Manchester voices transforming
Child and Mental Health Services (CAMHS)
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## Contents

### 1. Context

1.1 Background
   - CAMHS provision in Manchester  
   - The CAMHS Review 2013  
1.2 Rationale for further engagement
   - Capturing the voices of children and young people  
   - Listening to the VCS and other key stakeholders  
   - Summary of engagement activities  
1.3 Recent developments
   - Linking to Future in Mind  
   - Linking to Greater Manchester health and social care devolution

### 2. Summary of findings

2.1 Findings from commissioner-led engagement activities
   - Prevalence and local needs  
   - Promoting resilience, prevention and early intervention  
   - Developing the workforce  
   - Improving access to appropriate support  
   - Caring for the most vulnerable
2.2 Findings from the Tell Us report: view and voices of children and young people
   - Promoting resilience, prevention and early intervention  
   - Improving access to appropriate support  
   - Improving access to appropriate support – CAMHS  
   - Developing the workforce
2.3 Findings from Manchester Youth Council: engagement with young people on mental health
   - Improving access to appropriate support  
   - Promoting resilience, prevention and early intervention

### 3. Conclusions and recommendations

3.1 Recommendations from the Tell Us report
3.2 Recommendations from Manchester Youth Council
3.3 Progress to date and further recommendations
   - Prevalence and local needs  
   - Promoting resilience, prevention and early intervention  
   - Developing the workforce  
   - Improving access to appropriate support  
   - Caring for the most vulnerable  
   - Accountability and transparency  
   - Summary of recommendations and service area ownership
3.4 Concluding remarks

### Appendices

- Appendix 1: CAMHS and multi-agency landscape (high level)
- Appendix 2: CAMHS Review 2013 – thematic commissioning recommendations
- Appendix 3: Tell Us (full report, produced by 42nd Street)
- Appendix 4: Manchester Youth Council scrutiny proposal
Context
1.1 Background

1.1.1 CAMHS provision in Manchester

Child and adolescent mental health services (CAMHS) provision in Manchester is complex. It is commissioned at a local, regional and national level and has multiple funding streams including Manchester Clinical Commissioning Groups (CCGs), Manchester City Council (the Council) and NHS England. Manchester CCGs are the lead commissioner of CAMHS, with an annual budget of around £6million.

There are multiple stakeholders, relationships and interfaces within the CAMHS landscape. Key stakeholders include the Council’s Children’s Services, the Council’s Education team for specialist provision and the Federation of Schools, mainstream school provision via school nurses, the Council’s Youth Offending teams, Sure Start centres, primary care general practitioners, secondary and tertiary healthcare providers (including adult mental health services for transitioning children) and a significant number of public and voluntary and community sector (VCS) agencies. Central Manchester University Hospitals NHS Foundation Trust (CMFT) is the main provider of commissioned services.

Please refer to Appendix 1 for a high-level CAMHS and multi-agency landscape, which maps children’s mental health provision in Manchester.
1.1.2 The CAMHS Review 2013

In 2013 commissioners from CCGs and the Council undertook a joint review of CAMHS services and the multi-agency interfaces which are part of the wider public service system. The mandate for the review was given by the Director of Children’s and Commissioning Services, the Council and the Executive Nurse and Director of City Wide Commissioning, Quality and Safeguarding (CWCQST) at Manchester CCGs as a response to the Mental Health Independent Report 2013, which reviewed, in the main, adult mental health services in Manchester, but also provided an opportunity to check how the CAMHS system was operating.

The resulting CAMHS Review¹ focused on how child and adolescent mental health services commissioned by the Council and the CWCQST were functioning. It provided an opportunity to review interfaces and access to services. The findings of the CAMHS Review focused on the often complex multi-agency working relationships, referral mechanisms and a perceived need to increase awareness of children and young people’s emotional health and wellbeing and mental health.

The review process identified a number of areas to be improved that resulted in nine recommendations focused on improvements in partnership working, governance, education and training, a need to improve the universal CAMHS offer in the school environment, greater access to the provision of information and the review of protocols for failed appointments (see Appendix 2 for full text of the CAMHS Review 2013 recommendations).

The review recommendations were formulated into a programme of improvement work, taken forward by partners across the system, including stakeholders in health, social care, education and the VCS, with the CAMHS Partnership Group² providing oversight and governance in respect of delivery against the agreed recommendations.

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ⁱ The full report can be downloaded here: www.manchester.gov.uk/download/meetings/id/16135/commissioning_of_mental_health_services_for_children

² The group was renamed in May 2015 as the Children and Young People’s Emotional Wellbeing and Mental Health Partnership (CHEWMHP).
1.2  Rationale for further engagement

1.2.1 Capturing the voices of children and young people
Commissioners recognised that for the CAMHS Review to result in improved outcomes for children and young people their voices must run through and inform each of the recommendations. This position was endorsed by members of both the Children and Young People Oversight and Scrutiny Committee and the Health and Wellbeing Board.

With this in mind, commissioners co-ordinated a series of engagement activities with children and young people, some of whom have direct experience of accessing CAMHS.

These activities included focus groups, events and surveys, and commissioning 42nd Street, a well-established VCS provider, to carry out engagement work directly with young people. The findings and resulting recommendations of 42nd Street’s work are contained within the Tell Us report, which is referred to within this report and included in full in Appendix 3.

In addition, Manchester Youth Council (MYC) simultaneously conducted engagement work on mental health with young people. Their subsequent report and proposals to the Young People and Children Scrutiny Committee have also been referenced in this report and included in full in Appendix 4.

1.2.2 Listening to the VCS and other key stakeholders
Members also highlighted that the contribution and experience of the VCS needed to be strengthened through further engagement activities. In response to member feedback, Commissioners undertook further engagement with VCS representatives as well as a wider stakeholder cohort including foster carers, children’s homes managers and schools. Regular meetings were also held with the commissioned CAMHS provider, CMFT, to inform ongoing delivery of the CAMHS Review recommendations.
1.2.3 Summary of engagement activities

Engagement activities were undertaken throughout 2014/15 with a broad range of stakeholders, including:

- children and young people from across Manchester
- the Council’s Strategic Education Leads
- Complex Families Social Work Managers and children’s Social Workers
- Early Years
- Public Health
- Youth Offending Service (YOS)
- general practitioners (GPs) and other health professionals
- CMFT’s School Nursing Service
- CMFT’s Healthy Schools programme
- CMFT Service Leads and Directorate Manager
- range of VCS providers and stakeholders
- School heads and deputies from mainstream and special schools and the Pupil Referral Unit (PRU).

In addition, numerous meetings were held or attended by commissioners. These included quarterly school heads reference group (SHRG) meetings, CCG locality meeting (to gather intelligence and insight from GPs about their experience of the mental health system across the city) and reference groups organised by CCG commissioners (as part of the Adults consultation process for pathway redesign and particularly for the 16/17-year-old Emergency Protocol).

