

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

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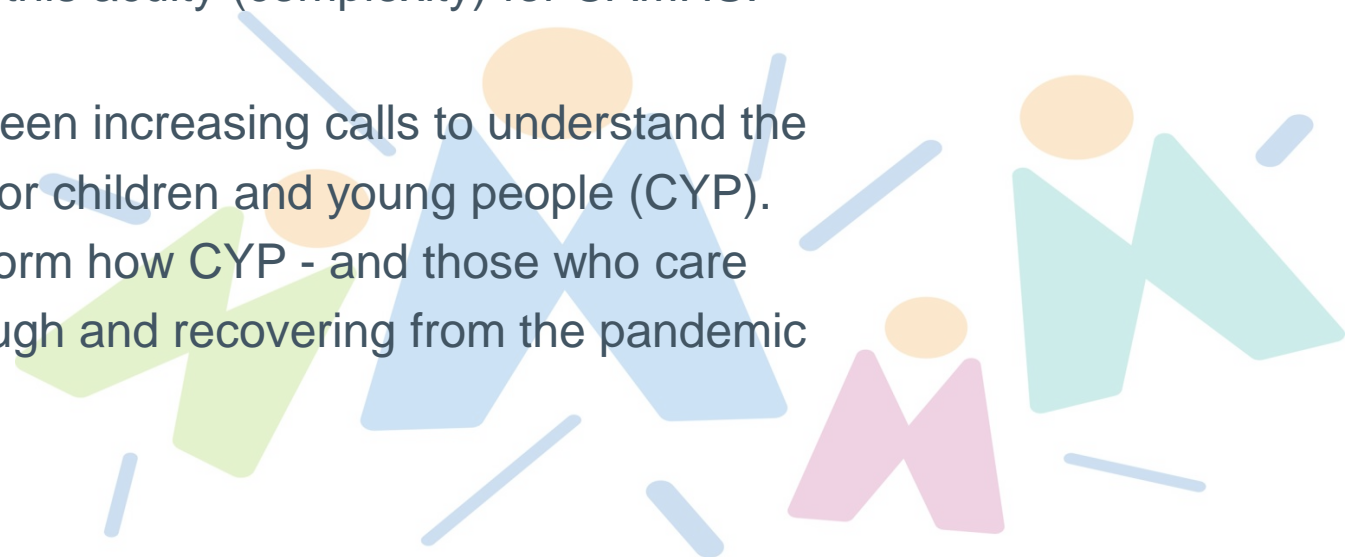


Introduction

The following slides have been prepared for Manchester City Council Scrutiny Committee, following the ask to explore 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 demand and within this acuity (complexity) for CAMHS.

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 recovering from the pandemic - living with Covid-19.



Background

- Significant public health measures were implemented during the first 12-18 months of COVID-19 pandemic, which saw extended periods of 'lockdown' and associated school closures.
- An unintentional impact of 'lockdown' and school closures limited the opportunities for early identification, intervention and/or prevention young people's mental health and well-being. This arguable led to an increase of difficulties and severity of conditions.
- In this period data shows a suppression in demand on CAMHS then significant increase of demand, seen within higher volume of referrals and acuity (complexity driven response).
- 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 and attention difficulties along with behaviour difficulties compared to children from higher income households.

CAMHS Observations

- Following the lifting of restrictions associated to the control of Covid, CAMHS has seen the impact of the pandemic on certain targeted vulnerable populations, when compared to the general population. Most notably within:
 - Eating Disorders;
 - SEND;
 - Neurodevelopmental conditions (ASD/ADHD); and
 - Looked After Children (LAC).
- 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
- 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.
- Under the pandemic and the measures to control the disease there can be seen delays in CYP social development skills and experience requiring a review and change of pathways to manage the delayed social and educational development seen in CYP

CAMHS Observations

- CAMHS Data shows:
 - 14.7% Increase in open referral activity within service over 3 time points spanning the pandemic (Oct 2019, Oct 2020 and Oct 21)
 - 19.4% increase in direct sessions offered
 - 34% growth in open referral activity from Paediatric Wards
 - 62% growth in open referral activity from A&E Wards and Crisis Presentations
 - 168% growth in open referral activity for Eating Disorder Cases
 - The increase in demand and acuity has led to increase in waiting times shown in 12 month rolling performance. Within this Manchester performance average:
 - 4.29 weeks against the pilot 4 week Mental Health Triage to be seen target;
 - Whilst treatment commencing (denoted by two competed appointments) is 10.18 weeks against an 18 week target
 - Despite this 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.

