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Jewish General Hospital's Psychiatry Student Research Day May 22, 2026, Montreal, Canada

ORAL PRESENTATIONS

OR-01. "WE ARE ALL PARTICIPATING IN THIS": HOW ADAPTATION SESSIONS UNFOLDED FOR A FAMILY-BASED INTERVENTION WITH ASYLUM-SEEKING FAMILIES

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Background: Adapting psychosocial interventions for asylum-seeking families requires approaches that are both culturally responsive and grounded in lived experience. While participatory adaptation is increasingly used, less is known about how adaptation unfolds in practice. This presentation asks: How do adaptation sessions unfold in terms of procedures, structure, and flow within a multilingual, participatory context?
Methods: A participatory co-adaptation process was conducted in Montreal with an advisory committee of asylum-seeking families and facilitators. Data were drawn from field notes, session observations, and reflective documentation across multiple sessions. A qualitative, process-oriented analysis was used to examine how session structure, relational dynamics, and contextual constraints shaped the adaptation.
Results: Adaptation emerged as an iterative, embedded process within session flow. Extensive preparation created a structural backbone, while sessions followed a recognizable yet flexible structure (arrival, orientation, discussion, and exercises) that was continuously reshaped by late arrivals, translation demands, and participant needs. Multilingualism (Arabic, English, French, and Spanish) functioned both as a constraint—affecting pacing, reducing content coverage, and necessitating strategies such as pair work and as a mechanism of inclusion. Long, open group discussions were central, enabling participants to shape the intervention through lived experience. Practical exercises were adapted or redistributed across sessions. Informal interactions and embedded feedback processes supported engagement, while relational dynamics such as trust, empathy, and responsiveness were central to sustaining participation.
Conclusion: These findings suggest that co-adaptation, in this context, unfolds as a relational and iterative process embedded within session structures, where flexibility, multilingual negotiation, and lived experience play a central role in shaping intervention design.

OR-02. A NOVEL OBSERVER-RATED SCALE TO EVALUATE THE PERSONALITY TRAIT ABSORPTION FROM PSYCHEDELIC TREATMENT TRANSCRIPTS

Alyssa Bensoussan[1,2], Casey G. Cohen[3], Camille Malaterre[2], Sara de la Salle[2,4], Nathan Fisher[2,4], Michael Lifshitz[2,4], Nicolas Garel[5], and Kyle T. Greenway[2,4]

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Background: Trait absorption, characterized by an individual's tendency and capacity to immerse in

sensory experiences and mental imagery, is a key predictor of response to psychedelic drugs. Absorption is most commonly measured using self-report tools such as the 34-item Modified Tellegen Absorption Scale (MODTAS), which are limited by response biases, item complexity, and lack of validation in non-English-speaking populations.

Methods: This project developed and evaluated the first observer-rated measure of absorption, the Observer-Rated Trait Absorption Scale (ObTAS), using qualitative and quantitative data from the multisite Music for Subanesthetic Intravenous Ketamine (MUSIK) trial. Participants of this trial, which included an optional qualitative component that included recording of all treatment sessions, received up to six doses of subanesthetic ketamine for treatment-resistant depression in a psychedelic-therapy model. The 24 of 32 participants who consented for the MUSIK trial's qualitative component contributed 128 English- and French-language ketamine session recordings, transcribed and anonymized. The initial iteration of the ObTAS, developed based on the MODTAS's five validated subscales and theoretical foundations of absorption, was applied to all 128 transcripts by an initial team of three bilingual raters including an initial scale refinement phase during the first 30 transcripts. Subsequently, the refined scale was again applied independently by a second group of three bilingual raters to all 128 transcripts.

Results: Reliability analyses of the 571 ObTAS ratings demonstrated good or excellent interclass correlations (ICC) for all five subscales derived from the MODTAS (ICCsingle ≥ 0.51–0.76; ICCaverage ≥ 0.81–0.93), with the exception of extrasensory perception. Further analyses led to definition of Core Absorption as the mean score of the other four ObTAS subscales derived from the MODTAS: Synesthesia, Altered States of Consciousness, Aesthetic Involvement, and Imaginative Involvement. This composite demonstrated good-excellent reliability (ICCsingle = .75; ICCaverage = .92) and convergent validity with MODTAS scores of the MUSIK sample (R^2 = .70). It also yielded similar associations with symptomatic improvements and psychedelic experiences as the MODTAS; i.e., higher ObTAS scores were associated with greater relative improvements from baseline to last-treatment in self-rated depression (standardized regression coefficients, $\beta = -0.385$, $p < .001$), clinician-rated depression ($\beta = -0.27$, $p < .03$), anxiety ($\beta = -0.17$, $p < .01$), and mystical-type experiences ($\beta = 1.095$, $p < .005$) as observed in the MUSIK trial. Reliability and validity remained highly stable between both sets of raters across scale refinement and validation phases.

Conclusion: These results confirmed the study's hypothesis that trait absorption can be reliably quantified post-hoc by external observers using the novel ObTAS scale applied to anonymized transcripts of ketamine treatment sessions. The ObTAS therefore provides a new approach to measuring this important trait without the need for burdensome and bias-prone self-report measures like the MODTAS. Indeed, the ObTAS's strong associations with clinical improvements suggest important potential applications for psychedelic treatment prediction and optimization and, more broadly, for better understanding the complex construct of trait absorption in diverse populations. Further research in additional contexts is warranted.

OR-03. BIOPSYCHOSOCIAL PREDICTORS OF EARLY CANCER-RELATED PAIN TRAJECTORIES FOLLOWING DIAGNOSIS

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Background: Pain affects nearly half of individuals across the cancer trajectory and substantially impacts quality of life, function, and treatment adherence. Although cancer-related pain is often attributed to disease or treatment factors, growing evidence supports a biopsychosocial model in which social determinants of health (SDOH),

psychological distress, and functional status contribute to pain outcomes. However, the relative contribution of health equity factors early after diagnosis remains unclear. Thus, our primary research question was: to what extent do baseline social factors explain variance in pain outcomes at 3 months in newly diagnosed cancer patients, independently of and in addition to biomedical, psychological, and functional factors?

Methods: We conducted a prospective cohort study of adults newly diagnosed with breast, lung, or head and neck cancer (n=200), recruited prior to treatment initiation. Baseline assessments included social factors (education, food and housing insecurity, poverty, stressful life events), psychological measures (depression, anxiety, pain catastrophizing), and functional indicators (sleep quality, disability, ECOG, FACT-G). Pain outcomes at 3 months included Brief Pain Inventory severity and interference scores and neuropathic pain (DN4). Hierarchical linear regression models adjusted for age, sex, BMI, cancer stage, and site were used to estimate the independent and incremental contribution of predictor domains.

Results: Baseline social factors explained 13.8% of the variance in pain severity at 3 months. Psychological variables added modest explanatory value (ΔR^2=0.052), while functional factors contributed the largest increment (ΔR^2=0.116; total R^2=0.306). Independent predictors included lower education, greater stressful life events, depressive symptoms, and poorer sleep quality. Similar patterns were observed for pain interference, whereas neuropathic pain was more strongly associated with functional status.

Conclusion: These findings support a biopsychosocial model of early cancer-related pain in which social vulnerability identifies patients at risk, while psychological distress and functional impairment are the strongest drivers of short-term pain trajectories.

OR-04. INDIVIDUAL PREFERENCES FOR MUSIC AND MINDFULNESS IN PSILOCYBIN-ASSISTED PSYCHOTHERAPY

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Background: Psilocybin-assisted psychotherapy has demonstrated promising antidepressant effects, yet treatment response varies considerably across individuals. This work examines how subjective and contextual factors—particularly music, mindfulness, and patient preferences—may contribute to this variability and inform more personalized approaches to psychedelic care.

Methods: We reviewed the literature on psilocybin for depression alongside findings from the Music for Subanesthetic Infusions of Ketamine (MUSIK) randomized trial, which compared music-based versus non-music psychological support during ketamine treatment. Illustrative case material from psilocybin-assisted psychotherapy in two patients with cancer-related existential distress was also included.

Results: Available evidence indicates that ketamine produces significant reductions in depressive and anxiety symptoms at the group level, alongside increases in mystical-type experiences. However, findings from the MUSIK trial, together with case observations, suggest that music is not uniformly beneficial. Its therapeutic impact appears to depend on individual traits (e.g., absorption), personal preferences, and the therapeutic treatment context. For some patients, music is experienced as emotionally evocative and supportive, whereas for others, silence or mindfulness-based guidance may be more grounding or therapeutic. These observations inform the design of the forthcoming Patient-Preference Psilocybin Trial, which will compare music-centered and mindfulness-centered approaches while incorporating patient preferences and choices.

