

Joint Strategic Needs Assessment Children and Young People

Theme - Key Groups

Topic - Mental Health and Emotional Health and
Wellbeing

Date - January 2022

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Why is this important?

Mental Health affects all aspects of a child's development including their cognitive abilities, their social skills as well their emotional wellbeing. With good mental health, children and young people do better in every way. They enjoy their childhoods, can deal with stress and difficult times, are able to learn better, do better at school and enjoy friendships and new experiences.

Childhood and teenage years are when mental health is developed, and patterns are set for the future. So, a child with good mental health is much more likely to have good mental health as an adult, and to be able to take on adult responsibilities and fulfil their potential.¹

It is well established that over half of all mental health problems manifest before the age of 14 years and 75% have developed before the age of 18 years.²

Mental ill health affects all aspects of a child's development. Thus, a delay in treating or untreated mental health problems in children and young people may have a long lasting and far reaching impact.

According to the Office for National Statistics (ONS), the population of children and young people aged 0 to 16 years living in Manchester has increased from 103,050 in mid-2011 to 118,100 in mid-2020 – an increase of just over 15,000 children and young people or 14.6%. The latest set of subnational population projections from ONS suggest that the estimated number of child and young people aged 0-16 years living in the city will increase to around 119,300 in mid-2023, before falling slightly to around 117,100 in mid-2028 - a fall of 1.1% compared with mid-2020.³

However, Manchester City Council's own population forecasting model, which uses a different methodology and set of data than that used by ONS, indicates that the population of children and young people aged 0-16 years living in Manchester will increase to nearly 130,200 by mid-2028 - an increase of over 5,500 children (or 4.4%) compared with the forecast for 2021.

Data from the Indices of Deprivation 2019 show that Manchester ranks 6 out of 317 local authorities in terms of overall deprivation, with over two-fifths (43%) of small areas (LSOAs) in the city ranking in the most deprived 10% of LSOAs in England. The city fares slightly worse in terms of health deprivation, for which Manchester is the fifth most deprived area in England, with 52.1% of LSOAs in most deprived 10%. Just under 40% of LSOAs in the city are in the 10% most income deprived areas in England and 29.7% of children in Manchester are living in income-deprived families.

Living with the day to day stresses of poverty, especially in early childhood, can have damaging consequences for long term health and life chances. The life chances of

¹ www.youngminds.org.uk (accessed 10th September 2021)

² Murphy, M and Fonagy P (2012). Mental health problems in children and young people. In: Annual Report of the Chief Medical Officer 2012. London: Department of Health. (In Future in Mind report)

³ www.ons.gov.uk (accessed 27th September 2021)

those individuals are significantly reduced in terms of their physical health, their educational and work prospects, their chances of committing a crime and even the length of their life. As well as the personal cost to each and every individual affected, their families and carers this results in a very high cost to the economy.⁴

The lifetime cost of a one-year cohort of children with conduct disorder is estimated to be £5.2 billion.⁵

Trauma-exposed young people have also been shown to be twice as likely as non-traumatised participants to develop a wide range of mental health conditions.⁶

Therefore, not investing properly in prevention and early intervention is a false economy. Overall, the mental health and wellbeing of children and young people in Manchester is worse than England. In 2019/20, there were 460 child inpatient admissions for mental health conditions – a crude rate of 130.2 per 100,000 population compared with the England average rate of 89.5 per 100,000 population. In 2018/19, 8,530 children and young people aged under 18 were referred to secondary mental services – a rate of 7,411 per 100,000 population. This compares with an England value of 5,994 per 100,000 population. Note: one person can be referred multiple times in each financial year and all their referrals are included in this indicator, meaning that this is a measure of activity, not the patients in receipt of that activity.

The national [Mental Health and Young People Survey \(MHCYP\) 2017](#) found that one in eight (12.8%) 5 to 19 year olds had at least one mental disorder.

Common Mental Health Issues Affecting Children and Young People

Conduct disorders

These are the most common reason children are referred to mental health services. It is characterised by repeated and persistent misbehaviour that is far worse than would be expected of a child of that age. Behaviour may include stealing, fighting, vandalism and harming people or animals. Around 5.8% of children are thought to have a conduct disorder

Anxiety

Anxiety affects around 3.3% of children of children have an anxiety disorder.

Depression

Approximately 0.9% of children are seriously depressed.

⁴ Future in Mind – Promoting, protecting and improving our children and young people's mental health and wellbeing (NHS England and Department of Health)

⁵ Young Minds Strategic Plan 2012–15 Executive Summary

⁶ [The epidemiology of trauma and post-traumatic stress disorder in a representative cohort of young people in England and Wales. The Lancet Psychiatry \(Lewis et al 2019\)](#)

Hyperkinetic disorder (severe ADHD)

1.5% of children and young people have severe ADHD

Eating disorder

See JSNA section about [Eating Disorders](#)

Parental Mental Ill Health

Pregnancy and childbirth are major life events and can impact on maternal mental wellbeing. Maternal mental ill health can affect the woman, her baby and the rest of the family. Women are at risk of developing mental illness during pregnancy or in the post-natal period and are also at risk of existing mental illness worsening or having a relapse of any pre-existing mental illness. For more information on maternal mental health see JSNA section on Maternal Mental Health.

Parental mental illness is associated with increased rates of mental health problems in children and young people, with an estimated one-third to two-thirds of children and young people whose parents have a mental health problem experiencing difficulties themselves.⁷

Approximately 30% of adults with mental ill health have dependent children and 25% of children subject to child protection conferences have a parent with mental ill health.⁸

Manchester has higher rates of mental ill health than national averages – it is estimated that between one in eight and one in ten Manchester adults are prescribed antidepressant medication.

Poor mental health can impair parenting through anxiety, reduced confidence, motivation, self-esteem and low energy. Stigma and discrimination can also discourage parents from seeking help when they need it. It is also vital to recognise that many people with mental health problems cope well and flourish as parents and it is crucial to promote and support this.

Transition

All children and young people need preparation for adult life, but for some the challenge can be greater. Issues related to the transfer from children and young peoples to adult mental health services are longstanding. The current system is age-based – ordinarily happening at 18 – rather than developmental – at an appropriate time for the young person. Alongside this many young people will be concurrently facing other transitions and stresses such as housing and welfare benefits.

⁷ [Annual Report of the Chief Medical Officer 2012, Our Children Deserve Better: Prevention Pays](#)

⁸ MSCB Policy 2011

Risk Factors

There are several risk factors that make mental health conditions more likely in children and young people. These include:

- Having a long-term physical illness
- Having a parent with mental health problems
- Experiencing the death of someone close
- Separation or divorce of parents
- Neglect
- Severe bullying, physical or sexual abuse
- Living in poverty or being homeless
- Experiencing discrimination
- Acting as a carer
- Having long standing educational difficulties

National estimates also show that mental health disorders are comparatively:

- Higher in the Lesbian, Gay, Bisexual and Transgender communities
- Higher in white British ethnic groups
- Higher in lower income households (four times more likely that children from higher-income families)
- Higher in children and young people who have had adverse childhood experiences or lived in households where there is family dysfunction.

Looked After Children have often been exposed to a multitude of complex mental health risk factors prior to entering care, making them some of the most vulnerable young people.

Having one or more of these risk factors does not make a mental health problem inevitable or even probable. Emerging evidence on resilience theory highlights the importance of focussing on children and young people's strengths and building resilience rather than just focusing on reducing risk factors.

Things that can help children and young people stay mentally well include:

- Being in good physical health, eating well and being physically active
- Having freedom and time to play
- Being part of a family that gets on most of the time
- Attending a school that looks after the wellbeing of its pupils
- Taking part in local activities for young people
- Feeling loved, valued, and safe
- Being supported to learn and succeed
- Having a sense of belonging
- Having some control over their lives
- Having the resilience to cope when things go wrong and being able to solve problems.

