

**Manchester City Council  
Report for Information**

**Report to:** Children and Young People Scrutiny Committee - 8 November 2023

**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 builds on the report to Scrutiny Committee on 20th July 2022 and provides an update on the exploration of the impact of COVID-19 on children and young people's mental health and well-being. Within this paper evidence suggested that children and young people's mental health and wellbeing has been substantially impacted during the pandemic, which has resulted in higher prevalence, demand and acuity (complexity) for CAMHS.

**Recommendations**

The Committee is recommended to:-

- (1) To receive the information contained in the report.
  - (2) To support actions that enable services - including education settings – to collaborate effectively to meet the emotional wellbeing and mental health needs of CYP and those who are for them.
- 

**Wards Affected:** All

**Contact Officers:**

Name: Al Ford  
Position: Director of CAMHS, Royal Manchester Children's Hospital. Manchester University NHS Foundation Trust.  
Telephone: Neil Le Sueur (PA): 0161 701 2545  
E-mail: [al.ford@mft.nhs.uk](mailto:al.ford@mft.nhs.uk)

**Background documents (available for public inspection):**

None

## **1.0 Introduction**

- 1.1 This report builds on the report to Scrutiny Committee 20th July 2022, providing an update exploring the impact of COVID-19 on children and young people's mental health and wellbeing. 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 Child and Adolescent Mental Health Services (CAMHS), when compared to pre-pandemic levels. Within this, demand and acuity are showing no signs of abating/declining as we continue to live with COVID-19.

## **2.0 Background**

- 2.1 Nationally and regionally there have been increasing calls to understand the mental health and wellbeing impact of COVID-19 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 after the pandemic.

## **3.0 Impact of COVID-19 on Children and Young People's Mental Health and Wellbeing**

- 3.1 In the first 12-18 months of the pandemic one of the most significant public health measures implemented to manage the COVID-19 disease had been extended periods of 'lockdown', and associated school closures. A correlation can be seen between the limited opportunities for early identification, intervention and/or prevention, and an increase in the difficulties and severity of conditions. In turn activity/referral data at this at the time under the pandemic 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.
- 3.2 COVID-19 exposed some of the health and wider inequalities that persist in our society that also impact CYP health, for example, 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).
- 3.3 The national report, Mental Health of Children and Young People in England (2021)<sup>1</sup>, 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 (COVID-19) 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%).

---

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

- 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.

#### **4.0 Manchester CAMHS Waiting Time and Demand**

4.1 During and following the pandemic the demand on CAMHS services has significantly increased, with high acuity (complexity) prevails. The following section highlights the impact on MFT CAMHS operating across Manchester, which evidences how busy the services are and coping under these pressures. Further information on access and waiting times is explored within the paper.

