experiences in childhood: physical, emotional, or sexual abuse; emotional or physical neglect; exposure to domestic violence; substance abuse in the family environment; parental divorce or separation; incarceration of a family member; and mental illness or suicide.
Objectives: This study aims to compare the prevalence of ACE among patients admitted to acute psychiatric inpatient units and those admitted to forensic psychiatric services. Additionally, it seeks to explore the relationship between ACE exposure and the development of psychoactive substance use, comorbid medical conditions, and criminal behavior.
Methods: A cross-sectional study is being conducted using data collected from the anonymous and confidential self-report of the validated Portuguese version of the shortened ACE questionnaire. The sample consists of male inpatients aged 65 years or younger, admitted to either the acute psychiatric or forensic psychiatric units of Hospital Magalhães Lemos. In the forensic psychiatry unit, data is being collected between August 2024 and December 2025, as part of the standard admission protocol. In the acute unit, data is being collected between July and December 2025. In addition to the questionnaire responses, data are also collected on age, psychiatric diagnosis, comorbid medical conditions, psychoactive substance use, criminal history, and age at first offense. Statistical analysis will be conducted using SPSS.
Results: A total sample of 100 patients is anticipated, comprising 50 from the forensic psychiatry unit and 50 from the acute psychiatric unit. As data collection is still ongoing, statistical analysis remains in progress.
Conclusions: A high prevalence of ACE is expected in both groups, with a higher prevalence anticipated among forensic psychiatric inpatients. This may indicate an association between elevated ACE scores and a greater likelihood of criminal behavior, regardless of the presence of mental illness. Associations are also expected between higher ACE scores and substance use, as well as with medical conditions, particularly cardiovascular diseases. Incorporating the impact of ACE is important when developing strategies to enhance mental health among adults, and potentially in the prevention of criminal behavior among individuals with severe mental illness.

Disclosure of Interest: None Declared

EPP508

Connected-Speech Readability as a Biomarker of Psychosis

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Introduction: Connected speech elicited by picture-description tasks provides a sensitive, non-invasive window into psychopathology. In psychosis, narrative disorganization and linguistic abnormalities can track illness severity and functioning. Readability and lexical indices, complemented by acoustic markers of prosody and spectral shape, may serve as objective, scalable biomarkers for early detection, monitoring, and personalized care.
Objectives: To quantify readability/lexical features of Cookie Theft narratives, test group differences between psychotic disorders (PSI) and healthy controls (HC) on acoustic speech markers.
Methods: Participants were 28 adults (18–65) with DSM-5 psychotic disorders (schizophrenia-spectrum/related), able to complete the Boston Diagnostic Aphasia Examination *Cookie Theft* picture description. Exclusion criteria were major neurological disease, aphasia, intellectual disability, acute substance intoxication, and comorbid major depressive disorder. From verbatim transcripts we computed readability/lexical indices—Gunning Fog, Coleman–Liau, Flesch–Kincaid Grade, Automated Readability Index, SMOG, Flesch Reading Ease, URE score, and lexical density. In a subset with audio recordings (including psychosis and healthy controls), we extracted acoustic features (mean/SD pitch, relative jitter/RAP, RMS energy, spectral centroid/bandwidth/rolloff, zero-crossing rate, MFCCs). Analyses used two-sample t-tests (HC vs PSI) and Pearson correlations with age and illness duration.
Results: Language outputs showed marked complexity: Gunning Fog, Flesch–Kincaid Grade, and SMOG were well above university level, while readability was severely reduced (mean Flesch Reading Ease ≈ −7). Versus HC, PSI produced text with **poorer readability** (Dale–Chall/URE: t=−8.13, p≈0) and **higher lexical density** (t=−2.93, p=0.0056). Acoustically, HC exhibited **higher pitch** (mean: t=5.66, p≈0; variability: t=6.01, p≈0) and **greater spectral brightness/extent** (centroid: t=6.57, $p=1.1\times10^{-7}$; bandwidth: t=6.34, $p=2.2\times10^{-7}$; rolloff: t=5.82, $p=1.1\times10^{-6}$; ZCR: t=2.66, p=0.0116). PSI showed **higher jitter** (t=−2.47, p=0.018), **higher RAP** (t=−2.40, p=0.021) and **greater RMS energy** (t=−3.69, p=0.0007). MFCCs also differentiated groups (e.g., mean MFCC6: t=5.13, $p=9.5\times10^{-6}$; mean MFCC8: t=4.13, $p=2.0\times10^{-4}$). Exploratorily, **age** correlated with **MFCC2** (r=0.399, p=0.035), while **illness duration** showed trends toward **narrower bandwidth** (r=−0.389, p=0.060) and **higher MFCC1** (r=0.369, p=0.076).
Conclusions: Converging textual and acoustic abnormalities—high lexical density with poor readability, reduced pitch dynamics, narrowed spectra, and greater vocal irregularity—outline a characteristic signature of psychotic speech. If replicated in larger samples, this multimodal profile could function as a practical digital biomarker, complementing clinical scales (e.g., PANSS, BPRS, CGI) for early detection, individualized prognosis, and longitudinal treatment monitoring.

Disclosure of Interest: None Declared

EPP509

From participation to inclusion: Advancing lived experience integration in forensic psychiatric care and research

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Introduction: Over the past three years, the PART project has established an advisory board for forensic psychiatric patients. The

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