NB. "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

CAMHS Response to the COVID-19 Pandemic

- Throughout the pandemic CAMHS remained open and opened new services and implemented new ways of working. Moving quickly to minimise the barriers to accessing support.
- Providing 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.
- For certain vulnerable groups and conditions (e.g., eating disorders) it was imperative that face-to-face contact continued to manage risks.
- As a result of this surge in demand CAMHS has increased its CEDS capacity, seeking to prevent admission and to treat the higher acuity seen.
- 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).
- Under the pandemic CAMHS mobilised new services and offer, which included:
 - M-Thrive, to deliver the strategic vision is to establish Manchester THRIVE Hubs as a point of entry and knowledge, to Manchester's Emotional Wellbeing and Mental Health offer; and
 - Manchester Thrive in Education (Mental Health Support Teams in schools)

CAMHS Transformation Response: M-Thrive Hubs

- To date three M-THRIVE Hubs have opened across the City in Central, North and the 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
- 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.
- As of June 2022, M-Thrive hubs have supported over 900 CYP and those who care for them. Currently holding over 100 open cases with ongoing support (including, 'getting to know you' (getting advice, getting help THRIVE quadrant) and signposting exploration for our CYP).
- The majority of CYP who access M-Thrive are directed by CAMHS, Early Help and schools. The main presenting issues with CYP who school have sign posted are low mood and anxiety-based school avoidance.

CAMHS Transformation Response: Manchester Thrive 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
- 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
- Providing 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.

