting. In particular, the ability to focus on realistic, concrete, measurable progress towards attainable goals is perceived as an advantage over prior approaches, which focused on more general goals without clearly defined criteria for progress. The approach shows promise, but may need additional adaptation to the use in behavioral health care.

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[O-9-05] Caffeine Consumption and Schizophrenia: A Systematic Review and Meta-analysis of Cognitive, Symptomatic, and Functional Outcomes

*ZHEN ZHOU BENJAMIN WONG[1], *Soh Qi Rui, *Soh Qi Xu (1. Graylands Hospital (Australia))
Keywords：Schizophrenia、Caffeine、Coffee、Cognitive function、Symptoms

Background: Schizophrenia is a complex mental disorder characterized by cognitive deficits, persistent symptoms, and functional impairment. Caffeine, a commonly consumed psychoactive substance, has plausible effects on cognition and mood. However, its impact on individuals with schizophrenia remains unclear. This review examines whether caffeine consumption affects cognitive symptoms, symptom management, and functional outcomes in individuals with schizophrenia.

Method: A systematic literature search was conducted for articles up to 30 December 2024 across PubMed, Cochrane Library, PsycINFO, Embase, Emcare, Medline. Studies were eligible if they were full-text, English-language articles involving adults with schizophrenia that compared different levels of caffeine intake (e.g., high vs. low or none) and reported on at least one outcome related to cognition, symptoms, or functioning. Cohort, cross-sectional, and clinical trial designs were included. Data were synthesized using a random-effects model, with effect sizes calculated by Hedges' g and heterogeneity assessed by I^2 statistics.

Results: Of 252 articles screened, 11 studies (n=1,406) met inclusion criteria. Findings were mixed: some studies reported improvements in cognitive performance and working memory, while others noted inconsistent associations with symptom management—higher caffeine intake was sometimes linked to fewer negative symptoms but more positive ones. Meta-analyses revealed non-significant trends in overall symptom severity(measured with BRPS and NOSIE), and functional outcomes (e.g., hospital stay and global functioning) were similarly variable. Physiologically, caffeine was found to reduce cerebral blood flow, with no statistically significant effects on blood pressure or pulse.

Conclusion: Caffeine may have mixed effects in schizophrenia, with potential positive effects on cognitive and negative symptom whilst possibly worsening positive symptoms. Functional and physiological impacts are unclear, underscoring the need for further research to guide clinical recommendations.

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[O-9-06] Early psychosis is characterized by white matter abnormalities in fiber structures supporting local connectivity

*YOSHITO SAITO[1], Warda T. Syeda[1,2], Cassandra M.J. Wannan[1,3,4], Yasmin Gurleyen[1], Marta Rapado-Castro[1,5], Maria A. Di Biase[1,6,7,8], Remika Mito[1], Christos Pantelis[1,9,10] (1. Department of Psychiatry, The University of Melbourne (Australia), 2. Melbourne Brain Centre Imaging Unit, Department of Radiology, The University of Melbourne (Australia), 3. Centre for Youth Mental Health, The University of Melbourne (Australia), 4. Orygen (Australia), 5. Department of Child and Adolescent Psychiatry, Hospital General Universitario Gregorio Marañón, Universidad Complutense (Spain), 6. Systems Group, Department of Psychiatry, The University of Melbourne (Australia), 7. Stem Cell Disease Modelling Lab, Department of Anatomy and Physiology, The University of Melbourne (Australia), 8. Department of Psychiatry, Brigham and Women's Hospital, Harvard Medical School (United States of America), 9. Western Centre for Health Research & Education, University of Melbourne & Western Health, Sunshine Hospital (Australia), 10. Monash Institute of Pharmaceutical Sciences (MIPS), Monash University (Australia))

Keywords：Early psychosis、Superficial white matter、Diffusion-weighted imaging、Cognition、Schizophrenia-spectrum disorders

Background
While long-range white matter (WM) connectivity has been widely studied in schizophrenia-spectrum disorders (SSDs), recent evidence highlights the importance of local network disruptions. Superficial white matter (SWM), located between cortex and WM, comprises short association fibers supporting local connectivity. As SWM matures in the latter stages of development relative to deep WM structures, it may be particularly vulnerable to neurodevelopmental disruptions observed in SSDs. However, its complex fiber architecture and proximity to the cortex pose challenges for conventional diffusion tensor imaging.
Methods To overcome these limitations, we applied an advanced diffusion MRI approach to assess fiber density (FD) in the SWM of 78 individuals with early psychosis (age 22.0±3.0, 45% female) and 78 controls (age 21.8±3.2, 45% female).
Results Early psychosis individuals showed widespread reductions in SWM FD, particularly in occipital, temporal, parietal, and insular regions, whereas no significant group differences were detected using fractional anisotropy from tensor imaging. FD reductions were associated with reduced cortical thickness (p<0.0005, r=0.32) and surface area (p=0.006, r=0.23), indicating coordinated cortex-WM alterations. SWM FD was associated with processing speed (p=0.0029) and working memory (p=0.048). Further, SWM mediated the relationship between cortical structure and processing speed in frontal and parietal regions.
Conclusions These findings highlight SWM, supporting local network connectivity, as a tissue compartment showing widespread alterations in SSDs. By implementing an advanced diffusion MRI technique, we were able to assess changes that were specific to

the complex WM at the cortical boundary, and to demonstrate functionally important alterations in this difficult-to-characterize tissue compartment.