2026 ACADEMIC EXCELLENCE AWARDEES

Early Career Awardees selected to receive the Academic Excellence Award receive waived Congress registration for 2 years - year of award and the following Congress year.

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Samantha Johnstone, Canada
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2026 EARLY CAREER AWARDEES

Early Career Awardees are given a waived Congress registration and a monetary travel stipend to help offset some of the travel costs involved in participating in the Congress.

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Patricio Carvajal-Paredes, Chile
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Lawrence Kin-hei Chung, Hong Kong SAR China
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MEET THE 2026 EARLY CAREER AWARDEES

KAYLA MORGAN

Poster Title: Effects of Melodic Expectations on Induced Auditory Hallucinations

How prior information competes with new information to affect perception is a widely studied topic in research regarding hallucinations. The general view is that an overweighting of prior information explains why a percept can occur in the absence of an input. However, this topic must be further parsed to investigate whether the strength of the prior information has an effect on the degree to which they are overweighted, with the ultimate goal of answering the question of whether new priors are being acquired very easily or whether old priors are being held onto more strongly. To answer this question I developed a new version of the conditioned hallucinations task that utilizes the top-down process of musical expectation to pit newly learned melodies against already ingrained melodies. That is, if you were conditioned, using Pavlovian conditioning, to hear a specific note in the final position of Happy Birthday but the note does not play, would you hallucinate the conditioned note or the note you are accustomed to hearing at birthday parties? This setup allows us to further understand the cognitive underpinnings of hallucinations by specifically pointing to which type of prior belief is more likely to be overweighted. With a better understanding of why hallucinations occur and what causes one to change their beliefs, we will be able to better treat people who experience auditory hallucinations.

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SAMANTHA JOHNSTONE

Poster Title: Changes in Combustible Cigarette and Electronic Nicotine Delivery System Use Amongst People With and Without Schizophrenia Spectrum Disorders in the United States (2016-2023)

My research program focuses on understanding mechanisms of substance dependence among people with schizophrenia-spectrum disorders, to better inform treatments. People with schizophrenia tend to have higher rates of substance dependence, which has poor implications for prognosis and contributes to substantial disparities in morbidity and mortality. Presently, interventions for addiction tend to have limited effectiveness for people with schizophrenia, despite many people in this population being motivated to quit. Using mechanistic data to increase treatment effectiveness in this population may improve disease prognosis, symptom management, and overall health outcomes. To date, my research has involved methods such as basic behavioral laboratory paradigms, including my ongoing dissertation investigating short-term abstinence from nicotine vaping compared to abstinence from cigarette smoking amongst people with schizophrenia and without schizophrenia. I have also received investigated novel methods for treating substance use disorders in this population including combinations of psychosocial, pharmacological, and neuromodulation techniques. Finally, I have investigated cognitive, social-cognitive, and substance use characteristics amongst those with psychotic like experiences, to better understand how mechanisms operate along the schizophrenia spectrum. I look forward to continuing to grow my skillset to best serve this population with new and improved techniques. Relatedly, in my clinical work I aim to continue with diagnosis and treatment of people with schizophrenia-spectrum disorders within forensic and non-forensic populations. Ultimately, I aim to be able to integrate my clinical and research work on mechanistic interventions to support psychosocial functioning and well-being in the community.

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MEET THE 2026 EARLY CAREER AWARDEES

ANSON CHAU

Poster Title: The Relationship Between Psychotic, Post-Traumatic Stress Disorder and Dissociative Symptoms: A Network Analysis in Inpatients With Schizophrenia Spectrum Disorders

Hello everyone, my name is Anson Chau, and I am a Postdoctoral Fellow in the Department of Psychiatry at The University of Hong Kong. It is an honor to present my research as an Early Career Academic Excellence Awardee at the 2026 SIRS Congress. My research focuses on emotion differentiation in early psychosis and its associations with schizophrenia symptoms. Some people can easily tell whether they feel sad, anxious, lonely or frustrated. Others just feel bad. This skill —called emotion differentiation— is our ability to recognize subtle differences between emotions. It helps us understand what we need, choose how to respond, and manage stress more effectively. Researchers know that poor emotion differentiation is linked to mental health problems like depression. An important question is whether individuals with psychosis, especially in its early phases, also experience challenges in distinguishing emotions, potentially exacerbating stress and symptom expression. To explore this question, our research team used experience sampling methodology (ESM) — a technique that captures people's emotions in real time through a smartphone app. Several times a day for six days, individuals with early psychosis and healthy individuals reported how they were feeling (for example, happy, proud, anxious, or sad) and how stressful recent events had been. From these moment-by-moment reports, we calculated how distinctly each person experienced positive and negative emotions—essentially, how 'fine-tuned' their emotional experiences was... *(continued on next page)*

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CONTINUED

ANSON CHAU

Poster #2 Title: Momentary Emotion Differentiation in Early Psychosis and Its Associations With Stress Reactivity and Schizophrenia Symptoms:
Findings From Two Experience Sampling Studies

We found that individuals with early psychosis were just as capable as healthy individuals in telling emotions apart. But the way this ability related to stress was different. In healthy participants, being able to finely distinguish between emotions helped buffer against the impact of stress on mood, like a built-in stress shield. However, in early psychosis, this protective effect was weaker. In addition, among individuals with early psychosis, moments when they were better able to distinguish between different positive emotions were linked to fewer delusional experiences in daily life. These findings suggest that although people with early psychosis are not necessarily less capable of differentiating emotions, the benefits of this ability to manage stress may be less pronounced. Nonetheless, clearer differentiation of positive emotions appeared to be related to less delusional thinking in everyday contexts. This line of research opens intriguing new possibilities. If therapies can strengthen people's ability to recognize and label their emotions more finely, it might help improve stress management and reduce symptom severity in early psychosis. If you are interested in learning more about this research, I invite you to visit my poster session. I would be pleased to discuss our findings and their implications further. See you in Florence!

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MEET THE 2026 EARLY CAREER AWARDEES

ZUI NARITA

Poster Title: Mediators of Neurodevelopmental Risk and Social Adversity Pathways to Psychosis: The Role of Depression and Anxiety

I am a physician–scientist based in Japan, and my research centers on psychotic experiences as early indicators on the psychosis spectrum and as targets for prevention. By integrating psychiatric epidemiology with modern causal inference methods, including g-methods, causal mediation analysis, target trial emulation, I aim to move beyond descriptive associations toward clearer causal understanding. My work examines how social and environmental factors shape psychotic experiences and related outcomes. At SIRS 2026, I look forward to discussing how population-based causal evidence can complement clinical and neurobiological research in advancing early intervention for schizophrenia.

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LAWRENCE KIN-HEI CHUNG

Poster Title: From Motor Preparation to Sensory Processing Abnormalities: Corollary Discharge Dysfunction to Inner Speech in Schizophrenia and Its Relationship to Auditory Verbal Hallucinations and the Effect of Negative Content

Have you ever thought about why you're not able to tickle yourself? It turns out that our brain is constantly making predictions—known as corollary discharges—about the sensory consequences of our actions. When these predictive signals are correct, the self-generated sensations are suppressed—they feel subjectively less salient and evoke less neural response than identical sensations that are externally generated. This mechanism allows us to focus on potentially more consequential sensations from around us. This applies to the auditory domain, too, even when the action is imagined. While previous research has shown that the activity of the auditory cortex is suppressed in response to sounds from speaking, our research shows that inner speech produces the same effect: there is less activity in response to an audible syllable if its content matches that of a concurrent inner syllable. This provides evidence of the functional equivalence between overt and inner speech. It is believed that failure of this suppressive mechanism in inner speech may lead to auditory verbal hallucinations, as it blurs the line between self vs. others, leading to inner speech being misattributed to an external source. Indeed, our recent studies found that while healthy participants showed suppressed auditory activity during inner speech, people with schizophrenia who were experiencing hallucinations showed enhanced activity, with those without current hallucinations showing intermediate deficits between the two groups. In our latest study, the emotional content of inner speech appears to further affect how it is processed in the brain, especially in individuals who were hallucinating, providing a potential way to explain why voices are so often derogatory. Together, our work helps to link this brain mechanism of inner speech to auditory verbal hallucinations and suggests it may have utility as a biomarker.

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KARIN HUIZER

Poster Title: Spatial Profiling of the Blood-Brain Barrier in Schizophrenia

Breaking New Ground: Dr. Karin Huizer's Innovative Approach to Schizophrenia Research Dr. Karin Huizer is a psychiatry resident and researcher with a unique background spanning neuroscience, clinical genetics and neuropathology, she is pursuing three groundbreaking research lines that could transform care for patients with schizophrenia-spectrum disorders. Exploring the Blood-Brain Barrier Karin's first major project investigates the blood-brain barrier's role in schizophrenia-spectrum disorders using cutting-edge spatial multi-omics techniques on post-mortem brain tissue. Her innovative, high-risk proposal earned her a prestigious Dutch Research Council grant. Wholly novel findings from this project are presented during her poster presentation at SIRS 2026. The Ketone Connection Perhaps her most attention-grabbing work explores exogenous ketones as a potential novel treatment for schizophrenia-spectrum disorders. Leading the world's first pilot study on exogenous ketones in schizophrenia (Amsterdam UMC—a double-blind study with over 20 international experts—) Karin is testing whether exogenous ketones can address the hypothesized immunometabolic roots of schizophrenia and improve now treatment-resistant symptoms like cognitive dysfunction. The trial has already surpassed 75% enrollment, and her work has garnered national television features and international podcast appearances. Revolutionizing Biomarker Research Karin's third research line aims to transform psychiatric biomarker research through non-invasive electrochemical sensing techniques. Collaborating with bioengineering experts at the University of Texas, Dallas and a biotech startup (EnLiSense), she is working to create continuous profiles of dynamic biomarkers— allowing real-time monitoring of biomarkers reflecting circadian rhythm (cortisol, melatonin) and inflammation (IL-6, TNF-α). She believes this will yield advanced insights into pathophysiological processes in schizophrenia-spectrum disorders and will enable highly personalized treatment interventions. Together with the research field, Dr. Karin Huizer is aiming to help reshape how we think about schizophrenia and its treatment.

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MEREL KOSTER

Poster Presentation: Resting-State Connectivity and Tobacco Smoking in Clinical High-Risk for Psychosis (NAPLS-3)

My name is Merel Koster, and I will be presenting a poster at SIRS 2026 on tobacco smoking and changes in resting-state brain network connectivity in individuals at clinical high risk for psychosis (CHR-P). My PhD research focuses on investigating these shared neurobiological mechanisms and the consequences of smoking in early psychosis using different types of MRI modalities (ie., structural MRI, functional MRI, magnetic resonance spectroscopy, neuromelanin-sensitive MRI, and diffusion imaging). Tobacco use is alarmingly high in CHR-P (50%) and even higher in schizophrenia (65%). A rate three times higher than in the general population. Smoking in this group is linked to increased mortality, a higher risk of psychotic relapse, and more severe psychotic symptoms. Despite these serious health consequences, the mechanisms underlying this heightened vulnerability to tobacco addiction remain poorly understood. One hypothesis is that schizophrenia and nicotine dependence share common neurobiological mechanisms. Gaining insight into this shared neurobiology may help explain why individuals with psychosis are particularly susceptible to smoking. My SIRS 2026 poster presents a large-scale resting-state fMRI study using data from the North American Prodrome Longitudinal Study (NAPLS-3). The sample includes 486 CHR-P non-smokers and 101 CHR-P smokers, with a total of 929 scans collected over two-, four-, six-, and eight-month follow-ups. Smoking is already highly prevalent among CHR-P individuals, and while large-scale brain networks have been implicated in both psychosis and tobacco use, their relationship in CHR-P individuals has not yet been explored. Therefore, this study is the first to investigate how smoking relates to neural network connectivity in this CHR-P population. If you'd like to learn more about this work and our findings, please come along and visit my poster!