The findings of these engagement activities are outlined in section 2 and commissioner conclusions and recommendations are detailed in section 3. As a result of the extensive engagement work undertaken, the recommendations have been closely informed and influenced by the feedback of children and young people themselves, and the experience and knowledge of VCS partners and other key stakeholders from across the health, education and social care spectrum.
1.3  Recent developments

1.3.1  Linking to Future in Mind

Initially, commissioners intended that the engagement activities outlined above would further inform the improvement work being delivered against the nine CAMHS Review recommendations. However, with the publication of the Department of Health and NHS England’s Future in Mind report (March 2015)\(^4\), all local areas are now required to develop a CAMHS local transformation plan (LTP) to deliver change under the five thematic areas identified by Future in Mind\(^5\):

- promoting resilience, prevention and early intervention
- improving access to effective support – a system without tiers
- caring for the most vulnerable
- developing the workforce
- accountability and transparency.

In Manchester, as in most areas, the process of developing the local transformation plan is being led by health. The local plan will cover the whole spectrum of services for children and young people’s mental health and wellbeing, from health promotion and prevention work to support and interventions for children and young people who have existing or emerging mental health problems, as well as transitions between services. Future in Mind is now setting the broader context for reshaping and improving CAMHS in Manchester. As a result of this, planned activities yet to be carried out under the nine CAMHS Review recommendations have informed the development of the local plan, which has achieved full assurance from NHS England and will be available via CCG and Council websites in January 2016.

For purposes of clarity, the findings and recommendations outlined in this report have been grouped under the Future in Mind themes to better facilitate use of the valuable intelligence gathered in the development of the CAMHS local transformation plan. We have included an additional area, ‘prevalence and local needs’, which links to the following three thematic areas of Future in Mind: promoting resilience, improving access, and accountability and transparency.

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1.3.2 Listening to Greater Manchester health and social care devolution

The Greater Manchester (GM) Mental Health and Wellbeing Strategy 2016 articulates a compelling commitment to developing the current provision of mental health services as part of devolution.

The strategy has a single vision:

“Improving child and adult mental health, narrowing their gap in life expectancy, and ensuring parity of esteem with physical health are fundamental to unlocking the power and potential of GM communities. Shifting the focus of care to prevention, early intervention and resilience, and delivering a sustainable mental health system in GM requires simplified and strengthened leadership and accountability across the whole system. Enabling resilient communities, engaging inclusive employers and working in partnership with the third sector will transform the mental health and wellbeing of GM residents.”

Working towards a whole-system approach to the delivery of mental health and wellbeing services that support the holistic needs of individuals and their families within communities, the strategy brings together all parts of the public sector and provides the basis for future collaboration, highlighting prevention, access, integration and sustainability as four priority areas.

The strategy has been developed on the basis of conversations and engagement sessions across GM. Many of the key themes are reflected in the feedback gathered throughout this report, and commissioners commit to ensuring that our local transformation work is consistent with future GM developments.
Summary of findings
2.1 Findings from commissioner-led engagement activities

The following key thematic areas have been drawn from extensive engagement activities undertaken by the CAMHS commissioners as detailed in section 1. It is important to highlight that contributions and perceptions included below have not been directly attributed to specific individuals or organisations. This was to ensure that stakeholders had the opportunity to discuss their experiences and perceptions openly and frankly.
2.1.1 Prevalence and local needs

“People aren’t taught it, so they are suffering and don’t know why.”

(17 years old, no postcode)
Tell Us report produced by 42nd Street

The commissioners identified a consensus among VCS providers and teachers, who felt that mental health issues are becoming more prevalent among children and young people, with symptoms appearing at an earlier age and increasing in seriousness. A perceived increase in instances of self-harm and anxiety was repeatedly flagged. Possible triggers were suggested, including pressure on educational attainment, attachment issues and parents with mental health issues. Teachers reported that where they were seeing increasing levels of mental health issues and distress in schools, particularly self-harm, that they were struggling to cope with it. VCS providers noted that CAMHS would not necessarily pick up cases relating to low-level self-harm (unless indicative of a mental health presentation leading to behavioural or conduct issues at a lower level). Some concern was also raised in relation to families with complex circumstances and vulnerabilities about a perceived lack of support for older siblings within the family who may also require support.

A number of respondents felt that levels of complexity and frequency of safeguarding are increasing. One respondent felt that there is a failure to recognise self-harm and threat of suicide as a potential safeguarding issue. VCS providers reported that cases are becoming more involved and this is having an impact on capacity to deliver frontline services to children and young people in Manchester.

2.1.2 Promoting resilience, prevention and early intervention

There is a sense that opportunities to support children and young people experiencing mental health issues are missed due to lack of family support and training for carers, in addition to limited capacity in schools in terms of mental health training for staff.

Understanding triggers for emotional and mental ill health and how to build resilience to address these were recurring themes throughout the engagement process. The value of peer support, buddy-system approaches, linking to safe adults and addressing attachment issues were cited as effective ways to build resilience. The importance of engagement with the same professional to build trust was highlighted by young people themselves as well as by service providers.

Issues and concerns were expressed over transition, in particular for looked-after children (LAC), as they are often behind their peers in terms of readiness to function as independent adults at 18 years of age.
2.1.3 Developing the workforce

It was highlighted that school nurses and teachers sometimes make referrals to the VCS providers that are not appropriate and should have gone to CAMHS. Several foster carers highlighted a lack of appropriate training to help them better support children and young people in their care. They also felt this was sometimes exacerbated by a lack of specialist knowledge of mental health issues among social workers. PRU reported that it can be difficult to release staff to attend offsite training, such as the Behind the Behaviour Programme.

As part of the ongoing work to deliver improvements under the nine recommendations of the CAMHS Review, a multi-agency training needs analysis (TNA) was carried out by the Council and Manchester CCGs in March 2015, which targeted tier 1 professionals working in Manchester. Over three hundred and fifty professionals took part in the survey, representing a broad cross-section of tier 1 professionals, including GPs, social workers and school nurses, who are most likely to engage with CAMHS.

The TNA clearly identified issues with the levels of understanding of professionals regarding referral routes into CAMHS. In addition, over a third of respondents felt that they did not know enough about CAMHS. Furthermore, the TNA evidenced that significant numbers of professionals (29 per cent) are not confident in identifying symptoms of specific emotional and mental health conditions, such as depression and anxiety, and in accessing the information they need relating to local CAMHS, and almost half had not had training in their current role on children and young people’s mental health. Of those who had received training, 90 per cent had applied it, highlighting the value of effective training. Between 65 and 75 per cent of respondents highlighted the following training areas as being of interest: specific mental health conditions, mental health and wellbeing in relation to specific cohorts (eg. LAC), in relation to specific themes (eg. loss and separation, attachment), and the CAMHS system, including referral pathways.

In response to the findings of the TNA, commissioners from both the Council and Manchester CCGs are now taking a collaborative approach to reviewing workforce development and training with a view to making new training packages available. It is anticipated that by improving the training offer for tier 1 professionals across relevant social care and health cohorts, their confidence will increase in identifying and dealing with mental health issues, their working knowledge of the impact of key factors on children and young people’s emotional health and wellbeing will improve, they will have improved understanding of the CAMHS service offer and the quality of referrals into CAMHS services will improve.

5. Behind the Behaviour is a multi-agency training programme designed to increase awareness and understanding of a range of mental and emotional health problems for professionals and front-line staff working with children and young people. www.manchesterhealthyschools.nhs.uk/TrainingCourses.aspx?Category=Behind+the+Behaviour
2.1.4 Improving access to appropriate support

“[Some foster carers] felt other agencies were often ‘box-ticking’ and taking a ‘short-term view’ and that there was no evidence of ‘a team’ supporting them or the children.”

