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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 fishbone 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.

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Ecosia: Bringing a Greener Search Engine to the NHS

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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.

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

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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