

**Manchester City Council
Report for Information**

Report to: Children and Young People Scrutiny Committee – 20 July 2022

Subject: The impact of COVID-19 on children and young people’s mental health and well-being

Report of: Director of CAMHS (Child and Adolescent Mental Health Services)

Summary

This report explores the impact of COVID-19 on children and young people’s mental health and well-being. Within this evidence suggests that children and young people’s mental health and wellbeing has been substantially impacted during the pandemic resulting in higher prevalence and demand and acuity (complexity) for CAMHS.

Recommendations

The Committee is recommended to:-

- (1) To consider and comment on the information in the report.
 - (2) To consider and support actions that promote recovery and enable services - including education settings - that facilitate support for children and young people to talk through shared experiences. In turn, validating their experience of the pandemic, whilst utilising these opportunities to simultaneously inform them of what is being done to support recovery e.g., address worries around education attainment.
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Wards Affected: All

Environmental Impact Assessment - the impact of the issues addressed in this report on achieving the zero-carbon target for the city

None

Equality, Diversity and Inclusion - the impact of the issues addressed in this report in meeting our Public Sector Equality Duty and broader equality commitments
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Manchester Strategy outcomes	Summary of how this report aligns to the OMS/Contribution to the Strategy
A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	
A highly skilled city: world class and home grown talent sustaining the city's economic success	
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	
A liveable and low carbon city: a destination of choice to live, visit, work	
A connected city: world class infrastructure and connectivity to drive growth	

Full details are in the body of the report, along with any implications for:

- Equal Opportunities Policy
- Risk Management
- Legal Considerations

Contact Officer:

Name: Al Ford

Position: Director of CAMHS, Royal Manchester Children's Hospital. Manchester University NHS Foundation Trust

Telephone: PA 0161 701 2545

E-mail: al.ford@mft.nhs.uk

Background documents (available for public inspection):

None

1.0 Introduction

This report explores the impact of COVID-19 on children and young people's mental health and well-being. Within this evidence suggests that children and young people's mental health and wellbeing has been substantially impacted during the pandemic resulting in higher prevalence and demand and acuity (complexity) for CAMHS, when compared to pre-pandemic levels.

2.0 Background

Nationally and regionally there have been increasing calls to understand the mental health and wellbeing impacts for children and young people (CYP). Such an understanding will help to inform how CYP - and those who care for them - can be best supported through and recover from the pandemic / living with Covid-19.

3.0 Impact of COVID-19 on children and young people's mental health and well-being

In the first 12-18 months of the pandemic one of the most significant public health measures implemented during the COVID-19 pandemic has been extended periods of 'lockdown', and associated school closures. Within this there can be seen a correlation between the limited opportunities for early identification, intervention and/or prevention, and an increase of difficulties and severity of conditions. In turn activity/referral data clearly demonstrates an initial suppression then significant increase in demand during this period, with this surge in demand manifesting in a higher volume of referrals (need) and acuity (complexity driven response) by CAMHS services.

In addition, COVID-19 has exposed some of the health and wider inequalities that persist in our society that also impact CYP health e.g., Children from low-income households had higher levels of emotional, attentional and behavioural difficulties compared to children from higher income households (Pearcey, S. et al 2020).

The national report, Mental Health of Children and Young People in England (2021)¹, examined the mental health of 6 to 23 year olds living in England in 2021 and describes their experiences of family life, education, and services during the coronavirus (COVID19) pandemic. Amongst the report key findings:

- Rates of probable mental disorder increased between 2017 and 2021; in 6 to 16 year olds from one in nine (11.6%) to one in six (17.4%), and in 17 to 19 year olds from one in ten (10.1%) to one in six (17.4%).
- Eating problems: The proportion of children and young people with possible eating problems increased between 2017 and 2021, from 6.7% to 13.0% in 11 to 16 year olds and from 44.6% to 58.2% in 17 to 19 year olds.
- School absence: Children with a probable mental disorder were twice as likely to have missed more than 15 days of school as those unlikely to have a mental disorder

¹ NHSD, Mental Health of Children and Young People in England, 2021. Wave 2 follow up to the 2017 survey. Published 30 September 2021

4.0 Manchester CAMHS Waiting Time and Demand

Under the pandemic the demand on CAMHS services has significantly increased. Within this a high acuity (complexity) prevails. The following section highlight the impact of NHS Child and Adolescent Mental Health Services operating across Manchester.