One young person expressed the view that, in their experience, inter-agency working was ‘rubbish’. This was endorsed by a young person the commissioners spoke to at the Powerhouse who felt there was little or no connection between services. Other service users and foster carers felt that overall the current system is not ‘child-centred’ and that inter-agency working could be improved.

The engagement activities did highlight some examples of positive inter-agency working, including between VCS providers and schools and between VCS providers and CAMHS – although this appears to be ad hoc and lacking in co-ordination. A good example of inter-agency working is evidenced by the links that 42nd Street has built up with CAMHS, both at the Winnicot Centre and at a strategic level, on high-intensity Improving Access to Psychological Therapies (IAPT) meetings. Furthermore, a 42nd Street employee has been seconded into the CAMHS service and has completed IAPTs training. There is a sense that there are greater opportunities for reciprocal skills swaps. There are also good examples of inter-agency working within the VCS, for example, the Manchester Model, which takes an emotional wellbeing approach to achieve better outcomes. However, some VCS providers felt that they are not viewed as an equal partner in the system, particularly in terms of relationships and safeguarding.

School heads were clear that the two main issues they faced in terms of supporting children and young people to access the support they needed were consent (to ensure young people are not prevented from attending by their carer not giving consent) and confidentiality (for example, schools may not hear until the third ‘did not attend’ and the case is closed, so they are not given an opportunity to support the young person and their family or main carer to attend appointments).

Emotional Health in Schools (EHS) is highly valued by participating schools. However, they are also keenly aware that the service is not available to all schools.

There was also feedback from a number of schools, including PRU, highlighting a concerning lack of presence and visibility of their school nurse.

PRU staff felt that for their cohort of young people there is a systematic lack of clarity about which agencies are involved in supporting a young person and what the scope of their service is. They noted that

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6. The Powerhouse is one of the three youth hubs in Manchester.

7. Manchester Model – Barnardo’s, Eclypse and Manchester Mind working in partnership and taking an emotional wellbeing approach as well as working with whole family – leading to better outcomes.
they can provide a package of support. However, they would benefit from specialist mental health input into developing a programme that suits a specific child. They advocated the need for an inter-agency contact list of ‘go-to’ people and services. In addition, they felt there is a need for a multi-agency panel with named leads at the point of referral to PRU. This would include Social Care, Family Recovery, CAMHS, Educational Psychology, Youth Offending Service, the Council and health commissioners.

A number of factors that inhibited effective inter-agency working were highlighted, these included:

- lack of information sharing between agencies
- professionals having limited knowledge of the children and young people they are supporting (examples included school nurses and social workers)
- lack of clarity on referral processes between agencies and the challenge of being given differing information from different sources.

Stakeholders across the board felt that closure of cases following a ‘did not attend’ (DNA) was problematic. It was stressed that those children who DNA are the ones in greatest need of CAMHS support. Lack of parental capacity or willingness to engage can mean that children do not access the services they need. Poor communication with schools and carers prior to DNAs was felt to be a missed opportunity in terms of putting in place support for young people and their carers to encourage attendance.

Prior to the CAMHS Review and related engagement activities, commissioners have had a limited picture of VCS provision on CAMHS (outside of commissioned activity). There are a wide range of services currently being delivered by VCS providers across the city, including (but not limited to) counselling, mentoring, and befriending and supporting parents to attend appointments. Services provided by the VCS are connected to both CAMHS and the Early Help Review. However, VCS providers are reporting increases in waiting lists and having to triage referrals to deal with most urgent cases as well as assertively managing waiting times. VCS providers felt that a significant reduction in funding has contributed to ‘a crisis point’ in terms of pressure on families and pressure on services. Providers reported that service users wanted lower-level interventions – eg. someone to talk to – but that it is hard to access low-level counselling.

Throughout the engagement activities it was evident that CAMHS is a highly valued service. However, it is clear that there is a need for clarity on the CAMHS offer and appropriate referrals. It was also noted that CAMHS can appear inflexible, particularly in terms of location of appointments and DNA policy and practice. VCS organisations reported parents approaching them due to frustration with long waiting times for CAMHS appointments.
VCS providers felt that the following were areas for further consideration and possible improvement within the broader CAMHS system:

a. support for 18 to 21-year-olds
b. support for young people who are high-performing, but also have mental health issues
c. support through transition: if services aren’t available, young people are more likely to go down the acute route
d. targeted services for young men, particularly early help and intervention, as they often don’t access services until they are in crisis
e. support for young LAC
f. more services for refugee and asylum seekers – to help explain mental health issues to incoming communities in a culturally appropriate way
g. lack of standard use of the Manchester Common Assessment Framework (MCAF)
h. CAMHS services missing a social welfare advice element, as this has a direct impact on mental health.

A complex needs panel for 17- to 19-year-olds was also proposed, given that mental health is affected by a range of other issues, eg. housing, so a solution is needed to tackle these contributing factors.

It was also suggested that more detailed and accessible web-based information about CAMHS could address inconsistencies in approach and advice.

There was a perception that crisis prevents CAMHS involvement when it was felt this was the time when CAMHS may be most needed. For example, members of the school heads reference group (SHRG) indicated that CAMHS will not always work with a child in crisis because the family are not ‘therapy ready’. Although this is a legitimate approach, schools can find this frustrating and difficult to understand, given how long it could take for other services to be put in place to address the factors around family crisis.

2.1.5 Caring for the most vulnerable
Staff from PRU and residential children’s homes felt that CAMHS could be involved with them at an earlier stage; for example, when a young person is first referred to a PRU following a custodial sentence. They argued that clinical input in such cases would help support effective decision-making around appropriate placements.

The CAMHS LAC team supported commissioners in their efforts to engage with children and young people who have come into contact with the CAMHS LAC service. However, two separate focus group sessions (covering different age groups) had to be cancelled due to lack of attendance. After further discussion with CAMHS LAC staff, it was agreed that
the questionnaire designed by 42nd Street would be shared with service users so that their views and opinions would be captured within this report.

Commissioners received five completed questionnaires from children and young people using the CAMHS LAC service. The ages of respondents ranged from under 11 to 15. Despite this being a small sample, we can draw the following observations from the information provided:

• Only one of the five respondents had accessed support from their school nurse (they rated their experience as six out of ten).

• When asked where they would ‘most likely go for support if you were feeling a bit anxious or low’, two respondents said ‘family/parents’, two respondents said ‘family/parents’ and ‘friends/peers’ and one respondent said ‘I would not seek support’.

• When asked what skills and traits did they think that ‘professionals need to be able to support young people with their emotional health and wellbeing’, responses included, ‘non-judgemental, caring, understanding’ and ‘kindness, not patronising’.

• When asked where they would choose to see a professional about their mental health and wellbeing, three respondents chose ‘purpose-built building’ and two chose ‘at home’. When asked about when, two respondents chose ‘during school/college/working hours’ and three chose ‘after school/college/working hours’.

• When asked who they would turn to for help if their mental health issue became more serious, all five respondents chose ‘family/parents’, two also chose ‘CAMHS’ and one respondent chose ‘family/parents’, ‘friends/peers’, ‘youth worker’ and ‘CAMHS’.

