commonly assessed using observational measures. Interventions that were both staff- and patient-centred demonstrated the most favourable effects. However, substantial methodological heterogeneity and incomplete reporting limited comparability across studies.
Conclusion: Evidence suggests that structured, multi-component therapeutic interventions are beneficial in reducing aggression among forensic psychiatric inpatients. Future research should emphasize standardized outcome measures and more rigorous comparative study designs are needed to improve the clinical applicability of findings.

Delivering Assessment and Treatment at Scale in Mental Health–Translation from Low-Resource Settings

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Aims: Mental health problems are the leading contributors to disease in children, with rising prevalence exerting significant pressures on Child and Adolescent Mental Health Services (CAMHS). Services are currently unable to meet demand, resulting in prolonged waiting lists.

CAMHS operates on a crisis-driven model, despite the recent WHO and Darzi reports recommending early intervention strategies, including the use of community-based lay practitioners to do initial assessments.

The aim in this study was to explore the translation of community-based interventions from low-resource settings into a UK context.
Methods: Participants were purposively selected from multi-agency teams and professionals working with children were invited to take part in a qualitative study using thematic analysis following informed consent. These professionals included CAMHS clinicians, managers, people with lived experience and educational professionals.
Results: Six themes with four associated subthemes emerged: '*CAMHS Structure and Accessibility*', '*Pathologisation of Suffering*', '*Workforce and Professional Challenges*', '*Community-based Interventions*', '*Structural and Policy Reform*', and '*Future Governance of Layworkers*'.

Findings emphasised the urgent need for structural and policy reform, with focus on innovative approaches to early intervention and adaptation of successful programmes from low-resource settings as models of task-sharing. This would fulfil two of the Darzi recommendations: a move from treatment to prevention, and a move from hospital to community.
Conclusion: Translation of community and lay practitioner models (CLPs) into the UK has potential to improve access, promote early intervention, and align with government recommendations. However, further research using focus groups and clinical trials is required to assess the feasibility of implementing CLP training and supervision in the UK.

Open-Label, Randomized Study to Assess Safety and Efficacy of Slow and Accelerated Switching to Xanomeline/Trospium from Standard of Care Atypical Antipsychotics in Participants with Schizophrenia

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Aims: Antipsychotics (APs) may cause significant adverse events (AEs) resulting in treatment discontinuation and relapse. Xanomeline/trospium chloride (KarXT), a dual M1/M4 muscarinic receptor agonist combined with a peripheral pan muscarinic receptor antagonist, has a favourable side-effect profile, potentially lowering the risk of cardiometabolic and extrapyramidal AEs. Healthcare providers may benefit from clinical data and guidance on switching patients from traditional APs to KarXT.
Methods: This 8-week, multicenter, randomized, open-label, outpatient trial assessed efficacy and safety of a switch from atypical APs to KarXT monotherapy in adults with schizophrenia based on criteria from the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition. Participants were randomized 1:1 to 2 treatment groups: slower transition from AP to KarXT over 4 weeks (25% reduction in AP dose/week) or faster transition from AP to KarXT over 2 weeks (50% reduction in AP dose/week). Participants in both treatment groups followed the same titration schedule, initiating KarXT at 50 mg/20 mg twice daily for 1 week and uptitrating to a target maintenance dosage of 125 mg/30 mg over 8 weeks. The primary endpoint was all-cause discontinuation of KarXT. Secondary endpoints included change from baseline to week 8 in Positive and Negative Syndrome Scale (PANSS), Clinical Global Impressions-Severity (CGI-S), and Personal and Social Performance (PSP) scores. Safety endpoints included KarXT AE-related discontinuations and AE incidence.
Results: Fifty-three participants were enrolled in the slower transition group and 52 in the faster transition group; 86% of participants completed 8 weeks of treatment, with discontinuation rates of 15.1% (n=8) and 13.5% (n=7) in the slower and faster transition groups, respectively. No participant discontinued due to lack of efficacy. Mean changes in PANSS total scores from baseline to week 8 were −4.2 (slower transition group) and −3.1 (faster transition group). Mean change in CGI-S score was −0.2 in both transition groups. From baseline to week 8, mean PSP scores increased by 1.1 and 0.7 in the slower and faster transition groups, respectively. Forty-nine per cent of participants had ≥1 treatment-emergent AE (TEAE); none were serious. In the slower and faster transition groups, 1 (1.9%) and 2 (3.8%) participants, respectively, discontinued treatment early due to TEAEs.
Conclusion: Both slower and faster transitions from stable AP treatment to KarXT were generally safe and effective, suggesting that either transition method may be considered. These results aid clinical decision-making, providing healthcare providers with evidence-based guidance on how to switch to KarXT from oral atypical APs.