

progress and benefits, and insights. In parallel, daily improvement huddles (15-minute long team meetings) were adopted to enable the team to problem solve other identified improvement work. The huddles follow a set structure of reviewing work in progress, new improvement opportunities, work that needs to be escalated and celebrated. This work was gradually widened to include the entire team.

Results. The team's caseload was observed to be continuously going up from 200 in September 2021 to 264 in October 2022. We aimed to increase the number of safe discharges and to sustain a steady team caseload. Root cause analysis utilising a fish-bone diagram identified barriers to discharge, such as lack of MDT approach and structure to discharge planning. Change ideas included creation of standard work, describing how an MDT discharge meeting would work. Actions were agreed to implement structured weekly MDT discharge meetings where four cases are discussed and safe discharge plans agreed, sharing responsibility for discharge decision. This has allowed us to reduce and maintain a steady caseload with 258 patients in January 2023.

Conclusion. Implementing Our Care Improvement System has not only provided a structure to our improvement work and improved our caseload but has also consolidated our team in working together for a common goal. We have naturally implemented structure to all other team meetings, which have now become more focused and productive, making our team a more rewarding place to work.

Abstracts were reviewed by the RCPsych Academic Faculty rather than by the standard *BJPsych Open* peer review process and should not be quoted as peer-reviewed by *BJPsych Open* in any subsequent publication.

Ecosia: Bringing a Greener Search Engine to the NHS

Dr Amelia Cussans*

Central and North West London NHS Foundation Trust, London, United Kingdom

*Corresponding author.

doi: 10.1192/bjo.2023.263

Aims. The objective of this project was to switch the default search engine used on CNWL computers from Google/Bing to Ecosia. Both Google and Bing have poor ethical and environmental credentials. Ecosia, in contrast, is a not-for-profit, certified B-Corporation which funds tree planting and community projects around the world. Ecosia searches display ads (just like any other search engine) however it donates 100% of its profits towards high-impact agroforestry, tree planting and forest protection.

Methods. The first step was to pitch the proposal to the Trust's Sustainability Lead. Then, information governance and cyber security teams performed assessments and gave clearance. An ICT technician was allocated the task and they configured the switch for a pilot group of 38 staff, with the help of step-by-step guides produced by Ecosia. After a short trial, the pilot group completed a questionnaire. Following satisfactory feedback, the ICT technician switched the default search engine to Ecosia for the entire Trust staff group. A Trust-wide email informed staff of the change and provided opportunity for feedback to be given via an online survey.

Results. A CNWL tree count is sent monthly from Ecosia. Over the first four months, an estimated 32,872 trees were planted using the funding generated by CNWL.

The pilot survey showed 80% of participants agreed that CNWL should use Ecosia as its default search engine (0% = should not; 20% = undecided). 62% felt Ecosia performed the same as the previous search engine (14% = much better; 5% =

somewhat better; 20% = somewhat worse; 0% = much worse). 86% said they would use Ecosia on their personal devices. Further comments included: "This is a great initiative from the trust, who in many realms benefit private profit enterprises to the detriment of our planet."; "As a Trust, in addition to using Ecosia, we should look for other similar measures, on the grounds that every step towards sustainability makes a cumulative impact"; "Google performs better than Ecosia". It is noted that if an Ecosia search does not yield the required results, it can easily be switched to Google by clicking 'More' → 'Google'.

Conclusion. Switching to Ecosia is an achievable action that health organisations can take. Collectively we can fund the protection and regeneration of forests, which benefits people and the planet, and engages staff in climate action. The next step is for other Trusts to switch, with an ultimate goal of all NHS organisations using Ecosia.

Abstracts were reviewed by the RCPsych Academic Faculty rather than by the standard *BJPsych Open* peer review process and should not be quoted as peer-reviewed by *BJPsych Open* in any subsequent publication.

