

the individual and family for acceptance of the diagnosis and compliance to treatment.

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The Cheshire and Merseyside Tier 4 CAMHS Gateway Model: A Case Study on the Implementation of a Clinician-Led New Care Model to Respond to the Needs of Children and Young People at Risk of Admission to Tier 4 CAMHS or Receiving Inpatient Mental Health Care. the Model Addresses Established System Challenges, Has Developed Multi-Agency Tools and Has Reduced the Need for Escalation Beyond Professionals at Place; Has Had an Impact on Avoidable Admissions to In-Patient Settings; and Has Informed System Learning Concerning the Interface Between Research, Policy, and Practice

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Aims. Young people with moderate to severe mental health needs receive community services and/or referral to Child and Adolescent Mental Health Services (CAMHS). The NHS Long Term Plan acknowledges the importance of age-appropriate care for young people and, where needs are complex or severe, Tier 4 CAMHS specialist support may be considered. Whilst inpatient support is appropriate and helpful on occasion, research reflects potential risks and challenges (Cotgrove and Northover, 2021): The Gateway Programme is a multi-agency approach for professionals to provide consistent evidence-base and recommendations where young people's moderate to severe mental health difficulties combine with risk factors, including Tier 4 admission.

Methods. Working with multi-agency stakeholders, a tool was developed for commissioning, clinical, social care, education professionals, providing consistent, evidence-based approach to:

- articulating current presenting difficulties
- formulation
- safeguarding concerns
- actions
- legal frameworks
- confirmation of actions, contingency planning, timescales.
- This is the SBAR Tool (Situation, Background, Assessment, Recommendations).
- Gateway Meetings are a multi-agency model for Cheshire and Merseyside, to discuss SBARs and meet needs of young people with moderate to severe mental health difficulties or elevated risk of self-harm and suicide with:
- risk of admission to/awaiting discharge from Tier 4 CAMHS
- discharge from paediatric wards delayed
- risk of care placement breakdown or custody.

Results.

- Programme support for implementation, development and evaluation funded by Beyond Children and Young People's Transformation Programme

- Since February 2022, 8 of 9 Local Authority Places established Gateway Meetings, with the Gateway Programme Team supporting the ninth
- During this period, 67 Gateway Meetings reviewed 138 SBARs via multi-agency discussion. This reduced the requirement for escalation beyond teams at Place: unmet needs of children and young people are being addressed via discussion at Gateway. Connections between this activity and reduction in avoidable admissions are being explored
- Gateway webpages and Community of Practice launched in 2022, sharing learning across teams and organisations.

Conclusion. Gateway stakeholder focus groups are co-producing evaluation reviewing:

- outcomes for young people & their needs
- avoidable admission/length of stay at Tier 4/A&E presentation/paediatric ward bed days
- stakeholder relationships/use of resource.

Meanwhile, learning from the Gateway Model has included recognition of the complexity of implementation where interface between research, policy and practice is coherently explored in multi-agency settings.

In response, online material concerning Gateway will be complemented with recorded resources for professional learning during 2023, featuring clinicians, Local Authority colleagues and experts by experience, to further support busy professionals across different learning styles, to understand and engage with the model.

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Ventriculomegaly in Mania - a Possible Neural Correlate?

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Aims. Bipolar disorder is one of the most common psychiatric illness, however the neurophysiologic basis remains unknown. Lateral ventriculomegaly is a well-recognized finding in bipolar disorder. Multiple-episode patients exhibited significantly greater ventricular volumes than first-episode patients. Traumatic brain injury is also an independent risk factor for the development of mania. We present to you a case where a patient with mania had the above mentioned risk factor and finding.

Methods. 40 year old married lady hailing from a rural nuclear family presented with decreased sleep, increased talk, increased activity, elevated mood and overfamiliarity since 1 month. On further interviewing patient was found to have sustained mild head injury around 8 months ago. MRI study of the brain revealed mild lateral and third ventriculomegaly. A diagnosis of organic mania with a differential of mania with psychotic symptoms was made.

Results. Ventriculomegaly in bipolar disorder has been reported but not in mania alone-its occurrence at illness onset or progression remains unclear. There is no literature on the prognostic value of the finding. Ventriculomegaly in our patient was found incidentally on MRI whether the finding was present prior to the head injury or is a post head injury change is unclear. There are studies which indicate development of posttraumatic