There is strong evidence that building resilience is an effective approach in supporting mental wellbeing, helping children and young people manage symptoms and preventing mental health problems occurring in the first place.

Suicide and Self-Harm

In the UK suicide is the biggest killer of young people (both males and females) aged under 35. In 2020, 1,317 young people aged under 35 in England took their own lives. Of these 161, were aged under 20. This equates to just under four per day. According to Papyrus UK over 200 school children are lost to suicide in the UK each year. Every year many thousands more attempt or contemplate suicide, harm themselves or suffer alone, afraid to speak openly about how they are feeling.⁹

Research indicates that:

- Three times as many young men as young women aged between 15 and 24 died by suicide
- Only 14% of young people who died by suicide were in contact with mental health services in the year prior to their death, compared with 26% in adults.
- Looking at the difference between sexes, 20% of young women were in contact with mental health services compared to only 12% of young men.

In England, a quarter of 11 to 16-year olds, and nearly half of 17 to 19 year olds (46.8%), with a mental disorder reported that they have self-harmed or attempted suicide at some point in their lives. For 11 to 16 year olds, this represents a greater than eightfold risk compared to those without a mental health problem (25.5% compared to 3.0%).¹⁰

The latest data from ONS on [registered deaths in England and Wales from suicide in 2020](#), published in September 2021, shows that suicide rates for all age groups in England as a whole were lower in 2020 than 2019. This decrease is likely to be due to a combination of a decrease in male suicides at the start of the coronavirus (COVID-19) pandemic and delays in death registrations because of the pandemic. Looking at trends over time in broad age groups, males aged 10 to 24 years have always had the lowest suicide rates. In 2020, the rate in this group was 7.0 deaths per 100,000 population. The age-specific suicide rate among females aged 10 to 24 saw an increasing trend since 2013, peaking at 3.1 deaths per 100,000 population in 2019, but fell back to 2.5 deaths per 100,000 population in 2020.

Data collected by Manchester Safeguarding Children Board (MSCB) Child Death Overview Panel shows that the number of deaths by suicide in children and young people in Manchester between 2008 and June 2015 was low.

⁹ www.papyrus-uk.org (accessed 10th September 2021)

¹⁰ NHS Digital (2018) [Mental Health of Children and Young People in England 2017](#)

Self-harm is a related issue as it increases the likelihood that the person will eventually die by suicide by between 50 and 100-fold above that for the rest of the population.

‘Self-harm’ is defined as ‘intentional self-injury or self-poisoning, irrespective of motivation or degree of suicidal intent’ and encompasses both suicide attempts and acts with other motives or intentions.

Levels of self-harm are higher among young women than young men. The rates of self-harm in young women averaged 302 per 100,000 in 10 to 14-year olds and 1,423 per 100,000 in 15 to 18 year olds. Whereas for young men the rates of self-harm averaged 67 per 100,000 in 10 to 14 year olds and 466 per 100,000 in 15 to 18 year olds. Common characteristics of adolescents who self-harm is similar to the characteristics of those who commit suicide. Young South Asian women in the United Kingdom seem to have a raised risk of self-harm. Intercultural stresses and consequent family conflicts may be relevant factors.¹¹

As many as 30% of adolescents who self-harm report previous episodes, many of which have not come to medical attention. At least 10% repeat self-harm during the following year, with repeats being especially likely in the first two or three months.¹¹

Impact of Coronavirus (COVID-19) on the Mental Health and Emotional Health and Wellbeing of Children and Young People

The COVID-19 Pandemic has had a profound effect on children and young people across the country and the world. Many young children have found it hard to cope with isolation, loss of routine, disruption to their education and anxiety about the future. Both statutory and voluntary sector services have seen a rise in referral rates possibly due to either a rise in mental health needs in children and young people or potentially a shift in the public with regard to accessing services, either way the demand for already stretched mental health services is continuing to rise.

The Office of Health Improvement and Disparities (OHID) has published a [COVID-19 mental health and wellbeing surveillance report](#). Chapter 4 of this report presents a high-level summary of the best, recent, evidence available about the [experience of children and young people of the pandemic as relevant to understanding their mental health and wellbeing](#).

Evidence from UK studies of the mental health and wellbeing of children and young people in relation to the COVID-19 pandemic suggests that the mental health and wellbeing of some children and young people has been substantially impacted due to, and during, the pandemic. Between March and September 2020, some children and young people coped well as life satisfaction only slightly reduced and happiness was relatively stable. It was females and those with pre-existing mental health issues who experienced more negative impacts, compared to pre-pandemic data. Between

¹¹ Hawton K et al (2012a) Self-harm and suicide in adolescents. Lancet, 379: 2373-2382

September 2020 and January 2021, there was a decline in wellbeing and increased anxiety was a key impact.

Although the volume of published new intelligence covering January to June 2021 has reduced, the evidence there is shows an increase in behavioural, emotional and restless/attentional difficulties in January, that had subsequently decreased by March 2021. Children also appeared to have experienced a reduction in mental health symptoms as restrictions eased in March 2021, as seen in both parents/carers reporting and child self-reporting data.

The Department for Education (DfE) commissioned the COVID-19 Parent and Pupil Panel (PPP) to collect robust and quick turnaround research in response to the COVID-19 pandemic. The most recent results from secondary pupils suggest that wellbeing scores for happiness, life satisfaction, worthwhileness have remained relatively stable between March and July 2021. While there was some evidence of a dip in these measures between December 2020 and February 2021 when schools were closed to most pupils, reported wellbeing had recovered to levels seen before the most recent school closures by March 2021. Nonetheless, average scores for all measures remain lower than in summer 2020 (when the first panel was conducted).

Parent responses about their children's wellbeing are generally consistent with pupils' self-reporting.

NHS Digital's [second follow up study to their 2017 Mental Health and Young People Survey \(MHYP\)](#) explored the mental health of children and young people in February to March 2021, during the Coronavirus (COVID-19) pandemic. It also reported on changes since 2017 and, where possible, compares this to the first follow-up wave findings from 2020 (Fieldwork July to August 2020).

Overall, the results reinforce the significant increases in probable mental disorders in children and young people that were reported in the first follow up report. The rate of probable mental disorders in children aged 5 to 16 years increased from one in nine (10.8%) in 2017 to one in six (16.0%) in 2020. However, there appears to be substantial variation in symptoms across individuals over time. For example, although just under two-fifths (39.2%) of those aged 6 to 16 years and over half (52.5%) of 17 to 23 year olds had experienced deterioration in mental health since 2017, 21.8% of 6 to 16 year olds and 15.2% of 17 to 23 year olds had experienced improvement.

Across the North West, the mental health of young people worsened between 2017 and July 2020, with the percentage of 5 to 10-year olds with a probable mental health disorder doubling from 8% to 16%. A similar pattern was evident in 11 to 16-year olds.

Mental health problems appear to be higher for some children and young people than others. Symptoms of probable mental disorder among children and young people aged between 6 and 23 years old were more likely to be reported in White British and the mixed or other groups, than in the Asian/Asian British and Black/Black British groups in 2021 (although sample sizes are small so need to be treated with caution). Further, symptoms of mental disorder were higher in children aged between 6 and 16 years old with special educational needs, compared to those without. Symptoms of

probable mental health disorder were also higher in boys aged 6 to 10 years than girls. However, in 17 to 23 year olds, this pattern was reversed, with rates higher in young women than young men.

The MHCYP Survey 2020 also showed that children and young people with a probable mental disorder were more likely to say that lockdown had made their life worse (54.1% of 11 to 16 year olds, and 59.0% of 17 to 22 year olds), than those unlikely to have a mental disorder (39.2% and 37.3% respectively).