#### **4.2 Key Manchester CAMHS data findings**

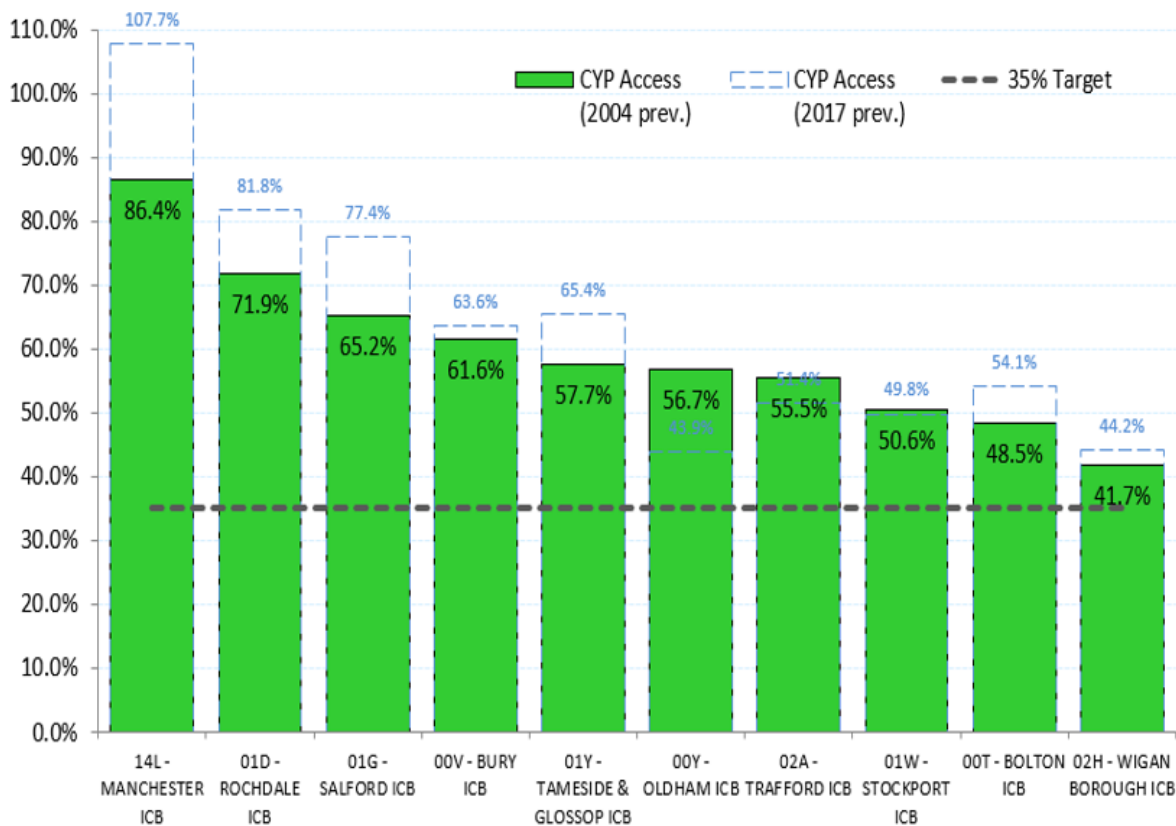
- 69% increase in referrals received in the last 12 months since pre COVID-19 (Oct 2019).
- 125% increase in CAMHS caseload (young people open in treatment) as of end of August 2023 compared to Oct 2019 pre COVID-19.
- 11% increase in Paediatric ward referrals in the last 12 months since the start of COVID-19.
- 94% Caseload growth from Paediatric wards (as of end of August compared to Oct 2019 pre COVID-19 state).
- 69% increase in A&E/Crisis referrals (in the last 12 months since the start of COVID-19).
- 175% Eating Disorder Caseload growth (as of end of August 2023 compared to Oct 2019 pre COVID-19 state).
- The increase in demand and acuity has led to increase in waiting times shown in 12 month rolling performance and further information on this point is provided later in this paper. The current Manchester performance average is:
  - 2.1 weeks against the pilot 4-week Mental Health Triage to be seen target
  - Whilst treatment commencing (denoted by two completed appointments) is 6.4 weeks against a 12-week target

*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.*

#### **4.3 Access**

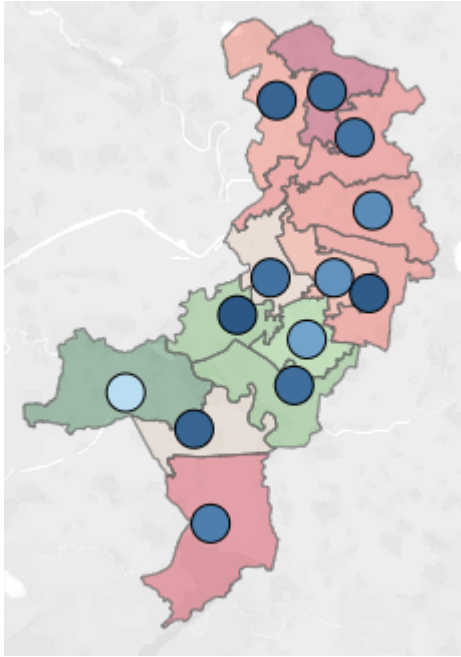
4.3.1 Manchester CAMHS continues to hold the best access rate (*measured as the number of CYP (0-18) receiving at least one contact in a financial year against the national ambition to ensure an additional 345,000 CYP access NHS funded support by 2023/24.*) across the region and in the top quartile nationally with a 12-month rolling access of 86.4%, against the national target

of 36%. This is driving the Greater Manchester ICB to have achieved an access rate of 62.3% for the 12 months to the end of March 2023.