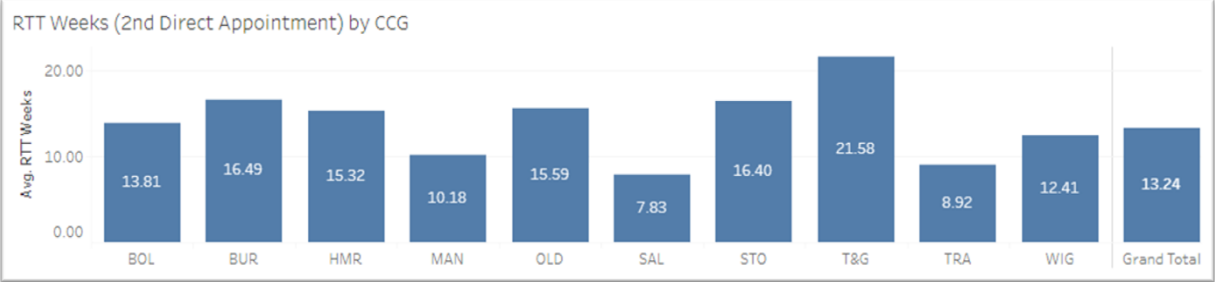
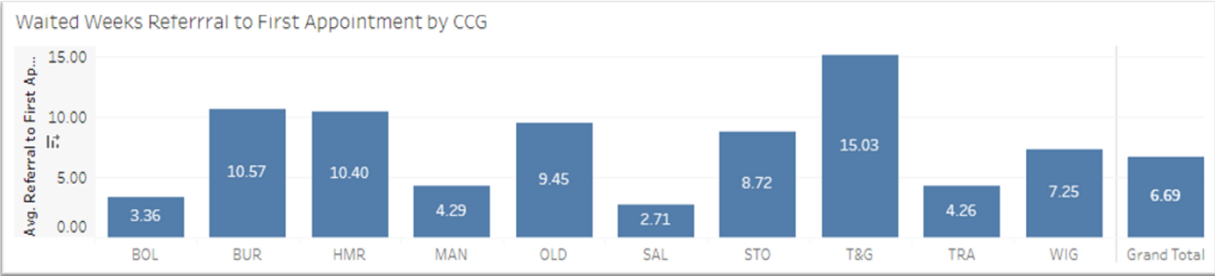
Key Manchester CAMHS data findings

- 14.7% Increase in open referral* activity within service
- 19.4% increase in direct clinical sessions offered
- 34% growth in open referral activity from Paediatric Wards
- 62% growth in open referral activity from A&E Wards
- 168% growth in open referral activity for Eating Disorder Cases
- Waiting times have, despite surge in demand, remained relatively stable

Note. "Open referrals" are under-18s who are being cared for by CAMHS or are waiting to see a specialist, having been assessed as needing help against treatment criteria.