In a [study conducted between December 2020 and January 2021](#), a greater proportion of Lesbian, Gay, Bi-sexual, and Transgender (LGBTQI+) respondents aged 11 to 18 years reported that their mental health had worsened since the start of the pandemic, compared to non LGBTQI+ respondents. LGBTQI+ respondents were also more likely to report mental health challenges such as anxiety disorder, depression and panic attacks, and suicidal thoughts and feelings. Without a pre-pandemic baseline for comparison it is not possible to know if the greater reporting of mental health challenges by LGBTQI+ respondents is an indication of specific pandemic impacts, or a continuation of pre-pandemic patterns. LGBTQI+ respondents have also experienced feeling lonely/separated from people and experienced tension in the place they live more than non-LGBTQI+ respondents during the lockdown restrictions

The Manchester Picture

Manchester Prevalence

Pre-school children

There is relatively little data about prevalence rates for mental health disorders in pre-school age children. A literature review of four studies looking at 1,021 children aged 2 to 5 years old found that the average prevalence for any disorder was 19.6%.¹²

Applying this rate to the Manchester population for mid-2020, gives a figure of approximately 5,800 children aged 2 to 5 years inclusive living in Manchester with a mental health disorder.

School age (5 to 16) children and young people

The following prevalence estimates are based on estimates from [Green et al 2004](#) applied to mid-2020 population estimates.¹³

Prevalence rates are based on ICD-10 classification of mental and behavioural disorders with strict impairment criteria, a disorder causing distress to the child or having a considerable impact on the child's day to day life.

Prevalence varies by age and sex, with boys more likely (11.4%) to have experienced or be experiencing a mental health problem than girls (7.8%). Children aged 11 to 16 years olds are also more likely (11.5%) than 5 to 10-year olds (7.7%) to experience mental health problems.

The table below contains the estimated number of children with mental health disorders in each locality (equivalent to the former North, Central and South Manchester CCG boundaries) calculated by applying the estimated prevalence rate to the ONS mid-2020 population estimates for wards in Manchester.

¹² Egger, H.L. and Angold, A, (2006) Common emotional and behavioural disorders in preschool children: presentation, nosology, and epidemiology. *Journal of Child Psychology and Psychiatry*, 47 (3-4), 313-37

¹³ Green H, McGinnity A, Meltzer H, Ford T, Goodman R (2005) Mental health of children and young people in Great Britain, 2004. A survey carried out by the Office for National Statistics on behalf of the Department of Health and the Scottish Executive

Estimated number of children with mental health disorders by age and sex

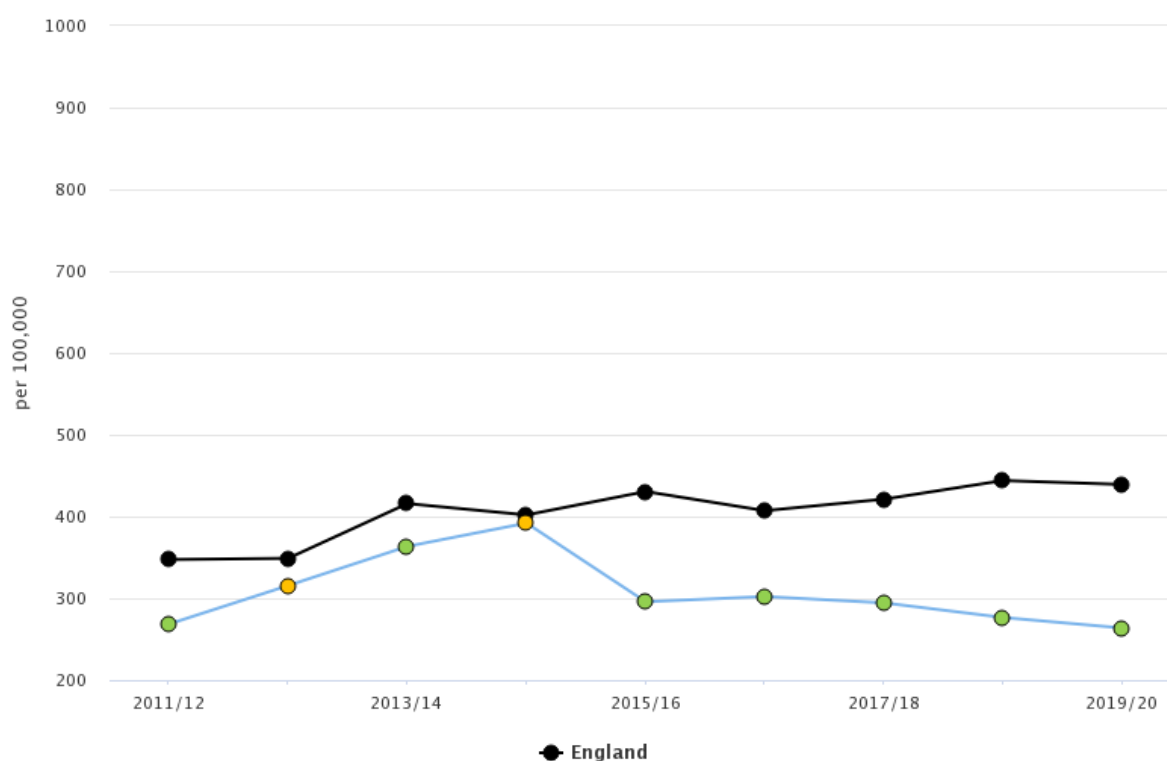
	5-10 years			11-16 years			Total 5-16 years		
	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total
Estimated Prevalence	10.2%	5.1%	7.7%	12.6%	10.3%	11.5%	11.4%	7.8%	9.6%
North	819	394	1,212	94	75	170	1,000	659	1,654
Central	779	375	1,154	72	50	122	936	612	1,541
South	693	331	1,023	51	41	92	820	537	1,352
Manchester	2,291	1,100	3,390	216	167	384	2,756	1,809	4,547

Source: ONS Mid-2020 Population Estimates; ([Green et al 2004](#))

The table shows that North Manchester is estimated to have the highest number of young people with mental health disorders across all age groups and sex with Central Manchester having slightly less and South having the lowest numbers across age groups and sex. This largely reflects the distribution of children aged 5-16 years in different parts of the city.

Self-harm

Nationally, the rate of young people aged 10 to 24 years admitted to hospital because of self-harm is increasing. This is not the case in Manchester, where there is no significant upward trend (see chart below).



The hospital admission rate for self-harm in 2019/20 is 263.7 per 100,000, which is better than the England average (439.2 per 100,000). The figures in the table below shows that admission rates for self-harm among children and young people in Manchester are lower (i.e. better) than both the Greater Manchester and England values across all age bands.

Hospital admissions as a result of self-harm by age band (2019/20)¹⁴

Age group	Manchester		Greater Manchester	England
	Number of admissions	Rate per 100,000		
10-14 years	45	138.8	213.6	219.8
15-19 years	165	475.7	629.3	664.7
20-24 years	130	191.9	398.5	433.7
10-24 years	335	263.7	412.8	439.2

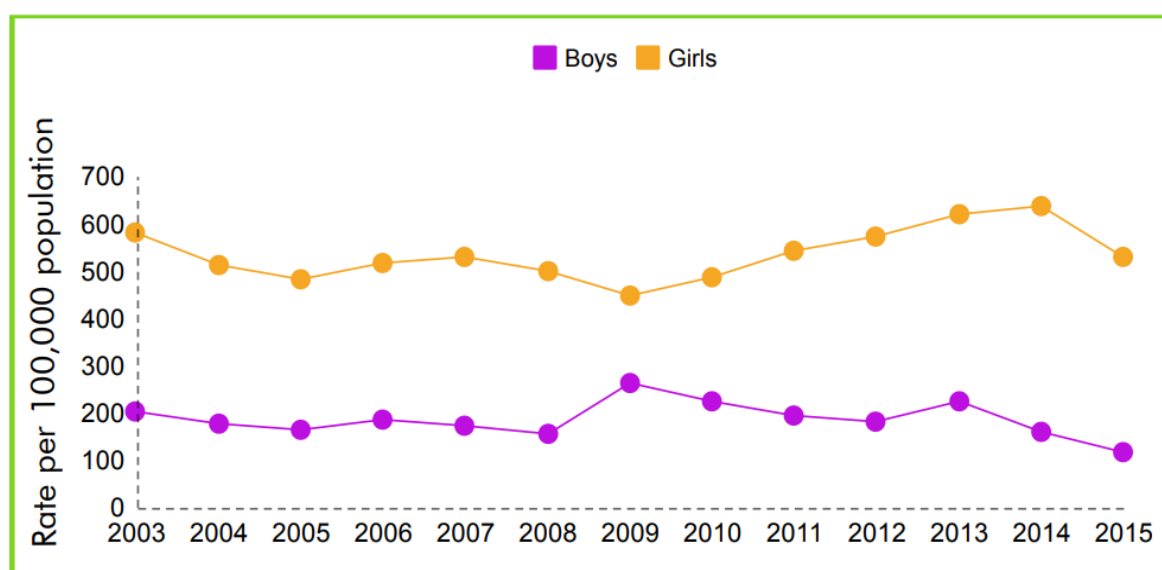
Nationally, levels of self-harm are higher among young women than young men.