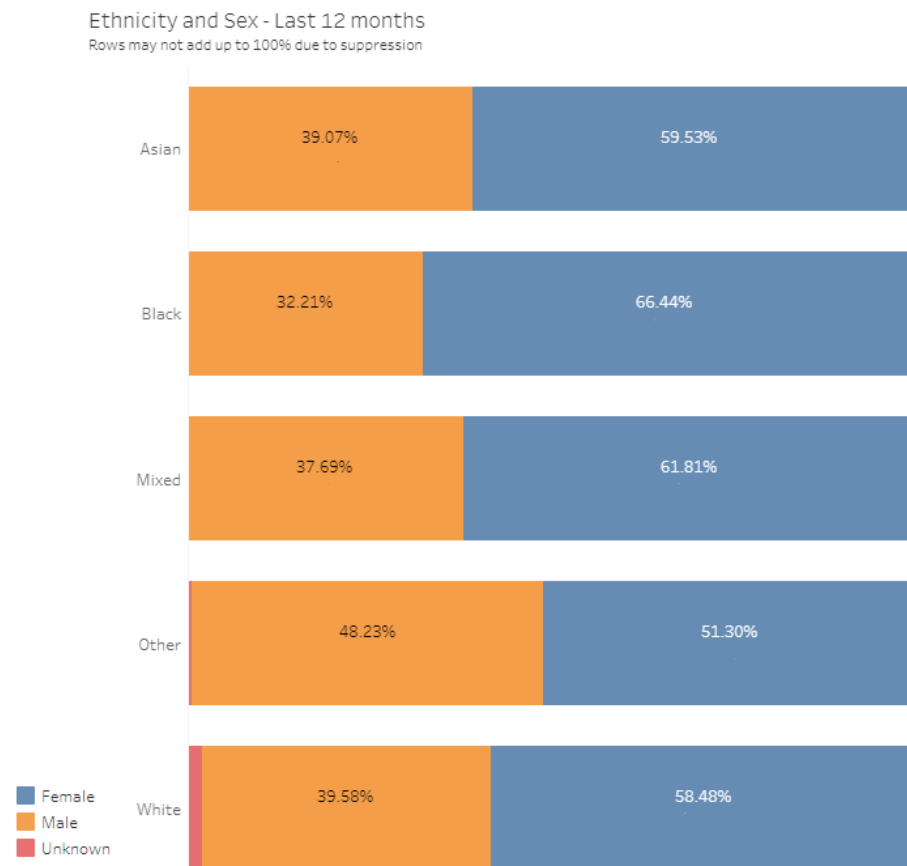
Source NHS Digital (MHSDS): Data shows CYP receiving treatment at March 2023 (defined by 2 or more contacts)

4.4 MFT CAMHS is committed to tackling social inequalities that prevail in society. The map of Manchester below shows deprivation v access to CAMHS, overlaid with improvement in access since April 2018. Darker blue demonstrates more improvement, redder areas of the map demonstrate areas of more deprivation. Within these improvements relating to access across all Manchester and correlation relating deprivation can be seen.



## 4.5 ***Ethnicity and Sex***

4.5.1 The chart below shows the ethnicity and gender split of CYP in treatment within Manchester CAMHS over the last 12 months (from August 2023). A gender basis is noted with more females in treatment in these periods whilst also reflecting the ethnic diversity of the city region.



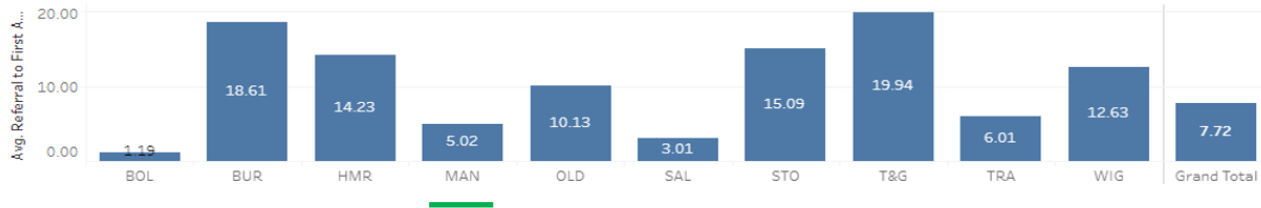
4.6 **Waiting times**

4.6.1 Waiting times across Grater Manchester localities the GMICB Tableau Report are shown extract below; performance for referral to first contact from April 2023 to August 2023. The Manchester performance is at 5.02 weeks against the pilot 4-week Mental Health Triage target (GM average 7.72 weeks), whilst treatment commencing (denoted by two completed appointments) is an average 7.96 weeks, against a 12 week target. A waiting time for third appointment (indicating on going care and treatment) is captured with Manchester is shown at 3.64 wks.