Conclusion: Treatment outcomes in psilocybin-assisted psychotherapy likely reflect dynamic interactions among patient characteristics, intervention components, and context. Incorporating patient preferences into trial design

and clinical care may enhance relevance, tolerability, and therapeutic impact.

POSTER PRESENTATIONS

Altered States and Mental Health Risk

P-01. WEATHER CONDITIONS INFLUENCE PSYCHEDELIC KETAMINE EXPERIENCES BY INTERACTIONS WITH TRAIT ABSORPTION

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Background: Ketamine produces rapid antidepressant and psychedelic-like effects that reflect interactions between pharmacology, psychology, and contextual factors ("set and setting"). While setting is central in psychedelic therapies, little work has specifically examined weather conditions, which could serve as a relatively random probe of drug-context interactions. This study examined how day-level weather affects clinical and experiential responses to ketamine-therapy for treatment-resistant depression (TRD), and interactions with trait absorption, reflecting deep engagement in sensory and imaginative experiences.
Methods: Data from the Music for Subanesthetic Infusions of Ketamine (MUSIK) RCT were used. Thirty-two adults with severe TRD received six subanesthetic intravenous ketamine infusions within the Montreal Model of ketamine-therapy, randomized to music or matched non-music support. Clinical symptoms and psychedelic experiences were assessed. Daily mean temperature and total precipitation were linked to each session. Linear mixed-effects models tested main associations and interactions between within-person weather variation and baseline trait absorption.
Results: Weather variables showed no significant main effects after multiple-comparison correction. However, significant interactions emerged with trait absorption: warmer-than-usual treatment days were associated with greater reductions in depressive symptoms (p=0.002) and suicidality (p=0.003) only among individuals high in absorption. Precipitation was positively associated with symptom improvement and mystical-type experiences among highly absorptive individuals, but opposite effects were observed among those lower in absorption, with convergence on low-precipitation days (p=0.007).
Conclusion: Weather did not exert uniform effects but rather differential effects depending on individual personality characteristics. These findings support weather as an overlooked contextual variable and expands knowledge of how trait absorption can moderate outcomes in ketamine therapy.

P-02. COMPARATIVE NEUROPHYSIOLOGICAL SIGNATURES OF PSYCHEDELICS, STIMULANTS, AND ANESTHETICS IN RODENT CORTICAL ACTIVITY

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Background: Psychedelics induce profound alterations in perception and consciousness, yet the neurophysiological mechanisms underlying these effects remain incompletely understood. It is unclear whether psychedelic-induced brain activity differs from that produced by other consciousness-modulating compounds. We asked whether psychedelics generate electrophysiological signatures that can be distinguished from those produced by stimulants, anesthetics, or a non-psychedelic 5-HT2A agonist.
Methods: We compared the cortical electrophysiological effects of psilocybin, lysergic acid diethylamide (LSD), and 5-methoxy-N,N-dimethyltryptamine (5-MeO-DMT) with those of lisuride, d-amphetamine, and propofol. Long-duration electrocorticography (ECoG) recordings were obtained from freely behaving rats following intraperitoneal administration. Analyses quantified drug-induced changes in oscillatory power, spectral distribution, signal complexity (Lempel–Ziv complexity and Higuchi's fractal dimension), and spectral entropy across early (0–30 min), intermediate (50–210 min), and late (230–360 min) phases.
Results: Psilocybin and LSD produced broad reductions in total and band-limited power across delta, theta, alpha, beta, and low gamma frequencies, consistent with cortical desynchronization. In contrast, 5-MeO-DMT, lisuride, and d-amphetamine increased total power, particularly in delta and low gamma bands, reflecting synchronized high-arousal states. Propofol induced a narrowband elevation in alpha activity. Complexity metrics did not uniformly increase across psychedelic conditions. Instead, spectral entropy analyses revealed compound- and frequency-specific effects. Psilocybin and LSD increased delta-band entropy, whereas 5-MeO-DMT and d-amphetamine elevated entropy in higher frequencies. Multivariate analyses identified three principal neurophysiological dimensions separating psychedelic, stimulant-like, and anesthetic states.
Conclusion: Serotonergic psychedelics produce distinct electrophysiological signatures characterized by broadband cortical desynchronization and frequency-specific entropy redistribution rather than global increases in neural complexity.

P-03. OMITTED

Immersion and Neural Experience

P-04. DEFINING IMMERSION: RECONFIGURATION IN LIGHT OF THE GAME

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Background: In digital games, the term "immersion" is frequently used as an indicator of quality. However, its definition varies across disciplines, sometimes overlapping and at other times diverging. While some conceptualize immersion as a state of focused attention, others describe it as transportation into an alternative identity or environment. To address this ambiguity and plethora of definition, we examine the concept of affordance, understood as possibilities for action or experience that emerge from the interaction between an individual and their environment, as a framework for defining immersion in video games, with particular attention to serious games. We will also explore the implications of immersion in digital games as a whole.
Methods: This study is based on a narrative review of the literature on immersion in video games.
Results: Although the final script is still in development, we propose defining immersion as the experience of a substantial shift in an individual's landscape of affordances, mediated by the game.
Conclusion: This definition extends beyond a narrow focus on attentional engagement and

instead captures the dynamic relationship between a player's perceived possibilities for action and their sense of immersion.

P-05. THE THERAPEUTIC ENCOUNTERS OF AN IMMERSIVE SOUND-ART EXPERIENCE: A CRITICAL PHENOMENOLOGICAL INQUIRY

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Background: This study examines the phenomenology of immersive listening as a modality of participatory sound-art within mental health contexts, investigating how recorded, artistically mediated soundscapes generate therapeutic encounters.
Methods: Using critical phenomenological inquiry, we conducted 11 narrative interviews (2 group, 9 individual) with 18 participants (psychiatric outpatients, peer-support volunteers, and peer advocates) following a 15-minute binaural listening session combining natural soundscapes with acoustic improvisation. Analysis focused on embodied metaphors, narrative constructions, and affective intensities.
Results: Participants described listening as an oscillating process of being moved by the music, organized around three progressive dimensions: the rhythm of attention ("in and out"), the content of self-awareness accessed ("diving deeper"), and the valence of being moved, ranging from "conducive" to "forced". Crucially, outcomes were not uniformly positive; participants reported sadness, fear, feeling "wrung out," and increased loneliness, yet integrated these into positive appraisals of their experience.
Conclusion: Immersive sound-art affords low-stakes, private, temporally bounded opportunities for self-directed emotional exploration. Therapeutic potential lies not in fixed properties of the soundscape but in the fit between the music's demands and the listener's capacity, intention, and current state. These findings complicate assumptions of what "wellbeing" is, suggesting therapeutic encounters may require inhabiting emotional complexity rather than avoiding it.

P-06. CAUSAL EVIDENCE FOR CONTRIBUTIONS OF POSTERIOR CINGULATE CORTEX AND CAUDATE NUCLEI TO VIPASSANA CONTEMPLATIVE EXPERIENCES

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Background: Neurophenomenology studies the brain and subjective experience through their reciprocal constraints. Meditative experiences are one of neurophenomenology's principal topics, often investigated with neuroimaging. Such evidence is correlational and therefore limited. Non-invasive brain stimulation allows for the causal manipulation of human brain regions, generating evidence which doesn't suffer from a "causality gap." This report presents a first of its kind analysis of a dataset of phenomenological reports from a randomized controlled trial where participants underwent focused ultrasound stimulation while practicing Vipassana.
Methods: 48 participants 12 novices; 36 experienced each completed four laboratory sessions disrupting the caudate nucleus, posterior cingulate cortex (PCC), ventral anterior insula, or a sham control. In each session, participants produced free-text responses. Responses totaled 60,348 words (per session u=314wds, σ=201wds).

The present analysis demonstrates the coding of a subset of sessions (84 of 192 sessions) developed through grounded-theory methodology while blinded to stimulation condition. 68 open codes were developed and applied 1127 times, organized into six higher-order categories.

Results: Emotion codes were most frequent overall; negative valence predominated, especially during PCC disruption for novices (50% of examples) and caudate sessions for experts (41% ex.). Inner monologue silencing (61ex.) emerged as the single most frequent code, particularly during caudate disruption for experts, PCC disruption for novices.

Conclusion: Two principal findings emerge. (1) Experiences of the same kind were often modulated by different brain regions in Novices (PCC) and Experts (Caudate). (2) Other experiences appeared only related to a brain region within groups, corroborating previous correlational research. Future work will involve second-coder validation and reliability measures, as well as integration with quantitative measurements from the original experiment for mixed methods analyses.