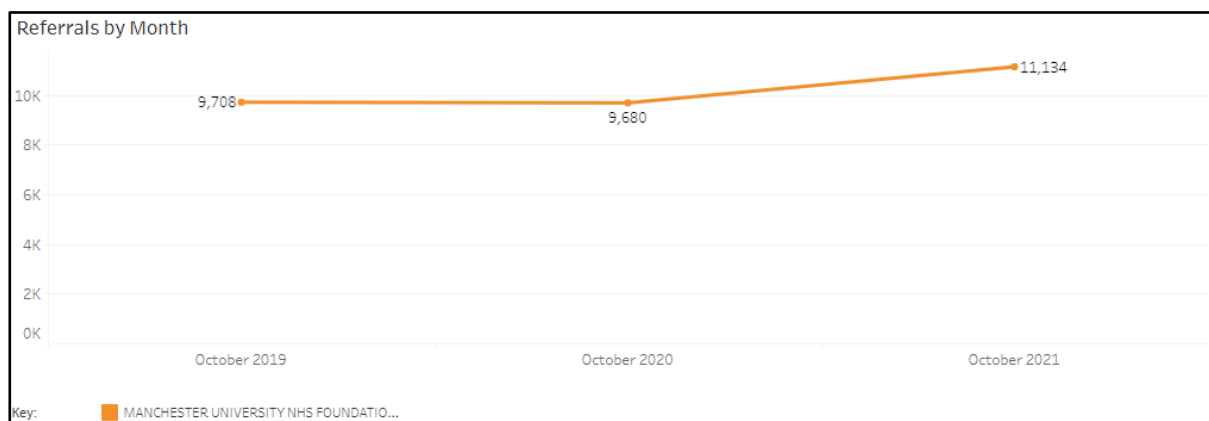
Waiting times

In reviewing and benchmarking waiting times across Grater Manchester localities the GMHSCP (ICS) Tableau Report extract below, shows 12 month rolling performance for referral to first contact. Within this Manchester performance is 4.29 weeks against the pilot 4 week Mental Health Triage target, whilst treatment commencing (denoted by two competed appointments) is 10.18 weeks against an 18 week target. MFT CAMHS (Manchester, Salford and Trafford) holds the best performance in relation to waiting times across Greater Manchester, with Manchester placed in the upper quartile.



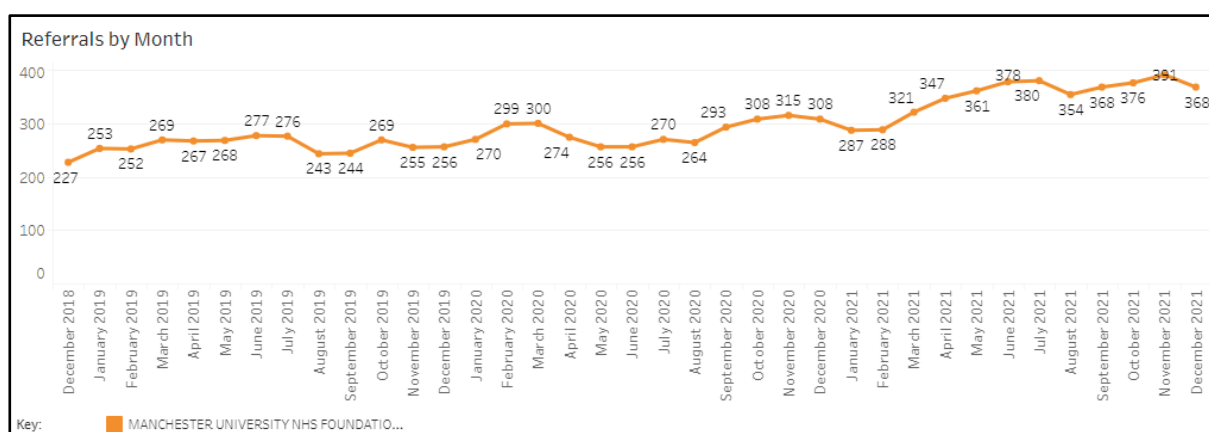
Volume of demand and acuity (complexity)

The graph below extracted from GMHSCP² highlights point in time analysis using October which is routinely a high demand month in CAMHS following the education return in September. This graph highlights a 14.7% increase in demand from pre pandemic to post pandemic³.