¹⁴ [Self-Harm in Children and Adolescents: Key Figures from Manchester 2003-2015](#) (accessed September 2021)

The [Manchester Self-Harm \(MaSH\) Project](#) collects data on emergency department presentations for self-harm made to three local general hospitals in the city. Studies by MaSH Project in 2016 highlight that individuals aged 16 to 19 have the highest rate of self-harm (642 per 100,000) than other adult age groups. In females aged 16 to 19 rates were higher than in males (75% vs 25%). The main method of self-harm was overdose by drugs (69%).¹⁶

The charts below (provided directly by the MaSH Project) highlight the trends in self harm across age groups and gender.

Hospital presentations for self-harm, by sex, aged 6 to 18 years, 2003 – 2015. (Data source Manchester Self Harm Project, 2016).¹⁵



AGED 6-12 YEARS

AGED 13-15 YEARS

AGED 16-18 YEARS

3%

30%

67%

Children and adolescents who self-harm have a considerable risk of future suicide, especially males, older adolescents, and those who repeated self-harm. A recent study of [mortality in children and adolescents following presentation to hospital after non-fatal self-harm](#) found that the 12-month incidence of suicide in individuals aged 10–18 years who presented to the hospitals that were part of the study was more than 30 times higher than the expected rate in the general population of individuals in this age group in England.¹⁶

¹⁵ [The Manchester Self Harm Project](#) (accessed September 2021)

¹⁶ Future in Mind – Promoting, protecting and improving our children and young people's mental health and wellbeing (NHS England and Department of Health)

Pupils with Special Educational Needs (SEND)

There are approximately 130,427 young people aged 18 and under living in Manchester. There are 186 schools in the city, including 60 academies, 15 free schools and 14 special schools. There is a rich diversity across these schools, with 153 languages spoken. Around 42.3% of school pupils have English as an additional language and 39.2% are eligible for free school meals - an 8% increase during the Coronavirus (COVID-19) pandemic.

Manchester's population is growing significantly and the number of children and young people with a Special Educational Need (SEND) is growing in line with the population increase. In addition, earlier identification of children's needs, combined with parents' greater readiness to ask for support for their children and staff becoming more skilled in identifying needs, are contributing to a rise in numbers of children at both SEN Support and Education, Health and Care Plan (EHCP) level.

Recent figures indicate that 13.4% of pupils in Manchester schools receive SEN support and 4.3% have an Education and Health Care Plan (EHCP). Around a third (33%) are female and two thirds (67%) are male. Almost half (49%) are eligible for free school meals and 34% have English as an additional language.

The types of primary need that are most common in Manchester are speech, language and communication needs (SLCN) 21.2%, moderate learning difficulties (MLD) 21.1%, social, emotional and mental health needs (SEMH) 20.8% and autism (ASD) 8.6%.

Absence rates for children with SEND are greater than the rest of the school-age population and the inequality is somewhat pronounced in GM.

Pupils with SEND are more likely to have both authorised and unauthorised absences from school than pupils with no SEND.

What would we like to achieve?

Future in Mind, 'Improving mental health services for young people', 2015 included clear commitments for the period 2015-2020 and led to the creation of the 'Five Year Forward View' on mental health, which included a commitment to treat an additional 70,000 children a year.¹⁷

'Transforming children and young people's mental health provision: A Green Paper', 2017, included further commitments on expanding NHS funded mental health services for children, introduced new 'Mental Health Support Teams' to work with schools to provide treatment and introduced pilots for 4-week waiting times.¹⁸

Alongside this, there was funding for schools to improve teacher training and the introduction of a designated mental health lead in every school.

The NHS Long Term Plan published in December 2018 outlines that NHSE have an ongoing commitment to invest in Children's and Young People's Mental Health through a focus on expanding access to meet the needs of more children, eating disorders, the development of Mental Health support embedded in schools, improving Health and wellbeing for people with Learning Difficulties and Autism and support for intensive, crisis and forensic community support. This plan includes new commitments to continue the expansion of NHS services for children, with specific targets up to 2023, and a broader ambition to meet the needs of all children who require NHS support by 2028.

The NHS Long Term Plan strategic commitments by NHS England provide the basis and confidence for Manchester Health and Care Commissioning to develop and sustain the new model of delivery 'm-thrive' for Manchester Children and Young People.

In Manchester we continue to provide provision to enable all children and young people and their families who experience Mental Health problems or who may be vulnerable and at greater risk of developing Mental Health problems through a range of community CAMHS services and VCSE sector organisations.

- No Wrong Door – Alonzi House Hub Mental Health Support
- CAMHS LAC
- CAMHS LD - Consultation and Therapeutic Service for Looked After Children
- Virtual LD team with support to those LAC placed out of the city to try and maintain them in residential placements
- Manchester Adoption Psychology Service
- Children with Disabilities team
- Specialist care – ADHD (increased investment requested in business case to enhance workforce in Manchester)
- Specialist Care – Autism (Pilot in south has reduced wait times from 12 months to 5 months –now being rolled out citywide)

¹⁷ Young Minds Strategic Plan 2012-2015 Executive Summary

¹⁸ Transforming children and young people's mental health provision: a green paper, 2017

- Children's and Parents Service (CAPS)
- 16-17 CAMHS Emerge
- Integrated Community Response Service
- CAMHS Youth Justice Service – Manchester

Manchester's Local Transformation Plan 2020/21 ambition works on a macro and micro level. Macro in that we are working with system partners to coproduce and implement a new delivery model of placed based care 'M-thrive'. Micro in that we are testing new types of service models within this model for specific groups of Children and Young People with complex and additional needs, Children and Young People with Autism and Learning Difficulties, Eating Disorders, Adverse Child Experiences, Edge of Care and who display oversexualised behaviour.

To ensure the successful delivery of our Children and Young People's Mental Health and Wellbeing Redesign Programme we have engaged with and captured the voices of our children, young people, their families and all other stakeholders.

The implementation of thrive hubs will look to enable improved access, including sustainable reductions in waiting times whilst improvements in productivity and efficiency. The Manchester Thrive Hub will consist of a multi-agency team based in three locality hubs across the city and will:

- Enable earlier identification of need
- Identify appropriate support and signposting to encourage self-care, community-based prevention and interventions
- Scope out options for developing community-based group interventions

Some of the key outcomes will include:

- Reduction in wait times
- Reduction of inappropriate referrals to CAMHS
- Reduced demand on specialist CAMHS

What do we need to do to achieve this?

Delivering the Ambition - Strategic Context

The Greater Manchester Mental Health Strategy is at the heart of the Greater Manchester Health and Social Care Partnership (GMHSCP). GMHSCP is derived from the ten Greater Manchester Clinical Commissioning Groups and Councils and is strengthened further by representatives from NHS England Specialised Commissioning and Population Health.

