

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.

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## 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 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.

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## The Advancing Mental Health Equality Collaborative: Using Quality Improvement to Advance Equality in Mental Health Care<sup>‡</sup>

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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

to plan and deliver their projects, including support to generate insights based on data, staff and community engagement, carry out assets mapping, develop the project's aim and key drivers organisations need to work towards, identify measures, generate change ideas to be tested, and sustain successful changes.

Members of organisations taking part also attend quarterly learning sets where they come together to network, share challenges and ideas, and learn from each other.

**Results.** Populations identified by organisations include children and young people; Black, Asian and Ethnic minority men aged 18+ years; carer population; neurodivergent individuals with comorbid mental health diagnoses; Muslim women/Black women; refugees and forced migrants; women military veterans in Greater Manchester and Lancashire; Bangladeshi and Pakistani men and women in Oldham; Traveller community in Somerset. A number of initiatives are being tested by teams to improve access, experience and outcomes of mental health care, support, and treatment for these populations, such as offering mental health awareness sessions for refugees in a range of languages.

**Conclusion.** Addressing inequality in mental health care is a long and complex process. The AMHE collaborative is supporting teams to take an innovative approach to tackle this issue, by ensuring their projects are fully co-produced with those affected by inequality. This includes engaging representatives from the communities they are trying to improve access, experience and outcomes for in all aspects of their quality improvement projects; from design to generating ideas to test, and ensuring they measure what is important to these communities to determine whether improvements have been made.

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\*This article was originally published with an author's name spelled incorrectly. The error has been corrected and a correction notice published. The PDF and HTML versions have been updated.

### Trainee Led Quality Improvement Addressing Lack of Transparency in Referral Processes for Psychiatric Reviews in the Maudsley Adolescent Mental Health Service

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**Aims.** The Specialist Adolescent Mental Health Service at the Maudsley Hospital provides multi-disciplinary mental health care to adolescents in London. There is currently no policy by which non-medical members of the multi-disciplinary team can request a psychiatric review for their patients. Staff feedback revealed problems with the medical review referral process to be a lack of clarity on how to make referrals, and a lack of transparency (e.g. referral outcome, approximate waiting time). This project aimed to improve the clarity of the process for requesting psychiatric reviews and to develop skills in leadership as a future child psychiatrist.

**Methods.** We designed and introduced a referral form and integrated waiting list. Next we developed a policy document for making referrals. Finally we modified the referral form so that when submitted, it automatically updated the integrated waiting list. At the outset and after each intervention we resurveyed the staff.

**Results.** At the outset 71% of staff reported finding the process somewhat unclear, while 29% reported finding the referral process neither clear nor unclear. Following the final change 100% staff each reported finding the process very clear or somewhat clear.

**Conclusion.** The changes we implemented resulted in a clearer and more transparent referral process for medical reviews. We anticipate that this improved staff satisfaction will equally translate into some benefits for patient care, such as more clarity around when a medical review can be expected and what it might entail.

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### Postgraduate Teaching Programme in Psychiatry in North Wales- a Regional Quality Improvement Project 2022-2023

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**Aims.** We aimed to arrange the local Postgraduate teaching in psychiatry as per the Deanery requirement/ HEIW requirement. We aim to achieve a better target with regard to local teaching as noted from the previous year's GMC trainee survey

**Methods.** The project started in 2019. 3 sets of audits and PDSA's were done- one each year, before the final PDSA. During these 3 audits, only non-consultants were participants.

During the 4th PDSA, in 2022-2023, a purposive sample was selected to provide the best information possible for the audit. It included Consultant Psychiatrists from all three sites in North Wales, Trainees( Junior/ Senior), SHO, speciality doctors, FY2, GP trainees and Clinical fellows. The criteria for participation were that the doctors should be working in Psychiatry and should have attended the local postgraduate programme. Access to the internet and appropriate device was mandatory as an add-on availability.

An online questionnaire was emailed to the participants. There were only 3 questions for the Consultants and 5 for the non Consultants' group. 2 weeks window was offered to fill out the forms.

**Results.** The 3 audits done initially revealed that consistent formal teaching was not provided. The candidates also found the current programme not fulfilling the criteria laid by the deanery and that their educational needs were neglected. The summary of the old audits suggested that the teaching had worsened eventually.

The final PDSA was done in 2022-2023. The overall time to fill out the form was 1.43 minutes. An equal number of Consultants and Non-consultants filled out the form. 31 Consultants rated the new programme as 4.23 for 5. The 31 non-consultants rated the programme 3.68 out of 4 and 95% identified that the new postgraduate programme covered the core trainees' requirements as per the MRCPsych Handbook from the Deanery.

**Conclusion.** Prioritisation of the most important facilitators and identification of 'easy wins' are important steps in this process.

The purpose of this study was to develop a national expert group consensus amongst a range of relevant stakeholders; senior doctors, residents, patients, allied healthcare professionals and healthcare managers allowing us to;

1. identify important barriers and facilitators of learning in clinical environments and