(Source: GMHSC Tabelau Report extract as at JUN21)

- In addition to the increased referral rate the service had also seen an increase in clinical (contact) activity per completed episode of care of 19.6%. This has further constrained the capacity of the workforce in supporting new case access.
- The graph below (GMHSCP) highlights the growth in referrals received where A&E was marked as the referral source. There is a notable increase in crisis presentation to CAMHS services this is highlighted as 62% growth when looking at Dec2018 vs Dec2021 by way of example.

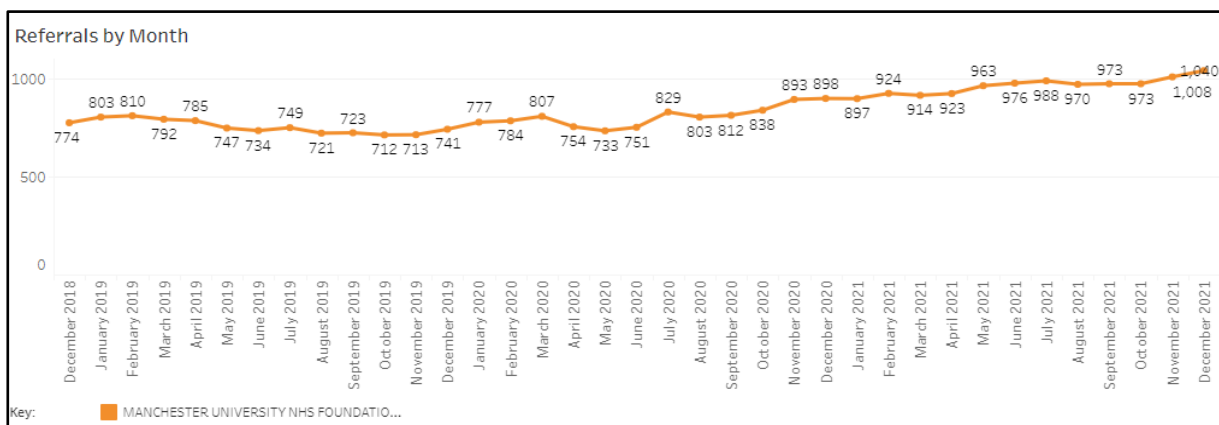


(Source: GMHSC Tabelau Report extract as at JUN21)

- The following graph from GMHSCP highlights the current new and active referrals within MFT CAMHS where the referral source was identified as a Hospital Ward. This represents a 34% growth in demand.

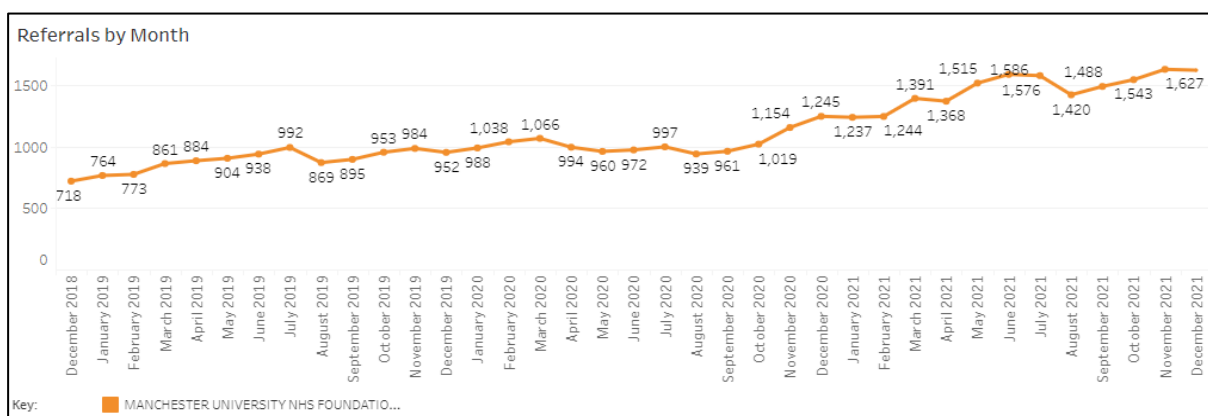
² Extracted as at JUN2022

³ Graph shows referral active in period.