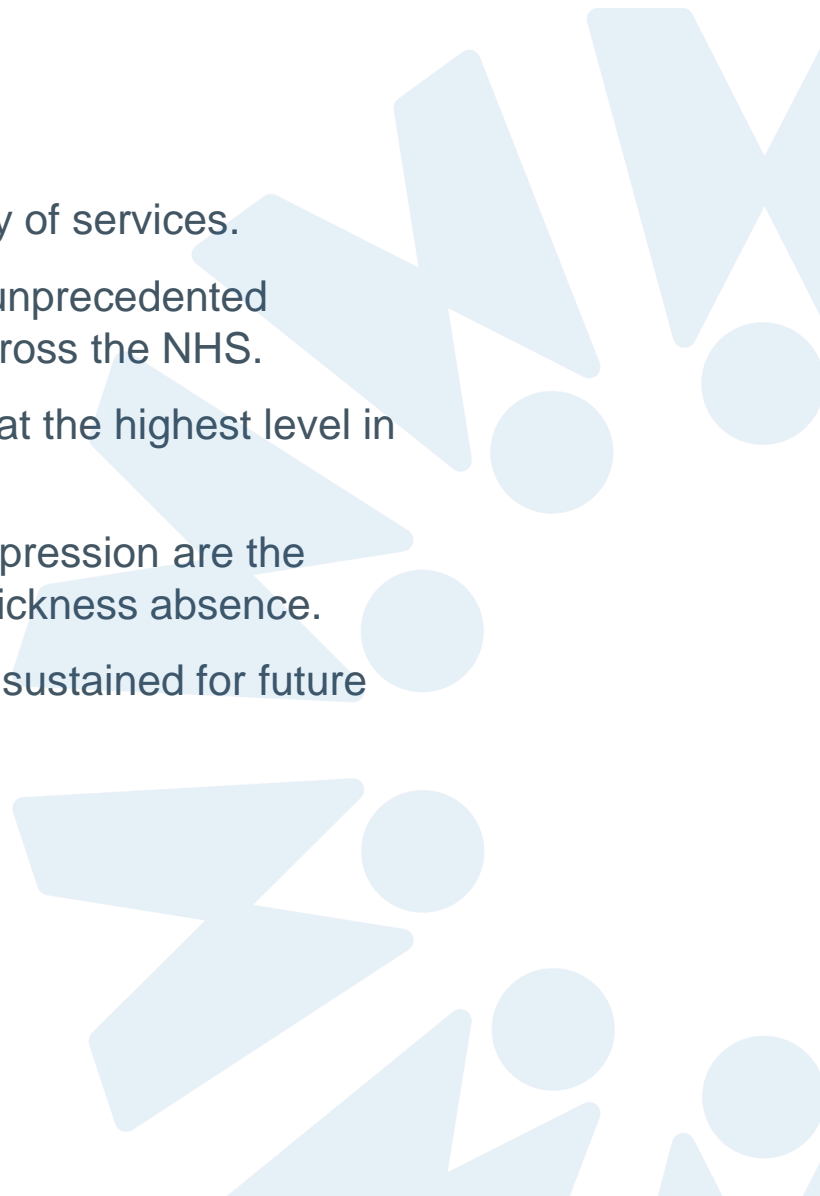
CAMHS Response: CAMHS LAC

- Manchester 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.
- CAMHS LAC 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.
- 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.

CAMHS Response: CAMHS Community Eating Disorder Services (CEDS)

- 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 1,946 at the end of Q4 2022 vs 1,534 at the end of Q4 2021), 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 acuity seen.

The Impact on those working in Services

- CAMHS staff wellbeing is a major factor in the planning and delivery of services.
 - The 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.
 - 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.
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Greater Manchester
Integrated Care

Manchester Integrated Care Partnership

Urgent & Emergency (Crisis) Mental Health Provision

Actions have been taken, involving many GM system partners, to introduce new services or strengthen ways of working to support CYP during Covid, including:

- **24/7 All-age mental health liaison service** - commissioned specifically by MHCC, fully mobilised in all Manchester A&E sites. Providing MH assessment within 1 hour of presentation. Enabling quicker referral route to RRT facilitating quicker discharge from A&E.
- **Rapid Response Teams (RRTs)** – Teams across GM. Offer assessment and short term intervention for CYP in MH crisis. 4 hour response rate. See people in community rather than A&E. Accepting self-re-referrals and all age liaison mental health services directly to RRTs making access easier.
- **Safe Zones** – 4 sites across GM, currently expanding offer. Provide a step down from RRT and support those with a ‘lower level crisis’. CYP supported for an average 7 weeks post crisis.
- **24/7 helpline** – access for patients and professionals. Provide advice, information and emotional support. Can offer direct access to RRT’s.
- **Future developments:** Home Intensive Teams. MFT currently actively recruiting.

Voluntary, Community and Social Enterprise (VCSE)

- Significant rise in referrals for both 42nd Street and Kooth, our main VCSE providers.
 - **Kooth** – Digital provision. Over 5,000 new user registrations in 2021-22, up 14% from the previous year.
 - **42nd Street** – Significant increase in referrals across the service. The lowest points, traditionally in December and August, are now at the levels of peak periods pre-covid.
 - **42nd Street** - Waiting times have been impacted. They peaked around April 22 but seem to be starting to reduce slightly though are still above pre-pandemic waits. Online offer has been developed which addresses some of the waits. They have also adapted their ‘front door’ to incorporate a more robust triage to ensure priority cases are seen first.
- MHCC have supported applications during Covid for increased funding for both Kooth and 42nd Street via GM to bolster against surge in pressure.
- **Integrated Community Response Service (ICRS)** – multi-partner collaboration (Manchester Mind, Self Help Services, 42nd Street). Supports CYP and their families during times of distress to prevent escalation of crisis. Signposting, family support, debt management. Located with Early Help hubs.

Young Manchester – Mental Health and Wellbeing Fund (Covid related activity)

- Approximately £300K additional grants commissioned by MHCC
- Funding an exciting and diverse range of projects designed to support children and young people with their mental health during and post-pandemic

Numerous projects being delivered across the city including:

- **Bereavement therapy** – specialist therapy for bereavement / trauma in conjunction with the Gaddum Centre
- **Creative Minds project** – weekly creative activities for neurodivergent CYP aged 13-25. 1:1 and group work.
- **Levenshulme Youth Project** – 18 month programme co-designed with CYP including cultural and social activities aimed at encouraging conversations around mental health, building life skills and developing resilience.
- **Benchill Community Centre** – free, accessible afterschool play opportunities in a safe environment. Giving CYP a chance to play, take part in social action, learn life skills and improve self esteem and happiness.