

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

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Aims. A Quality Improvement project was conducted in Ty Lliard, 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.

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

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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