(Source: GMHSC Tabelau Report extract as at JUN21)

- The Graph below extracted from GMHSCP⁴ shows the increase in referrals to CAMHS from education settings from 2018 to December 2021 showing an increase in identified need in the context of the pandemic and the communications regarding new mental health support teams and wider Thrive aligned mental health services across the city.



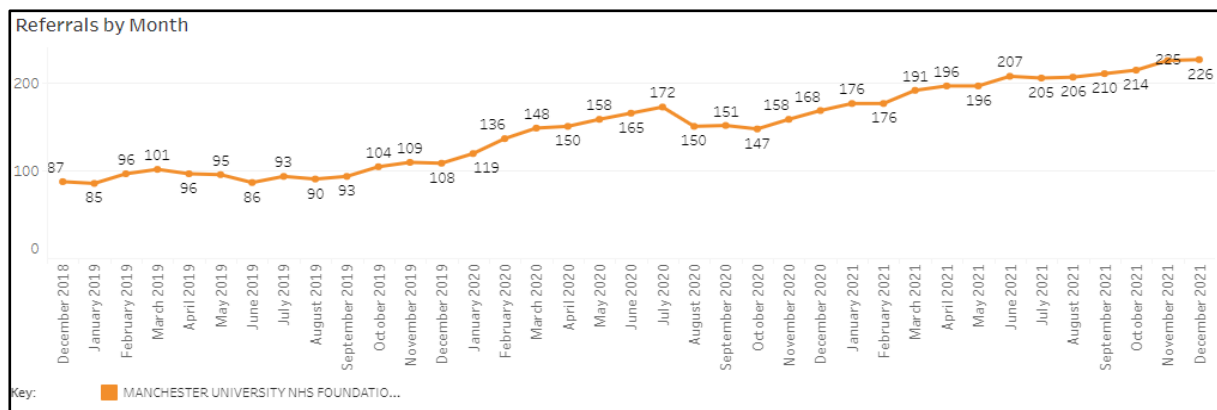
(Source: GMHSC Tabelau Report extract as at JUN21)

Eating disorder higher demand and acuity

The Graph below extracted from GMHSCP⁵ Highlights the significant increase in demand for eating disorder related needs within MFT CAMHS from pre pandemic to post pandemic. The growth rate in comparing DEC2018 to DEC2021 is 160%.

⁴ As at Jun2022 for the period 2019-2021. Based on active referrals and a definition of ED

⁵ As at Jun2022 for the period 2019-2021. Based on active referrals and a definition of ED



(Source: GMHSC Tabelau Report extract as at JUN21)

The Impact on those working in CAMHS Services

The continued impact of providing and ensuring services through a period of unprecedented increase in demand and acuity has had an impact on staff – and across the NHS. CAMHS staff wellbeing is a major factor in the planning and delivery of services. Sickness absence has increased and at the end of May 2022, was at the highest level in 12 months. It has risen each month since January. Within this anxiety/stress/depression are the most common reasons for sickness accounting for 35% of overall sickness absence. Although Covid absences have abated, this is not anticipated to be sustained for future months with the R rate increasing in the general population.

5.0 CAMHS Response under the COVID-19 Pandemic

Throughout the pandemic CAMHS remained open, often responding to meet need through a variety of dynamic, flexible – and at times rapid – responses. Within this CAMHS has opened new services and implemented new ways of working, moving quickly to minimise the barriers to accessing support.

Under the pandemic CAMHS has provided a choice offer of telephone, clinical video conference (virtual/remote), alongside continuing of face-to-face traditional activity for CYP and those who care for them, in the context of appropriate Infection, Prevention and Control (IPC) measures. It should be noted that for certain vulnerable groups and conditions (e.g., eating disorders) it was imperative that face-to-face contact continued in order to manage risks.