The key areas of focus of this strategy are:

Prevention

With an understanding that improving child and parental mental health and wellbeing is key to the overall future health and wellbeing of our communities.

Access

Improving our ability to reach all the people who need care and to support them to access timely and evidence-based treatment.

Integration

Many people with mental health problems also have physical problems. These can lead to significantly poorer health outcomes and reduced quality of life. Through the strategy we will aim to achieving parity between mental health and physical illness.

Sustainability

To effect change for the long term the strategy will build on evidence from the innovations which have proven to have impact either in Greater Manchester or elsewhere, to challenge the way we plan and invest in mental health

Following the issue of the Future in Mind Review and the Five Year forward View, the Greater Manchester Health and Social Care Partnership established it was clear that a considerable amount of Future in Mind transformation planning and commissioning was best done to scale across the Greater Manchester footprint rather only at a single LA/CCG footprint.

Greater Manchester, in line with devolution and related devolved powers, made a clear commitment to develop the current provision of mental health services, working towards parity of esteem. This included taking collaborative action in making full use of the targeted Children and Young People's mental health investment in localities, clusters and across Greater Manchester; supporting activity linked to refreshed Local Transformation Plans (Long Term Plans) devised to deliver the ambition set out in

Future in Mind (FIM). This guidance emphasised the need for joined-up commissioning and provision.

A key change in strategy and future delivery is the formation of a Greater Manchester Integrated Care System (ICS). This is due to come into being in April 2022. Whilst the operating model is still under review the principles are clear. The ICS will seek to align organisations to achieve the neighbourhood, locality and GM priorities with a strong emphasis at each level on reducing health inequalities. Priorities will be set that balances national and GM, and GM and locality priorities. There will be a focus on shared planning between neighbourhood, locality and GM levels, sharing of resources and shared accountability for delivering the key standards and priorities.

The ICS aims to implement new forms of accountability to end the purchaser provider split and that will see care providers becoming an integral part of shared leadership arrangements at all levels.

The Our Manchester strategy recognises the value of children and young people in the city and places children at the heart of its vision for Manchester to be in the top-flight of world class cities by 2025. There are four key outcomes for all children to be:

- **Safe:** All children and young people feel safe, their welfare promoted and safeguarded from harm within their homes, schools, and communities
- **Happy:** All children and young people grow up happy – having fun, having opportunities to take part in leisure and culture activities, and having good social, emotional, and mental wellbeing. It also means all children and young people feeling that they have a voice and influence as active Manchester citizens.
- **Healthy:** The physical and mental health of all children and young people is maximised, enabling them to lead healthy, active lives, and to have the resilience to overcome emotional and behavioural challenges.
- **Successful:** All children and young people have the opportunity to thrive and achieve individual success in a way that is meaningful to them. This may be in their education, or in their emotional or personal lives.

As well as focusing on four outcomes, there are four pressing priorities which are described in the plan as being particularly pertinent to Manchester and will lead to wide-scale improvements for children and young people across the city. These are:

- Children and young people living in stable, safe and loving homes.
- Safely reducing the number of children and young people who are in care.
- Children and young people having the best start in the first years of life, improving their readiness for school.
- Children and young people fulfilling their potential, attending a good school, and taking advantage of the opportunities in the city.

What are we currently doing?

A review of Child and Adolescent Mental Health Services (CAMHS) was undertaken in September 2016. The review articulated a complex reality in Manchester signified by fragmented commissioning and multiple interfaces and relationships across services. It found a systematic lack of understanding of the CAMHS offer reflected in the quality and appropriateness of referrals, conversion rates. The engagement of schools voiced dissatisfaction in their ability to access CAMHS via existing school nurse provision and difficulties responding to increases in the prevalence and complexity of emotional wellbeing and mental health presentations, in particular ASD, and self-harm and suicide.

The CAMHS review outlined several thematic gaps across the city in relation to -

- prevention, early identification, provision to children and young people with added vulnerabilities their parents and carers,
- the need for a more robust and better co-ordinated universal mental wellbeing and mental health offer in the school arena, a need to stabilise, assure and improve the emotional health and wellbeing offer within school nursing,
- the need to improve the profile of the CAMHS service and deliver an assertive response to young people who are difficult to engage, the need for system integration across health and social care and to enhance skills and capability across the universal children's workforce,
- the need for enhanced crisis provision and a robust transition offer.

Further detail can be found in the Manchester Local Transformation Plan 2015-2020.¹⁹

Following the review, the CAMHS service have commenced a programme of transformation to meet the identified gaps / issues.

Achievements Following the Review

In response to the findings of the review a new model of care has been adopted and is being rolled out across the whole children's system to improve services and address the gaps identified.

M-Thrive in Education: Manchester's local offer of wellbeing and mental health support

In March 2020 MHCC was successful in receiving a funding award from NHS England to establish a Mental Health Support Team (MHST) for the education settings in Manchester. This was launched in schools in September 2020.

¹⁹ Manchester Local Transformation Plan, Children and Young People's mental health and Wellbeing 2015 -2020

'M-Thrive in Education' is the umbrella term for Manchester's local offer of wellbeing and mental health support for children and young people in Manchester. M-Thrive is a multi-agency offer from a range of NHS and charitable organisations (CAMHS, 42nd Street, Manchester MIND, Place2Be), as well as educational psychologists, Manchester City Council Education department, The School Health Service (School Nurse Service and Manchester Healthy Schools), the MLCO, MHCC, MFT and the M-Thrive Hubs work together to form this offer. It allows schools and colleges to find local services and resources more easily and promotes a holistic and collaborative approach. Training for all schools and colleges to access has been delivered through the 'Wellbeing for Education Return/Recovery' (WER) Programme and we have introduced mental health practitioners into schools via Mental Health Support Teams.

As part of the universal offer from M-Thrive in Education, schools and colleges were given a Directory of Resources which is now available via the Manchester Healthy Schools website. Furthermore, the Anxiety Based School Avoidance (ASBA) Pathway was also launched with schools. This pathway is the result of a collaboration between Manchester Local Authority, the One Education Educational Psychology Service, Parents and Health organisations, as well as schools, colleges and provisions across Manchester.

Manchester Healthy Schools has delivered training and support across the education settings in Manchester throughout 2020-21 and this has continued in the 2021-22 academic year. This includes the introduction of a senior mental health lead support network which has over 130 mental health leads already from across settings. These colleagues have accessed further training to support their whole-school approach to wellbeing and mental health support for CYP.

In the first year MHSTs were expected to work with 25% of the children and young people in their area. The M-Thrive organisational group mapped and planned how to support priority schools. The schools were selected following extensive discussions between partner agencies involved in schools currently. Data was collated about a school's readiness to work on the whole school approach to mental health alongside priorities and needs for schools in the coming year. Consideration was also given to a school's previous involvement in the Greater Manchester Mentally Healthy Schools project and NHS Healthy Schools Project. Priority was given to reaching schools in each locality and across primary, secondary, colleges so that learning and feedback could be obtained as more settings are added over the coming years. Most high schools now have practitioners from the M-Thrive in Education MHST.

There are a range of practitioners working with schools at the targeted level of the offer of support. These include CAMHS practitioners who are Education Mental Health Practitioners (EMHPs) offering 6-8 sessions of low intensity CBT informed interventions to support anxiety, low mood, specific phobias, exam stress and include parent/carers assessment and involvement in therapy. The CAMHS practitioners who make up the team are from a range of backgrounds, nursing, social work, CBT therapist and they also provide consultation to schools, supervision, training and support to the whole school approach.

M-Thrive also has Mental Health Practitioners (MHPs) from voluntary sector partners Manchester Mind, 42nd street and Place2Be. The MHPs offer psycho-social support

and counselling interventions which include practitioners with backgrounds in social work or counselling who offer 8-12 sessions and include bereavement. There is also an Education Psychology offer from One Education who are currently working with 6 secondary schools using the [Sandwell Wellbeing Charter Mark](#).