4.6.2 Manchester CAMHS holds one of the timeliest waiting time positions (only second to Salford) for all 3 completed appointments across the GM ICB, with an average 11.6 weeks against a GM average of 17.59 weeks. However, there are bottlenecks and substantial waits for diagnose for CYP with Autism and ADHD.

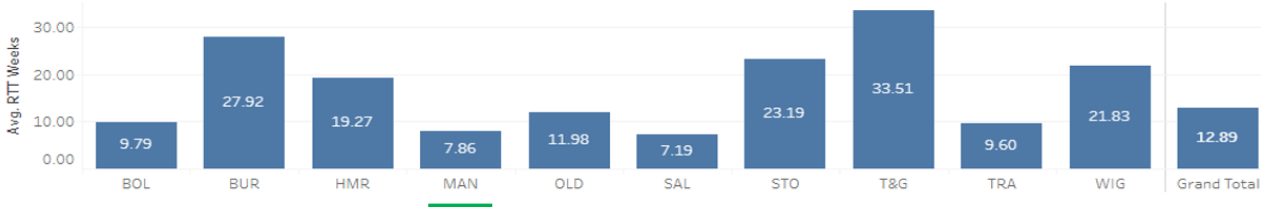
*April to August 2023 GM average waiting time to First Appointment*

Waited Weeks Referrral to First Appointment by CCG



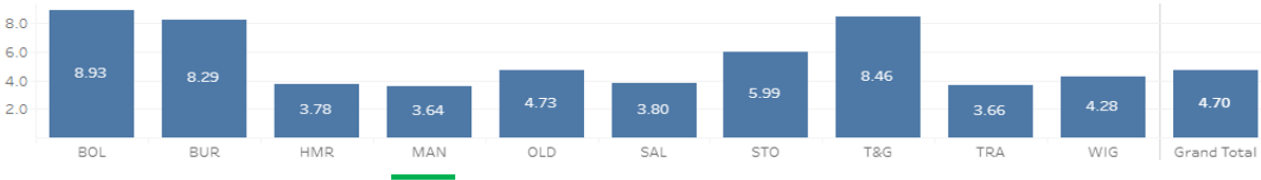
*April to August 2023 GM average waiting time to Second Appointment*

RTT Weeks (2nd Direct Appointment) by CCG



*April to August 2023 GM average waiting time to Second to Third Appointment*

Waited Weeks Second to Third Appointment Wait by CCG



4.7 **Autism**

4.7.1. As of September 2023, there are 1,700 CYP on the diagnosis waiting lists with a potential waiting time is 2 years. This reflects a national picture, which is seeing referrals to all neurodevelopmental pathways increasing from between 400-700% across UK.

4.7.2 All GM ICB Localities have reviewed their waiting lists and this risk has been escalated formally to GM ICB and shared with the Greater Manchester Commissioning Lead for Mental Health and Learning Disabilities.

4.7.3 Compared to other Autism service providers across GM ICB, Manchester CAMHS holds a fully staffed assessment pathway that is providing NICE concordant service delivery. To ensure clear and consistent message to CYP and those who care for them, CAMHS is developing and will publish monthly updates on waiting lists numbers and the estimated waiting time to 1st contact. This will give a consistent message on anticipated waiting times across all partners and is anticipated to commence in Q4.

**4.8 Eating disorder higher demand and acuity**

4.8.1 The CAMHS Community Eating Disorder Services (CEDs) continues to receive an increase in referrals. 312 referrals were received in 2022/23, an increase from 217 on 2021/22. At the time of this report, the demand is successfully achieved against the referral to treatment (RTT) clock, and the breach target >95% see in time. Over 97% of all CYP are seen within 4 weeks of the routine pathway (national performance is 82.5% and GM ICB performance 94.7%) within the 12 month rolling target to March 2023.