Developing a National Strategy for Child and Adolescent Mental Health in Palestine

Dr Nadia Dabbagh^{1*}, Dr Samah Jaber², Ms Agnes Raboczki¹, Ms Enas Tina³ and Professor Mohammed Al-Uzri⁴

¹Royal College of Psychiatrists, United Kingdom, Dubai, United Arab Emirates; ²Ministry of Health, Ramallah, Palestine; ³Medical Aid for Palestinians (MAP), Ramallah, Palestine and ⁴Royal College of Psychiatrists, UK, Leicester, United Kingdom

*Corresponding author.

doi: 10.1192/bjo.2023.264

Aims. The Royal College of Psychiatrists, UK, is the professional body responsible for education and training, and setting and raising standards in psychiatry. It is an increasingly international organisation with approximately a fifth of members living outside the UK. In partnership with the UK-charity Medical Aid for Palestinians (MAP), the college was invited to develop a national strategy for child and adolescent mental health in Palestine for the Ministry of Health. Children are at higher risk of developing mental illness when living in overcrowded areas with ongoing shelling, siege, and other acts of violence as is the case in Gaza. A significant proportion of Palestinian children experience serious psychological distress especially anxiety and post-traumatic stress disorder (PTSD), with children reporting not wanting to be apart from their parents. The aim of the strategy is to set key priorities for child and adolescent mental health so that funders, institutions, organizations and community members align their activities in a coordinated and efficient way.

Methods. Information was gathered from an extensive literature review and three in-person missions to visit the West Bank to meet key stakeholders from governmental and non-governmental organizations including the Ministries of Health, Education and Social Development and the only Child and Adolescent Mental Health Services in Halhoul, north of Hebron. A thematic meeting was held in August 2022 and a feedback meeting in December 2022. All comments and feedback were reviewed and incorporated into the final document for submission to the Ministry of Health for official approval.

Results. Today's child in Palestine bears the burden of decades of violence, conflict and hardships that have accumulated during their lives and those of their parents and grandparents. In total, 2242 Palestinian children have been killed by Israeli military

forces between the years 2000 and 2022. Childhood is not a given for Palestinian children, but instead something that must be determined, retrieved, and understood within a complex web of implications mandated by the dynamics of power that are in play. As a testament to the Palestinian people's ability to adapt, endure and demonstrate *sumud* (steadfastness), through strong family and community relations, many children show remarkable resilience. However, there are children and families who require additional support and expert care.

Demand for child and adolescent mental health services is not being met by current clinical services which are fragmented and under-funded. Clinical pathways to refer vulnerable young people suffering from mental illness do not exist; nor do day or inpatient facilities for young people who require specialist interventions or admission, be it for severe mental illnesses or high risk behaviours. The lack of clear child protection protocols and limited availability of supportive family counselling and therapy compounds the pressure on caregivers. Vulnerable children are left exposed.

Conclusion. Every child deserves a childhood and a future. This national strategy takes a holistic view of childhood and adolescence, using the multi-level framework for child and adolescent well-being developed by the United Nations Children's Fund (UNICEF).

The strategy's vision is for every Palestinian child's mental health and well-being to be promoted and protected throughout their developmental journey into adulthood by strong multi-sectorial support networks and for mental illnesses to be detected and treated by collaborative, effective systems of care, free from stigmatization, discrimination and marginalization so they can live fulfilling lives as integrated members of society. This vision is built on four pillars of "Rights and Regulation" "Prevention and Promotion" "Capacity Building and Clinical Service" and "Community Integration and Contribution" The vision can be realised through the implementation of ten initiatives, each with their own action plan and outcome measure, with the critical enablers of funding and stakeholder participation and collaboration.

Abstracts were reviewed by the RCPsych Academic Faculty rather than by the standard *BJPsych Open* peer review process and should not be quoted as peer-reviewed by *BJPsych Open* in any subsequent publication.