The service is operational across approximately 47 schools or colleges in Manchester and will continue to grow. Feedback from service users has been positive and the service offer is progressing well despite challenges due to the COVID 19 Pandemic. Partners moved to a remote support offer, where necessary, for education staff, CYP, parents/carers during school closure and self-isolation periods. CAMHS remained open and offered face to face appointments. Schools have engaged well, and sessions are well attended.

There are 8 Mental Health Practitioner's (MHPs) in post across Manchester. The MHP's offer both one to one and group-based sessions with a variety of interventions including creative work, solution focussed, counselling and psychosocial interventions. Where MHST's have encountered resistance within schools they have been able to work jointly with the Healthy Schools Team and MCC and together they have found that supporting schools to establish a whole school approach has paved the way for the MHST's to embed their service effectively.

At the bespoke level of support, schools or colleges are supported with critical incident support as well as the team around the school. Critical incident Support is provided by One Education Educational Psychology critical incidence response team who are commissioned by MCC to respond to Critical Incidents. Advice, guidance and support can then be arranged ensuring engagement with the appropriate agencies and providers. Team Around School or College is a multi-agency support team established by the local authority following a specific event or themes that may present as complex challenges for a setting.

Additional investment approved by MHCC led to the implementation of the M-Thrive hubs which started in April 2021 with the north locality hub pilot. This hub is now operational and Central and South hubs will be operational from January 2022 along with a website for the 'Digital Front Door' which will allow children and young people to access the service and book an appointment online. digital 'front door' into services. The M-Thrive model emphasises the value of building on individual and community strengths, and places children, young people, and families as equal partners in the delivery of support, help and care. Children young people and their families are supported to be active decision makers in the process of choosing the right approach for them and their families.

Trauma and Adversity has also become a Greater Manchester programme of work and is in its early stages. The Greater Manchester i-THRIVE team has been instrumental in bring a whole system approach to trauma and adversity to the Greater Manchester Reform Board. This work links with the supervision/consultation module for THRIVE, the resilience hub work and the whole THRIVE framework. The GM Trauma Responsive Steering Group is rolling out a workforce development programme

A 12-month place-based pilot for Adverse Childhood Experiences (ACEs) and Trauma Informed Approaches was delivered in Harpurhey, North Manchester to test whether development of an ACE-aware, trauma-informed workforce allows for engagement with service users/people with lived ACEs on a deeper level. This led to more effective interventions and better outcomes for the individual, family and community and as a result of the project being received positively and starting to evidence impact, this approach and way of working is being extended to other areas of the city. This includes the development of trauma responsive hubs in Blackley, Cheetham and Wythenshawe that are supporting communities to connect socially and participate in positive activities.

The three Early Help Hubs continue to provide a coordinated response to a targeted need for early help, wrapping services around a family.

Many of the families the service works with have experienced ACEs and have poor mental wellbeing. Early Help and CAMHS managers also attend the weekly 'Edge of Care Panel' and seek to work together to identify holistic interventions for young people and improve joint working practices.

Work has begun on developing a Participation programme by Young Manchester, this will aim to identify any gaps in the model regarding the 'young person's voice' and address these by holding locality-based workshops as mechanisms for engagement.

Trauma informed schools

The Adverse Childhood Experiences (ACEs) and Trauma Team from Population Health deliver regular training through the Healthy Schools Behind the Behaviour programme and are working with over 20 schools to support them in becoming trauma informed. Seven teachers are completing a national Mental Health and Trauma Diploma and will act as champions across the City. The team have also developed the Art of Resilience project with Manchester Art Gallery, where Key Stage 2 pupils explore how to build their own resilience through art.

Child and Adolescent Mental Health Service (CAMHS)

The Child and Adolescent Mental Health Service (CAMHS) in Manchester has been rated as outstanding by the CQC. Despite the challenges of the COVID-19 pandemic, the CAMHS service has continued to provide an outstanding service and has maintained its target timescales for assessing all new referrals to the service despite experiencing a surge in demand. The service has utilised a range of digital products to counter service disruptions and provide assessments and ongoing treatment throughout the period where children and young people were unable to attend in person and is now attempting to revert to face-to-face appointments where feasible.

When the national lockdown was implemented in March 2020, CAMHS initially reported a slight decrease in referrals. This has since reversed, with a surge in referrals across the service. In addition to a reported increase of up to 70% in the

number of referrals, there has been an increase in acuity, with urgent referrals being up by around 40%. CAMHS report an increase in complex cases and self-harm presentations

The CAMHS service has extended their clinical day to incorporate early evenings to increase access and see more harder to reach CYP. They have increased their staffing levels and have been able to achieve reduced waiting times. The service has also re-structured their service delivery offer to accommodate a SPOA (single point of access) for referrals to the service duty response and the initial appointments, this has been facilitated with staff discussions re-design and recruitment amendments from core posts. This new design has been co-designed with service users and feedback from CHI to ensure they are achieving the optimum patient experience and building a robust CAMHS that is compliant with national and local waiting and treatment time objectives.

CAMHS services are performing well against the access targets set out in the NHS Five Year Forward View. At least 35% of children and young people with a diagnosable mental health condition in Manchester receive treatment from an NHS-funded community mental health service. Greater Manchester has achieved an access rate of 47.1% for the two months up to the end of May 2021. In comparison, access rates in Manchester are at 57.4% for 2 contacts and 79.9% for one contact, with a recorded 12,364 children and young people with a diagnosable mental health condition.

As part of their transformation journey, CAMHS are implementing an electronic patient record. They are due to go live in early 2022, with all services up and running by the end of April 2022. This will improve safety and service delivery for children and young people across the city.

Children with Special Educational Needs (SEND)

The SEND Transformation work continues to grow at pace with additional MHCC investment commissioned to the MLCO (c£350k). Part of the multi-agency developments with SEND includes implementation in Manchester of the SEND Health Hub established in May 2020 as a community health response to the pandemic. The Hub comprises occupational therapy, speech and language therapy, physiotherapy, special needs school nursing, CAMHS CSCD. Referrals received from special schools are reviewed weekly with timely short-term advice and support provided as needed.

Work was completed in partnership with Manchester Parent Carers Forum for the 'All About Me' Project following feedback from parents and carers of their frustrations in having to share their story in each new setting. There is a clear wish to 'tell their story once'. Manchester About Me (AM) and More About Me (MAM) Care Profiles Standards are being developed as part of the SEND Transformation work.

Manchester Hospital School provide education services to pupils who cannot attend their usual school because of their physical and mental health needs, including those who are inpatients. The Hospital School operates across a number of sites, teaching

children of all ages and abilities. They also work with schools across Manchester and beyond, offering advice and practical assistance on how they can best support any of their students who can no longer attend school for health reasons.

The Endeavour Federation is Manchester's school for pupils who require specialist education to meet their social, emotional, and mental health needs (SEMH).

Anxiety Based School Avoidance is a broad umbrella term used to describe a group of children and young people who have severe difficulty in attending school due to emotional factors, often resulting in prolonged absences from school. The Anxiety Based School Avoidance toolkit is the result of a co-production between Manchester Local Authority, One Education Educational Psychology Service, parents, and health services, as well as schools, colleges and provisions across Manchester. The toolkit is a guidance document for mainstream schools and settings for children and young people who struggle who come to school due to anxiety and SEMH difficulties and is part of the SEN support resources. It is a tool for parents/carers and schools to talk to children and young people regarding their anxieties and to provide strategies to encourage school attendance.

Children with Complex Needs and Packages of Care

In 2020/2021, Manchester Health and Care Commissioning (MHCC), in collaboration with Manchester City Council (MCC), has invested in a project to improve short term respite care for children and young people and families with Autism Spectrum Disorders / learning disability needs. A small yet significant number of children and young people in Manchester have high volume, complex needs and packages of care that are jointly funded by health, social care and education. The Manchester Parent Carers Forum has been integral to this work.