**GM EATING DISORDERS A SNAPSHOT**

Source NHS Digital: Data shows CYP ED waiting Times for Routine at March 2023

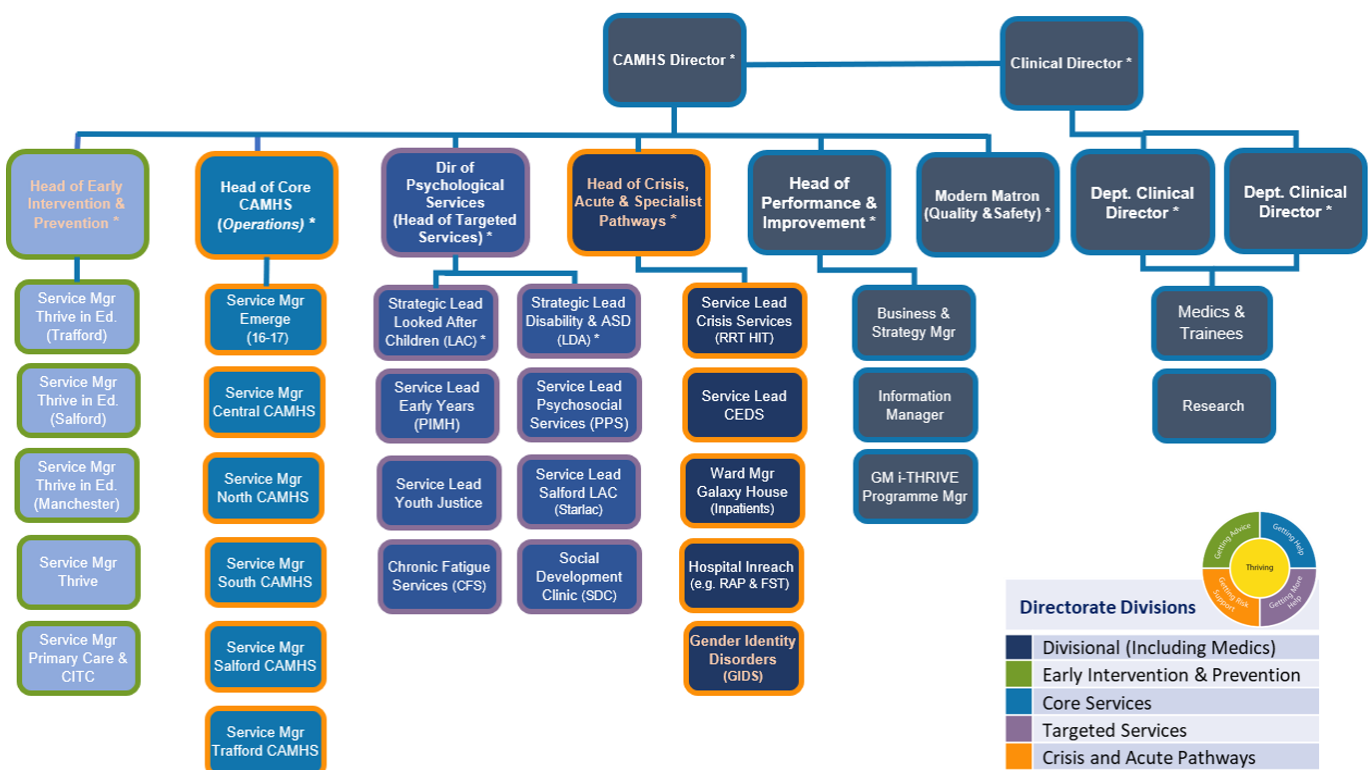
|                   | Jun-22 | Dec-22 | Mar-23 |
|-------------------|--------|--------|--------|
| ENGLAND           | 69.1%  | 80.7%  | 82.5%  |
| GMIC              | 93.6%  | 93.8%  | 94.7%  |
| NHS BOLTON        | 100.0% | 75.0%  | 89.5%  |
| NHS BURY          | 92.3%  | 89.0%  | 91.4%  |
| NHS HMR           | 92.9%  | 95.0%  | 96.3%  |
| NHS MANCHESTER    | 100.0% | 98.9%  | 97.7%  |
| NHS OLDHAM        | 93.8%  | 96.2%  | 92.0%  |
| NHS SALFORD       | 100.0% | 100.0% | 100.0% |
| NHS STOCKPORT     | 92.6%  | 93.7%  | 94.5%  |
| NHS TAMESIDE      | 92.3%  | 90.3%  | 84.6%  |
| NHS TRAFFORD      | 98.7%  | 97.9%  | 98.5%  |
| NHS WIGAN BOROUGH | 77.8%  | 82.4%  | 89.4%  |