• In response to the question, ‘What did you feel worked best at CAMHS?’ one respondent said, ‘Being able to talk to somebody and form a relationship with somebody you didn’t know before and who knows most things about you.’

It should be highlighted that, aside from seeking the input of children and young people using this service, commissioners also held productive focus group sessions with foster carers and residential children’s home managers. The findings of these sessions have been included across the thematic areas covered in this section.
2.2 Findings from the Tell Us report: view and voices of children and young people

Commissioners recognised that in order to obtain open and honest feedback from children and young people, it was important to work in partnership with the VCS. As a result, 42nd Street, working in partnership with YASP (part of Manchester Mind), was commissioned to develop and deliver a questionnaire on CAMHS to children and young people in Manchester.

The questionnaire was designed to capture the views of young people about mental health and wellbeing services and support. The questionnaire was completed by young people from across Manchester at a number of venues and events, which enabled 42nd Street to capture a diverse range of views, from some that may have accessed support and some that may not have, and across a wide age range.

The first section of the questionnaire was designed to capture attitudes and behaviours for low-level stress and low mood, and included a focus on support within school/college settings and a specific question about accessing school health nurses and the quality of this service. The second section of the questionnaire was only completed by young people who have had some experience of statutory CAMHS in Manchester. This section asked questions on the accessibility of CAMHS and to explore the strengths and weaknesses of the service. The last section was designed to capture attitudes and behaviours when young people’s mental health issues escalate. A total of 107 questionnaires were completed, with 27 young people completing the CAMHS section.

For the purposes of this report, key findings have been grouped under the relevant key thematic areas as used in section 2.1
2.2.1 Promoting resilience, prevention and early intervention

Participants were asked to indicate where they would be most likely to go for support if they were feeling a bit anxious or low. Responses highlighted that young people’s friends and peers are very important to them, while family and schools are also important and can provide early support. However there was a relatively high proportion that would not seek support at all at this stage.

In response to asking what support is available at school or college for people feeling a bit anxious or low, the highest response indicated that young people either did not know what support was available or felt there was no support. However, a similar number of respondents identified school counsellors as where they would seek support. Teachers and tutors featured highly and school nurses and peer mentors were also significant responses. It is worth highlighting that 62 per cent of respondents indicated that they had never accessed a school health nurse, but of the 29 per cent that had accessed the service, feedback was positive with over 70 per cent rating it 6 or above.
2.2.2 Improving access to appropriate support

When asked who they would turn to for help if their mental health issue became more serious, parents and family remained a very high source of support as issues escalate. Friends and peers did not feature as highly as issues become more serious, dropping by over 50 per cent, and schools also dropped off by 43 per cent. The number that would not seek help at all does drop but is still high. CAMHS, GPs, accident and emergency, and voluntary sector providers were all identified as options for support.

Young people were asked where they would prefer appointments to take place and when. 28 per cent would like to attend appointments in a purpose-built building, 26 per cent would like to attend appointments at a GP surgery, 18 per cent would like the appointments to take place at home, but only 11 per cent would like them to take place in a school/college or community venue. 57 per cent of young people would like appointments to take place outside of school/college and work hours, with only 18 per cent of young people indicating that they would like appointments during the school/college working day and only 9 per cent indicated that they would prefer appointments before school/college/work. 14 per cent specifically indicated that they would like weekend provision.

“there are a few gaps because sometimes people don’t know where to go to or who to talk to and what places offer help for their individual need”
When asked in what ways technology could better be used to support young people with their emotional health and wellbeing, responses included: having a frequently asked questions section on a young-person-friendly website; better promotion of quality websites; development of apps specifically to help young people to deal with anxiety; more live chat opportunities and online self-help groups; more opportunities to discuss issues anonymously; development of games that help young people to deal with low-level mental health issues; and a text service for direct access to mental health professionals.

Young people who have used statutory CAMHS were asked whether they felt there are any gaps in services available to support young people with their mental health and wellbeing. Responses included: “I think that at the moment mental health services are doing quite well with helping young people”; “they don’t have training for young people to teach other young people about mental health”; “I think that in larger schools support is there, but it is left in the hands of a few support staff – leaving a lot of children to fall through cracks and not to seek help”; “people aren’t taught about it, so they are suffering and don’t know why”; “people feel they need to be desperate to go to CAMHS”; “there are a few gaps because sometimes people don’t know where to go to or who to talk to and what places offer help for their individual need”.

2.2.3 Improving access to appropriate support – CAMHS

Two-thirds of the young people that completed the questionnaire stated that they had attended all of their CAMHS appointments. For those who did not attend all of their appointments, they reported the following reasons for not attending: that they were low and stayed in bed instead; they felt better and didn’t feel the need to go to the appointment; it was not easy to get to; they were shy and didn’t feel engaged.

Young people were asked how easy they found it to access CAMHS. Responses included: they felt they had no control over the process, that it was difficult as all communications were with their parents and not them; they were very nervous about the initial meetings, but as the relationship developed it got better; the referral process from school was very easy; leaving lessons to access CAMHS was embarrassing; and the service stopped abruptly and more time would have been useful.

When asked what they felt worked best at CAMHS, responses included: “helping my family to cope”; “it helped to get a diagnosis quickly”; “I was referred to YASP from CAMHS and have had good support since”; “I was made to feel comfortable”; “it was good seeing the same therapist each time”; “confidentiality, trust and approachability”; “the advice worked well”; “feeling listened to was really important”; “getting feedback about my progress really helped”; and “having my dad with me”.

Manchester voices transforming CAMHS
When asked what they thought could be improved at CAMHS, responses included: “being referred earlier, the first time I didn’t fit the criteria”; “longer-term therapies and a choice of therapists”; “the service was only available at certain times that often didn’t work for me”; “helping me to learn some coping strategies”; “being able to come in on my own”; “access to therapies that don’t need a psychiatrist”; and “triage to prioritise an appropriate service, shorter waiting times and easier access for under-sixteen-year-olds”.

2.2.4 Developing the workforce

In response to the question concerning what skills and traits children and young people thought professionals needed to be able to support young people with their emotional health and wellbeing, by far the most important trait highlighted was that of listening, with 21 young people stating that this was important to them. Many young people mentioned traits including: being understanding, sympathetic, empathetic, kind, caring and reassuring. Being non-judgemental was also considered to be important as was confidentiality, not being patronising and asking young people for their views. Young people also talked about needing a welcoming and friendly atmosphere.

2.3 Findings from Manchester Youth Council: engagement with young people on mental health

The Youth Council identified young people’s mental health as its current campaign issue. It wanted to be able to target the stigma attached to mental health so young people could relate to it and feel more comfortable when talking about mental health. They also wanted young people to understand the effects of mental health issues, how they can improve their own mental health and how support can be accessed. As part of their Mental Health Campaign, the Youth Council 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 and to generate the policy proposals.

Consultation was qualitative and aimed to work with small numbers of young people on an in-depth basis. It also enabled young people and mental health experts to discuss potential policy solutions on a collaborative basis. Over 60 young people took part from the Youth Council, Voicebox, Ladybarn Centre and Pure Innovations. Input was also taken from adults from 42nd Street, Manchester Healthy Schools, CAMHS Commissioners, CAMHS and the Emotional Health in Schools service.
2.3.1 Improving access to appropriate support
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. The young people spoken to felt they were not aware of how to access support on 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 mechanisms to more specialist services. While 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 is seeking support on mental health and emotional wellbeing.