Lyndene has been reconfigured from a 'mainstream' children's home to accommodate children and young people with a learning disability and / or autism. The service will provide intensive therapy and support to children and young people with a learning disability and/or autism and their families/carers who require more intensive support to manage a crisis or escalation in needs.

The service will support a person-centered, holistic model with an integrated 'virtual team' providing support and services across all relevant local services and domains, both for children and their families. The outreach team will operate 7 days per week on an extended hour's basis. Key workers will provide outreach support for approximately 80 families.

Implementation of the 'Ealing Model' for Manchester

The "Ealing Model" referred to in the NHS Long Term Plan is a short to medium term short breaks package with intensive support to prevent family placement breakdown leading to residential care. The packages are tailor-made for individuals. The service combines health and local authority staff and resources to form the package of support.

The service is highly targeted. Involving young people and their family / carers and school as partners is crucial. The service will offer a psychology-led Positive Behaviour Support (PBS) approach as part of the wider initiative to roll this out across the city.

The service aims to:

- Reduce the number of young people going into long term residential care
- Reduce family / carer home breakdowns
- Increase reported family / carer ability to cope
- Reduce the incidence of challenging behaviours

It will be open to young people aged between 10-18 years with a diagnosis of moderate / severe intellectual disabilities and challenging behaviours. It is intended to support children and young people and their families/ carers during periods of challenging behaviours where families / carers are struggling to cope and there are high levels of distress along with a potential for their home situation to breakdown.

The service will offer short breaks package for young people as well as short term intensive psychological interventions to support coping for families/ carers. The service will also seek to provide a comprehensive assessment and formulation to identify behaviours and triggers and young person, family / carer and school responses and find new ways of supporting the young person.

Training will be offered for family, carers and schools to improve understanding of the young person and their behaviours and increase motivation to work with the young person using a Positive Behaviour Support (PBS) approach.

Specialty Training

Funding has been agreed for three day Positive Behaviour Support (PBS) training course for 20 delegates across health, social care, and education. The training has been on hold due to COVID-19. However, plans are underway to host the training in spring 2022. The training will be delivered across all spheres to ensure a more robust approach and implementation of PBS plans and philosophy.

There are also plans to develop a Manchester PBS hub to aid further development and collaboration and to support staff across all agencies with implementing the model and creating a change in culture.

Early Help

The three Early Help Hubs continue to provide a coordinated response to a targeted need for early help, wrapping services around a family.

Many of the families the service works with have had adverse childhood experiences (ACEs) and have poor mental wellbeing. The Early Help Hubs actively engage in

work to support, promote and improve the mental wellbeing of the children and young people through the Children and Young People's Transformation Plan. Following a successful pilot in 2019, the Hubs now have an Integrated Community Response Service (ICRS) based with them which continues to be a valuable resource with practitioners frequently drawing on their expertise and engaging them in direct work with young people. CAMHS deliver a weekly clinic in the North Manchester Early Help Hub where practitioners seek advice and support on navigating systems and ensuring the right interventions are in place in a timely way. Early Help staff work in collaboration with the Thrive Hub's for a joined up approach.

The i-Thrive model has been incorporated into the re-design of Early Help/Early Years pathways in order to embed an understanding of support based on a more dynamic approach to assessment than one based on 'levels of need' and criteria for services alone.

Early Help and CAMHS managers also attend the weekly 'Edge of Care Panel' and seek to work together to identify holistic interventions for young people and improve joint working practices. A small team of Early Help Practitioners (EHPs) continue to be attached to the primary and secondary Pupil Referral Units to support children and young people whose behaviour has resulted in problems in mainstream school. These behaviours are often a physical manifestation of emotional and social difficulties and impact on the mental well-being of the young person and their families, especially siblings. The team work closely to understand the impact of ACEs on these children and work across systems to identify the right support. The Hubs are also working with the Complex Safeguarding Hub where a small team of EHPs are co-located. Work has begun to understand the impact of criminal exploitation and child sexual exploitation on young people and to identify appropriate therapeutic services to protect them from abuse and help them recover.

Community Eating Disorder Services

Eating Disorders (EDs) are a range of complex conditions which typically present in mid-teens and have adverse effects physically, psychologically, and socially on a young person. EDs have the highest mortality rate of all psychiatric conditions.

The proportion of children and young people with possible eating problems has increased since 2017, from 6.7% to 13.0% in 11 to 16-year old children and from 44.6% to 58.2% in 17 to 19-year old children.²⁰

Greater Manchester is committed to the NHS Long Term plan commitment to achieve and maintain the national Eating Disorder Standard for children and young people. The standard is for 95% of treatment to be received within a maximum of four weeks from first contact, with a designated healthcare professional for routine cases and within one week for urgent cases. In cases of emergency, the Eating Disorder Service should be contacted to provide support within 24 hours.

The Manchester Foundation Trust (MFT) Community Eating Disorders Service (CEDS) saw an increased demand during COVID-19 as well as worrying higher acuity presentation. MHCC approved additional funding in December 2020 to expand

²⁰ [NHS Digital Mental Health of Children and Young People in England 2021](#)

the service provision and workforce moving forward. The Manchester and Salford CEDS continues to perform at very high standards and has consistently performed at 100% compliance with the National Access and Waiting Time Standards for routine and urgent referrals/cases.

Community Eating Disorder Service response to COVID-19

In line with other mental health services, Community Eating Disorder Service teams have continued to deliver appointments and support either online or in person for those who are not inpatients. Further to this the service has developed a winter mobilisation plan organised around three priority themes:

- Community Resilience – through the purchase of equipment to enable more timely support and treatment; increase in staff capacity; working in partnership with Voluntary and Community Sector partners to support service users and their families.
- Core Child and Adolescent Mental Health Services support – through additional staff capacity to deliver more intensive Dietetic input to the most complex high-risk cases and an increase in physical health monitoring
- Inpatient Support – through additional staff capacity to deliver in-reach into paediatric wards where young people are admitted, working under the direction of a Community Eating Disorder Service practitioner; paediatric support and liaison between the ward and Community Eating Disorder Service and reintegration home aligned with the intensive home meal support; these practitioners will support paediatric wards and work in partnership facilitating discharge, provide meal support for struggling Children and Young People, support refeeding programmes.

Enhanced Crisis Care

Work has been carried out to build a Greater Manchester-wide, whole system crisis care pathway that provides a high quality and timely response to young people in crisis and their families seven days a week. The pathway aims to be fully inclusive, have open access, be holistic and multi-agency and provide a timely and proportionate response based on need.

- Four Rapid Response Teams have been implemented providing a consistent crisis response 8am-10pm seven days a week across the whole of Greater Manchester
- An all age mental health liaison service was launched across eight Greater Manchester Accident and Emergency (A&E) sites providing 24/7 mental health assessment within one hour of presenting to A&E. A clear referral route from Mental Health to Rapid Response Teams aims to facilitate quicker discharge from A&E, reduce paediatric admissions and reduce demand on duty Child and Adolescent Mental Health Services.

- The Safe Zone Service launched by The Children's Society with three other VCSE partners offers a step-down model from Rapid Response Teams as well as a first line response to Child and Adolescent Mental Health Services for young people experiencing lower level crisis. There are four safe zone sites available across Greater Manchester and young people are supported for an average of seven weeks post initial crisis. A telephone and online offer were also rolled out during COVID-19.
- As part of the i-Thrive model, the ICRS service also offer support to CYP in a crisis (up to 10pm) with a view to supporting CYP in their own homes and preventing presentation at A&E. The ICRS service is a multi-partner collaboration which supports CYP during periods of mental distress. The service aims to be easily accessible and seeks to break down the barriers and stigma of accessing support and to provide timely and time limited input in order to prevent crisis escalating and to reduce the burden on CAMHS. There is a range of services available including signposting to local services, family support, debt management, supported self-help and rapid access to CAMHS where indicated. The services are located in Early Help Hubs and PRU's as these are based in local, accessible geographical locations and organisations where families are already engaged.