Technology, Contemplation, and Psychosis

P-07. "TOUJOURS DIMANCHE": A VIRTUAL REALITY-BASED MINDFULNESS AND SELF-COMPASSION PROGRAM WITH NATURE CONNECTEDNESS—A PILOT FEASIBILITY RANDOMIZED CONTROLLED TRIAL IN HEMODIALYSIS

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Background: Over 30,000 Canadians undergo hemodialysis (HD) for kidney failure. They experience emotional distress and somatic symptoms, with anxiety and depression rates 5–8 times higher than in the general population. Antidepressants may be ineffective or unsafe in HD, and access to psychotherapy is limited. We are conducting a pilot feasibility randomized controlled trial (RCT) comparing "Toujours Dimanche", an immersive virtual reality (VR) program integrating mindfulness, self-compassion, and nature connectedness, vs. an educational brochure on mental health.

Methods: This single-centre pilot RCT uses broad eligibility criteria to enhance generalizability, including patients with disabilities; patients with migraine or epilepsy are excluded. During HD, participants in the intervention group use a 360° VR headset twice weekly for 20 minutes over 16 weeks, followed by 10 weeks of follow-up. Sessions include 10 minutes of guided meditation and 10 minutes of free exploration of Québec landscapes. Control participants receive an educational brochure. Feasibility is the primary outcome, defined as recruitment of 26 participants within 3 months and ≥80% of participants completing ≥80% of planned VR sessions. Acceptability and safety are assessed through cybersickness measures, hemodynamic monitoring, and patient and staff interviews. The primary clinical effectiveness outcome is the Hospital Anxiety and Depression Scale (HADS).

Results: The study received ethics approval and funding and began recruitment in May 2026. The target of 26 participants was achieved within the planned 3-month recruitment period. The intervention is ongoing. Preliminary observations suggest that VR is acceptable, well tolerated, and readily integrated into the routine HD workflow. Early feedback from patients and nursing staff is positive. Formal analyses of adherence, safety, acceptability, and clinical outcomes will follow completion of follow-up.

Conclusion: "Toujours Dimanche" may provide a scalable, non-pharmacologic approach to support mental well-being during HD and transform treatment time—often associated with boredom and distress—into an opportunity for emotional restoration. Final results are expected in late 2026.

P-08. THE VARIETIES OF CONTEMPLATIVE EXPERIENCE: OSCILLATORY TRAJECTORIES IN CONTEMPORARY MEDITATIVE TRADITION

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Background: Within the context of clinical psychology, meditation is separated from its religious roots and adapted within mindfulness-based interventions, applying a contemplative framework to Western practice. While the positive effects of meditation are well-documented in the literature, the challenging aspects of mindfulness practices remain understudied. One specific type of challenge includes "oscillatory trajectories" in which people experience intense highs and lows resulting from their meditative practice. Individuals embedded in contemplative religious traditions have a wide understanding of these challenges. As such, they represent an important group that can inform mindfulness-based interventions through their personal experience, including their unique interpretations of oscillatory trajectories. This project sought to (1) document the range of experiences and (2) the range of ways people interpret these experiences.
Methods: Using a case study design of semi-structured interviews, the present study focused on Sufism, an Islamic contemplative tradition, with a sample of two practitioners and two teachers. Using a culturally sensitive lens that emphasizes personal interpretation, we aimed to identify patterns in oscillatory experiences to examine how this form of non-linear change may inform contemporary clinical psychology.
Results: The results demonstrate a diversity of oscillatory experiences, consistently viewed as progress within one's contemplative practice. The findings highlight an emphasis on personal interpretation and subjective experience, specifically as it related to the inclusion of mindfulness-based interventions in clinical care.
Conclusion: By understanding the religious foundation of these clinical practices, mindfulness-based interventions can become increasingly sensitive to individual experience and adaptable to individual difficulties.

P-09. EXPERIENCE VS. SYMPTOM: HOW STIGMA SHAPES THE INTERPRETATION OF PSYCHOSIS NARRATIVES

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Background: Reading narratives can enhance mentalization—the ability to understand others' perspectives—which has been linked to stigma reduction. Stigma toward psychosis remains pervasive, with barriers to perspective-taking playing a key role. This study is part of a broader project examining whether narrative-induced perspective-taking reduces stigma toward psychosis. Here, we examined how pre-existing stigma shapes readers' mentalization and interpretation of psychosis narratives.
Methods: 140 participants were randomly assigned to read and summarize one of three narratives depicting psychotic experiences in an online experiment. Each participant's summary was categorized as either experience-based (referencing actions, emotions, and motivations) or symptom-based (focused on symptoms without such references). Stigma was assessed pre- and post-reading (Social Distance and Devaluation-

Discrimination scales). General and narrative-specific mentalization were measured using the Reading the Mind in the Eyes Test and Short Story Task. Pearson correlations, t-tests, and ANOVA were conducted.

Results: Participants who generated symptom-based summaries showed significantly higher pre-existing stigma and lower narrative-specific mentalization compared to those producing experience-based summaries, which more frequently referenced characters' internal states. No differences in pre-reading stigma or general mentalization were observed across narratives; however, Narrative 2 elicited significantly higher narrative-specific mentalization.

Conclusion: Findings support the distinction between experience-based and symptom-based narrative interpretations and suggest that pre-existing stigma may shape how readers engage with psychosis narratives, potentially constraining perspective-taking at the level of narrative interpretation. Future work will examine thematic patterns in narrative interpretation and investigate why certain narratives more effectively elicit mentalization.

P-10. INTERNATIONAL COMPARATIVE PERSPECTIVES ON INVOLUNTARY PSYCHIATRIC CARE: A PSYCHIATRIST-LED SEMINAR SERIES

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Background: Involuntary psychiatric admission varies widely across jurisdictions in legal thresholds, procedural safeguards, and clinical practices. Comparative work has highlighted differences in criteria such as risk, capacity, and need for treatment, as well as variations in perceived coercion and patient rights (e.g., World Health Organization; European Commission). However, less is known about how these differences are experienced and interpreted by frontline psychiatrists in practice.

Methods: We developed a psychiatrist-led international seminar series using a structured comparative format. Each session includes: (1) a tabulated overview of local involuntary care systems; (2) a case-based comparison tracing a single patient across two jurisdictions; (3) thematic discussion of practice-defining issues (e.g., coercion, risk, relational autonomy); and (4) identification of ambiguities and opportunities for humanization. Interactive discussions emphasize lived clinical experience and cross-context reflection.

Results: Preliminary findings from ongoing sessions suggest that involuntary admission decisions are highly sensitive to jurisdictional context. A single patient may undergo markedly different pathways, including thresholds for admission, duration of detention, and degree of coercion. Participants identified how legal frameworks interact with cultural norms and institutional resources, shaping clinical reasoning in ways not captured by formal policy descriptions. The format facilitated reflexivity, revealing implicit assumptions about autonomy, risk, and care.

Conclusion: A structured, clinician-led comparative approach can surface hidden variability in involuntary care and foster critical reflection. By centering lived experience, this model highlights opportunities for ethical refinement, humanization of care, and future international collaboration in research and education.

Psychosis and Neurodegeneration

P-11. BLACK INDIVIDUALS WITH PSYCHOSIS AND THEIR CAREGIVERS REFLECT UPON PSYCHOSIS, MENTAL HEALTH SERVICES AND SUPPORT: PRELIMINARY FOCUS GROUPS RESULTS

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Background: Psychosis affects approximately 3% of the general population but disproportionately impacts Black and migrant populations. Black individuals experiencing first episode psychosis (FEP) are more likely to encounter coercive pathways to care, including police involvement and involuntary interventions, contributing to mistrust of mental health services and delayed or disrupted engagement. While current FEP programs incorporate biomedical and psychosocial approaches, they largely reflect Western conceptualizations of psychosis and lack cultural adaptation, often overlooking or stereotyping the experiences and beliefs of Black communities. Consequently, Black patients and their families experience lower participation and higher dropout rates despite longstanding calls for more culturally responsive mental health services. This project aims to co-design culturally adapted FEP services for Black youth in Montreal through partnerships with community, clinical, and research stakeholders.
Methods: This community-based participatory action study used a co-design model to elaborate focus-groups interview protocols with Black patients and caregivers as participants. Participants were recruited from four Montreal FEP programs. Four patient and two caregiver 90-min focus-groups were conducted mainly virtually in both English and French, for a total of 15 participants. 57% of the participants spoke French, whereas 43% spoke English. Of the four FEP programs: 42.9% of the participants were from the Jewish General Hospital, 33.3% from the CHUM, 14.3% from the Douglas hospital and 9.5% from the MUHC. Sessions were recorded, transcribed, and their contents were validated with participants afterwards via learning points.
Results: Preliminary thematic analysis centers three key topics: recognizing psychosis and seeking help, treatment at a FEP clinic and interacting with family and community. Barriers to care included stigma, unfamiliarity, delayed recognition, and mistrust of healthcare due to perceived bias. Participants emphasized holistic, patient-centered and family-inclusive care with greater Black provider representation, and the need for community-based mental health education initiatives, training and equipping of religious community leaders and prevention programs in schools.
Conclusion: Improving care for Black individuals with psychosis requires addressing both treatment and the social and cultural contexts shaping it. Further data and formal analysis are needed to guide the implementation of a culturally adapted FEP program for Black youth.