2.3.2 Promoting resilience, prevention and early intervention
The MYC report ‘Raising young people’s awareness of support for mental health and emotional wellbeing: Why do things have to get to crisis point before we get help?’ outlines a series of recommendations from MYC to the Council to raise young people’s awareness of early support for mental health and emotional wellbeing. These recommendations are detailed in section 3.
Conclusions and recommendations
3.1 Recommendations from the Tell Us report

Using the wealth of information provided by children and young people who completed the questionnaire, the Tell Us report outlined 12 recommendations, which are shown below. The recommendations have been grouped by Future in Mind thematic areas for the purposes of this report.
## Conclusions and recommendations

<table>
<thead>
<tr>
<th>Thematic area</th>
<th>Tell Us recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Promoting resilience, prevention and early intervention</td>
<td>Invest in school-based whole-class education on mental health awareness and peer support throughout a child and young person’s education, relevant to their developmental stages.</td>
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<td></td>
<td>Continue to/increase investment into early support and signposting to prevent escalation.</td>
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<td></td>
<td>Invest in more quality-assured counselling services in schools and colleges and promote and scale of the school health nurse team.</td>
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<tr>
<td>Developing the workforce</td>
<td>Continue to equip GPs with the skills to respond to and signpost young people with escalating metal health problems.</td>
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<tr>
<td></td>
<td>Invest in training and support for parents and communities to enable them to support their children and their peers; equip them with the information needed for effective self-help, early help and seeking more specialist support.</td>
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<tr>
<td>Improving access to appropriate support</td>
<td>Ensure that young people have bespoke, private and non-stigmatising venues to attend appointments and reconfigure services so that they fit with the needs of young people, ie. in evenings and at weekends.</td>
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<td>Recognise young people’s different needs and engagement styles by offering a choice of person-centred approaches to one-to-one work and group work, not relying entirely on clinical, standardised approaches.</td>
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<td></td>
<td>Extending CAMHS to 25 years old with a clear emphasis on the specific needs of young adults as they become independent and move across service frameworks.</td>
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<td></td>
<td>Invest in more specialist services that address mental health issues for young people with learning disabilities.</td>
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<td></td>
<td>Invest in a study that focuses on why young people do not seek support for mental health issues and explores specific trends in terms of gender, ethnicity etc to better understand the impact that not seeking support has on later mental health and wellbeing, and the subsequent need to access more acute services.</td>
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<tr>
<td></td>
<td>Continue to invest in the voluntary and community sector as a critical, integral part of young people’s support and care pathways.</td>
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<td></td>
<td>Ensure that young people accessing statutory CAMHS feel empowered to make decisions alongside their parents.</td>
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### 3.2 Recommendations from Manchester Youth Council

Following their extensive engagement work, the Youth Council concluded that Manchester City Council should develop a stronger approach to raising young people’s awareness of where early support for mental health and emotional wellbeing can be accessed. The Youth Council developed three recommendations, ranked in order of priority (1–3) based on which one they felt would have the greater impact. All recommendations are underpinned by the importance of delivering effective support and access to services on mental health and emotional wellbeing within a school or college environment. As with the Tell Us report recommendations, for the purposes of this report we have grouped them against the key Future in Mind thematic areas.

<table>
<thead>
<tr>
<th>Thematic area</th>
<th>Manchester Youth Council proposals</th>
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</table>
| Promoting resilience, prevention and early intervention | **Recommendation 2:** Produce and distribute additional publicity material for young people, focused on accessing support for mental health and emotional wellbeing. Youth-focused publicity campaigns on sexual health led by Manchester Public Health Team, such as the work with Unity Radio, are known to have an impact on young people’s sexual health, and similar approaches could be used for mental health. Key publicity messages should focus on:  
  - how to spot the signs of mental health/emotional wellbeing problems  
  - de-stigmatising mental health issues  
  - how to access early support  
  - confidentiality of services.  
  
A variety of mediums should be used, with a particular focus on new media methods such as apps and social media. It is important that content or publicity produced is distributed effectively through schools, colleges and other youth services, and an effective distribution strategy is built into any plan to produce this publicity. The Youth Council recognises that a number of initiatives along these lines are already in place such as the Keep Calm, Read On booklet from Manchester Health Schools, and we have been working directly with officers to provide support to improve these approaches. |
## Conclusions and recommendations

<table>
<thead>
<tr>
<th>Thematic area</th>
<th>Manchester Youth Council proposals</th>
</tr>
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<tbody>
<tr>
<td>Improving access to appropriate support</td>
<td><strong>Recommendation 1:</strong> Ensure every high school, college and youth setting has a named individual to act as a single point of contact for support on mental health and emotional wellbeing for all students, and that students are aware of that person.</td>
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<td></td>
<td>By having a single individual within a school, college or youth setting that young people know they can contact for support, it provides a high-profile, well-known contact to a large number of young people who is able to signpost them to sources of support. In addition, they can proactively seek out young people in the youth population who may be showing early signs of mental problems to encourage them to take up support. This individual could be a teacher or pastoral support staff, but should be someone who is on site and available for young people to contact. Young people feel more able to talk to an individual they already have a relationship with, and who they feel they can trust; many staff within school, college and youth settings will already have this relationship with young people, making it easier for a young person to access support through them.</td>
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<td></td>
<td><strong>Recommendation 3:</strong> Develop schemes for greater involvement of young people in the development and delivery of support for mental health and emotional wellbeing. There are two ways in which young people could be directly involved in improving access to support for:</td>
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<td></td>
<td>Peer mentoring: young volunteers in each school year could be trained to provide peer-to-peer support to their friends, helping encourage others to look after their mental health and emotional wellbeing and reduce the stigma attached to mental health.</td>
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<td></td>
<td>Youth inspection: young people in each school, college and youth setting could act as ‘youth inspectors’ to provide feedback on the support provided for mental health and emotional wellbeing in that young people setting and identify ways in which it could be improved.</td>
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</tbody>
</table>
3.3 Progress to date and further recommendations

The following commissioner updates and recommendations take into account all of the engagement work summarised within this report, but focus on areas of work that are not already being addressed by the 2013 CAMHS Review recommendations and the associated programme of work (see Appendix 2). As with the previous sections of this report, the thematic areas as set out by Future in Mind have been used to provide the structure by which to summarise progress and draw out recommendations for future work under the local transformation plan. However, commissioners fully appreciate that areas of work and recommendations detailed below often cut across thematic areas.

3.3.1 Prevalence and local needs
The commissioners acknowledge the perceived increase in prevalence of mental ill health reported by a range of stakeholders. We also recognise that there are significant gaps in data in relation to the prevalence of mental ill health of children across the city. Furthermore, the commissioners recognise that the last national prevalence study was completed ten years ago and welcome the decision by the Department of Health to commission an updated one. The commissioners also recognise the critical importance of accurate data in service planning and transformation and, therefore, welcome the implementation of the CAMHS national minimum data set.

Recommendation: at a local level the commissioners recognise the value of the current JSNA In-depth Report on Mental Wellbeing (October 2014). However, we recommend that it is expanded to make more specific reference to prevalence and need in relation to children and young people’s mental health and emotional wellbeing.

