

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

ventriculomegaly in severe head injury. Nonetheless we cannot completely rule out a possibility of neurodevelopmental / neurodegenerative link in this case which maybe be independent of the head injury

Conclusion. There is a paucity of studies that focus on neurodevelopment and neurodegeneration as etiological basis for mania and affective disorders in general need to shift our focus on research in brain imaging in psychiatry

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Psychosis Post Uncomplicated Dengue Fever - an Uncommon Manifestation

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Aims. Dengue is caused by an arbovirus and is a common vector borne disease in south east Asia. Each year upto 400million people get infected with dengue and 40,000 die from severe dengue. Psychiatric symptoms following dengue fever is relatively uncommon. Mania is the most common psychiatric disorder reported followed by anxiety, depression and catatonia. We present to you a 19 year old girl who presented with psychosis 10 days post recovery from dengue

Methods. A 19 year old bachelors in commerce student hailing from rural south India from a middle socioeconomic family presented to us with fearfulness and decreased sleep since 1-2 days which was abrupt in onset and gradually progressive. MSE revealed a conscious and alert female with normal talk ,psychomotor activity and delusion of reference which was fleeting ,ill systematized ,hearing of voices was clear however the content of which was not elaborated upon.Her affect was fearful.Past history revealed an admission for dengue fever around 2 weeks prior to symptoms, course of which was uncomplicated and unremarkable. Diagnosis of Organic delusional disorder was made according to ICD 10 and she was started on Tablet Olanzapine 2.5mg and dose was escalated to 5mg after 3 days. Her symptoms remitted completely with 5mg and is currently doing well socially and academically

Results. Psychiatric comorbidities of dengue fever including mania, anxiety, depression, and catatonia are mentioned in literature .The exact incidence of neuropsychiatric manifestation remains unknown due to lack of studies. Literature search revealed various case reports where patients have developed psychosis during acute phase of the illness, however we did not find any case report or studies similar to ours

Conclusion. Most literature on neuropsychiatric manifestations in dengue are limited to case reports. There is a need to conduct prospective follow up studies and inclusion of regular psychiatric evaluation during various phases of dengue fever

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Complex Conflicts for the Asylum Seeker – External, Internal and Therapeutic

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Aims. In 2020, 82 million people worldwide were forcibly displaced. In the same year, the UK received asylum applications for over 37,500 people. 76% of initial decisions made in the year to June 2022 have been grants of protection, meaning they have been awarded refugee status or humanitarian protection. However, many people wait years for a final decision on their claim. COVID-19 has exacerbated this issue and extended the backlog further. Most refugees are survivors – of transit, war, torture, trauma, loss. Recognition of the mental health needs of these survivors in countries of settlement is growing and with it an acknowledgment of the complexities faced. Despite finding relative security in their country of asylum, settlers are often faced with new psychosocial stressors as they simultaneously contend with the impact of their trauma in a foreign settings with cultural and language differences. Providing access to good quality mental health care, one that caters to these complexities, is essential.

Methods. We report the case of a 25-year-old, single, Tigrinya speaking, male Eritrean asylum seeker. In August 2022 he arrived into the UK in the back of a lorry having left Eritrea on foot three years previously having fled conscription. Whilst migrating, he was tortured, witnessed killings, was human trafficked and enslaved. Shortly after arrival in the UK he developed a psychotic illness and was admitted to an acute psychiatric ward. Treatment resistant schizophrenia emerged, clozapine was commenced and his condition improved.

Results. The journey to clozapine was not smooth. His clinical presentation was complex, in the beginning we struggled to establish the source of his distress unsure of what was psychosis and what were symptoms of post-traumatic stress. We struggled to distinguish medication side effects from somatising. We struggled communicating, building trust, breaking down language and cultural barriers.

In order to treat the illness we had to understand it and our patient. We adopted a multidisciplinary approach to deliver, in the first instance, principals of psychological first aid: addressing the refugee agenda as part of meeting his basic needs. With time and thanks to a wonderful interpreter we were able to build trust, strong and safe lines of communication. Slowly we became better interpreters ourselves, more able to decipher his distress. The interpreter helped us to be more culturally competent, thus, building our connection stronger. As the young man's acute condition settled, he began to trust us and his psychosis abated.

Conclusion. Our case highlights the importance of holistic care when managing displaced individuals in psychiatric settings. Interpreters are invaluable to trauma informed practice, beyond facilitating verbal communication they can help us to understand the culture of the people we are supporting, helping us to provide connection beyond the words. Trust in the context of psychosis and trauma in a displaced individual is hard earned but should be prioritised.

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Regression in Down Syndrome. Case Study of a Young Adult With Down Syndrome Who Was Referred to Brent Community Learning Disability Service With 'Unexplained' Changes in Behaviour

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