P-12. OMITTED

P-13. DEVELOPING A NOVEL TOOL TO MEASURE COMMUNICATION DIFFICULTIES IN SSD

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Background: Pragmatic impairments are common in schizophrenia spectrum disorders (SSDs) and are a significant contributor to poor social functioning. However, many measures of pragmatic impairments are often time-consuming and do not directly capture cooperative aspects of communication. To address this knowledge gap, the present study introduces GRACE (Gricean Rating of Adherence to Conversational Expectations), a scale grounded in H. P. Grice's Cooperative Principle (1988) that operationalises conversational maxims as observable pragmatic violations. The primary research question was to determine whether GRACE can detect differences in these communication difficulties between individuals with SSDs and controls.
Methods: Speech samples were collected from SSD patients and matched controls using structured speech tasks. Transcripts were then rated using GRACE across five subscales: Quality,

Quantity, Relation, Manner-Clarity, and Manner-Social Appropriateness.

Results: Individuals with SSDs had significantly lower global GRACE scores compared to controls, indicating poorer pragmatic functioning. Group differences were also observed in Quality, Quantity, Manner-Clarity, and Manner-Social Appropriateness, with the largest effect seen in Quantity. No significant group differences were found for Relation. Age was significantly associated with global GRACE scores, with older participants showing better performance.

Conclusion: GRACE was sensitive to group differences in pragmatic functioning that are not directly targeted by existing measures. Its emphasis on cooperative communication in naturalistic speech supports its potential as a diagnostic-neutral tool for detecting pragmatic impairments. Further work is required to establish its reliability and to validate it against existing pragmatic scales.

P-14. DIFFERENCES IN COGNITIVE IMPAIRMENT BASED ON AGE AT ONSET IN FIRST-EPISODE PSYCHOSIS

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Background: It is generally thought that patients with an earlier age at onset of psychosis present with more severe cognitive impairments, possibly through the illness's disruption of brain development. However, depending on the samples used, cognitive outcomes vary between studies, as well as the specific domains impaired. Yet, overall, cognitive impairments have been established to predict worse functioning. Therefore, we aimed to evaluate the relationship between age at onset and cognitive impairments, and their association with functioning in a first-episode psychosis sample.

Methods: The sample included 487 first-episode psychosis patients who were followed at the Prevention and Early Intervention Program for Psychoses clinic at the Douglas Mental Health Institute between 2003 and 2018 and assessed using a cognitive battery. We used Pearson correlations and multiple linear regressions to examine the relationship between age at onset and cognition, and a mediation analysis to evaluate the role of cognitive impairment as a mediator between age at onset and functioning.

Results: The sample was 69.5% male and 69.4% had a diagnosis of schizophrenia spectrum disorder. The mean age at onset was 22.5 years. Earlier onset was significantly correlated with working memory ($r = 0.12$, $p = 0.01$) and executive functioning ($r = 0.12$, $p = 0.008$), and the linear regression showed that an earlier age at onset was significantly associated with lower global cognition ($b = 0.02$, $p = 0.03$). The mediation model indicated that cognition does not appear to mediate the relationship between age at onset and functioning. However, the significant direct effect between age at onset and functioning suggests earlier onset to be associated with worse functioning.

Conclusion: Overall, these findings suggest that first-episode patients with an earlier onset tend to present with more severe cognitive impairments, specifically in working memory and executive functioning.

P-15. TRANSDIAGNOSTIC BIOMARKERS OF NEURODEGENERATION AND COGNITIVE FUNCTIONING IN PRECISION PSYCHIATRY

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Background: Cognitive impairment is common in mental illness, yet its biological basis remains unclear. In dementia, plasma neurofilament light (NfL) and glial fibrillary acidic protein (GFAP) reflect neurodegeneration and are linked to cognitive decline. Although modest elevations are reported in psychiatric populations, their relationship with cognition remains ill-understood, especially within a transdiagnostic approach. Lower cognitive scores are linked to impaired functioning, yet psychiatry lacks biomarkers to guide prognosis. The goal of this study was to test the association of cognitive performance with NfL and GFAP.
Methods: The psychiatric sample (n=202; aged 18-65) was drawn from the Centre for Precision Psychiatry-Quebec biobank with schizophrenia, depression, anxiety, bipolar, substance-related and/or personality disorders. Normative data were drawn from the TestMyBrain database (n>1000). Plasma biomarkers were measured using Single Molecule Array. Cognition was assessed using the online Digit Symbol Matching Test (DSMT), Visual Paired Associates (VPA), and Matrix Reasoning (MR). Analyses used ANCOVA and linear regression controlling for age, sex and education.
Results: No cognitive or biomarker differences across diagnoses. Participants had slower DSMT reaction times ($F(1,1064)=810.11$, $p<0.001$, $\omega^2=0.355$), lower VPA accuracy ($F(1,1020)=61.33$, $p<0.001$, $\omega^2=0.04$), but higher MR accuracy ($F(1,3446)=3.93$, $p<0.05$, $\omega^2=0.000261$) compared to normative data. Biomarkers were not associated with cognitive scores ($p>0.05$).
Conclusion: Lower cognitive scores compared to normative data were present across diagnoses, but biomarkers did not explain this variability. Future work will assess longitudinal associations.

P-16. OMITTED

P-17. EFFECTS OF SEX ON CLINICAL PROGRESSION IN BEHAVIORAL VARIANT FRONTOTEMPORAL DEMENTIA

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Background: Frontotemporal dementia (FTD) is among the most common neurodegenerative diseases in adults under 65, with its behavioral variant (bvFTD) as its most frequent form, marked by personality changes, social dysfunction, and executive impairment. Diagnosis is often delayed due to symptom overlap with psychiatric and other neurodegenerative conditions. Sex may further complicate this, as bvFTD is more prevalent in males and may present differently across sexes. This study expands on our recently published cross-sectional work by examining sex differences in clinical progression longitudinally.
Methods: We analyzed longitudinal National Alzheimer's Coordinating Center data from 203 bvFTD and 115 healthy controls (HC) participants across 16 cognitive, language, and behavioral measures. Combined group models were used to identify measures showing disease-specific decline (time × group), followed by group-specific models to test whether sex moderates the rate of decline (time × sex) in bvFTD and HC separately.
Results: bvFTD participants declined faster than HC on 12 measures, confirming disease-specific decline. Within these, significant interactions between time and sex in bvFTD were found for Semantic Categories Fluency, Letter Fluency, and the SNQ-22 break score, with females declining more steeply on both language measures and showing faster increases in social norm violations. None of these interactions were significant in HC, confirming disease-specificity.
Conclusion: Females with bvFTD show accelerated language decline and greater social norm violations relative to males. Language appears disproportionately affected in females, highlighting the importance of sex in disease monitoring. Similar patterns exist in Alzheimer's disease, yet mechanisms driving faster female decline remain unknown.

Culture, Behaviour, and Society

P-18. BREAKING THE SILENCE TO CREATE INCLUSIVE ATMOSPHERES: IMMERSIVE LISTENING TO UNDERSTAND AND TRANSFORM ISOLATION AND LONELINESS WITH THE JAMAICA ASSOCIATION OF MONTREAL

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Background: Social isolation and loneliness are recognized risk factors for mental health among older adults, with compounding effects for racialized and ethnocultural communities. Transcultural psychiatry has long emphasized the need to understand how culture, migration history, and structural inequities shape mental health. Yet the first-person perspectives of Black older adults remain underrepresented in both research and clinical practice. Participatory ethnography addresses this gap by centering community expertise and attending to the embodied dimensions of experience.
Methods: In partnership with the president of the Jamaica Association of Montréal, we conducted one year of participant observation alongside older adults, guided by critical phenomenological theory. Ethnographic data were collected through fieldnotes and immersive interviews, a method that uses participants' own binaural audio recordings of their engagement in art-based activities to situate participants, researchers, and clinicians in the same sonic environment, accessing first-person experience.
Results: Analysis centered on significant moments that surfaced unexpected dimensions of age, for participants and researcher alike. These moments revealed age as experiential and relational rather than fixed, shaped by what participants do, with whom, and in what felt environment, rather than a biological or chronological condition. Ageist assumptions held by the researcher were unsettled through ethnographic engagement, underscoring the importance of reflexivity in transcultural research.
Conclusion: Participatory ethnography and immersive methods offer clinically relevant insights into understanding seniors' first-person experiences in ways that standardized tools do not capture. These findings have implications for culturally responsive assessment, community mental health programming, and the training of clinicians working across cultural differences.