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MEET THE 2026 EARLY CAREER AWARDEES

IRIS HAMERS

Poster Title: Sex-Specific Longitudinal Trajectories of Clozapine Blood Concentrations Across Menopausal Ages

Poster #2 Title: Sex and Gender in Schizophrenia: Clinical, Biological, and Reproductive Perspectives

Sex hormones and midlife, and women's health in schizophrenia by: Iris Hamers Psychiatric research has traditionally relied on aggregated sex averages across the lifespan. While this approach can highlight general sex differences, it often obscures when vulnerability is highest and how risk changes over time. My research focuses on how hormonal transitions shape disease risk and treatment response in women with schizophrenia. Schizophrenia spectrum disorders affect both women and men, but their course differs. Women tend to develop symptoms later in life and often present with different symptoms. Around midlife, many women experience worsening symptoms, higher relapse risk, and increased need for care. This timing closely overlaps with the menopausal transition, a period marked by profound hormonal changes. Sex hormones such as estrogen influence not only reproductive health, but also brain function and pharmacokinetics. Estrogen is thought to have a protective effect in women with schizophrenia, and as levels decline during menopause, this protective effect may be reduced, potentially contributing to both symptom exacerbation and altered treatment response. To understand this vulnerable period, my work links population-level insights with clinical and pharmacological research. I study how patterns of illness differ between men and women and how hormonal changes during midlife affect antipsychotic efficacy and tolerability. Despite clear evidence for sex differences, treatment strategies remain largely uniform, even though hormonal status can affect both effectiveness and side effects. Women may experience adverse effects or reduced treatment response during specific life stages, highlighting the need for tailored monitoring and treatment. At SIRS, I will present work exploring sex differences in the course of schizophrenia across adulthood (Symposium: Sex and Gender in Schizophrenia: Clinical, Biological, and Reproductive Perspectives), as well as research examining how menopausal hormonal changes may influence antipsychotic levels (Poster: Sex-Specific Longitudinal Trajectories of Clozapine Blood Concentrations across Menopausal Ages).

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MEET THE 2026 EARLY CAREER AWARDEES

SEO HO SONG

Poster Title: Precision Augmentation of Restorative Sleep Through Neuromodulation-Powered Naps

Every night, as we sleep, our brains perform essential maintenance. Rhythmic electrical oscillations called sleep spindles—brief bursts of activity generated by thalamic circuits—consolidate memories, clear metabolic waste, and optimize cognitive function for the next time we are awake. For individuals with schizophrenia, this nightly repair system is fundamentally disrupted. The Problem: Cognitive impairment is one of the most debilitating and treatment-resistant features of schizophrenia. Despite decades of pharmacological development, we still lack effective interventions for the memory deficits, attention problems, and executive dysfunction that profoundly limit patients' daily functioning and quality of life. Emerging evidence points to a critical contributor: deficient sleep spindles and their coupling with slow oscillations. These oscillations are markedly reduced in schizophrenia, and their absence may deprive the brain of its key restorative process. Significance: If we can rescue the brain's natural sleep oscillations, we may unlock a fundamentally new therapeutic strategy—one that enhances cognition not by adding another medication, but by optimizing the brain's endogenous repair mechanisms. This represents a shift from symptom suppression toward circuit-level restoration. Research Direction: My research focuses on developing precision neuromodulation techniques to rescue these thalamic circuits. Using advanced non-invasive brain stimulation delivered during sleep, I aim to selectively enhance spindle activity in the specific brain regions showing dysfunction. Early work establishing high-definition stimulation protocols during EEG-monitored sleep has demonstrated feasibility. The next step involves targeting deeper thalamic structures with individualized precision and state-of-the art neuromodulation devices that permit stimulation with higher focality. The Broader Vision Success here could transform how we approach cognitive symptoms across serious mental illness. The ultimate goal of my work involves offering scalable, non-invasive interventions that strengthen the brain's own physiology. The promise is clear: better sleep, better cognition, better quality of life.

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CHAIMAA EL MOUSLIH

Poster Title: Context Matters: Task-Specific Reliability and Discriminability of Speech Markers in Schizophrenia

Poster #2 Title: Multilingualism and Psychosis: A Pre-Registered Scoping Review

My name is Chaimaa El Mouslih, and I am a Clinical Psychology PhD student at McGill University. I am co-supervised by Dr. Lena Palaniyappan, Director of the Center for Excellence in Youth Mental Health, and Dr. Debra Titone, Canada Research Chair in Bilingualism. My research interests focus on speech markers of psychosis, particularly their reliability and clinical relevance across different contexts, time points, and populations. I am especially interested in bilingual populations and in understanding what speech markers can tell us when linguistic history and proficiency are rich and complex. More broadly, I am interested in issues related to multilingualism and psychosis, such as which language should be used for diagnosis and clinical interviews, and how symptoms may be expressed differently across languages. These questions are particularly relevant in Montreal, given its rich linguistic diversity and large immigrant population. I am very much looking forward to sharing insights and exchanging ideas at the upcoming SIRS Congress. See you all in Florence!

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ALBAN VOPPEL

Poster Title: Distinguishing Negative From Depressive Symptoms Using Semantic Markers in Schizophrenia

Depression and negative symptoms in schizophrenia can look a lot alike in an interview: flat affect, low spontaneity, reduced emotional expression. But the distinction matters; if someone seems "flat," is that depression (treatable with antidepressants) or a primary negative symptom with different implications for prognosis and care? Clinicians often to make that call based on impression, and overlap makes it hard. In my presentation, I investigate whether brief speech samples can help. We analyzed picture-description recordings from 69 outpatients with chronic schizophrenia, using a multilingual transcript pipeline. From each transcript we extracted (1) sentiment-style measures (valence/arousal) and (2) semantic coherence measures (including word-to-word similarity and sentence-level perplexity from transformer language models), then trained classifiers to predict depressive symptoms and blunted affect. The models separated clinically significant depression and blunted affect with good accuracy, and they didn't rely on the same signals: depression was driven mostly by sentiment features, while blunted affect benefited from combining sentiment with perplexity/coherence. The long-term aim is a more direct "depression vs blunted affect" model for schizophrenia, something that could eventually support clinical decisions when impaired expression is ambiguous. Happy to talk about this and meet during the congress!

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FATIMA ABBOUD

Poster Title: Latent Dimensions of Formal Thought Disorder Predict Social and Occupational Functioning

My name is Fatima Abboud, M.Sc., and I am an early-career neuroscientist currently working at the Centre of Excellence in Youth Mental Health (CEYMH) at the Douglas Research Centre (Montreal, Canada), working under the supervision of Dr. Lena Palaniyappan. My research focuses on applying advanced data-analytic methods to improve mental health outcomes in youth at risk of psychosis, integrating my training in neuroscience and statistics with a commitment to advancing clinically meaningful research. A central feature of psychosis is formal thought disorder, reflecting disruptions in the organization and expression of thought. These disturbances are not only clinically informative but are also closely tied to long-term social and occupational functioning. Despite its importance, formal thought disorder remains difficult to assess in routine clinical practice, and there is a gap between what we know is clinically meaningful and what can realistically be measured in everyday settings. In my research, I examine whether a brief, speech-based assessment can capture the key dimensions of formal thought disorder and whether these dimensions are relevant for functional outcomes. Using a large, transdiagnostic sample, I show that a short clinical measure can identify distinct patterns of thought disorder that meaningfully predict social and occupational functioning over multiple timepoints. These findings suggest that efficient assessment tools can be both clinically informative and practically useful, supporting earlier identification and more targeted intervention for individuals experiencing psychosis.

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MONA DLIKAN

Poster Title: Investigating the Impact of rTMS on GABA Signalling and Negative Symptoms in Schizophrenia

My name is Mona Dlikan, B.Sc. in Electrical Engineering, and M.Sc. candidate in Biological and Biomedical Engineering at McGill University. I am a trainee at both the Centre of Excellence in Youth Mental Health within the Douglas Research Institute supervised by Dr. Lena Palaniyappan, and the McConnell Brain Imaging Centre of the Montreal Neurological Institute, supervised by Dr. David Rudko. Supported by committed supervisors and state-of-the-art facilities, I am well positioned to apply my technical and engineering skills to mental health research at a time of significant societal need. My interest in neuroimaging began based on my view of the brain as a complex circuit. Viewing neuronal connections as analogous to those on a printed circuit board allowed me to link my engineering background to the work I am conducting on understanding the brain in schizophrenia. At SIRS, I will be presenting a poster titled "Investigating the Impact of rTMS on GABA Signalling and Negative Symptoms in Schizophrenia". My poster documents my ongoing graduate research employing methods from both engineering and psychiatry: using Magnetic Resonance Spectroscopy (MRS) to study the impact of Repetitive Transcranial Magnetic Stimulation (rTMS) as a treatment for negative symptoms of schizophrenia. Importantly, negative symptoms, such as reduced motivation and communication, often have the greatest impact on quality of life in schizophrenia subjects, yet they remain difficult to treat. MRS can be thought of as a non-invasive biopsy tool for mapping neurometabolites in the brain, via an MRI scanner... *(continues on next page)*

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CONTINUED

MONA DLIKAN

Poster Title: Investigating the Impact of rTMS on GABA Signalling and Negative Symptoms in Schizophrenia

In our current work, I focus on GABA, the brain's primary inhibitory neurotransmitter that regulates neural activity. GABA is a primary interest in schizophrenia as GABA imbalances in the human prefrontal cortex are thought to contribute to negative symptoms. While current medications are effective for positive symptoms like hallucinations, they often fail to improve negative symptoms and may even worsen them. This has motivated interest in rTMS, a non-invasive intervention that delivers magnetic pulses to targeted brain regions to modulate neural activity. Our hypothesis is that rTMS produces measurable changes in GABA, directly affecting inhibition in the brain, and thus improving negative symptoms. By developing a processing pipeline to analyze MRS data, I have identified a preliminary relationship between changes in GABA and improvements in negative symptoms following rTMS treatment. Most participants showed negative symptom improvement, and GABA emerged as a significant predictor of that improvement. To summarize, there remains an unmet clinical need to better address negative symptoms in schizophrenia. By examining changes in the brain's neurochemicals, our work helps clarify how rTMS may be used as a treatment to improve the lives of people with schizophrenia and contributes to a deeper understanding of negative symptoms.

MEET THE 2026 EARLY CAREER AWARDEES

MATHILDE PARISI

Poster Title: Exploring the Role of Stigma and Reduced Facial Expressions in Shaping First Impressions of Individuals With Schizophrenia

Poster #2 Title: Emotional Mimicry and Smiling Behaviors in Schizophrenia: An Ecological Approach. Schizophrenia

My name is Mathilde Parisi, and I am a temporary research and teaching assistant at the University of Montpellier, affiliated with the EuroMov Digital Health in Motion laboratory. As you read this post, you are already forming first impressions of me. First impressions are rapid judgments we make about others based on very limited information. They can be influenced by stereotypes, physical appearance, and—if you were to meet me in person—by nonverbal behaviors. Once formed, these impressions can have powerful consequences, as they shape the quality of social interactions and our willingness to engage in future interactions. In my research, we focused on the first impressions formed about individuals with schizophrenia and examined whether these impressions may help explain social interaction difficulties. More specifically, we investigated the role of nonverbal behaviors and schizophrenia-related stigma in shaping how individuals with schizophrenia are perceived by the general population.