Improving Outcome Measurement and Experience in an Adolescent Inpatient Unit Through Patient-Reported Measures

Dr Megan Davies-Kabir* and Dr Ceri Price

Ty Llidiard Adolescent Unit, Cwm Taf Morgannwg University Health Board, United Kingdom

*Corresponding author.

doi: 10.1192/bjo.2023.265

Aims. A Quality Improvement project was conducted in Ty Llidiard, a 15-bed adolescent unit in South Wales, over a three-month period to introduce and embed outcome measurement from the perspective of young people (YP) admitted to the unit. This was done to meet two standards set by Quality Network for Inpatient CAMHS: 1. "Outcome measurement tools are completed from the perspective of young people", 2. "The ward team use quality improvement methods to work on service improvements." Through use of these measures we hoped to give the YP a stronger voice in the multidisciplinary ward round (MDT-WR) and to improve their experience of attending it.

Methods. A validated patient-rated outcome measure (PROM) and experience measure (PREM) were chosen and adapted in

co-production with the YP on the ward. The measures were selected on the basis of being quickly and easily understood and completed. The PROM provided useful ratings in key areas ("school", "home", "family", "me") and the PREM measured how patients experienced attending the MDT-WR. Outcomes and completion rate of these measures were audited weekly for three months, and several Plan-Do-Study-Act (PDSA) cycles were completed to increase their usage and to improve the YP's experience of attending their MDT-WR. **Results.** From an initial baseline of 0% we achieved a maximum of 50% of YP on the ward completing a PROM each week, and a maximum of 100% of YP who attended MDT-WR completing a PREM. Three PDSA cycles improved our completion rate. PROM ratings were used as part of the clinical discussion in MDT-WR each week. Not all YP were well enough to complete it, but for those who were its clinical usefulness (and especially comparing scores in consecutive weeks) was reported in clinician feedback. PREM scores were presented and discussed a number of times in ward improvement meetings and management meetings and four PDSA cycles completed which incrementally increased the PREM average weekly scores.

Conclusion. We were successful in introducing and then increasing the completion rate of patient rated measures. Through use of the PREM we were able to make changes to the ward round and demonstrate the subsequent improvements to the experience of the patients attending. We have demonstrated that outcome measurement from the perspective of YP can contribute usefully to the MDT-WR and can improve YP's experience of the service. Use of these measures will continue as standard practice on our unit and could contribute usefully in future service evaluation projects.

Abstracts were reviewed by the RCPsych Academic Faculty rather than by the standard *BJPsych Open* peer review process and should not be quoted as peer-reviewed by *BJPsych Open* in any subsequent publication.

The Advancing Mental Health Equality Collaborative: Using Quality Improvement to Advance Equality in Mental Health Care

Ms Adele de Bono^{1*}, Dr Matt Milarski¹, Ms Renata Souza¹, Ms Saiqa Akhtar¹, Dr Rosana Bevan¹, Ms Emily Cannon¹, Mr Tom Ayers¹, Ms Viviana Aya¹, Ms Laura-Louise Arundell¹, Mr Mark Farmer¹, Ms Meera Burgess¹, Dr Lade Smith^{2,1}, Dr Rajesh Mohan^{2,1} and Dr Amar Shah¹

¹Royal College of Psychiatrists, London, United Kingdom and ²South London and Maudsley NHS Foundation Trust, London, United Kingdom

*Corresponding author.

doi: 10.1192/bjo.2023.266

Aims. The Advancing Mental Health Equality Collaborative is an innovative 3-year quality improvement programme led by the Royal College of Psychiatrists' National Collaborating Centre for Mental Health (NCCMH). The collaborative was launched in July 2021 and involves 18 organisations across the UK who, with quality improvement support from the NCCMH, are working to understand the needs of their population and identify communities at risk of experiencing inequality to improve access, experience and outcomes of mental health care, support, and treatment for those populations.

Methods. An overarching driver diagram for the Collaborative was developed in collaboration with a wide range of stakeholders through steering group meetings, design workshops and remote consultation. This overarching driver diagram informs the development of population-specific driver diagrams, based on the population segments organisations selected to focus on. Each organisation was allocated an experienced quality improvement coach who supports them to apply a quality improvement approach