P-19. UNTANGLING ASSOCIATIONS BETWEEN SOCIODEMOGRAPHIC, CLINICAL, AND SERVICE USE FACTORS AND GAMBLING DISORDER TREATMENT OUTCOMES

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Background: Gambling disorder (GD), a behavioral addiction highly comorbid with mental and substance use disorders, is associated with substantial individual and healthcare burden. Given its chronic course, characterized by repeated treatment episodes and disengagement from services, this study examined associations between sociodemographic, clinical, and healthcare service use factors with GD treatment dropout and relapse.
Methods: We included a cohort of patients (N=1,603) diagnosed with GD who received care in specialized addiction treatment centers (ATC) in Quebec between 2009 and 2022. The index date

was the last GD treatment admission, and ATC data were linked to provincial administrative health databases. Guided by the Andersen Behavioral Model of Health Service Use, factors were categorized as predisposing (e.g., age), enabling (e.g., continuity of care), and need (e.g., comorbid depression). Three service use variables were examined as mediators: GD treatment length, intensity and regularity of care. Generalized structural equation modelling and mediation analyses were conducted, and effects on dropout and relapse were reported as odds ratios (OR).

Results: Associations between higher age (OR=0.98), greater continuity of care (OR=0.71), and longer GD duration (OR=0.87) and lower odds of treatment dropout, as well as between bipolar disorder or schizophrenia spectrum disorders (OR=0.61) and lower odds of relapse, were fully mediated by the three service use variables considered jointly. Partial mediation was observed for prior treatment dropout (OR=3.58) and rural or semi-urban residence (OR=1.45), both of which were associated with higher odds of treatment dropout.

Conclusions: Findings highlight the importance of GD treatment length, intensity and regularity of care, in relation to predisposing, enabling and need factors when designing interventions to reduce dropout and relapse.

P-20. OMITTED

Aging and Social Connection

P-21. COGNITIVE AGING AND SOCIAL DETERMINANTS OF HEALTH: TOWARD A MORE EQUITABLE NEUROPSYCHOLOGY

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Background: Accurate cognitive test interpretation relies on normative frameworks adjusting for age, sex, and education. However, these models often ignore systematic social influences. Social determinants of health (SDoH) are established factors in cognitive aging, yet they are rarely integrated into clinical interpretation, risking diagnostic precision and equity. We reframe SDoH as direct determinants of test performance essential for valid neuropsychological measurement.

Methods: A systematic search of MEDLINE, PsycINFO, and Embase was conducted in January 2026 for reviews published since 2015, involving older adults and associations between SDoH and cognitive performance.

Results: Sixty-four reviews were included from 6,252 screened records. Social capital reviews (n=19) showed consistent links between isolation and poorer cognition. Education (n=15) provided cross-sectional benefits but related to steeper decline in cognitively impaired populations. Higher occupational demands and status (n=12) were generally beneficial , while favorable residential environments (n=8) and early-life socioeconomic status (n=8) also associated with better global cognition. Findings for bilingualism (n=5) and retirement were mixed , though religious engagement (n=7) showed consistent benefits. Time-dependent factors (n=3) were heterogeneous, with acute stressors linked to poorer cognition and lower-intensity caregiving potentially beneficial. Evidence on gender identity and sexual orientation (n=1) was limited.

Conclusion: SDoH are systematic determinants of cognitive performance with direct clinical implications. Ignoring them risks systematic misestimation of impairment across socially advantaged or disadvantaged individuals. Despite a decade of research, translation into neuropsychological practice remains limited. Occupation and socioeconomic context represent actionable entry points toward context-sensitive

normative frameworks that improve diagnostic accuracy and equity.

P-22. ASSOCIATIONS BETWEEN MARITAL STATUS AND DOMAIN-SPECIFIC COGNITIVE ABILITIES IN HEALTHY OLDER ADULTS

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Background: While social determinants such as age and education are well-studied for their effects on cognition in aging, the social factor of marital status warrants further investigation for its potential protective or risk-related role. Given the rise in aging populations and the growing recognition of social factors that contribute to cognitive health, it remains unclear whether the benefits of marriage extend uniformly across cognitive domains. This project aims to investigate whether marital status is associated with higher cognitive performance in older adults across executive function, visuospatial ability, memory, language, and global cognition.
Methods: Baseline data from 814 participants (mean age = 72.47) from the Alzheimer's Disease Neuroimaging Database were analyzed. A series of ANCOVAs, controlling for age and education, tested the relationship between marital status and performance across five cognitive domains: executive function, visuospatial ability, memory, language, and global cognition.
Results: Marital status was selectively associated with cognitive performance. Married individuals demonstrated significantly higher executive function scores than never-married adults ($p = .005$). No significant associations were found between marital status and visuospatial ability, memory, language, or global cognition. Although widowed individuals tended to score lower overall, this effect was largely accounted for by age. Sex significantly predicted memory performance only ($p < .001$).
Conclusion: Marital status is selectively associated with executive function in older adults, independent of age and education. These domain-specific findings highlight the importance of nuanced analyses in cognitive aging research and suggest that the cognitive demands of interpersonal relationships may contribute to resilience in specific areas of cognitive health.

P-23. REDUCING SOCIAL ISOLATION THROUGH DIGITAL MESSAGING: PRELIMINARY DATA FROM FOUR ONTARIO CLINICS

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Background: Social isolation is strongly linked to poorer mental health, increasing risks for depression, suicidal thoughts, and cognitive decline, particularly in older adults. In primary care, social prescribing has shown promise in promoting patient awareness and psychosocial well-being. In this project, we are comprehensively testing the impact of the digital health communication on reducing social isolation among primary care patients.
Methods: This is a randomized controlled trial; the analyses were performed on a cohort of approximately 20,000 patients from four primary care clinics in Ontario. After randomization of providers, patients received either educational messages about social isolation (intervention group) or unrelated messages (control group) approximately once every 3-4 months. Each message included a link to a short survey asking respondents for their age, their perception of the relevance of the content, and their intention to

share the message. The survey also captured social isolation scores on the Berkman-Syme Social Network Index scale, which was translated and modernized for this study.

Preliminary Results: The messages generated overall engagement consistent with expectations for digital mailings in primary care. Intervention messages appear to be better perceived, more actionable, and more likely to elicit minimal engagement across different clinics. Social isolation scores varied by age, with higher levels in the 55+ age groups.

Conclusion: These results support the potential of digital interventions to raise patient awareness of the health benefits of social relationships and encourage behaviors that reduce the risk of isolation, while demonstrating the feasibility of deployment in primary care.

Pregnancy, Development, and Youth Mental Health

P-24. CONNECTED BEGINNINGS: HOW ATTACHMENT SHAPES PERINATAL MENTAL HEALTH OVER TIME

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Background: Perinatal mood and anxiety disorders (PMADs) affect nearly one in four Canadian mothers with unwelcome consequences for early parenting and the developing mother-infant bond. Emerging research and clinical evidence suggest that mothers' adult attachment styles may shape susceptibility to PMADs and influence early bonding and parenting behaviours. Clarifying these mechanistic pathways is essential for mitigating intergenerational transmission of adversity, yet adult attachment remains understudied in the perinatal context. This study aims to explore the mechanistic links between mothers' adult attachment styles, the emergence of PMADs, and mother-infant bonding/parental self-efficacy across four independent prenatal longitudinal cohorts.

Methods: Data from three community cohorts and one clinical cohort will be harmonized retrospectively (total N ≈ 5,603). Structural equation modeling will estimate cohort-specific pathways, adjusting for key covariates. Missing data will be addressed using full information maximum likelihood, with inverse probability weighting for attrition. Individual cohort estimates will be pooled using inverse-variance weighting.

Results: Preliminary analyses were completed for the clinical cohort and one community cohort. In the clinical cohort, 40% of mothers were securely attached, and prenatal depression and anxiety declined by 6 weeks postpartum. In the community cohort, attachment anxiety and avoidance predicted greater PMAD symptoms, while avoidance predicted lower maternal sensitivity at 6 months.

Conclusion: Findings may inform perinatal psychiatric practice by identifying adult attachment as a transdiagnostic risk marker and supporting the development of screening and patient-clinician communication guidelines. This study may also clarify intergenerational pathways, enhance emotion regulation support, promote caregiver-infant bonding, and guide more targeted interventions.