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GISELA MEZQUIDA

Poster Title: Mapping Genetic Architecture of Autistic Features and Negative Symptoms in Non-Affective Psychosis

I am a Lecturer Fellow at the Department of Clinical Foundations, Pharmacology Unit, University of Barcelona, and a General Health Psychologist specialised in neuropsychology and clinical research. I also collaborate within the Barcelona Clínic Schizophrenia Unit at Hospital Clínic de Barcelona, where I am part of the IDIBAPS and CIBERSAM research networks. My work is primarily focused on schizophrenia, particularly first-episode psychosis, clinical phenotypes, cognition, cognitive remediation, and the investigation of biomarkers that may guide personalised treatment approaches, long-term outcomes, and advanced ageing trajectories in psychosis. As a full-time academic, I integrate teaching, clinical care, and research, aiming to bridge evidence-based practice with translational neuroscience. My goal is to contribute to personalised and recovery-oriented psychiatry by combining clinical, neurocognitive, and biological markers to improve functional outcomes and quaility of life in severe mental disorders, especially schizophrenia. I'm excited to take part in the SIRS 2026 Congress and look forward to meeting colleagues, sharing ideas, and learning from the inspiring work happening across our field.

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YOHANNES GEBREEGZIABHER HAILE

Poster Title: Development and Evaluation of a Cognitive Battery for People With Schizophrenia in Ethiopia

Who am I: I am Yohannes Gebreegziabher Haile, a Postdoctoral Researcher at Addis Ababa University, Ethiopia, working under the African Mental Health Research Initiative (AMARI-II). My research is driven by a critical need in global mental health: the lack of culturally and linguistically validated cognitive measures for people living with schizophrenia in Low-Income Countries. The Challenge and My Work: Cognitive impairment is a core feature of schizophrenia, yet assessment tools are often developed in Western contexts and may not be suitable for diverse populations. To address this, my doctoral and postdoctoral work has focused on the development and evaluation of the Ethiopian Cognitive Assessment Battery in Schizophrenia (ECAS). The ECAS is designed to be: • Feasible: It takes about 30 minutes to administer, making it practical for clinical settings. • Reliable and Valid: Our research demonstrates high inter-rater and test-retest reliability, along with strong sensitivity and specificity for identifying cognitive deficits. • Culturally Relevant: By validating tools such as the ECAS and the Amharic version of the Cognitive Assessment Interview (CAI-A), we are providing clinicians and researchers in Ethiopia with the means to accurately measure patient outcomes. Why This Matters: With multiple publications in high-impact journals, my work aims to standardize cognitive assessment in Ethiopia. Validated tools are the first step toward developing targeted cognitive remediation therapies and improving the overall quality of life for individuals with schizophrenia in the region. Looking Ahead: As I head to Florence for the SIRS 2026 conference, I am excited to share our findings and discuss future directions, including extending the ECAS to non-literate populations and norming the battery in Ethiopia. I look forward to collaborating with international experts to expand the use of culturally sensitive cognitive tools in diverse global contexts. Feel free to reach out to me during the conference or via email at yohannes36@gmail.com.

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MOHAMMED ALARABI

Poster Title: Clozapine Titration Rates Predict Myocarditis but Not CRP or Troponin Trajectories: A Retrospective Analysis of a Large Cohort of Clozapine Initiations

My name is Mohammed Alarabi, and I am a psychiatrist currently working in Riyadh, Saudi Arabia. I am honored to be a recipient of the SIRS Early Career Award. My goals at this stage of my career revolve around collaborating with other researchers to improve the care and understanding of individuals living with schizophrenia, especially in my region, where the literature remains limited. My research interests lie in the phenomenological psychopathology of psychosis, specifically how the structure of subjective experience is altered in illness and how careful attention to these changes can inform clinical diagnosis and targeted interventions. I am also interested in making antipsychotic treatment safer, especially clozapine, for the vulnerable group of patients who benefit from no other intervention. At the 2026 SIRS Congress, I am presenting research on a persistent clinical challenge when initiating clozapine: the risk of myocarditis. Clozapine remains the most effective treatment for individuals with treatment-resistant schizophrenia, yet early discontinuation due to concerns about myocarditis continues to limit its use. In our study, we analyzed hundreds of clozapine initiations at the Centre for Addiction and Mental Health in Toronto, Canada, with the help of the hospital's clozapine coordinator. We examined titration rates, the trajectories of myocarditis biomarkers, and cardiologist-diagnosed myocarditis during the first few weeks of clozapine initiation. The findings shed light on the relationship between titration speed and myocarditis risk and on how biomarker levels change during the titration period. I hope this work helps clinicians navigate the challenge of clozapine initiation with greater confidence and safety.

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ERIK VELEZ-PEREZ

Poster Title: Retinal Microarchitecture Identifies Biologically Subgroups Across the Psychosis Spectrum

Early Career Awardee Spotlight Erik Velez-Perez, MD-MPHc 2026 SIRS Early Career Awardee Erik Velez-Perez is proud to be a Boricua. He was raised in Puerto Rico during years that demanded resilience and adaptation. In 2017, Hurricane María (a Category 5 hurricane) disrupted healthcare systems and infrastructure across the archipelago. Earthquakes followed. The COVID-19 pandemic arrived before stability had returned. These events shaped how he understands health: systems matter, continuity matters, and people living with serious mental illness are especially vulnerable when structures fail. He witnessed how schizophrenia becomes harder to manage when appointments are delayed, medications are inconsistent, and families are under strain. Illness does not unfold separately from context. It is shaped by it! That understanding continues to guide his work. Now an MD-MPH candidate at Ponce Health Sciences University in Puerto Rico, Erik studies retinal structure and function in psychosis-spectrum disorders, guided by Dr. Paulo Lizano, MD, PhD. His work examines these biological measures alongside social drivers of health that influence the expression of illness, access to treatment, and long-term outcomes. As the first author of a recent publication in Molecular Psychiatry, he led one of the largest investigations to date evaluating retinal layer alterations across the psychosis spectrum using UK Biobank data. The study identified associations between photoreceptor-layer thinning and cognitive performance, contributing to ongoing efforts to refine retinal imaging as a scalable tool for understanding brain-related vulnerability. For Erik, advancing research also means building community... *(continues on next page)*

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ERIK VELEZ-PEREZ

Poster Title: Retinal Microarchitecture Identifies Biologically Subgroups Across the Psychosis Spectrum

The same perspective that shapes his science — that progress depends on context and collaboration — motivated him to establish Psicosis Foundation LLC (www.psicosis.org). This non-profit organization in Puerto Rico supports mentorship and transdisciplinary collaboration in research and education on serious mental illness. It reflects his belief in Puerto Rico's scientific talent and his commitment to creating structures that allow emerging investigators and health professionals to thrive and contribute internationally. As a 2026 SIRS Early Career Awardee, Erik receives this recognition with gratitude, humility, and purpose. It reflects mentorship, collaboration, and sustained effort. The moment resonates with words recently shared by Benito Antonio Martínez Ocasio (Bad Bunny) — "nunca, nunca dejé de creer en mí… tú también deberías creer en ti; vales más de lo que piensas." That message — steady belief paired with disciplined work — continues to guide him. As a future psychiatrist, Erik remains committed to the clinical realities of schizophrenia care. Beyond biomarkers and publications are individuals and families navigating complex illness. His goal is not only to study psychosis, but to strengthen early identification, support consistent treatment, and contribute to care that helps people regain stability and opportunity. For Erik, this award reinforces a long-term responsibility — to advance rigorous research while remaining closely connected to the lived experience of those with schizophrenia. A proud Puerto Rican physician-scientist, he continues that work with discipline, clarity, and a commitment to bringing science closer to the people it serves.

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SANTIAGO CASTIELLO DE OBESO

Poster Title: Counterfactual Learning in Paranoia and Spiritual Events

Hearing Voices: Between Revelation and Psychopathology (a reflection) by Santiago Castiello de Obeso, D.Phil., M.Sc. The history of humans is inextricably intertwined with the phenomenon of hearing voices, from the prophets of antiquity to the modern psychiatric ward. While hearing voices is often viewed through the lens of psychopathology, Auditory Verbal Hallucinations (AVH) are surprisingly common, occurring in over 5% of the general population—a far higher prevalence than the <1% diagnosed with schizophrenia. This suggests a "psychosis continuum" where the experience of hearing voices does not always lead to a need for clinical care. A fundamental key to understanding this phenomenon lies in Non-Clinical Voice Hearers (NCVH), many of whom identify as clairaudient psychics and spirit mediums. Unlike patients who experience significant distress, NCVH often maintain high social functionality and may find comfort or meaning in their voices. They serve as an ideal ecological model of how AVH is compatible with social functioning, revealing how and which protective factors—such as a sense of control over the perceptual experience and a spiritual framework—can prevent the transition from AVH to a psychiatric symptom. I believe the future of schizophrenia research should move toward the qualitative dimensions of how voice-hearers relate with their voices, ensuring that those with lived experiences are central to the scientific agenda. Additionally, by highlighting the functionality of NCVH, we could socialize the experience of voice-hearing, shifting the societal narrative from one of taboo and stigma to one of diversity of experiences and human complexity.

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GABRIELE PEZZULLO

Poster Title: Impairment of Pragmatic Abilities in Schizophrenia: Associations With Symptom Dimensions and Cognitive Domains

Hi, I'm Gabriele Pezzullo, a psychiatry resident at the University of Naples Federico II. My work sits at the intersection of clinical psychiatry and digital biomarkers, with the goal of supporting earlier and more reliable clinical stratification through AI and machine learning. I'm interested in using digital tools because they can capture aspects of behavior and functioning in a measurable and repeatable way—adding granularity to what we already do clinically, and helping us move from broad categories to more informative, individual profiles. Among my research interests, language is a key one. Currently, I'm studying both natural language processing—as a way to extract measurable signals from speech and text that can complement clinical assessment—and pragmatic abilities. In schizophrenia, communication difficulties are common and can strongly affect day-to-day functioning. In particular, pragmatic abilities—the use of language in context—are often altered: this includes maintaining coherence, being appropriately informative, following conversational rules, and understanding figurative or non-literal meaning. These skills sit at the crossroads of cognition, social inference, and symptom expression, making them a clinically meaningful dimension to assess. My poster focuses on pragmatic language abilities in schizophrenia—how people use language in context (e.g., coherence, informativeness, and understanding non-literal meaning). The key idea is that pragmatic impairment is not a marginal feature: it can capture clinically meaningful variability linked to symptom dimensions and cognitive functioning, with direct implications for monitoring and targeted rehabilitation.