3.3.2 Promoting resilience, prevention and early intervention

Links to Early Help Hubs
Effective early help is essential to improve the life chances of children. ‘Early help’ in Manchester is understood as ‘intervening early and as soon as possible to tackle problems emerging for children, young people and their families or with a population most at risk of developing problems. Effective intervention may occur at any point in a child or young person’s life.” It was acknowledged that there was a need to improve the early help offer in Manchester, including by developing a shared vision, developing more integrated working, promoting independence (taking a strengths-based approach) and taking a more holistic approach to improving outcomes. Manchester’s Early Help Strategy 2015–18 now provides a systemic, multi-agency, consistent approach to early help. The plan adopts a whole-family approach to support children, young people and their families. The links to CAMHS and the wider emotional health and wellbeing offer are clearly expressed through a number of the indicators of success attached to the early help strategy – these include:

9. www.manchester.gov.uk/download/downloads/id/21075/the_early_help_strategy.pdf?trc=1&f=pdf&d=1772679393&n=1988083799&isrc=0&sa=U&ved=0CCAQFjAcalUKEw8BoqZSuJhJAbUlp0aKHQYdDcA&usg=AFQjCNGmv41rQDV534Td7FdsC4pr6ZqfD3w
Conclusions and recommendations

- reduction in the number of children and young people experiencing parental mental ill-health
- reduction in mental health problems in children and young people.\(^{10}\)

Three community-based Early Help Hubs have recently been established as focal points for the delivery of local services, and a new Early Help Assessment was brought in. The assessment, based on five levels of need, was developed to help with early identification of need, and is used by all professionals working with or coming into contact with children. As well as measuring the level of need, the assessment also looks at the strengths of the young person or family and their capacity to make their own changes and to help themselves.\(^{11}\) This may include connecting families to their communities so that they can build networks of friendship and support to increase their emotional resilience and mental health and wellbeing.

**Recommendation:** that integration of the emotional and mental health and wellbeing offer with the early help offer is promoted and taken forward within the framework of the local transformation plan.

**Youth and play provision and peer support**

Manchester has a diverse range of youth and play provision across the city. The Council uses the Youth and Play Fund to commission 47 VCS organisations to deliver youth and play provision in the most deprived wards, reaching our most disadvantaged and vulnerable children and young people. Youth and play workers have a key early help role in providing individual support, building resilience and promoting the emotional health and wellbeing of young people. The Youth and Play Fund is an outcomes-focused and needs-led fund commissioned by the Council. The total fund value is £1,588,000, with grants of between £1,000 and £10,000 to VCS groups working in Manchester to deliver programmes that provide opportunities for children and young to:

- achieve their aspirations and expectations
- lead healthier and more active lifestyles
- participate in decision-making processes
- be ready for work and lifelong learning
- be involved in meaningful, enjoyable positive activities
- be safer from harm
- have increased access to outdoor play opportunities.

One of the key outcomes of the fund that performance is measured against is that ‘Young people access a range of positive activities that encourage and contribute to a healthy lifestyle’. This often includes emotional health and wellbeing initiatives and/or support, such as the Somebody Project and the Factory Youth Zone Mentoring project (see case studies below).

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Case study: The Somebody Project

The Somebody Project delivered by 42nd St and commissioned through the Council’s Youth and Play Fund is an initiative developed and led by young people to create a resource/toolkit which can be used by other youth projects and schools across Manchester to engage young people in discussion around body image and self-esteem. The idea for the resource pack was developed from young people’s own experiences and their suggestion that creating and working with anonymous characters enabled them to explore and discuss these issues more freely. Each character has a back story which is supported by a series of ‘chance cards’ that introduce objects (props) and storylines (scripts) which affect how the characters feel about themselves in relation to body image and self-esteem. The Somebody Project encourages critical thinking skills and the challenge of misconceptions and media portrayal of body images relating to men and women. This project has focused on engaging vulnerable young people across the city that may identify with a minority community and/or are growing up in areas of socio-economic disadvantage. This resource was launched as part of a body image art exhibition and Z-arts in April 2015; the project has validated the young people’s own knowledge and experiences, and the opportunity to share these in a public setting has greatly benefited other young people across Manchester.
The council also commissions more targeted early intervention services that deliver interventions for young people who need additional support including counselling, group work and mentoring through partners, including 42nd Street, Factory Youth Zone and the Targeted Youth Support Service. The evidence collected from these interventions demonstrates a high return in positive outcomes for young people. In line with the recommendations from the CAMHS Review the commissioned providers have been offered training to strengthen their role in the identification, assessment, advocacy and delivery of interventions to support young people with emotional health needs. We are also looking to strengthen the evidence base, especially on our mentoring offer and peer-led initiatives.

Current contracts funded through the Youth and Play Fund will come to an end in March 2017. The local authority therefore has a real opportunity to align our future commissioning intentions with the recommendations of the CAMHS review and the priorities of Future in Mind. The commissioning priorities will use the evidence base to justify increased investment in specific interventions, including the scaling-up of our mentoring offer and peer-led initiatives.

The Council will also look for youth providers to continue to work closely with other partners to embed an integrated approach to the delivery of an early help offer. Schools and colleges have been identified as key partners, and the youth offer needs to be closely aligned with the school health offer to ensure that young people who would benefit from receiving an intervention outside of school or college are able to exercise that choice. The early intervention mental health services would also benefit from supervision and support from CAMHS to build capacity and assurance across the youth sector.

To respond to reduction in public funding and increasing need to develop more integrated approaches for the delivery of services for young people, the Council has decided to support the development of an independent Youth and Play Trust that is planned to go live in April 2017. The trust will use investment from the Council to lever in additional funding from a wide range of funding sources, including the private sector. This funding will then be used to commission services for young people. A priority for the trust will be commissioning services that improve the health and wellbeing of young people.

**Recommendation:** commissioners recommend that future youth and play commissioning will be aligned to the recommendations of the CAMHS review, the Youth Council recommendations and the priorities of Future in Mind, and that the investment in mentoring and peer-led initiatives is increased.

**Transition**
A review of transition services is being undertaken as part of the review of early help. The primary aim of the review is to anticipate the cohort of young people who will need to transition to adult services and assure transition planning is timely. CAMHS is inputting into this review process.
Case study: The Factory Youth Zone Mentoring Programme

The Factory Youth Zone Mentoring Programme aims to help young people successfully make the transition to adulthood by providing them with a stable, trusting, one-to-one relationship with a positive role model. Mentors support young people with a wide range of issues, whether it’s difficulties at home, at school, with their friendships or relationships, and often support them with their mental health and wellbeing. The outcomes for young people involved in the programme are:

1. improvements in their relationships with family and peers; feel less isolated
2. an increase in their overall communication skills with others
3. enhanced social and emotional development
4. increased options and opportunities for participation
5. a reduction in risky behaviour
6. improvements in their mental, subjective and social wellbeing.