P-25. COVID-RELATED HARDSHIP DURING THE SECOND WAVE EXHIBITED A NEW RELATIONSHIP BETWEEN PRENATAL MATERNAL ADVERSITY AND CHILD PSYCHOPATHOLOGY

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Background: The COVID-19 pandemic disrupted daily life, leading to concerns about youth mental health. Previous research indicated that youth exposed to low or moderate prenatal maternal adversity who experienced increases in daily life changes during the first wave of the pandemic exhibited high general and internalizing psychopathology. The current study examined whether youth-reported pandemic-related daily life changes and/or personal threats moderated the relationship between prenatal maternal adversity and youth psychopathology.
Methods: 79 mother-child dyads from the Maternal Adversity, Vulnerability, and Neurodevelopment study reported on youth COVID hardship and/or psychopathology. The data were analyzed through latent factor modeling in which Wave 2 psychopathology was the main outcome variable.
Results: Contrary to Wave 1 findings, for Wave 2, higher perinatal maternal socio-environmental adversity levels were associated with higher youth general and internalizing psychopathology. However, when controlling for youth Wave 1 psychopathology, perinatal maternal socio-environmental adversity no longer predicted youth general or internalizing psychopathology. Higher Wave 1 general and internalizing psychopathology predicted higher Wave 2 general and internalizing psychopathology, respectively. Increased youth age was associated with higher general, internalizing, and externalizing psychopathology.
Conclusion: Increased perinatal maternal socio-environmental adversity led to increased general and internalizing psychopathology because COVID-19 was a socio-medico-environmental disaster. Youth exposed to high socio-environmental adversity in utero were primed to be at an increased vulnerability of developing psychopathology after a socio-environmental disaster, in our case, COVID. After controlling for Wave 1 psychopathology, the perinatal maternal socio-environmental adversity factor no longer significantly predicted youth psychopathology because perinatal influences were only significant at the onset of the pandemic, after which youth grew more habituated to pandemic-related life changes.

P-26. OMITTED

P-27. INVESTIGATING THE EFFECTS OF PRENATAL ADVERSITY AND MATERNAL SENSITIVITY ON ADHD SUBTYPE LEVELS

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Background: ADHD is a common childhood disorder characterized by inattention, hyperactivity, and impulsivity, with a higher diagnosis rate in boys. Prenatal adversity, such as stress and anxiety, is associated with increased ADHD symptoms, while maternal sensitivity may alleviate them. This study aims to clarify the interaction between prenatal adversity and maternal sensitivity in predicting ADHD subtypes and potential sex differences.
Methods: Data for this research were collected from the MAVAN longitudinal cohort. Maternal sensitivity was assessed using the Ainsworth Maternal Sensitivity Scale at six and 18 months post-partum, while child behaviour was evaluated through the CBCL and SDQ questionnaires completed by the mothers. Predictor variables included prenatal maternal affective symptoms (M factor) and perinatal maternal socio-environmental adversity (A factor).
Results: Significant interactions between prenatal factors, maternal sensitivity, and child sex were observed for child ADHD-Combined and ADHD-Hyperactivity levels. In both cases, higher levels of

maternal sensitivity at 18 months were associated with lower ADHD symptoms in boys at lower levels of prenatal maternal adversity (A factor). No significant associations were observed for child ADHD-Inattention.

Conclusion: The results suggest that high levels of prenatal socio-environmental adversity increase the risk of ADHD-C and ADHD-H symptoms, especially in boys. However, maternal sensitivity assessed at 18 months plays a role in mitigating this increasing risk, particularly at low levels of prenatal maternal adversity.

P-28. INVESTIGATING THE LINK BETWEEN MIGRATION STATUS IN CANADA AND PSYCHOSOCIAL RISK AMONG PREGNANT WOMEN REFERRED TO PSYCHIATRIC SERVICES

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Background: During the prenatal period, immigrant women tend to present greater psychosocial risk (e.g., related to socioeconomic status or personal relationships) than women born in Canada, leading to a higher likelihood of experiencing psychopathology. This issue has never been studied within a high-risk psychiatric sample but is crucial given the notable impact of maternal mental health on infant development. The present study aimed to examine the association between migration status and psychosocial risk factors among women referred to psychiatric care during pregnancy.

Methods: Our sample included 617 pregnant women (Mean age = 32.8; SD = 4.9) recruited through the Perinatal Multisite Databank and referred to psychiatric care in one of seven hospitals in the province of Quebec. The relationship between Canadian status (immigrant vs. Canadian-born) and psychosocial risk factors – namely the socioeconomic (e.g., concerns about money and housing) and relational (e.g., concerns about family and partner relationships) subscales of the Cambridge Worry Scale – was examined using two hierarchical multiple linear regressions, controlling for age.

Results: Our findings indicated that the immigrant women in our sample reported significantly more socioeconomic risk factors than Canadian-born women ($B = -0.86$; $p = .003$). However, status in Canada was not associated with relational risk ($p = .165$).

Conclusion: These findings highlight the immense importance of considering socioeconomic inequalities when offering psychiatric and perinatal care to immigrant women in contexts of psychiatric vulnerability, as well as the need to provide culturally sensitive mental health resources."

P-29. FACTORS EXPLAINING MET AND UNMET NEEDS OF YOUNG ADULTS IN QUEBEC HOUSING SUPPORT

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Background: Homelessness is a pervasive problem in Quebec, Canada, and vulnerable young adults have complex needs that are not sufficiently met by housing support. We aimed to understand the proportion of young adults (18-30 years old) who experienced housing instability prior to living in supportive housing reporting met versus unmet

needs, their areas of unmet needs and barriers to care in supportive housing, and factors which differentiate the personal characteristics and context, housing support, and other forms of biopsychosocial support for young adults with met versus unmet needs.

Methods: Data were collected December 2024-March 2025, and 73 participants were referred by 19 community-based organizations working with vulnerable young adults. Of the 73 participants invited, 66 young adults (90.41%) were eligible and completed a one-hour questionnaire with closed and open questions. We used a sequential mixed methods approach to analyze their sociodemographic and clinical characteristics, needs, areas of unmet need, barriers to care, service satisfaction, and quality of life.

Results: We found that 37 (56%) young adults reported that services sufficiently met their needs and 29 young adults (44%) reported that services did not sufficiently meet their needs with an average of 3.48/8 unmet needs each. Significantly more young adults with unmet needs had mental disorders (76% vs. 49%) and suicidal behaviours (45% vs. 22%); lower satisfaction of service use (2.51 vs. 2.86 out of 3) and quality of life (73 vs. 78 out of 100). Of young adults with unmet needs, the highest reported area of unmet needs was financial support and the highest barrier to care was not being able to afford services. Qualitative interviews suggested the severity of poor relationships with support workers, family members, and clinicians may differentiate young adults reporting met versus unmet needs.

Conclusion: Housing support resources should personalize services and adequately train support workers and clinicians to better respond to young adults' priorities and challenges. This may help ensure all their needs are met and prevent chronic housing instability.

P-30. OMITTED

Identity, Trauma, and Public Mental Health

P-31. OMITTED

P-32. LIVED EXPERIENCES OF WAR-AFFECTED CHILDREN AND ADOLESCENTS FROM GAZA IN A COMMUNITY-BASED ARTS AND PLAY PROGRAM IN MONTREAL: A QUALITATIVE STUDY

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Background: Children from Gaza resettled in Montreal following the 2023 genocide face profound psychological distress with significant barriers to accessing mental health care. This study explores their lived experiences through participation in the Arts- and Play-Based Psychological First Aid eight-week, community-based program with Lifeline as the central activity.

Methods: A qualitative participatory action research design grounded in narrative inquiry was employed. Data sources included ethnographic field notes, facilitator debriefings, children's artwork, and narrative accounts collected across eight sessions. Thematic analysis was conducted to generate an in-depth understanding of participants' lived experiences.

Results: Trauma appeared as fragmented, non-linear, and selectively accessible, often emerging through symbolic art, erased or avoided lifeline segments, and sudden emotional activation. Avoidance of war-related discussion was prominent. Identity was continuously negotiated through language use, cultural positioning, and shifting affiliations, reflecting ongoing adaptation to displacement. Shared memories of Gaza and Egypt facilitated peer connections and a sense of belonging. Family relationships functioned as both sources of support and sites of strain, with maternal figures bearing visible emotional and caregiving burdens. Psychological safety was gradually co-constructed through a consistent, non-directive facilitator's presence. The group

evolved into a relational space of collective witnessing, where shared histories enabled recognition, validation, and meaning-making.
Conclusion: Children expressed their experiences most authentically through creative, relational, and symbolic modalities. Lifeline activity evoked distress and resistance; alternative activities provided a flexible container for trauma expression. These findings underscore the importance of culturally responsive, community-embedded psychosocial interventions that allow children to construct and share meaning.