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ARVIN HAGHIGHATFARD

Poster Title: Gene Expression Analysis of the Five Mitochondrial Oxidative Phosphorylation Complexes in Schizophrenia

A Message from Dr. Arvin Haghighatfard, Ph.D. I am deeply honored and grateful to receive the Early Career Award from the Schizophrenia International Research Society (SIRS), to be presented at the Schizophrenia International Research Society 2026 Conference (SIRS2026). My academic and scientific path has been consistently shaped by schizophrenia research. My master's thesis about the role of mitochondrial dysfunction in psychiatric illness. I later expanded this focus during my PhD, entitled "Gene expression profiling of Iranian patients with schizophrenia, type A personality disorders and methamphetamine-induced psychosis," where I adopted genome-wide approaches to explore shared and distinct molecular mechanisms underlying psychosis. Together, these projects formed the foundation of my long-term research vision: to understand schizophrenia as a disorder of interconnected biological systems rather than isolated genes. From the early psychoanalytic views of Sigmund Freud in the first half of the 20th century—when schizophrenia was largely understood as a disorder of libidinal withdrawal, disturbed ego–reality relations, and symbolic meaning—our perception of the illness has undergone a profound transformation since the 1950s. Advances in molecular genetics, neurobiology, and brain imaging have shifted the field toward viewing schizophrenia as a disorder emerging from highly complex genetic and epigenetic architectures, interacting with neurodevelopmental processes and large-scale brain-network alterations, particularly within prefrontal and cortico-subcortical circuits... *(continues on next page)*

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CONTINUED

ARVIN HAGHIGHATFARD

Poster #2 Title: Using Graph Theory to Identify Gene-Ontology-Based Biomarkers From a Genome-Wide Association Study of Schizophrenia Patients With Suicidal Tendency

Today, schizophrenia is increasingly conceptualized as a systems-level disorder involving dysregulated mitochondrial bioenergetics, synaptic signaling, immune pathways, and transcriptional networks rather than isolated psychological conflicts. In this modern framework, artificial intelligence and network-based algorithms have become essential tools for integrating genome-wide variation, gene-expression profiles, neuroimaging markers, and electrophysiological data to uncover latent biological patterns underlying psychosis. Building on this paradigm shift, my research aims to bridge these domains by combining gene-expression analyses of mitochondrial and dopaminergic pathways, genome-wide association studies linked to cognitive and EEG phenotypes, and graph-theory–based modeling to identify biologically meaningful networks related to schizophrenia and its clinical outcomes. Through the application of AI-driven, multimodal analytic approaches, my work seeks to move beyond descriptive models toward a mechanistic understanding of schizophrenia etiology, aligning contemporary computational psychiatry with the long-standing goal of explaining how disturbances at the molecular level give rise to altered brain function and complex psychiatric symptoms. At SIRS2026, I am presenting three studies that reflect the evolution of this vision. The first examines gene expression profiles in the postmortem prefrontal cortex of individuals with methamphetamine-induced psychosis and schizophrenia. We identified overlapping disruptions in dopaminergic signaling, immune pathways, and mitochondrial function, suggesting shared biological vulnerabilities across psychotic disorders. At the same time, distinct alterations—particularly in cAMP–CREB signaling—highlight potential mechanisms differentiating substance-induced psychosis from schizophrenia. The second study focuses on mitochondrial oxidative phosphorylation in schizophrenia, analyzing the expression of all genes encoding the five mitochondrial respiratory complexes in a large patient cohort... *(continues on next page)*

CONTINUED

ARVIN HAGHIGHATFARD

Poster #3 Title: Gene Expression Profiling of Postmortem Prefrontal Cortex in Methamphetamine-Induced Psychosis and Schizophrenia Patients

Significant dysregulation was observed primarily in complexes I, III, and V, with altered expression correlating with executive-function impairments such as deficits in working memory and attention. These findings strengthen the hypothesis that impaired neuronal bioenergetics plays a central role in cognitive dysfunction and disease severity in schizophrenia. My third project moves toward a systems-level framework by integrating genome-wide association data, EEG measures, and graph-theory network modeling to investigate suicide risk in schizophrenia. Rather than focusing on individual variants, this approach identifies gene-ontology modules and hub genes involved in dopaminergic pathways, neurodevelopment, mitochondrial function, and synaptic organization. This work underscores the importance of network-based strategies for understanding complex clinical outcomes such as suicidal behavior. Building on these findings, my next research phase aims to develop artificial intelligence and machine-learning models that integrate genetic, transcriptomic, neuroimaging, and electrophysiological data. By combining multi-omics data with structural and functional brain measures, I seek to identify biologically meaningful subtypes of schizophrenia that are invisible to traditional diagnostic frameworks. Such models could support earlier intervention and more personalized treatment strategies, especially in resource-limited settings where precision tools are urgently needed. My research places a strong emphasis on underrepresented populations, particularly Middle Eastern cohorts, which are often absent from large psychiatric genomics studies. By contributing data and methodological innovation from these populations, I aim to help reduce global inequities in schizophrenia research and improve the generalizability of biological findings. It provides critical visibility and momentum to establish new collaborations in AI modeling, graph neural networks, and multimodal data integration—tools that are essential for addressing the complexity of schizophrenia biology. Ultimately, my long-term goal is to help build a translational framework in which genetic and neurobiological data inform real-world clinical decisions. Schizophrenia remains one of the most disabling psychiatric disorders worldwide, and progress will depend on interdisciplinary approaches that bridge genetics, neuroscience, and data science. Receiving the SIRS Early Career Award is both an honor and a responsibility. I am grateful to my mentors, collaborators, and research teams, and I look forward to contributing to the ongoing international dialogue at SIRS2026 as we work toward a more precise and biologically informed understanding of schizophrenia.

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ARVIN HAGHIGHATFARD

Poster Title: Gene Expression Analysis of the Five Mitochondrial Oxidative Phosphorylation Complexes in Schizophrenia

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RAMON FERREIRA

Poster Title: Whisper Under Uncertainty: Semantic Instability Drives Automatic Speech Recognition Failure in Psychosis

When Meaning Drifts: Probing the Boundaries of Predictable Speech in Psychosis What happens when speech remains grammatically intact, but meaning itself begins to drift? How do listeners — human or artificial — cope when discourse no longer unfolds in a predictable way? These questions lie at the heart of my research on language and psychosis. Rather than treating disorganized speech as a collection of local errors, I study how disruptions in semantic integration and discourse dynamics alter the very conditions under which meaning can be anticipated and understood. I am a PhD student in Mental Health (McGill University) and Medical Anthropology (Universitat Rovira i Virgili), with a background in clinical psychology and interdisciplinary training that bridges philosophy, public health, and psychopathology. My work connects phenomenological accounts of disordered thought with computational models of language, focusing on how altered discourse organization emerges in psychotic-spectrum disorders. In recent studies, I use automatic speech recognition (ASR) systems and language models not merely as tools, but as probes of predictive alignment. Because modern ASR relies on hierarchical probabilistic prediction, its failures reveal when speech becomes dynamically incompatible with learned linguistic expectations. Rather than reflecting isolated errors or noise, transcription breakdowns index sustained regimes of semantic and discourse-level misalignment. Using measures such as lexical surprisal, semantic embeddings, and dynamic time warping, I show that ASR failure in psychosis is driven by deformation of meaning trajectories across time, not by local syntactic deficits. More broadly, my work challenges reductionist approaches that isolate linguistic features from lived experience. Language operates as an integrated system across morphology, syntax, semantics, and pragmatics — and its breakdown carries narrative and experiential significance. By combining computational rigor with clinical interpretation, I aim to develop markers that are both empirically grounded and clinically meaningful. At SIRS 2026, I look forward to discussing how predictive-processing and discourse-level approaches can enrich our understanding of formal thought disorder, bridge computational psychiatry and phenomenology, and contribute to more precise and humane models of assessment in psychosis.

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ANUSHREE BOSE

Poster Title: Whisper Under Uncertainty: Semantic Instability Drives Automatic Speech Recognition Failure in Psychosis

Dr. Anushree Bose — DBT-Wellcome Trust India Alliance Early Career Fellow | Dr. Bose brings fourteen years of hands-on research experience in transcranial direct current stimulation (tDCS) therapy for treating symptoms of severe mental disorders. Her work involves the application of tDCS protocols to understand the effects of neuroplasticity on symptoms such as auditory hallucinations. At the National Institute of Mental Health and Neurosciences (NIMHANS), India, she has played a critical role in the standardization of tDCS and HD-tDCS protocols used in transdiagnostic clinical practice. To date, she has delivered more than 5,000 tDCS sessions across patient and control populations, and she is a lead instructor for Non-Invasive Brain Stimulation workshops at NIMHANS, training clinicians in safe, evidence-based application. Her research portfolio includes numerous peer-reviewed publications and ongoing peer-review service for international journals, reflecting a commitment to rigorous methods and clear reporting. Dr. Bose's work connects laboratory findings to clinical practice—improving how treatments are delivered and how clinicians are trained. At the Congress, she will present findings from her ongoing DBT-Wellcome Trust India Alliance–funded Fellowship project, comparing conventional and accelerated tDCS protocols for the treatment of auditory hallucinations in schizophrenia—a timely discussion for those interested in evolving neuromodulation protocols that benefit patients.

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INKYUNG PARK

Poster Title: Longitudinal Effects of Clozapine in Treatment-Resistant Schizophrenia: Trait-Related Cortical Gyrification Deficits and State-Dependent Changes in Cortical Thickness

My name is Inkyung Park, and I am a postdoctoral researcher specializing in neuroimaging-based biomarkers of severe mental illness, with a particular focus on schizophrenia and obsessive–compulsive disorder (OCD). My research centers on how early neurodevelopmental processes shape brain structure and contribute to clinical heterogeneity, treatment response, and long-term outcomes. Using large-scale structural MRI data, I investigated cortical gyrification as a stable marker of neurodevelopmental vulnerability, with a particular focus on differences between early- and late-onset OCD. My previous work has also demonstrated that both genetic high risk for schizophrenia and treatment-resistant schizophrenia are associated with distinct patterns of cortical gyrification, suggesting that neurodevelopmental alterations may help define biologically and genetically meaningful subtypes within psychiatric disorders. At the 2026 SIRS Congress, I will present longitudinal findings examining changes in cortical gyrification and cortical thickness following clozapine treatment. While cortical gyrification is thought to reflect early neurodevelopmental vulnerability and genetic liability, cortical thickness may be more sensitive to longitudinal changes related to illness progression and treatment exposure. By focusing on rates of change rather than cross-sectional differences alone, this work aims to better understand longitudinal brain structural changes in severe mental illness and their relationship to treatment exposure trajectories, within the context of underlying neurodevelopmental vulnerability. Ultimately, my goal is to contribute to a more biologically informed framework for psychiatric diagnosis and treatment that moves beyond symptom-based categories and toward individualized, mechanism-based understanding. I look forward to sharing this work and engaging in discussion with colleagues at the Congress.

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GERARDO MENDEZ VICTORIANO

Poster Presentation: Dopaminergic Neuron Loss in the Midbrain of Individuals With Inflammation-Associated Schizophrenia and Bipolar Disorder

Is Dopamine Always Overactive in Psychosis? Evidence of Inflammation-Associated Dopaminergic Neuron Loss Psychotic disorders are often described as conditions of excessive subcortical dopamine signaling. But what if this model only applies to some patients—and misses a fundamentally different biology in others? My research examines dopamine systems in schizophrenia and bipolar disorder through the lens of inflammation. Using human postmortem midbrain tissue, we measured dopamine-related gene expression and directly counted dopaminergic neurons in the substantia nigra. Rather than treating diagnosis as a single entity, individuals were stratified based on inflammatory markers. We found that reduced dopamine-related transcripts and fewer dopamine neurons were specific to individuals with high inflammation in both schizophrenia and bipolar disorder. These findings suggest that, in these subgroups, dopamine dysfunction may reflect compromised neuron integrity or neuron loss rather than persistent hyperactivity. This challenges the idea of a uniform hyperdopaminergic state in psychosis and points to inflammation as a key factor shaping dopamine pathology. Recognizing these biologically distinct subgroups may help explain treatment variability and open the door to immune-informed and neuroprotective therapeutic strategies. I look forward to discussing how inflammation may redefine dopamine models in psychotic disorders at SIRS 2026!

