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**Aims.** Glutamatergic signalling deficits contribute to the neuropathology of cognitive symptoms in schizophrenia. Iclepertin (BI 425809), a glycine transporter-1 inhibitor, enhances *N*-methyl-D-aspartate receptor signalling in the brain by increasing synaptic levels of its co-agonist glycine. The Phase III CONNEX programme aims to assess the efficacy, safety and tolerability of iclepertin in improving cognition and functioning in schizophrenia.
**Methods.** CONNEX includes 3 randomised, double-blind, placebo-controlled parallel group trials in patients with schizophrenia from multiple centres across 41 countries in Asia, North and South America, Europe, and Asia Pacific Region (NCT04846868, NCT04846881, NCT04860830) receiving stable antipsychotic treatment. Each trial aims to recruit ~586 patients, 18–50 years old, treated with 1–2 antipsychotic medications (≥12 weeks on current drug; ≥35 days on current dose before treatment), who have functional impairment in day-to-day activities and interact ≥1 hour/week with a designated study partner. Patients with cognitive impairment due to developmental, neurological or other disorders, or receiving cognitive remediation therapy ≤12 weeks before screening will be excluded. Patients will be randomised 1:1 to once-daily oral iclepertin 10 mg (n = 293) or placebo (n = 293) for 26 weeks. Primary endpoint: change from baseline (CfB) in Measurement and Treatment Research to Improve Cognition in Schizophrenia Consensus Cognitive Battery (MCCB) overall composite T-score. Key secondary endpoints: CfB in Schizophrenia Cognition Rating Scale (SCoRS) total score and adjusted total time T-score in the Virtual Reality Functional Capacity Assessment Tool (VRFCAT).
**Results.** Trial completion is expected in Q1 2025. By 31/01/2024, there have been 811, 699 and 655 patients screened, 533, 474 and 458 randomised, and 320, 299 and 281 who have completed the trial medication for CONNEX-1, -2 and -3, respectively. Most patients are male (CONNEX-1: 69.3%, CONNEX-2: 69.0%, CONNEX-3: 63.3%) with similar age (mean [standard deviation; SD]) (CONNEX-1: 34.0 [8.9], CONNEX-2: 35.9 [8.4], CONNEX-3: 34.0 [8.8] years). For CONNEX-1, -2 and -3, mean (SD) duration of illness is 10.6 (8.3), 12.2 (7.9) and 9.6 (7.6) years and duration of previous schizophrenia treatment is 3.9 (4.6), 4.5 (4.9) and 3.3 (4.4) years. Baseline mean (SD) MCCB overall composite T-score (1: 28.4 [13.7], 2: 27.3 [13.8], 3: 29.7 [13.7]), SCoRS total score (1: 40.5 [11.1], 2: 39.9 [9.7], 3: 38.0 [10.0]) and VRFCAT adjusted total time T-score (1: 29.6 [22.3], 2: 30.7 [20.8], 3: 33.6 [18.1]) were similar across trials.
**Conclusion.** If successful, CONNEX will provide evidence for iclepertin as the first efficacious medication addressing cognitive impairments in schizophrenia.

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## Evaluation of the TRANSFORM Pilot Training Program for Community Health Workers and Traditional and Faith-Based Healers in Bangladesh

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**Aims.** In the densely populated Korail slum of Bangladesh, there is a critical gap in mental health care provision and utilization that was revealed in our ethnographic study. We observed the pivotal role of Community Health Workers (CHWs), Medicine Sellers, and Traditional and Faith-Based Healers (TFHs) in the existing health care service delivery. Moreover, we explored the opportunity to collaborate with them to ensure universal access to biomedical care for serious mental disorders in this slum. As a part of this collaborative approach, we aimed to train these 4 key stakeholders through co-designed training programs that were codeveloped through extensive community engagement including 5 co-designing workshops and 2 writing workshops with them. Furthermore, we refined the initial training program by an expert committee and stakeholders. This training program was piloted to find out the acceptability, feasibility, impact, challenges and areas of improvement.
**Methods.** We followed mixed-methods approach to evaluate the 3-day pilot training with 20 participants at Mirpur, Dhaka. In quantitative part of evaluation we used a) pre and post test assessment that has been carefully designed to assess knowledge, skills, communication, attitudes and motivation, b) session specific questionnaire to find out feedback of the content, activities and time sensitivity of the session, anonymous feedback forms.

In the qualitative part, we conducted a) focus group discussions (FGDs) after completion of training with each group, b) observational notes from each session for deeper understanding.
**Results.** The pilot training engaged a diverse group of 20 participants and their age ranged from 24 to 52 years, representing 11 different organizations. Though most of the participants were working in the health sector for a long time, we found more than 10% of the participants believed there was no effective biomedical care for the serious mental disorder during pretesting. However, their perception changed during the training. The role playing and case scenario was the most engaging and enjoyable part. We found the participants considered their knowledge regarding the mental health increased up to 80% from their baseline. Our research team also found the increased number of referrals to the biomedical care from the community after the pilot training.
**Conclusion.** The increased motivation and sense of responsibility reported by participants underscore the training program's effectiveness and the experience and learning from this pilot helped us to further refinements of the training program for the traditional and faith based healer, community health workers and medicine to transform the mental health scenario in Bangladesh.