P-33. "I CAN RELATE TO CHANG BECAUSE I LOVE ANIMALS JUST LIKE HER": PRELIMINARY RESULTS FROM A PILOT TEST OF NATURE-THEMED COMIC BOOKS WITH A SMALL YOUTH SAMPLE FOR A CLASSROOM INTERVENTION AGAINST ECO-ANXIETY

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Background: The climate crisis can cause difficult emotions in youth, including worry, grief, guilt, and anxiety. Research shows that many Canadian youth experience these feelings, yet the question remains how to help them. My PhD project explores whether classroom interventions using nature-themed comics can mitigate eco-anxiety and foster connection to the environment. As a first step, I pilot-tested selected comics with a small youth sample to assess their appropriateness and emotional and cognitive resonance. How do these youth rate the nature-themed comics, and what are recurring themes in their comments?
Methods: Twelve English and French comic books about nature, the environment, and non-human beings were identified through a database and library search. Youth aged 9-17 were recruited through convenience sampling. Each participant completed a brief questionnaire after reading one or more comics, addressing enjoyment, comprehension, emotional response, environmental awareness, and identification with characters. For closed questions, percentages were calculated to allow for quantitative comparison, and open-ended responses were thematically analyzed.
Results: Across participants, recurring themes included appreciation of nature content, the artwork, and learning, as well as easy identification with comic characters. However, most participants also expressed concrete wishes for changes to the comic, and a small number reported difficulties in understanding the plot or facial expressions.
Conclusion: The findings from this comic book pilot test are important to consider when designing a classroom program that involves comics as an intervention tool and creative outlet for youth. They suggest that youth enjoy reading comics when they feature relatable characters, but that they also benefit from the space to creatively interact with the comics or create their own stories to act on their many ideas for improvement.

P-34. BUILDING PARTNERSHIPS BETWEEN RESEARCH TEAMS AND LOCAL COMMUNITIES: REFLECTIONS FROM AN ONGOING PROJECT WITH THE SOUTH ASIAN WOMEN'S COMMUNITY CENTRE IN MONTREAL

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Background: Participatory research projects involve establishing strong partnerships with local communities to ensure that projects are centred around what is important to community members and integrate their expertise. In this presentation, we will describe our experiences of engaging with the South Asian Women's Community Centre in Montréal on an ongoing research project aimed at co-creating activities to foster social connectedness among older South Asian women.

Methods: The project commenced with a preparatory phase to initiate a relationship with the organization, identify mutual concerns, and collaboratively prepare a funding application. Guided by narrative and phenomenological theory, we are using participant observations and interviews as ethnographic methods to build trust, understand organizational needs and processes that will be integrated into two group activities to redress social determinants of health.
Results: Emerging ethnographic findings highlight important practice implications for health and social care professionals providing services for older women across cultural differences including: reflexivity about assumptions around autonomy and decision-making; developing tailored approaches to informed consent; and understanding the nuances and complexity of communicating across language differences.
Conclusion: Initiating and maintaining credible relationships with local communities and organizations is time- and effort-intensive and requires high levels of commitment and flexibility from researchers. Sharing experiences from ongoing participatory research projects can promote mutual reflection on building meaningful, sustainable and inclusive relationships with community partners.

P-35. OMITTED

P-36. ANXIETY, SLEEP DISORDERS, AND DISABILITY IN POST-SECONDARY STUDENTS: IDENTIFYING RISK AND SUPPORTING EARLY INTERVENTION

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Background: The literature about sleep problems such as insomnia and parasomnia among students with diverse disabilities is sparse. The few studies available tend to focus on students with ADHD or learning disability (1). It is simultaneously well established that good sleep quality and mental health are critical to academic success (2). The objective of this study is to help develop tools to better support the mental health needs to college students.
Methods: Participants were 202 post-secondary students, comprising four disability groups: Mental Health Disability Only (MHO), Mental Health Plus Other Disability (MH+), Other Disability (OD), and No Disability (NoDis). Mean age was 24.0 (sd 4.26). They completed questionnaires, including the Munich Parasomnia Screening (MUPS), the Insomnia Severity Index (ISI), Hospital Anxiety and Depression Scales (HADS).
Results: Over 90% of participants reported at least one parasomnia event in the prior year. A one-way MANOVA (4 groups, 5 measures) revealed that the MHO and MH+ groups reported greatest severity of sleep disturbance. The ISI and HADS subscale scores were coded according to established cutoffs for clinically diagnosable disorders. Of the whole sample, 40% scored in the clinical range for anxiety. Chi-square tests revealed that the MH+ group had a greater likelihood of clinical insomnia and depression than the MHO group.
Conclusion: This study documents that a substantial proportion of post-secondary students struggle with anxiety. The students most vulnerable to diagnosable sleep problems and psychological distress are those who have both mental health and other disabilities. The knowledge translation phase of this study is focused on developing informational, referral and self-help materials to be made available to students and faculty at the start of the semester.

P-37. PLEASE TAKE A NUMBER: TRIAGE AND ACCESS IN BRAZILIAN PUBLIC MENTAL HEALTH SERVICES

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Background: The first contact with a mental health service is a key moment to shape care pathways and clinical trajectories. In the Brazilian public system, entry points are formally organized through Primary Care Units and Psychosocial Care Centers, intended respectively for general and severe mental health needs. In practice, help-seeking is strongly influenced by perceived accessibility, leading to frequent movement of users across both levels of care through referrals. As an alternative, workers of one Psychosocial Care Center in São Paulo, Brazil established a partnership with Primary Care by implementing a collaborative group-based triage, fostering knowledge exchange and coordinated care practices.
Methods: This qualitative study compares triage practices in one Psychosocial Care Center and in one Primary Care facility (partnership) in São Paulo, Brazil. Data were collected through document analysis and open-ended questionnaires with health workers (n =11) and service users (n = 16) and analyzed with reflexive Thematic Analysis (Braun & Clarke, 2006).
Results: Across both settings, participants consistently described being heard as a central indicator of quality of care, more than clinical outcomes. Group triage received mixed evaluations: it fostered recognition and connectedness but also discomfort due to exposure. Medication emerged as a central tension, symbolizing both legitimacy of suffering and concern about dependency. Primary care was more frequently associated with reports of receiving orientation about the health system and care pathways compared to Psychosocial Care.
Conclusion: Overall, findings suggest that triage format shapes access to care and also how needs are recognized and negotiated within mental health services.

Pain, Assessment, and Clinical Intervention

P-38. PAIN AND RELATED SYMPTOMS IN CRITICALLY ILL ADULTS: HOW ARE THEY DOING AT DISCHARGE FROM THE INTENSIVE CARE UNIT?

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Background: Critically ill adults suffer from pain and other symptoms during their stay in the Intensive Care Unit (ICU) but we lack evidence on these symptoms at ICU discharge. This study aimed to describe pain and its related symptoms at ICU discharge.
Methods: A correlational descriptive study was conducted in a university affiliated ICU setting in Montreal. ICU patients able to self-report who experienced pain during their ICU stay were eligible. Validated measures were completed by participants at ICU discharge: a) Brief Pain Inventory (BPI), b) Pain Catastrophizing Scale (PCS), and c) modified Edmonton Symptom Assessment Scale (ESAS).
Results: A total of 171 participants (25% female; 80% North American, European and Oceanian) with a mean age of 62 years old (SD=13) mainly admitted for a surgical diagnosis (83%) were enrolled. The majority were mechanically ventilated (81%) and received opioids (94% with 72% for >72 hours) with a median ICU length of stay of 4 days (IQR=2-5). At ICU discharge, the medians of average pain and worst pain were 4 (IQR=2-5) and 7 (IQR=4-8), respectively. Pain interference showed the highest medians of 5 with

general activity (IQR=2-8), mobilization (IQR=1-8) and deep breathing (IQR=1-7). Pain catastrophizing (median=12; IQR=2-24) correlated positively with average pain (rho=0.32) and worst pain (rho=0.34). Pain correlated moderately (rho=0.42 to 0.54) with anxiety, general discomfort, sadness, tiredness and lack of sleep.
Conclusion: ICU patients experience high levels of pain and several symptoms at their discharge. Improvement in ICU pain and symptom management is essential to optimize their recovery.