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CATHERINE BARNES-SCHEUFLER

Poster Presentation: A Transdiagnostic Investigation of Working Memory Capacity in Schizophrenia, Bipolar Disorder, Major Depressive Disorder and Attention-Deficit/Hyperactivity Disorder

Working memory deficits are a major driver of poor everyday functioning and reduced quality of life across many psychiatric disorders. Yet these impairments are rarely targeted directly in clinical care. My research aims to identify specific working memory deficits as measurable biomarkers in order to translate this knowledge into targeted interventions — with the goal of improving real-world functioning and quality of life for affected individuals.

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MOHHADIAH RAFIQUE

Poster Title: From Codeine Culture to Psychosis Risk: Recreational Use of Behavioural Medicine Among South African Youth

Poster #2 Title: Exploring Meaning-Making of Schizophrenia Amongst Coloured Communities in Cape Town, South Africa

Hello from me, Moh, to the world There are moments when I pause and feel a deep sense of awe, seeing my name in spaces my ancestors could never have imagined. Each opportunity to present my work feels bigger than me. It feels like a responsibility to share stories and knowledge that are often overlooked, silenced, or misunderstood. My PhD journey didn't begin with certainty. I drafted multiple proposals, all circling mental health and transgenerational trauma. What stayed constant was my belief that we cannot address present-day challenges or imagine better futures without reckoning with the past. History lives in bodies, families, and communities, even when it is unnamed. Things shifted when I was introduced to schizophrenia spectrum disorders. Curiosity led me down unexpected paths, into historical archives, cultural interpretations, and lived realities across the African diaspora. Schizophrenia is often spoken about clinically, but rarely culturally. Rarely relationally. And rarely through the voices of those who live alongside it every day. As a Coloured woman, and someone who has witnessed people close to me experience psychosis, I began asking different questions. How do Coloured people make sense of schizophrenia together with their caregivers? What cultural, spiritual, or sociohistorical meanings shape how diagnosis, relapse, and recovery are understood? And what happens when this meaning-making unfolds within a contested identity, one often positioned outside Africanness, outside Indigeneity, and falsely described as having "no culture at all"? Developing this research protocol took time, patience, and humility. I spent long hours learning, listening, and sitting in both research and clinical spaces, observing and reflecting. These moments reinforced why this work matters. Coloured communities are creolised, heterogeneous, and deeply storied, yet our narratives are frequently flattened or ignored within mental health systems. My research is not about offering quick fixes. It is about creating space for stories, for complexity, and for recognition. By centring lived experience, I hope to contribute to mental health systems that are more humane, decolonial, culturally responsive, and grounded in the realities of the people they serve. If this sparks a question, a pause, or a sense of curiosity, then the conversation has already begun.

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ALESSANDRA MARTINELLI

Poster Title: Sex Differences in Schizophrenia Spectrum Disorders Using Digital Biomarkers and Artificial Intelligence

Alessandra Martinelli, M.D., Ph.D. Psychiatrist and Clinical Researcher Head of the Research Unit of Rehabilitation and Social Psychiatry IRCCS Fatebenefratelli – Saint John of God Clinical Research Centre, Brescia, Italy From the beginning of my psychiatry training I have been driven by one question: how can we help people with severe mental disorders not only reduce symptoms but build meaningful, resilient lives in the community? This led me to complete a PhD at the University of Verona in collaboration with University College London, focusing on social psychiatry, rehabilitation, and supported accommodation services. I had training and clinical and/or reseach experiences across the world (the UK, Mexico, France, Brazil, India, Denmark, Belgium, Germany, the Netherlands). I contributed to the translation and/or validation of recovery-oriented service tools - the Quality Indicator for Rehabilitative Care – Supported Accommodation (QuIRC-SA), the Flexible Assertive Community Treatment (FACT) Manual, and the Italian Monitoring of the Pathway of Rehabilitation (MPR) and My Mind Star - aiming to measure real-world functioning and service performance. Since 2022 I have worked as a psychiatrist and clinical researcher at the IRCCS Fatebenefratelli – Saint John of God Clinical Research Centre in Brescia, where since 2026 I lead the Research Unit of Rehabilitation and Social Psychiatry... *(continues on next page)*

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ALESSANDRA MARTINELLI

Poster Title: Sex Differences in Schizophrenia Spectrum Disorders Using Digital Biomarkers and Artificial Intelligence

My work now focuses on advancing precision psychiatry in severe mental disorders, particularly schizophrenia, by integrating biological, behavioral, and social dimensions of recovery. Through large multicenter projects, I developed expertise in digital phenotyping using ecological momentary assessment and accelerometry to capture daily experiences and activity patterns, revealing clinically relevant sex- and context-specific differences. As Principal Investigator of the EMPOWER-RES study ("Real-time Experiences, Physical Activity, and Biological Outcomes in Personal Recovery Residents"; ClinicalTrials.gov NCT06914622), I am leading one of the first projects combining personal recovery outcomes with real-time behavioral monitoring and biological markers, including hormonal, inflammatory, extracellular vesicle, autonomous system and microbiome indicators, in people living in supported accommodation services, alongside collaborations in European projects exploring biomarkers, lifestyle, and treatment response. Alongside research, I remain strongly committed to clinical practice, service development, and knowledge translation, and I hold international leadership roles as President of Young EAOF (European Assertive Outreach Foundation) and Board Member of EUCOMS (European Community based Mental Health Service Providers Network). To date I have authored over 30 peer-reviewed publications and received several international awards. Receiving the 2026 SIRS Early Career Award supports a key transition toward building a multidisciplinary program on resilience and precision psychiatry in psychosis. My goal is to develop scalable, recovery-oriented interventions grounded in real-world data and patient partnership, contributing to a psychiatry that is more precise, participatory, and recovery-focused.

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ALESSANDRA MARTINELLI

Poster Title: Sex Differences in Schizophrenia Spectrum Disorders Using Digital Biomarkers and Artificial Intelligence

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MAITE ARAMBURU

Poster Title: Scientific Poster: Early Adversity-Related Amygdala Connectivity and Vagal Rhythm Integration in Schizophrenia

Understanding Emotion Regulation Through Neural–Autonomic Interactions in Schizophrenia Difficulties in emotion regulation are among the most impactful challenges for many people with schizophrenia. They influence daily functioning, social interactions, and long-term outcomes. Traditionally, emotion regulation has been examined primarily from a brain-centered perspective, but growing evidence suggests it also involves close coordination with the autonomic nervous system. My research approaches emotion regulation from a neural-autonomic perspective. Specifically, it examines how neural networks involved in emotion regulation relate to autonomic cardiac regulation, assessed through heart rate variability measures across wake-sleep cycles. To investigate this interaction, resting-state fMRI is combined with 24-hour heart rate variability recordings. This approach allows us to study how emotional and physiological regulation unfold and interact in everyday life. Our findings indicate that people with schizophrenia show differences both in vagal cardiac activity and in functional connectivity, specifically between the amygdala and circuits involved in emotion regulation such as prefrontal and fronto-parieto-occipital networks. These patterns are also linked to how individuals report managing emotions in daily life. Importantly, emotion regulation develops through ongoing interactions between neurobiological systems and environmental experiences across development, including exposure to adverse childhood experiences. Examining the relationship between neural and autonomic processes may help delineate the mechanisms through which developmental and biological factors contribute to emotional vulnerability in schizophrenia. Why is this relevant? Viewing emotion regulation as a process supported by both neural and autonomic systems may help identify clinically meaningful markers of vulnerability and heterogeneity in schizophrenia. It also encourages research frameworks that consider physiological regulation alongside neural function. Overall, this work contributes to a more integrative account of emotion regulation in schizophrenia, where emotional functioning is understood as emerging from coordinated neural and autonomic processes shaped across development and experience. I look forward to sharing more about this work at the SIRS Congress!

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FEDERICA IANNOTTA

Poster Title: Artificial Intelligence–Based Rating of the Thought and Language Disorder Scale in Schizophrenia

I am a clinical psychiatrist and a PhD student in Neuroscience at the University of Naples Federico II, and my work focuses on schizophrenia and neurodevelopmental disorders across both clinical and research settings. In schizophrenia, one of the biggest challenges in everyday practice is the early recognition of patients who are unlikely to respond to standard treatments. My research focuses on developing and validating AI-based tools that use multimodal data—including clinical information, speech recordings, movement data, and EEG—to automatically capture key psychopathological dimensions and support the early identification of patients at risk of poor treatment response. By integrating clinical assessments with digital and behavioral markers, I aim to develop decision support systems that translate complex data into clinically meaningful information to guide more tailored treatment strategies. In the long term, I am particularly interested in deepening our understanding of the biological mechanisms underlying schizophrenia and in bridging biological, clinical, and computational approaches to improve early diagnosis and support more tailored interventions.

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SHAOLING ZHONG

Poster Title: Psychosocial Antecedents and Suicidal Outcomes of Developmental Trajectories of Psychotic-Like Experiences, Depression, and Anxiety in Young Adults: A Longitudinal Study

Hello everyone, I am Shaoling Zhong from the Affiliated Brain Hospital, Guangzhou Medical University. My research focuses on social psychiatry and community mental health. My primary interest lies in schizophrenia spectrum disorders and risk prediction—including suicide, violence, and mortality outcomes—with the goal of early identification and intervention to improve patient outcomes. Psychotic-like experiences, depression, and anxiety frequently co-occur during early adulthood and are strongly associated with elevated suicide risk. However, we rarely examine how these symptoms develop together over time. Our research question was: Can we identify distinct developmental patterns of co-occurring symptoms, and do these trajectories have different psychosocial antecedents and suicide risk profiles? We conducted a three-year longitudinal study following 7,272 Chinese university freshmen with annual assessments. Using parallel-process latent growth curve modeling, we identified four distinct joint trajectories: Stable-Low, Stable-Mild, Mood-Increasing, and Psychotic-Increasing. Our findings revealed several important patterns. Childhood trauma—particularly emotional, sexual, and physical abuse—showed consistent associations across higher-risk trajectories. Life stress across all domains predicted membership in riskier trajectories, while social support from family and friends demonstrated protective effects. Most strikingly, compared to the Stable-Low group, individuals in the Psychotic-Increasing trajectory had 36-fold increased odds of suicidal thoughts and behaviors, while the Mood-Increasing group showed 33-fold increased odds. Population-level analysis revealed that the majority of cases with suicidal outcomes were attributable to these higher-risk trajectories. These findings suggest that joint trajectory modeling of co-developing symptoms may significantly improve early identification of high-risk youth. Clinically, interventions targeting childhood trauma, ongoing stress management, and strengthening social support networks could potentially reduce suicide risk in vulnerable young adults. Thank you.

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RUI HE

Poster Title: From Sense to reference:
Decreased Distances between
Lexical-Conceptual Graphs and Coreference
Graphs in Psychosis
Speech

Poster #2 Title: Hierarchical Brain Organization
Changes in Early psychosis:
Evidence from the Hcp-Ep Cohort

Language is where cognition reads itself out. Speaking and listening convey not only what is said, but also the dynamics of thoughts emerging, connecting, wandering, and snapping back into place. In serious mental disorders, subtle shifts in how these dynamics are organized can be clinically meaningful, yet consistent quantification remains challenging. My research treats language, especially spontaneous speech, as a cost-effective yet information-rich lens on mental states. I use large language models to translate speech and transcripts into clinically useful signals for schizophrenia spectrum classification and symptom severity prediction, with the longer-term aim of supporting early relapse risk monitoring. At SIRS 2026, I will participate in a symposium and present my recent engineering work on PANSS symptom prediction from spontaneous speech. But engineering is only half the story. My work is also driven by deeper mechanistic questions about language, models, and the brain. I study how brain function is organized along a large-scale cortical hierarchy. I investigated alterations of this hierarchy in psychosis, and linked these changes to disruptions in language organization. In parallel, I studied the internal mechanisms of large language models, not as replacements for human cognition, but as computational testbeds whose successes and failures help clarify what our language profile exhibits, and why they work or fail in clinical settings. Together, these efforts aim towards a more principled, neurobiologically grounded account of what language is and how it changes in psychosis. If you are interested in my work, please feel free to stop by my presentation and posters, or reach out during the congress.