A self-assessment completed by the mentee at the start, middle and end of the mentoring relationship relates to items 1 to 5 of the expected outcomes. Outcome 6 is measured through three different wellbeing questions, taken from the Short Warwick-Edinburgh Mental Well-being Scale (SWEMWBS), the Office of National Statistics’ (ONS) subjective wellbeing questions, and a social trust question. Based on the data collected so far, there has been an improvement on all six of the expected outcomes. On average:

- for outcome 1, the relationship score has increased by 4.2 – out of a score of 20
- for outcome 2, the communication score has increased by 1.5 – out of a score of 10
Conclusions and recommendations

• for outcome 3, the social and emotional development score has increased by 6.8 – out of a score of 40
• for outcome 4, the options and opportunities score has increased by 2.6 – out of a score of 15
• for outcome 5, the reduction in risky behaviour score has increased by 2.5 – out of a score of 15
• as a whole, the self-assessment score has increased by 17.6 on average – out of a score of 100
• for outcome 6:
  1. SWEMWBS score has increased by 4.4 on average – out of a score of 35
  2. As a whole, the ONS score has increased by 5.0 on average:
     i. anxiety has decreased by 0.1 – out of a score of 10
     ii. happiness has increased by 1.4 – out of a score of 10
     iii. satisfaction has increased by 1.7 – out of a score of 10
     iv. worthwhile has increased by 1.8 – out of a score of 10
  3. social trust score has increased by 0.6 – out of a score of 10.

These results show a clear improvement in all expected outcomes, and particularly in the young people’s mental, subjective and social wellbeing. Since the mentoring programme was launched, mentees have achieved a total of 62 targets which they set for themselves as part of the programme. These targets include building their confidence, improving social skills, improving relationships, building friendships, managing difficult emotions (such as anger), reducing self-harm, improving their mood, reducing their anxiety, improving health and fitness, improving grades, gaining employment and developing independence skills. Mentors receive additional training on specific topics such as self-esteem, self-harm, anger management and eating disorders, as these mental health issues are prevalent in the young people on the programme.
Information and publicity
Commissioners welcome Future in Mind’s proposal to build on the national anti-stigma campaign Time to Change, as we recognise that children and young people in Manchester have highlighted the need for additional publicity on accessing support for mental health and emotional wellbeing.

Working with schools
Commissioners understand the importance of enabling teachers to support children in the school setting. In relation to this, we welcome the current work of the Department for Education on character and resilience, PSHE and counselling services in schools as referenced in Future in Mind. Furthermore, we welcome updates to the language and approach being taken within the School Health Service (school nursing and Healthy Schools service), both commissioned by the Council. To reflect this, these services are focusing their work on a ‘whole school approach’ and the emphasis on integrated working to better build resilience and improve prevention and early intervention.

This will be further supported by the work being undertaken by both commissioners and the provider, CMFT, to develop an integrated school emotional health and wellbeing model encompassing the Emotional Health in Schools service. Significant progress has been made with this to date, with the new models and specifications for the School Health Service (SHS) reflecting this work. The full integrated model is expected to be in place and operational by April 2016.

Commissioners will follow with interest the national pilot, the CAMHS and Schools Link Pilot Scheme which is underway to test the named lead approach to improving links between school settings and CAMHS. The pilots will include joint training to raise awareness and improve knowledge of mental health issues among school staff; improve CAMHS understanding of specific mental health and wellbeing issues within schools; and support more effective joint working between schools and CAMHS. Once the findings are published, commissioners will consider how to support implementation at the local level based on best-practice findings.

Some young people we spoke to raised concerns about professional continuity enabling children and young people to build up trust with professionals. We understand this is important to young people, but also acknowledge that some workforce change is inevitable. In relation to this, commissioners welcome changes to the SHS to ensure that each school has a named school nurse who will be more visible to students in school each week.

Workforce development
Through work already undertaken as part of the citywide, multi-agency training needs analysis, we are increasing the skills and capacity of tier 1 professionals to identify and respond to emerging poor mental health. The TNA survey conducted in early 2015 highlighted issues on understanding of the referral routes or pathways into CAMHS for tier 1 professionals. More than a quarter of respondents were not confident in identifying symptoms of specific emotional and mental health conditions, such as
Conclusions and recommendations

depression, anxiety and ADHD/ASD (29 per cent). Furthermore, respondents didn’t feel confident in their ability to access the information they need relating to local CAMHS (29 per cent). Over 45 per cent of respondents had not had training on children and young people’s mental health in their current role, but between 65 and 76 per cent of respondents felt they needed training in specific conditions, specific cohorts (eg. LAC), specific themes (eg. attachment) and CAMHS system/referral pathways.

On the basis of this engagement the commissioners recognise the potential value of highlighting resilience and prevention within a training offer to ensure that tier 1 professionals can respond to children’s needs at a low level, providing support at the right time to prevent escalation, while also being able to effectively signpost or refer on to more specialist services when required.

Recommendation: commissioners request that the approach to training for tier 1 professionals on children and young people’s mental health places an appropriate emphasis on resilience, prevention and early intervention.

3.3.3 Developing the workforce
Commissioners understand the value of having a well-trained and informed workforce. Indeed, this is intrinsic to realising ambitions on resilience, prevention and early intervention.

We are encouraged by work already being undertaken in this area, including with the multi-agency training needs analysis, which will help to support the development of the workforce in Manchester. Commissioners are further encouraged by developments within the HIS, which includes delivery of the Behind the Behaviour programme (2015/16), including the new integrated model of school nursing and Emotional Health in Schools, which has mental and emotional health and wellbeing at its core. This provision is a key underpinning element for developing the workforce across the city.

In addition, commissioners note the development of a national training tool, MindEd\(^\text{13}\), which is a free educational resource on children and young people’s mental health. MindEd was developed with funding from the Department of Health for adults who work with children and young people. However, parents and young people are also welcome to access and use this resource. The aim of MindEd is to provide simple, clear guidance on children and young people’s mental health, wellbeing and development to any adult working with children, young people and families, to help them support the development of young healthy minds.

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\(^{13}\) For more information about this resource go to www.minded.org.uk.
MindEd offers online education in over three hundred topics and is applicable to a wide range of learners across the health, social care, education, criminal justice and community settings. There are bite-sized chunks of 'e-learning' and there are also a number of specialist learning frameworks available, including:

- **Counselling MindEd**: offers accessible, engaging e-learning to trainee and practising counsellors who want to work with children, young people and young adults, or who already do so.

- **Specialist CAMHS (entry-level)**: aimed at anyone starting to work in child mental health.

- **Specialist CAMHS (therapeutic approaches)**: for those enrolled in CYP IAPT programmes in parent training or systemic family practice. It is also relevant to specialist and targeted CAMHS clinicians, counsellors, psychotherapists and other professionals.

- **Specialist CAMHS (leadership)** for those enrolled in CYP IAPT programmes in leadership training.

**Recommendation**: commissioners advocate for the use of a blended training approach for tier 1 and 2 professionals that makes best use of already available resources, including the Behind the Behaviour programme delivered by Healthy Schools and online resources such as MindEd, to improve their education, awareness and knowledge in relation to emotional and mental health and wellbeing.

Commissioners note the need for workforce development in the area of digital access and support for children and young people who may be experiencing emotional and mental ill health.

**Recommendation**: in relation to workforce aspirations, the CAMHS Commissioners will explore with the provider the capacity of their workforce to work in a digital environment, including the development of online channels.