P-39. OMITTED

P-40. IMPROVING SLEEP HEALTH IN POST-SECONDARY STUDENTS: EVIDENCE-BASED COPING STRATEGIES AND KNOWLEDGE TRANSLATION TOOLS

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Background: Building on earlier findings showing high rates of parasomnias and sleep-related difficulties among post-secondary students with and without disabilities (Fichten et al., 2026); our project focuses on knowledge translation. In this phase, we identify coping strategies students currently use, as well as protective factors (e.g. better mental health) and indicators of resilience linked to better sleep, daytime functioning, and psychological well-being.
Methods: Using a mixed-methods approach, we analyzed participants' reports of strategies they find helpful in managing parasomnias and related sleep problems. We also examined which factors are associated with lower distress, improved concentration, and stronger academic functioning across disability groups.
Results: From these results, we compiled a set of deliverables that include evidence-informed intervention suggestions, preventive recommendations, and practical guidance tailored for post-secondary students and for health professionals. All materials are prepared in English and French and disseminated through multiple venues, including campus services, healthcare networks, and educational platforms.
Conclusion: This phase translates research findings into actionable tools that support recognition and management of parasomnias in student populations. The resulting resources enhance awareness, resilience, and early intervention practices across post-secondary and hospital-based settings.

P-41. SELF-CRITICAL PERFECTIONISM AND DAILY SELF-COMPASSION, RUMINATION, AND NEGATIVE AFFECT: A MULTILEVEL EXPLANATORY APPROACH

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Background: Self-critical (SC) perfectionism is a transdiagnostic vulnerability factor that is characterized by constant, harsh self-scrutiny, concern about others' expectations, and equating mistakes with failure. Previous studies analyzing the relationship between SC perfectionism and negative outcomes have identified emotion regulation processes (e.g., rumination, lower self-compassion) as key mediators individually. However, no studies have explored how self-compassion and rumination might work together to influence daily negative affect among highly SC perfectionistic individuals. The present study examined the relationship between SC perfectionism and daily self-compassion, rumination, and negative affect at both between-persons and within-person levels.
Methods: One hundred twenty-three university students who were screened for higher levels of SC

perfectionism completed daily measures of self-compassion, rumination, and negative affect for seven consecutive days.

Results: Multilevel structural equation modelling (MSEM) analyses showed that, at the between-persons level, SC perfectionism was indirectly related to average daily negative affect through average daily lower self-compassion and higher rumination as two sequential mediators. At the within-person level, when the average student with higher SC perfectionism was less self-compassionate than usual, they engaged in more rumination, which was connected to increases in negative affect.

Conclusion: This research further advances theoretical models of perfectionism and daily emotion regulation to help better inform interventions focused on enhancing self-compassion and lowering rumination in SC perfectionistic individuals.

P-42. MULTIDISCIPLINARY READING INTERVENTION: DIAGNOSIS, MEDICATION, GROUP THERAPY, AND INDIVIDUAL INTERVENTIONS

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Background: Children receiving services within the Psychiatric Day Treatment Program at the Jewish General Hospital often present with reading delays alongside ADHD, ASD, and adverse childhood experiences. Reading fluency is influenced by inattention, limited resources, and the failure to treat behavioural problems. Tailored literacy and behavioural interventions, and certain medications, independently improve reading fluency. This study explores the effectiveness of literacy and behavioural interventions, controlling for medication, to improve reading. Significant improvement in reading fluency will be seen in children with the lowest baseline reading levels, who successfully complete the literacy intervention and who demonstrate large reductions in their behavioral problems.

Methods: Reading fluency was assessed using the DIBELS-8 at the beginning, middle, and end of the school year, resulting in 4 categories: i) non-readers (2+ years behind), ii) emerging readers (1-2 years behind), iii) developing readers (< 1 year behind), and normal readers. Children received a 12-week reading intervention to improve fundamental reading skills. Behavioural problems were measured using parent- and teacher-report questionnaires. Behavioural change between the beginning and end of the year was computed as the main predictor. Medication use and child adversity were obtained from medical records. A multiple regression analysis will examine whether DIBELS-8 categories moderate the effect of behavioural change on reading fluency. The model includes behavioral change and DIBELS-8 categories' main effects, their interaction, controlling for medication, and child adversity

Conclusion: Findings will inform the development of more effective, multidisciplinary models for addressing reading delays in clinically complex child populations.

P-43. PSYCHOMETRIC PROPERTIES OF THE 9-ITEM BRIEF SYMPTOM INVENTORY (BSI-9)

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Background: The Brief Symptom Inventory-18 (BSI-18) is a self-report questionnaire with three subscales, somatisation, anxiety, and depression, based on the Sympotom-Checklist-90-R capturing distress due to psychopathology experienced over the past 7 days. The present study seeks to validate a shorter, nine-item version (BSI-9) as a brief screening tool for distress by examining the psychometric properties of the BSI-9.
Methods: Reliability and validity analyses were carried out using a representative sample of the German general population (N=2,516).
Results: The BSI-9 total scale was found to have strong internal consistency of αCronbach = 0.87. The internal consistency coefficients of the three-item subscales reflect the brevity of these scales (somatisation αCronbach = 0.72, depression α Cronbach = 0.79, anxiety α Cronbach = 0.68). The subscales were found to be strongly related in the theoretically expected direction to the subscales of the Patient Health Questionnaire-4 and Hopkins Symptom Checklist-25.
Conclusion: The 9-Item Brief Symptom Inventory (BSI-9) can serve as a brief, valid, and reliable screener for distress in the general population. Future work should examine its utility in clinical settings and different cultural contexts.

P-44. VALIDATION OF THE BRIEF SYMPTOM INVENTORY-9 IN A GENERAL POPULATION SAMPLE

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Background: The Brief Symptom Inventory (BSI-53) was originally developed as a short form of the Symptom Checklist-90-R. Subsequently, an 18-item version was established assessing psychopathology in terms of somatization (S), anxiety (A), and depression (D) - also known as the "SAD Triad". The BSI-18 has been shown to provide a valid assessment of the SAD Triad in adults from the general population. To further improve the ease of use as a clinical screening tool, the present study developed a 9-item version with three items per subscale capturing somatization, anxiety, and depression.
Methods: A representative sample of 2,516 German-speaking participants was recruited. Participants were surveyed for demographic information and completed a variety of self-report measures, including the BSI-18.
Results: Data were randomly split in two similar-size subsamples. Data set A was used for item selection. Confirmatory factor analysis was applied to data set B showing an acceptable model fit for a one-factor structure and an adequate fit for the 3-factor structure.
Conclusion: The 9-item Brief Symptom Inventory (BSI-9) demonstrated a structural validity that justifies using either a total score or the three subscales - providing researchers and clinicians with a brief tool to screen for anxiety, depression and somatization. As such, the BSI-9 can prevent potential overburdening research participants with lengthy self-report measures and flag patients who might need further assessment of distress related to somatization, anxiety, and depression.

Future Directions in Mental Health Care

P-45. OMITTED

P-46. EFFICACY AND SAFETY OF VARENICLINE FOR VAPING CESSATION: A SYSTEMATIC REVIEW AND META-ANALYSIS OF RANDOMIZED CONTROLLED TRIALS

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Background: Although varenicline is efficacious and safe for smoking cessation, its role in vaping cessation remains uncertain.

Methods: We searched MEDLINE, EMBASE, and the Cochrane Library for randomized controlled trials (RCTs) comparing varenicline with placebo for vaping cessation. The primary outcome was the most rigorous criterion of biochemically validated vaping abstinence at maximum follow-up. Secondary outcomes were 7-day point prevalence and continuous abstinence at end of treatment and maximum follow-up. Safety outcomes included any adverse events and serious adverse events. Relative risks (RRs) and 95% confidence intervals (CIs) were estimated using random-effects models.

Results: Three RCTs were included, comprising 178 participants randomized to varenicline and 177 to placebo. The mean participant age ranged from 21-54 years, and the proportion of males ranged from 46-51%. Treatment duration was 8-12 weeks, and maximum follow-up was 12-24 weeks. The pooled RR for varenicline versus placebo for vaping abstinence at maximum follow-up was 2.20 (95% CI 0.58-8.36). Varenicline was associated with doubling of 7-day point prevalence abstinence at end of treatment (RR: 2.29; 95% CI 1.21-4.33) and maximum follow-up (RR: 2.22; 95% CI 1.03-4.81). In the two trials reporting continuous abstinence, rates were greater with varenicline than placebo at end of treatment (51% vs 14% and 40% vs 20%) and maximum follow-up (28% vs 7% and 34% vs 17%). Most adverse events were mild and transient; serious adverse events were rare (range: 0-3%).

Conclusion: Varenicline appears safe and promising for vaping cessation. However, larger RCTs are needed to confirm its long-term efficacy and safety.

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