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ALENA GIZDIC

Poster Title: Autoscopic Self-Disturbance Phenotypes as Markers of Psychosis-Risk in the General Population

Alena Gizdic is an Assistant Professor at the Faculty of Croatian Studies, University of Zagreb, Croatia. She holds a PhD in Clinical and Health Psychology from the Universitat Autònoma de Barcelona, where her doctoral research focused on the underlying mechanisms of stress sensitivity—particularly gene–environment interactions—as a pathway to psychosis vulnerability, for which she received the Outstanding Doctoral Dissertation Award (2023). Her research and clinical experience spans the United States, Spain, and Croatia, including work at institutions such as Vanderbilt University and University Psychiatric Hospital "Vrapče". Her work integrates clinical psychology and transdiagnostic models of mental health, with a particular emphasis on early risk markers and resilience processes across the psychosis spectrum. Specifically, her research examines mental health vulnerability across diagnostic boundaries within a developmental framework of risk and resilience, focusing on how individual trajectories are shaped by early adversity, stress-related vulnerability, and disturbances of the self. While stress sensitivity and childhood adversity constitute broader clinical and developmental interests within her research program, her current empirical work places specific emphasis on autoscopic phenomena, particularly felt presence and out-of-body experiences. These experiences reflect disruptions in embodied self-awareness implicated in phenomenological and predictive-processing models of psychosis. Importantly, such phenomena may emerge in non-clinical populations prior to the onset of overt psychopathology, offering a unique window into early and subclinical expressions of psychosis risk. Her current work presented at SIRS 2026 examines autoscopic phenomena—specifically felt presence and out-of-body experiences—as indicators of psychosis-spectrum vulnerability in the general population, contributing to ongoing efforts to refine dimensional and phenomenologically grounded markers of risk.

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MERRIDEE LEFNER

Poster Presentation: Effects of VTA Dopamine Neuron-Selective Grin2A KO During Rat Adolescence on Behavior and Neural Activity

My research focuses on adolescence, a critical window during which schizophrenia often emerges. This developmental period has been previously understudied in pre-clinical animal models due to technical challenges, but recent advances have allowed us to overcome these limitations to implement experiments within the adolescent time frame. I am particularly interested in how genetic risk factors interact with developing brain circuits during this vulnerable period. As a postdoctoral scholar in Bita Moghaddam's lab at Oregon Health and Science University, I study the GRIN2A gene, which encodes the GluN2A subunit of the NMDA receptor. Expression of GRIN2A fluctuates throughout adolescence, and variants of this gene confer a substantial risk for schizophrenia, making GRIN2A a critical target for investigation. My work examines how knocking out GRIN2A in adolescent rodents alters midbrain dopamine neuron activity and behavior. The results of this work will provide a pre-clinical basis for understanding the intersection of glutamatergic and dopaminergic systems in the context of early-onset schizophrenia. Ultimately, these findings may help identify novel therapeutic targets and inform interventions aimed at preventing or mitigating the disease.

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HÉCTOR FERNANDO HERNÁNDEZ-RUIZ

Poster Title: Immunodetection of Antibodies Against GluN1 Subunit of NMDAR in Serum From Participants With Schizophrenia, Bipolar Disorder and Participants Without Current Psychiatric Diagnosis: A Comparative Analysis in Mexican Population

Antibodies in Schizophrenia and Bipolar Disorder: Findings from a Study on the Detection of Anti-NMDAR Antibodies in a Mexican Sample. Inflammation is often considered when exploring the relationship between immunology and psychiatric disorders. But what if, beyond inflammation, antibodies also play a role in schizophrenia and bipolar disorder? My name is Héctor Fernando Hernández-Ruiz, and in this post I discuss how our work addresses this question. The link between antibodies and psychopathology In both schizophrenia and bipolar disorder, beyond dopaminergic models, glutamatergic pathways in which NMDAR plays a prominent role, have gained attention. Moreover, antibodies against N-methyl-D-aspartate receptor (NMDAR) are known to cause a broad range of psychiatric symptoms in autoimmune encephalitis, including mania and psychosis. However, it is unclear whether anti-NMDAR antibodies are involved in a subset of patients with psychiatric diagnoses in the absence of encephalitis. Furthermore, head-to-head comparisons between these disorders are scarce. With this in mind, our study aimed to answer one question: Do serum anti-NMDAR antibody fluorescence levels differ among Mexican participants with schizophrenia, bipolar disorder, and controls without mental disorders? Why this matters If antibody levels differ across disorders, detecting these antibodies could eventually help clarify mechanisms underlying NMDAR dysfunction in primary psychiatric disorders. This, in turn, could inform biomarker-based clinical profiles and potential diagnostic and therapeutic strategies. Our study In this cross-sectional study, we included participants in three groups: schizophrenia, bipolar disorder type I, and controls. We quantitatively analyzed serum samples by measuring fluorescence levels of anti-NMDAR antibodies. Unlike most similar studies, we reported our findings quantitatively, which may facilitate comparisons between groups. Although we couldn't confirm group differences, our results suggest that fluorescence levels of antibodies might be related to the symptomatic state of the disorder, raising questions about clinically meaningful subgroups that deserve further investigation.

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ZHIQIAN FANG

Poster Title: Mortality Risk Associated With Combined Antipsychotic and Antidepressant Treatment in Patients With Psychotic Depression: A 21-Year Population-Based Cohort Study in Hong Kong

My work is driven by curiosity about why severe mental illnesses like schizophrenia and bipolar disorder affect people so differently—from cognition and daily functioning to long-term health outcomes. To study this, I start at the individual level through a prospective cohort study of first-episode patients, incorporating multimodal MRI and cognitive assessments to understand how neural activity relates to early clinical and cognitive outcomes. I then extend this to population-level analyses using large-scale electronic health records to examine long-term outcomes and real-world treatment patterns in severe mental illness. By connecting these perspectives, I hope to contribute insights that could eventually inform more personalized and patient-centered care.

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XUEMEI MA

Poster Title: Early Life Adversity Shapes Sex-Specific Psychotic-Like Experience Trajectories in Adolescence: The Potential Effects of (Poly)phenols

My research focuses on understanding how early life experiences shape mental health during adolescence. I am particularly interested in this developmental period because it represents both vulnerability and opportunity. Adolescence is marked by rapid brain and psychological change, and it is also when many mental health difficulties first begin to emerge. Understanding different mental health trajectories during this window is both scientifically important and practically meaningful. During my PhD, working on the eBRAIN study, I examined how early life adversity is associated with emotional and behavioural development across adolescence, with a particular focus on the roles of nutrition and inflammation. Rather than asking only whether adversity increases risk, I became increasingly interested in the biological and lifestyle pathways through which early experiences shape mental health over time. Taking a developmental approach helped me understand why young people exposed to similar early challenges can follow different trajectories, and when vulnerability or opportunity for intervention may emerge. As my research progressed, I began to think more carefully about how these findings could inform practical prevention strategies. Nutrition stands out as a modifiable and relatively low-cost factor that can be addressed early in life and embedded within everyday contexts. This perspective led me to focus on diet as a potential way to support resilience across development. My research, therefore, examines plant-based dietary patterns and (poly)phenols, natural compounds found in foods such as fruits, vegetables, tea, and coffee. By integrating dietary data with biological markers from urine and blood samples, I examined whether healthier dietary patterns and higher intake of (poly)phenols were associated with better emotional well-being and lower levels of systemic inflammation.

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XUEMEI MA

Poster Title: Early Life Adversity Shapes Sex-Specific Psychotic-Like Experience Trajectories in Adolescence: The Potential Effects of (Poly)phenols

I have also extended this work to earlier stages of development by examining maternal diet during pregnancy, with attention to sex specific associations with children's emotional and behavioural outcomes. Together, this work may help explain why mental health difficulties emerge differently across development, and why prevention strategies may need to be tailored across both developmental stage and sex. A central focus of my research has been psychotic-like experiences, which are relatively common during adolescence. For most young people, these experiences are temporary and resolve without lasting impact, while for a smaller group, they may signal increased vulnerability to later mental health difficulties. Studying psychotic-like experiences longitudinally has allowed me to examine how they emerge, change, and persist across adolescence, and how early adversity and nutrition can contribute to distinct developmental pathways. I am deeply honoured to receive the SIRS Early Career Award and look forward to sharing my work at the 2026 SIRS Congress. In this study, I examined how early adversity influenced the development of psychotic like experiences differently in boys and girls, and whether dietary (poly)phenols may help buffer against less favourable trajectories. Currently, I am a postdoctoral researcher at King's College London, where I continue to develop my work in adolescent nutritional psychiatry. Looking ahead, I hope to build a research programme that clarifies how early life experiences interact with modifiable factors to shape mental health trajectories, and to use this knowledge to inform earlier, more accessible, and developmentally informed approaches to prevention.

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ARGHYA MUKHERJEE

Poster Title: Neural and Behavioral Evidence for the Therapeutic Utility of Targeting KCC2 in Schizophrenia

I am a neuroscientist whose research focuses on the functional maturation of neural circuits during adolescence and their disruption in neurodevelopmental disorders. My scientific journey began as a University Grants Commission of India-funded research fellow at the Indian Institute of Science Education and Research in Pune, where I investigated how neuropeptides modulate olfactory sensitivity to align feeding behavior with internal energy states, using zebrafish as a model system. During my PhD at the Friedrich Miescher Institute in Switzerland, I examined the neural circuit mechanisms across the prefrontal cortex and hippocampus that support rule learning and memory consolidation. This work identified a sensitive period in early adulthood for long-lasting restoration of prefrontal inhibitory drive and rescue of associated rule learning deficits in a genetic mouse model of schizophrenia. As a postdoctoral researcher at MIT and later at Tufts University, I discovered cell type specific frontothalamic circuits that support decision making under uncertainty. I also established the tree shrew, a phylogenetic intermediate between rodents and primates, as a powerful model for dissecting the circuits underlying cognitive control, opening new avenues for translational research. My postdoctoral work was supported by a Y. Eva Tan Postdoctoral Fellowship and a K99/R00 Pathway to Independence award from the NIH. In 2025, I joined the Center for Brain Research in Development, Genetics, and Engineering (BRIDGE) at the Children's Hospital of Philadelphia and the University of Pennsylvania as an assistant professor. My laboratory investigates how cognitive control circuits mature across typical development and how this process is disrupted in mental disorders. Our ultimate goal is to identify cell-type-specific circuit targets for therapeutic interventions that restore or enhance cognitive function in neuropsychiatric conditions including schizophrenia and autism spectrum disorder.