Digital Provision

Digital innovation was a key part of provider service provision at the start of Covid. CAMHS adapted their delivery through a blend of telephone, remote video sessions and face to face appointments as clinically indicated. 42nd Street mobilised and expanded at pace their online service offer and Kooth continued to see a high demand for the online service.

Kooth

[Kooth](#) is also commissioned by MHCC and has been available in Manchester for several years now. There has been higher demand since the Covid emergency. It offers free online counselling and emotional well-being support for children and young people from 11 to 18 years. There is a live chat function with qualified counsellors, chat forums ('discussion boards') with other young people, crisis information and self-help resources. Sessions are available daily and include slots at evenings and weekends.

Chat Health (TEXT 07507 330205)

Chat Health is commissioned by MHCC. It is provided by Manchester School Health (MLCO). It is a secure and confidential approved text messaging service, enabling children and young people aged 11 to 16 years to get advice and support on health-related issues directly from a team of trained school nurses. They can advise on sexual health, emotional health and well-being, bullying, healthy eating and any general health concerns. Since the pandemic, the volume of text messages from

Manchester school children has risen from several hundred per month to over 2,000 per month. The services operate Monday to Friday from 9.00am to 4.00pm.

Perinatal and Parent/ Infant Mental Health

Delivery of the Long-Term Plan - Maternal Mental Health Service Pilot

The Long-Term Plan calls on Maternal Mental Health Services to integrate maternity, reproductive health and psychological therapy for women experiencing moderate or severe mental health difficulties directly arising from, or related to, the maternity experience. They are expected to be in place nationally from 2023/24, building on pilots from 2020/21.

The GM bid to become a Pilot site was successful and mobilisation commenced in April 2021. From this the needs will be ascertained and support the required roll out across GM from April 2021.

The three-site pilot will:

- Establish fully integrated pathways of care for women experiencing moderate to severe mental health needs.
- Link into the integrated pathway of care with specialist community PMH teams, maternity and neonatal services, bereavement care, GPs, IAPT, reproductive and sexual health services, Children's Social Care and Early Help Services, safeguarding teams, and other critical partners, for example third sector or mental health services (CYP and adult), health visiting, other acute services, etc.
- Value the multi-disciplinary approach to care and treatment.
- Acknowledge the important role of peer support in recovery for women and their partners.
- Provide assessment of biopsychosocial needs, consultation, advice, direct delivery of evidence based psychological therapies or robust redirection/signposting to other services, and training for staff in the wider pathway.
- Provide psychologically and trauma informed inclusive and accessible service to all individuals who may benefit from it.

In addition, in recognition of increased demand due to Covid-19 there is additional support for parents of children under the age of two years. Direct referrals from a health professional such as GP or Health Visitor, or patient self-referrals to [Self Help services](#) will trigger assessment within six weeks. Criteria are pregnancy or having a child under the age of two years. Low intensity CBT or high intensity therapy is available, if appropriate.

Manchester Suicide Prevention Partnership

The Manchester Suicide Prevention Partnership continues to be chaired by the Executive Member for Health and Care. The partnership steering group has continued to meet remotely during lockdown to share experiences and concerns and oversee the operational delivery of the Manchester Suicide Prevention Plan. The Plan has been developed in collaboration with our city's voluntary, statutory, and independent sectors working collaboratively with companies.

Considering the recognised physical, psychological, and economic impacts of the pandemic, the Manchester Suicide Prevention Partnership reviewed the priorities of the plan in August 2020 after the first wave. The Partnership agreed to maintain the original priority areas (children and young people, middle aged men, and the LGBTQI+ community) whilst continuing to review national and local information as it emerges.

Achievements

- The Virtual Mental Health Team for Our Children with Disabilities is a newly commissioned service within the CAMHS Looked After Children (LAC) Team who are piloting the provision of a service for children and young people up to the age of 18 years who have severe learning disabilities and/or autism and who are placed outside of Manchester in foster care or residential homes. This is an exciting development that brings together a range of professionals to support this vulnerable population.
- Through the use of 'About Me' profiles in community health settings and shared case histories, families need tell their story only once. The 'About Me' profile was developed in response to feedback from children and young people, their families, and carers, which identified that retelling their story over and over again was a continual source of frustration and distress.
- Manchester now has over 135 parent champions and over 500 parent champion Facebook users
- As of July 2021, Manchester Local Authority holds 5,434 Education and Health Care Plan (EHCP) plans. Following a restructure and review of the EHCP Team, the compliance rate stands at 71%.
- Parents report favourably on experience of the summer and winter offers 2020-21 and partners and parents positive about changes to EHCP process
- Youth Ambassadors ("the Changemakers") ensure voice of children and young people is included in service design and delivery.
- Supported Internships is a success for Manchester, with 70 or more places each year and over 85% in employment.
- Embedded Local Offer Drop in Sessions (virtual since March 2020) - 100% would recommend to other parents; 98% got the information they needed
- Expansion of special school places, including opening a new primary special school in 2020
- A SEND Health Hub was established in May 2020 as a community health response to the pandemic. The Hub comprises occupational therapy, speech and language therapy, physiotherapy, special needs school nursing, CAMHS CSCD. Referrals received from special schools and reviewed weekly with timely short-term advice and support provided as needed. Self-referrals can also be made directly by families.
- A key learning from COVID pandemic has been that virtual strategic meetings have enabled more parents to engage and participate ensuring a more representative voice; the learning from this period will inform future work with parents and carers.

Community and Stakeholder Views

UK Youth Council has recently chosen mental health as one of five priority issues to campaign on in the year ahead based on a vote of young people across the country.¹ The Manchester Youth Council is taking this forward.

As part of its Mental Health Campaign, the Youth Council in Manchester has conducted a series of consultations and workshops with other young people and mental health professionals to identify key issues for young people across Manchester in relation to mental health. Consultation was qualitative and aimed to work with small numbers of young people on a on an in-depth basis. It also enabled young people and mental health experts to discuss potential policy solutions on a collaborative basis.

- Over sixty young people took part from
 - The Youth Council
 - Voicebox
 - Lady Barn Centre
 - Pure Innovations
- Input was also taken from adults from
 - 42nd Street
 - Manchester Healthy Schools
 - CAMHS Commissioners
 - CAMHS
 - Emotional Health in Schools Service

The key issue identified through this consultation was that young people were not aware of how to access tier 1 support for mental health and wellbeing issues. Child and adolescent mental health services at tier 1 are provided by practitioners working in universal services who are not mental health specialists. This includes:

- GPs
- Health visitors
- School nurses
- Teachers
- Youth workers
- Social workers, and
- Youth justice workers and voluntary agencies.

Young people spoken to were not aware of how to access support around mental health and emotional wellbeing through these early support services, particularly within school settings. Early support practitioners offer general advice and treatment for less severe problems; they contribute towards mental health promotion, identify problems early in the child or young person's development and provide referral mechanism to more specialist services. Whilst early support services are not the only

part of a mental health support system, they are a key element in providing preventative support, and entry routes to specialist support at higher tiers. An early support service will often provide the point of access for any young person who seeking support around mental health and emotional wellbeing.

A recent consultation by young people's mental health and wellbeing charity 42nd Street also highlighted similar issues. After conducting a survey with 107 young people, 42nd Street recommended that Manchester: -

- Increase investment into early support and signposting to prevent escalation
- Invest in school based whole class education around mental health including peer support,
- Invest in more counselling services in schools and promote and scale the school nursing team

The report highlighted the important role that school based early support and signposting around mental health and wellbeing plays for young people. But importantly, also recognised services in schools were part a wider package of services including those provided by GP's or the voluntary sector in dedicated non stigmatised venues, this was particularly important to enable access to higher tiers of support, ideally at evenings and weekends.

Other JSNA Topics that this links to

[Maternity including pregnancy, antenatal care and postnatal care](#)

Date first version completed: January 2016

Date of latest revision: January 2022