At present CAMHS delivery has returned to the majority being direct face to face contact, with circa 10% remaining delivered virtually through remote clinical platforms. During the pandemic, and beyond CAMHS has raised awareness of the Manchester whole system emotional health and wellbeing offer, applying the THRIVE (new care model) conceptual framework that seeks to improve early intervention and prevention.

Following the lifting of restrictions associated to the control of Covid, CAMHS has seen the impact of the pandemic on certain targeted vulnerable populations, most notably with eating disorders, SEND, neurodevelopmental conditions (ASD/ADHD) and Looked After Children (LAC), when compared to the general population.

CAMHS Community Eating Disorder Services (CEDs) has – and continues - to see an increase in eating disorders referrals and within this higher acuity, leading to higher admission rates to paediatric wards for refeeding. Data is showing that demand continues to increase, with the number of CYP starting treatment higher this quarter compared with the same period last year during the pandemic. This is reflected nationally with a 55% national increase in children and young people starting treatment for an eating disorder, from 8,034 in 2019/20 to 12,457 in 2021/22. As a result of this surge in demand MFT CAMHS has increased its CEDs capacity, seeking to prevent admission and to treat the higher volume and acuity seen.

In response to the higher acuity, resulting in increased numbers within the acute hospital settings of young people with a behavioural and mental health problems, MFT CAMHS has periodically flexed to an increased 7 day offer, providing an in-reach service to all the hospitals within Manchester (RMCH, Wythenshawe and North Manchester General).

Whilst there is some suggestion that the initial start to pandemic may have appeared to have been beneficial to some CYP with SEND, increasing evidence now suggests that those CYP with SEND appear to have suffered substantial impacts on their mental health and experienced higher levels of anxiety during the pandemic than children without SEND. This has been further complicated with the associated delays in development of social skills and social experience, requiring a review and change of Autism pathways to manage the delayed social and educational development seen in CYP as result of the pandemic.

CAMHS operates a targeted team for children and young people cared for by Manchester City Council. The **CAMHS LAC service** has had to respond to an increase in referrals and complexity by prioritising those presenting with the highest level of need. The impact of early trauma combined with the effects of the pandemic on CYP and those caring for them, has led to a notable increase in risk presentations and placement disruption leading, at times, to prolonged admission to hospital paediatric wards both in and outside of Manchester. The team have been involved in complex case planning in multi-agency contexts and supported several high risk placements. Alongside this, **the virtual team for children with disabilities** has offered a multi-disciplinary support team to the most complex and challenging situations for young people placed out of Manchester in recognition that local services are not always able to meet the need of those young people presenting with a combination of trauma and significant disabilities/autism.

In recognition of the sensory needs of cared for children, temporary covid money was identified and utilised to employ an Occupational therapist (OT). The OT provided highly specialist sensory attachment interventions (SAI) and provided training for young people and their carers. Many of the young people referred to the OT LAC service had sensory processing, motor skills, self-care, anxiety, social skills, and emotional regulation difficulties which were impacting on their everyday function. The priority with this offer was to offer direct support to carers in understanding and supporting their children from a sensory perspective and in recognition that some of their presenting care needs were leading to placement disruptions.

The increase in the number of unaccompanied asylum-seeking children led to a significant expansion of staff within the targeted local authority team. Without an increase in mental health resource, a psychology service was piloted for this population and a fortnightly consultation clinic is now offered to workers and direct support is offered to children with significant risk or significant mental health needs only.

The CAMHS LAC team continue to offer consultation and training to social workers and foster carers. There is now a regular virtual 6 week group for foster carers which was piloted during the pandemic and continues to be offered virtually due to the geographical spread of carers. This also enables it to be run more frequently and target more carers than groups offered previously.

The ***Adoption Psychology Service*** offers a service with Adoption Counts for Manchester children being placed for adoption. The multi-agency model of working has been nationally recognised as one of good practice and the team are to work closely to support the implementation of similar models in other authorities in collaboration with the Department for Education. The impact of the pandemic on CYP/ foster carers and prospective adopters is recognised in the consultations offered and targeted clinics set up within the service to respond to this.