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SANDRA NILSSON

Poster Title: Mortality and Life-Years Lost in People With Schizophrenia Spectrum Disorder and Other Psychi-Atric Disorders and Homelessness: A Nationwide, Population-Based, Register-Based, Cohort Study

Every day, people living with severe mental illness face avoidable harms: preventable medical conditions, gaps in care, and, for some, the compounded adversity of homelessness. My research focuses on understanding why these inequalities persist and how we can design systems that respond better to those most at risk. Using nationwide Danish registers, I study patterns of excess mortality, psychiatric and somatic illness, and the life course pathways that push people into homelessness. My goal is to generate evidence that can meaningfully guide prevention, clinical practice, and policy. Across several major projects, including studies on preventable mortality, quality of somatic care among psychiatric patients, and predictors of homelessness, my work aims to uncover where systems fall short and to identify opportunities to improve pathways, prevention, and support for those most at risk. This includes developing predictive models to identify individuals at high risk of adverse outcomes and building strong collaborations with clinicians, municipalities, and user organisations to ensure real world impact. Why does this matter? Because health inequality is not inevitable. With better data, smarter prevention strategies, and cross sector collaboration, we can reduce premature mortality, improve care pathways, and support earlier intervention for people living with severe mental illness or experiencing homelessness. This research is ultimately about ensuring that society's most marginalised populations are seen, understood, and prioritised. At the SIRS 2026 Congress, I look forward to discussing how insights from population based epidemiology can help us rethink prevention and improve outcomes for vulnerable groups. I hope this spotlight sparks your curiosity, and I invite you to visit my posters to learn more about where the research is heading next.

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SAHEED LAWAL

Poster Presentation: Twenty-Five-Year Symptom and Functional Trajectories in First-Episode Psychosis: Role of Paternal Age, Cannabis Use, Childhood Adversity, Minority Status, and Urbanicity

What Shapes the Long Road after First-Episode Psychosis? As an Early Career researcher, my work is driven by a simple question: why do people with similar diagnoses experience such different paths over time? In psychotic disorders, these differences can unfold over decades, shaping symptoms, cognitive functioning, and everyday life in ways that are not well captured by diagnosis alone. Much of the existing research on environmental risk factors, such as cannabis use, childhood adversity, urbanicity, or parental age, has focused on whether these exposures increase the likelihood of developing psychosis. In my work, I shift the focus forward in time, asking how these same factors may influence long-term outcomes after a first episode of psychosis. To do this, I draw on data from the Suffolk County Mental Health Project, a rare longitudinal study that has followed individuals from their first psychiatric hospitalization for psychosis for more than 25 years. This allows me to examine how different environmental and social exposures relate to long-term trajectories of symptoms, cognition, and functioning, rather than a single snapshot in time. By examining specific risk factors individually, rather than as a cumulative score, this research aims to better capture the lived context surrounding psychosis and to highlight sources of heterogeneity that are often overlooked. Ultimately, this approach may help move the field toward more precise, personalized models of long-term care and prediction. I'm honored to share this work as part of the SIRS Early Career Award and look forward to discussing the findings and their implications at the 2026 Congress.

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VICTORIA KING

Poster Title: Cortical Myelin Mapping in Individuals at Clinical High Risk (CHR) for Psychosis: An Accelerated Medicines Partnership Schizophrenia (AMP SCZ) Study

Rethinking Psychosis as a Disorder of Cortical Maturation Psychosis-spectrum disorders most often emerge in late adolescence and early adulthood – the same time at which the cortex is reaching peak growth and maturation. This overlap raises a fundamental question: Could vulnerability to psychosis reflect alterations in how the brain's structural architecture matures during this critical period? My research focuses on cortical myelination, a key neurodevelopmental process that supports efficient communication between brain regions. In my prior work, I reported increased T1-weighted/T2-weighted (T1w/T2w) MRI signal in individuals experiencing first-episode psychosis. Because cortical myelin is typically thought to be reduced in psychosis, these findings were unexpected. However, previous literature has suggested that cortical myelin displays structural abnormalities in psychosis such as less compaction between layers of the myelin sheath. Therefore, we interpreted our findings as potentially reflecting these structural changes rather than the amount of myelin. We proposed that these alterations may reflect a biological mechanism of psychosis onset. These results prompted a new question: are these alterations already present before the onset of full psychosis? My current research extends this work to youth at clinical high risk for psychosis. By examining T1w/T2w ratio during the prodromal phase, I aim to determine whether atypical cortical microstructure precedes illness onset and potentially reflects disrupted neurodevelopmental timing. Adolescence is not only a period of psychosis symptom emergence – it is also a critical phase of synaptic refinement and myelination. Subtle shifts in these processes could alter circuit balance at a moment when the brain is especially plastic and vulnerable. At the Congress, I look forward to discussing how studying cortical maturation in this developmental context may offer new insight into early identification and intervention, and how large-scale patterns of cortical organization may further refine this framework.

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PATRICIO CARVAJAL-PAREDES

Poster Title: White Matter Differences at Psychosis Onset Between People Subsequently Diagnosed With Treatment Resistance Compared to Treatment Responders

Before Trajectories Diverge: Early Brain Connectivity and the Architecture of Clinical Futures We are living through a structural transformation of the conditions under which human minds develop. In the coming decades, large numbers of people will be born into contexts of persistent poverty. Populations will live longer than ever before, reshaping developmental timelines across the lifespan. Migration and rapid urban growth will bring unprecedented forms of convergence and conflict. Many regions will confront increasing scarcity of natural resources. Climate transformation is already altering patterns of habitation, stress, and exposure. At the same time, societies are becoming more tightly integrated — and more sharply differentiated — than at any previous point in history. Layered onto this is something equally unprecedented: continuous digital mediation of experience, permanent informational exposure, and real-time awareness of global instability. Human developmental environments are not just changing. They are becoming more dense, more complex, and more biologically consequential. Psychiatry increasingly recognizes that mental disorders unfold within these historically dynamic landscapes. But this raises a deeper and more precise question: When psychosis first becomes clinically visible, how much of its future trajectory is already biologically organized? Not in terms of symptoms — but in terms of structure. From the earliest presentation, clinical pathways begin to diverge. Some individuals respond to treatment. Others develop treatment resistance, one of the most consequential challenges in psychiatric care. Yet this divergence is typically recognized only retrospectively, once illness course has already unfolded. My work examines whether part of that divergence may already be measurable at onset. Using diffusion MRI, I study white matter microstructure — the brain's connective architecture — at the moment psychosis first becomes clinically manifest... *(continues on to next page)*

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CONTINUED

PATRICIO CARVAJAL-PAREDES

Poster Title: White Matter Differences at Psychosis Onset Between People Subsequently Diagnosed With Treatment Resistance Compared to Treatment Responders

*My poster at the Congress, *"White Matter Differences at Psychosis Onset between People Subsequently Diagnosed with Treatment Resistance Compared to Treatment Responders,"* investigates whether early brain network organization differs between individuals who later follow distinct therapeutic trajectories. The analytic focus is intentionally proximal: structural connectivity examined in relation to clinical differentiation — including treatment resistance status, symptom severity, affective dimensions, age, and sex. The aim is not to reconstruct the full developmental history of illness, but to identify early neurobiological differentiation associated with emerging clinical futures. My background is interdisciplinary, spanning sociology, social complexity sciences, and social neuroscience. This perspective frames psychosis as an emergent phenomenon arising from interacting processes across levels — biological, developmental, and experiential. Within that broader system, early brain connectivity may represent one point at which divergence becomes detectable. If structural differences are already present when psychosis first appears clinically, this has implications beyond prognosis. It suggests that clinical trajectories may not simply unfold over time — they may be partially organized from the beginning. And this brings us back to the world we are collectively entering — a world of longer lives, shifting populations, ecological pressure, informational saturation, and historically unprecedented developmental complexity. If human environments are transforming in ways that reshape exposure, stress, and experience across the lifespan — and if brains develop through processes that register history structurally — then understanding when divergence becomes measurable is not merely a technical question. It is a question about timing. About organization. About how lived history becomes biological architecture. So the question remains: When psychosis first becomes visible… how much of what comes next is already there? I look forward to discussing these questions at the Congress.*

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AQSA IBRAHIM

Poster Title: Examining the Cognitive, Affective, and Behavioural Responses of Individuals With Schizophrenia-Spectrum Disorders After Experiencing Social Distancing

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FERNANDO GONZALES ASTE

Poster Title: Resting Magnetoencephalography (MEG) Abnormalities in Severe Mental Illnesses: A Comprehensive Review

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FINN RABE

Poster Title: Amacrine Cell-Specific Polygenic Risk for Schizophrenia Predicts Thinner Retinal Layers Linked to Dopaminergic Circuit Vulnerability

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CHANTAL MILLER SILVA

Poster Title: Reliance on Prior Expectations in Psychosis: A Systematic Review and Meta-Analysis of Perceptual Tasks

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FLORIAN RAABE

Poster Title: Looking Psychosis in the Eye: From Early Risk and Disease Mechanisms to Treatment Resistance and Cognitive Impairment

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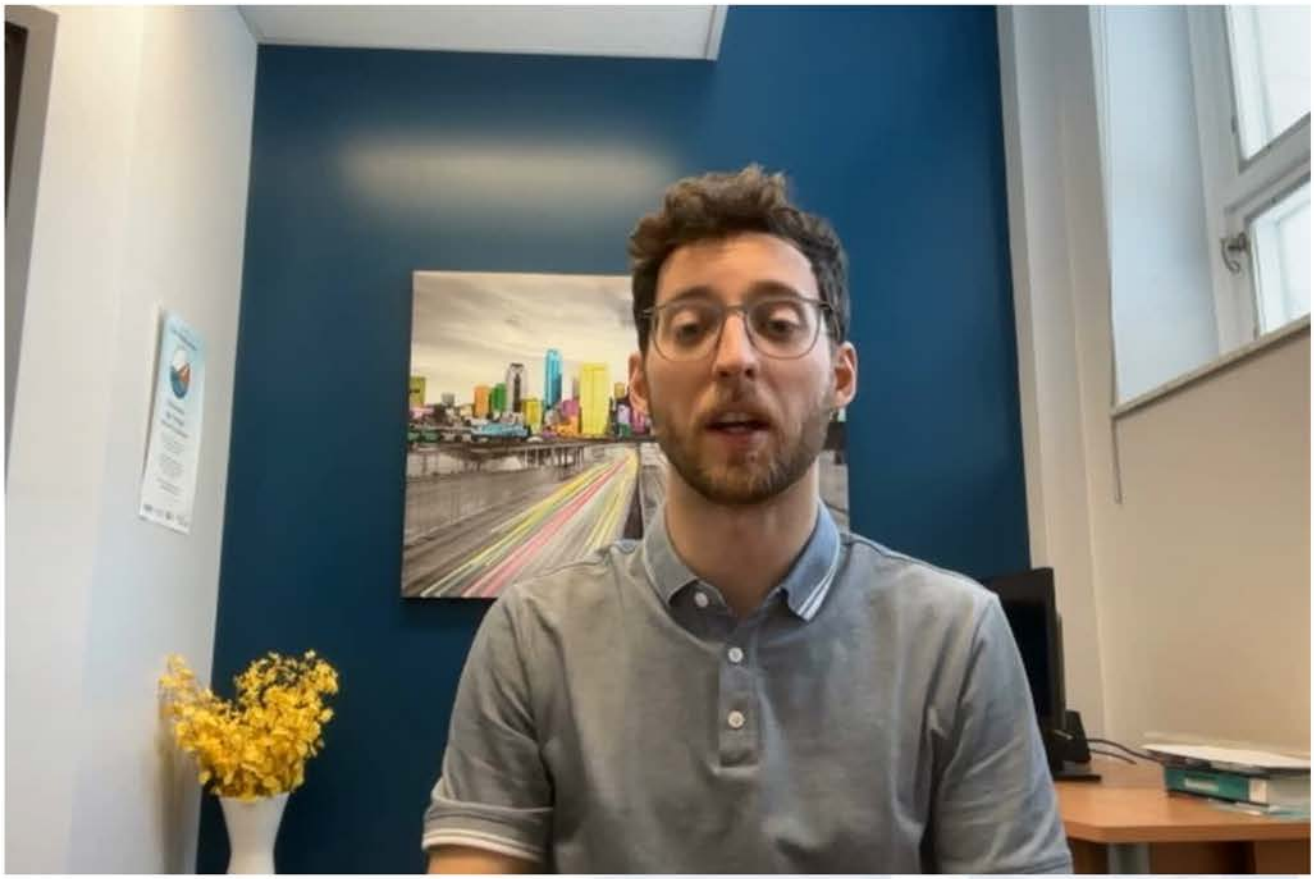
LAURENT BECHARD