**5.0 CAMHS Response and transformation**

5.1 The MFT CAMHS Directorate has undergone substantial transformational change over the last 2 years. At the heart of this redesign has been the implementation of Thrive, new care model for CAMHS, and digital transformation with the implementation of an Electronic Patient Record (EPR) system – Paris. The Paris EPR is shared instance with Greater Manchester Mental Health Trust (GMMH), which enables improved clinical coordination and care across our shared footprint.

5.2 The MFT CAMHS has also fundamentally changed; moving away from a traditional concept of CAMHS that centred on entry via specialist assessment, to providing care and treatment that spans the full continuum of need / care. This change has enabled CAMHS to develop integrated pathways across the directorate operating with streams that mirror the continuum of need.

- **Early intervention and prevention** (e.g., Mental Health Support Teams in schools).
- **Core CAMHS** (community statutory offer providing assessment and treatment)
- **Targeted services** (providing 'getting more help for vulnerable and/or specialised populations (e.g., under 5 yrs. of age).
- **Crisis, Acute and Specialised Pathways** (including inpatient care).

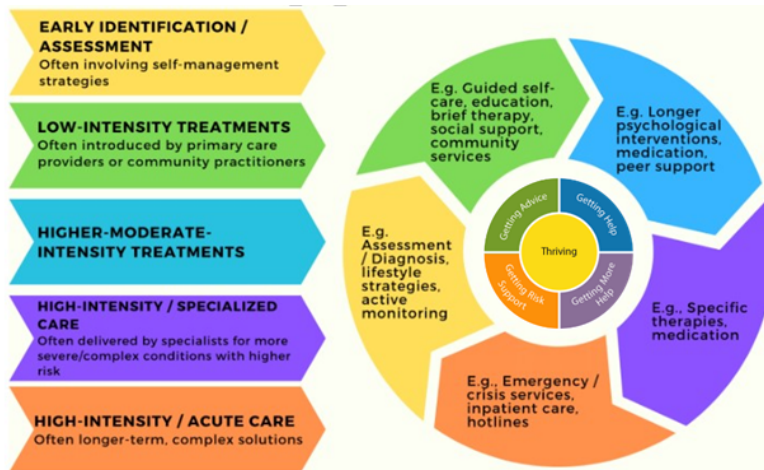


\* Directorate SLT



5.3 Underpinning the directorate organisational and leadership change and evolving integrated care pathways is the mental health stepped care approach.





Stepped care is an evidence based, stage approach to the delivery of mental health services, comprising a hierarchy of interventions - from the least to the most intensive match to the individual's needs.

It's about ensuring that people can access the most appropriate care for their needs. It is a step up AND

step down way of care as CYP move along their emotional wellbeing and mental health journey.

#### 5.4 **Improving Access and Developing Integrated Care Pathways**

5.4.1 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.

5.4.2 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.

5.4.3 Although the M-thrive model is not a clinical intervention service it is an enabling support service, to get to the right intervention services, at the 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.

5.4.4 As of August 2023, M-Thrive hubs have supported over 2,744 CYP and those who care for them. Within this:

- 14% accepted into CAMHS.
- 56% of CYP were signposted through helping hand or navigated to.

- 30% CYP was discharged from M-Thrive following either Navigation sessions or brief interventions (one to ones).

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

5.4.6 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.

## 5.5 ***Mental Health in Education***

5.5.1 Taking a coordinated and evidence-informed approach to mental health and wellbeing in schools and colleges leads to improved pupil and student emotional health and wellbeing which can help readiness to learn. Recognition has been placed nationally on the need to prioritise mental health in children and young people, and this recognition places schools and colleges at the vital forefront in identifying need at an early stage, referring young people to specialist support, and working jointly with other agencies to support those who experience problems.

5.5.2 Manchester Thrive in Education (Mental Health Support Teams in schools) is led by MFT CAMHS and delivered in a blended offer with VCSE partner. 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.