Improving Access and Support under the pandemic and supporting recovery

During the pandemic CAMHS mobilised a new service offer, M-Thrive. The strategic vision of M-THRIVE is to establish ***Manchester THRIVE Hubs*** as a point of entry and knowledge, to Manchester's Emotional Wellbeing and Mental Health offer. This involves having 3 Manchester THRIVE Hub Teams based across the City in Central, North and South locality.

The Hubs are active 7 days a week (weekend via digital front door), complementing and enhancing the current family and youth support services across all the agencies and communities in Manchester. The ongoing aim of the service is to create an ease of access, awareness of the local offer and choice whilst being based within neighbourhood Youth and Community Centres. The M-Thrive team work alongside community place-based services not traditionally acknowledged for their role in the improvement of good mental health and wellbeing, to increase choice and options for families and young people to thrive in Manchester.

Although the M-thrive model is not a clinical intervention service it is an enabling support service - to get to the right intervention services, right time and right place - building CYP self-esteem and resilience along the way. The Hubs pick up any family or CYP who do not meet CAMHS criteria at the front door to ensure they are not left behind. The offer involves a conversation as to which services would best suit their needs and a supported journey to reach where they need to be.

As of June 2022, M-Thrive hubs have supported over 900 CYP and those who care for them. The team currently hold over 100 open cases with ongoing support (including, 'getting to know you' (getting advice, getting help THRIVE quadrant) and signposting (navigation for our CYP).

The majority of CYP who access M-Thrive are introduced to the service by CAMHS, Early Help and schools. The main presenting issues with CYP sign-posted by school are low mood and anxiety based school avoidance.

Other key themes/presenting issues, along side emotional mental health and well being, is an increase of Domestic Violence and Adverse Childhood experience disclosures. The Hub Leads and Service Manager are working in partnership with the Domestic Abuse Reduction Manager and safeguarding alliance to strengthen a working together approach when supporting CYP.

M-Thrive hubs have also been working alongside Mental Health Support Teams in schools to establish a collaborative integrated offer within schools and colleges to support CYP both during the pandemic and beyond.

Mental Health in Education

Manchester Thrive in Education (Mental Health Support Teams in schools) are led by CAMHS and in a joined up offer with VCSE partner agencies are a new addition to mental health provision in schools and colleges, designed to complement the existing offer. The service sits at the “getting help” level of the THRIVE system aimed to increase access to psychological therapies on site in education settings for CYP experiencing mild to moderate mental health difficulties. This provides a prevention intervention for CYP, and those who care for them, designed to improve mental health and increase awareness, preventing the development of significant difficulties.

The service is currently working in 35% of schools and colleges across Manchester offering evidence-based therapy, mental health consultation to key education staff and development of the whole school/college approach to mental health.

During the pandemic national lockdowns that led to school closures the service launched and then maintained a telephone and virtual (remote) service to CYP and those who care for them.

Finally, whilst there is an obvious imperative to provide support to children, young people and those who care for them, the pandemic has created numerous challenges for those working in CAMHS. It is recognised that continuing to provide care and treatment under the pandemic has not come without impact for the workforce, both in terms of working practice but also in terms of their wellbeing. Within this CAMHS has moved to mobilise a staff wellbeing offer to acknowledge, validate, normalise and respond to the emotional needs of all staff. Deploying psychological responses and ensuring structured forums where all staff, clinical and non-clinical, come together regularly to discuss the emotional and social aspects of working in an unprecedented period. As well opportunities to participate in self-care activities and other wellbeing support based interventions.

6.0 Recommendations

- (1) To consider and comment on the information in the report.

- (2) To consider and support actions that promote recovery and enable services - including education settings - that facilitate support for children and young people to talk through shared experiences. In turn, validating their experience of the pandemic, whilst utilising these opportunities to simultaneously inform them of what is being done to support recovery e.g., address worries around education attainment