Poster Title: Developing a Decision Aid Prototype for Antipsychotic Continuation, Reduction, or Discontinuation After First-Episode Psychosis Remission



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LINDA BRYANT

Poster Title: Predicting Parkinson's Psychosis: A Machine Learning and Structural Imaging Approach

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MARÍA ORTUÑO

Poster Title: Linking Prefrontal and Temporal Glutamatergic Metabolites to Functional Connectivity in Anti-NMDA Receptor Encephalitis, Schizophrenia, and Early Psychosis

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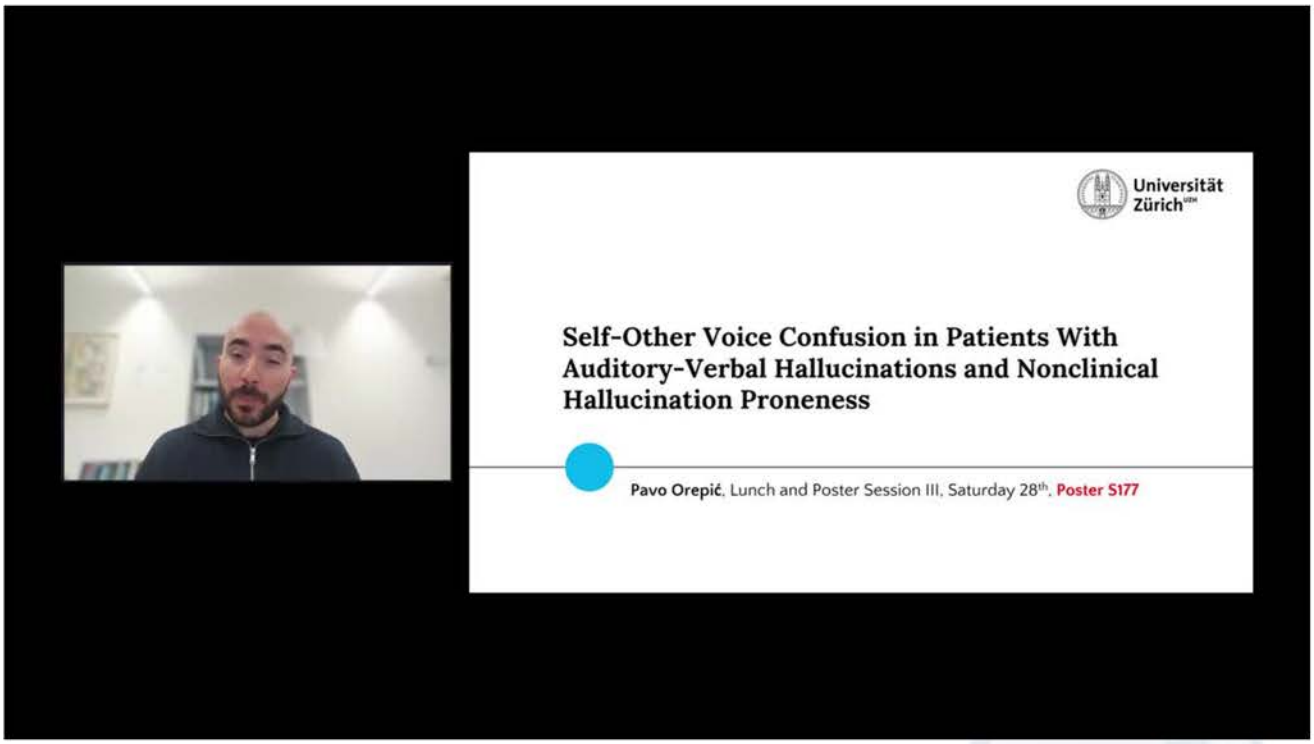
PAVO OREPIC

Poster Title: Self-Other Voice Confusion in Patients With Auditory-Verbal Hallucinations and Nonclinical Hallucination Proneness



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PIERFRANCESCO SARTI

Poster Title: Antipsychotic Receptor Profiles Shape Symptom Interplay Over Early Treatment

Universität Zürich[UZH]

HOMAN LAB
MENTAL HEALTH RESEARCH

Psychiatrische Universitätsklinik Zürich

Schizophrenia International Research Society
Annual congress 25-29 March 2026

Early Career Award

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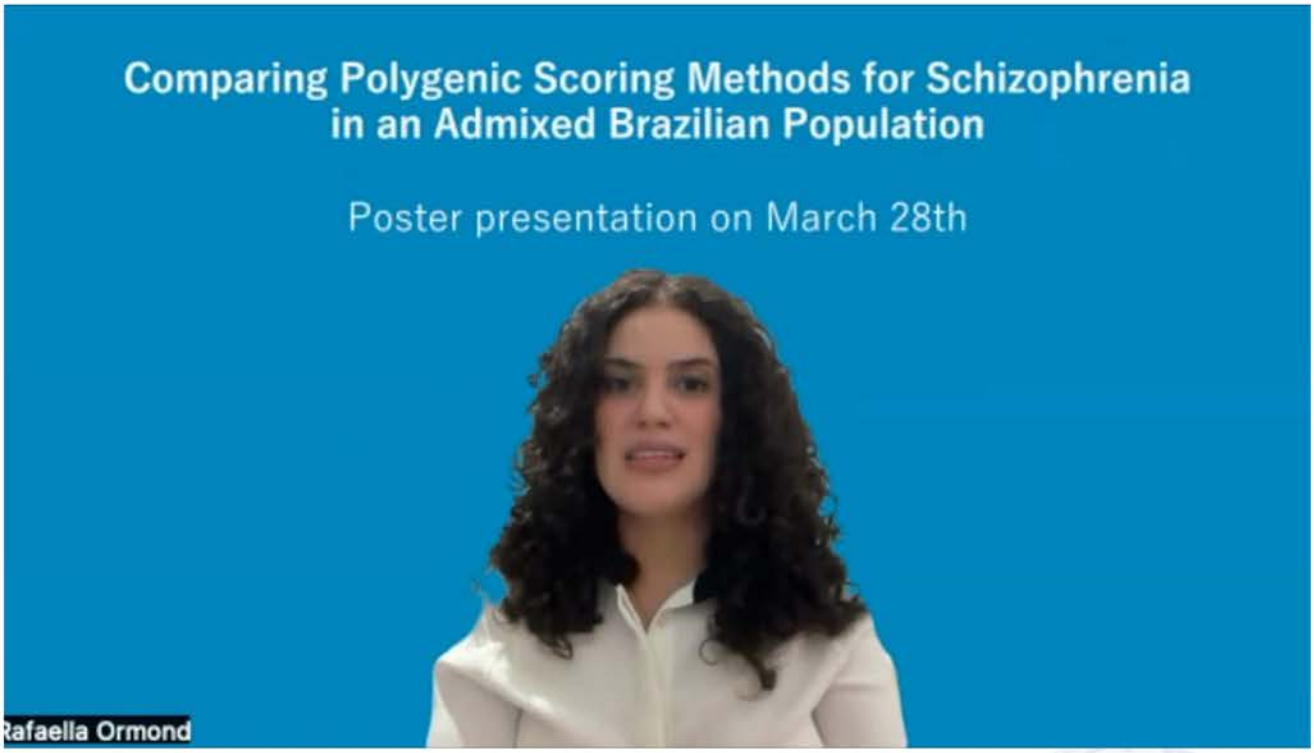
RAFAELLA ORMOND

Poster Title: Comparing Polygenic Scoring Methods for Schizophrenia in an Admixed Brazilian Population



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ULLA LÅNG

Poster Title: Prognostic Factors for Adulthood Psychosis in Adolescent Psychiatry Services: A Longitudinal Total Birth Cohort Study

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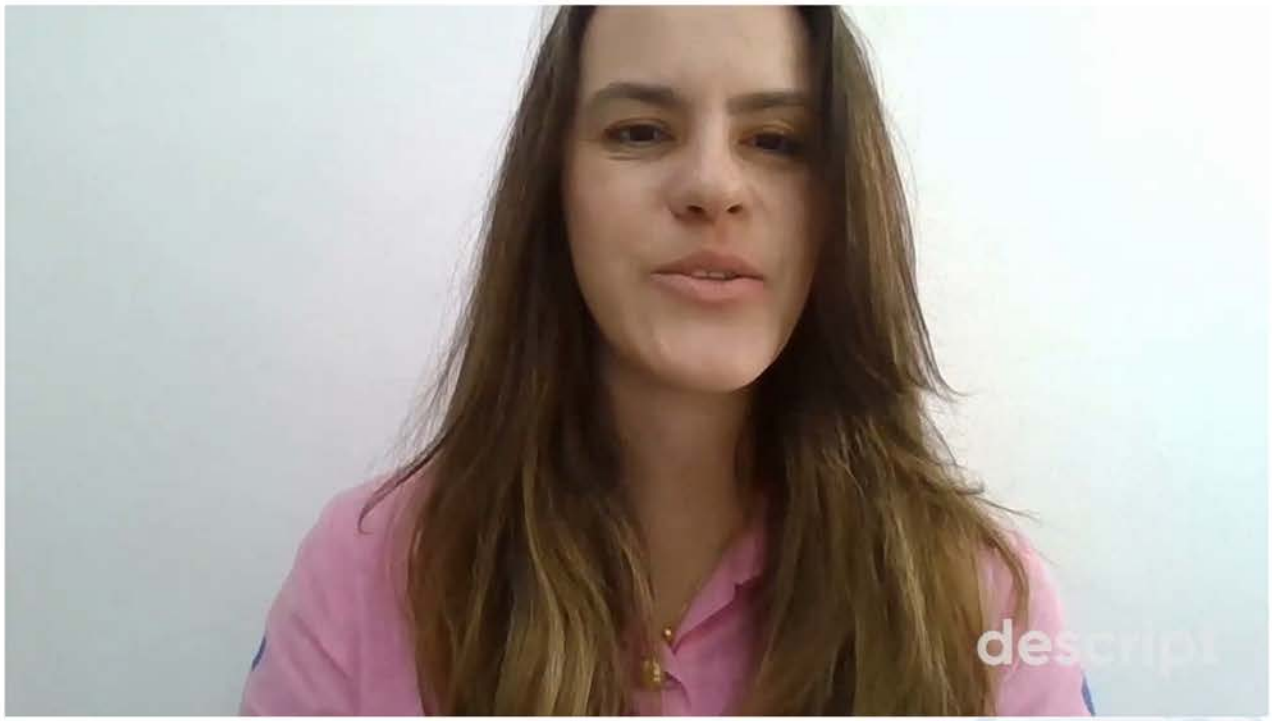
CAMILA LOUREIRO

Poster Title: CNR1 Promoter Hypermethylation in Early Psychosis Independent of Cannabis Exposure



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