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


5.5.4 There were 280 referrals made to the service for individual interventions in the school year 22/23, the most common referral reason being anxiety followed by low mood. The team works in an integrated care model with CAMHS services which allows for a step-up, step down process to guide young people to the appropriate level of care needed to meet their needs. In the school year 2022/23, each secondary school will be offered a MHST practitioner in line with the continued expansion of the MHSTs nationally.

5.5.5 There has been an increase in reported anxiety-based school avoidance (ABSA) which is thought in part to be a consequence of the pandemic, lock downs, school closures and the increase in deprivation in certain areas. The Thrive in Education service works closely with the Manchester City Council Education Department Safeguarding Quality Assurance team, SEND team

and Healthy School Service to develop the ABSA guidance and support the use of this across education settings.

- 5.5.6 Thrive have delivered bespoke staff training to education settings based on themes raised via consultation which have included self-harm, suicide prevention, anxiety and exam stress.
- 5.5.7 Thrive in Education are involved in the national Autism in Schools transformation project and have 8 secondary schools supported. The aim of the project is to reduce inappropriate educational exclusions and hospital admissions for children and young people with learning disabilities, autism spectrum conditions and/or challenging behaviour.
- 5.5.8 Thrive in Education have, and continue to, collaborate closely with partners to improve the school nurse offer into schools including an evidence based 4 sessions model offer, this has included staff training to school nurses.
- 5.5.9 To support an improve stepped care Thrive in Education have implemented a crisis pathway from education settings into specialist CAMHS to improve education settings approach to crisis management and risks of harm to self and to divert children and young people away from A&E into the appropriate level of support found in community services. The team have also worked in partnership with CEDS to develop and pilot a body image project in education settings to provide prevention intervention for eating difficulties and an exam stress project with One Education (Education Psychology).
- 5.5.10 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.
- 5.5.11 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.
- 5.5.12 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.

## 5.6 **Social Communication Pathway (SCP) for Autism**

- 5.6.1 At the current time there is an unprecedented demand for Autism assessment. The number of referrals accepted is far higher than the capacity for the social Communication Pathway (SCP). The wait diagnosis are similar across the Greater Manchester ICS region and national picture.
- 5.6.2 Manchester CAMHS are offering a 'Welcome to Social Communication Pathway Workshop'. All families accepted onto to the pathway are offered a virtual 3 hour workshop signposting families to services they might need and discussing neurodiversity. Pathway is assessment only so it is important that families understand where they can access support whilst waiting.
- 5.6.3 As part of the drive for a digital enabled CAMHS directorate a Padlet to showcase where families can get information and support if their child is neurodivergent and they are awaiting an assessment. Padlet code is on all SCP correspondence (*Scan above code with your phone to view*).
- 
- 5.6.4 To manage expectation and understanding transparency with parents its vital that regular updates are provided to parent carer forum, regarding waiting times and SCP offer with updated waiting times to be advertised on the CAMHS digital front door.
- 5.6.5 Moving forward the Manchester Parent Carer Forum and SCP will be co-located from April 2024 with the clinical service year improving communication and support further to parents.
- 5.6.6 Early Years Project in South Manchester is trialling new detection tool and intervention first model, assessment provided alongside intervention. Showing positive results for families of children under 5, waiting times have reduced by 50%. This project is funded by NHS England until March 2024.
- 5.6.7 Whilst there is an obvious imperative to provide support to children, young people and those who care for them, the pandemic and the continued surge in demand and acuity has created numerous challenges for those working in CAMHS. It is recognised that continuing to provide care and treatment under this continued pressure has had a noticeable impact on the workforce, both in terms of working practice but also in terms of their wellbeing.
- 5.6.8 This 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. Although sickness absence is at its lowest since pre-pandemic period (3.49% in August 2023 and 3.88% in July 2023), 27.77% record anxiety, stress/depression as the most common reasons for sickness. This overall reduction correlates to a decline in COVID-19 absences. but is not anticipated to be sustained for future months with the R rate increasing in the general population (at time of writing this report, England has seen an increase from 0% to +4%).

5.6.9 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 of change. There are also opportunities to participate in self-care activities and other wellbeing support-based interventions.

## **6.0 Recommendations**

- (1) To receive the information contained in the report.
- (2) To support actions that enable services - including education settings – to collaborate effectively to meet the emotional wellbeing and mental health needs of CYP and those who are for them.