With respect to schools, Commissioners understand work is ongoing nationally to review teacher training in relation to young people’s mental and emotional health, and our engagement work tells us this is needed and will be welcomed by teachers working in Manchester schools.
3.3.4 Improving access to appropriate support

The commissioners acknowledge there is fragmentation within the system. This has been borne out in the CAMHS Review and through our further engagement activities. We recognise the impact service users tell us this has on their access to and experience of services. We accept that to some degree this is a legacy of fragmented commissioning arrangements.

Adoption of Care Programme Approach (CPA)

CAMHS has adopted the principles of the Care Programme Approach (CPA). This is a way that services are assessed, planned, co-ordinated and reviewed for someone with mental health problems or a range of related complex needs. CMFT is not in a position to fully adopt CPA, as the mechanisms are not yet in place with partners in social care. However, we are confident that children and young people with more complex needs are brought to the Family Resource Panel to enable joint discussion and planning on a routine basis.

Recommendation: commissioners recommend that the social care work stream, to be implemented under the framework of the local transformation plan, ensures that mechanisms are put in place to enable full adoption of LTP-integrated priorities.

Integrated care pathways

CMFT has already embarked upon a number of other key initiatives in order to improve service provision and patient experience, including the development of integrated care pathways (ICPs). The following pathways are currently being developed:

- referral to and access to CAMHS – integrated joint access pathway for all health, social care and third sector organisations eg. SARC/Early Intervention in Psychosis/42nd Street
- assessment
- discharge
- transition to other services/agencies
- emergency referral
- attention deficit hyperactivity disorder (ADHD)
- generalised anxiety
- attachment disorder
- behaviour problems
- bipolar affective disorder
- psychosis
- depression
- anorexia
- bulimia
- clinical service for children with disabilities
- post-traumatic stress disorder (PTSD)
- district CAMHS paediatric referral
- clinical psychology interventions for paediatric diabetes
- obsessive compulsive disorder (OCD)
- specialist paediatric service – referral and access
- specialist paediatric service – assessment only
- specialist paediatric service – therapy
Manchester voices transforming CAMHS

- specialist paediatric service – group therapy
- specialist paediatric service – palliative care/end of life
- emerging borderline personality disorder
- CAMHS admission pathway for young people in custody.

Once the pathways are completed they will be tested via small-scale pilots, then adjusted as necessary and signed off, prior to implementation across CAMHS services and the wider health and social care economy. Commissioners intend to review these pathways to ensure that they appropriately reflect the needs of particularly vulnerable cohorts, such as LAC.

The benefits of ICPs are:

- clearly defined plan and duration of care for the child/young person and parents
- goal and outcome-focused
- improved communication between professionals and agencies – at any point in time it is clear where care is up to
- demonstrates evidence-based best practice
- defensible practice
- auditable process of care
- dynamic document that can be adapted and revised to incorporate service and practice developments
- improved access and no waiting times for specialist CAMHS assessment when families and young people have mental health needs identified within other agencies.

The ICPs will be made available to professionals in other services areas/trusts as a resource and to support service development.

The commissioners acknowledge the ongoing work of CMFT CAMHS on pathway development and assert that there is an imperative for this work to align to the Thrive Model; ensuring psycho-social and psycho-educational pathways are in place as well as pathways for children and young people who are not ready for therapy.

**Did not attend (DNA)**

While it should be noted here that CAMHS is not an outlier in terms of DNA statistics and, furthermore, corporate policy precludes discharge where there are safeguarding concerns, commissioners take on board feedback from schools, VCS and service users, and accept that DNAs should not be a reason for discharge from service. Please see section 3.3.5 for more information on work being undertaken to determine contributing factors to DNA rates and current policies and procedures in relation to DNAs.

**Lack of clarity on CAMHS offer**

There is evidently a lack of clarity and understanding about the CAMHS offer in Manchester among key stakeholders, including those who refer into the service, such as GPs and social workers. The planned citywide training programme being developed under the current work programme will help to address this gap in knowledge and understanding, including about what the local CAMHS offer is and how to appropriately refer to those in crisis.
In addition, the CAMHS School Link project will also contribute towards clearer understanding of the CAMHS offer in educational settings.

In addition, CMFT has recently updated the CAMHS website with referral guidelines and links to other organisations, and a charity bid has been approved for further improvements, including to make the website more child and family-friendly and to incorporate self-help and early-intervention resources on the site. There has also been progress on improving external communications and providing information on CAMHS, including plans to develop additional resources such as welcome leaflets and information brochures.

**Integrated school offer**

The commissioners are committed to the development of an integrated school health offer, and work has been ongoing in 2014/15 towards developing this, in partnership with CMFT. This model comprises the Emotional Health in Schools (EHS) service and the emotional health and wellbeing (EHWB) elements of the School Nursing Service (SNS) and the Manchester Health Improvement Service (HIS). The recent revision of service specifications by Public Health of the School Nursing Service and Health Improvement Service (includes Healthy Schools) has ensured that emotional health and wellbeing is now firmly embedded within the core business of these services, including through adoption of specific key performance indicators (KPIs) and service outcomes.

The expectation is that this model will lead to a robust offer and will support access into CAMHS for those needing a tier 3 service, assertive follow-up for those who DNA/disengage and a more co-ordinated response for young people identified as having problems coping. It is important to highlighting that the commissioners recognise the need to ensure that children with added vulnerabilities are catered for in this model and particularly those who are LAC or in PRU, recognising that they may require more support to engage and remain engaged with support services.

The new delivery model will be up and running from April 2016, and is underpinned by the following principles:
1. to be a mechanism for the strategic transformation of the emotional health and wellbeing (EHWB) offer in Manchester (by supporting the move away from a delivery approach defined by separate services towards one centred on the needs of children and young people)

2. building resilience and promoting good mental health

3. early identification and assessment of EHWB issues

4. prevention of EHWB issues escalating into enduring mental health conditions

5. appropriately skilled and informed workforce delivering evidence-based EHWB interventions

6. working collaboratively with schools and a wide range of partners to better understand need and existing community provision and assets to deliver an effective EHWB offer

7. contribution of, and support to, the local EHWB offer through development of robust information, advice and guidance, including ownership of, and contribution to, the Help and Support Manchester online directory (which includes information previously held within the Family Services Directory)

8. promoting parity of access for all of Manchester’s children and young people

9. ensuring consultation with key stakeholders, including children and young people (the ‘voice of the child’), shapes and informs delivery

10. ensuring quality of delivery through implementation of case and quality management systems to support management information and service, outcome and key performance indicator reporting.

These principles draw on the Future in Mind five key themes as well as the ‘right time, right place, right offer’ ethos, the guiding principles of the ‘One Team – Place Based Care model’ and the Tavistock ‘Thrive’ model.

14. Future in Mind, p63 (8.2) The national vision is for everyone who works with children, young people and their families to be: a) ambitious for every child to and young person to achieve goals that are meaningful and achievable for them, b) excellent in their practice and able to deliver the best evidences care, c) committed to partnership and integrated working with children, young people, their families and their fellow professionals, d) respected and valued as professionals.

15. For example, ‘Matching Provision to Need – a tool to support schools and early years settings when identifying and mapping provision for children with Special educational Needs and Disability’ (0–5 years tool and 5–14 years tool available).

Conclusions and recommendations

Low-level interventions
Commissioners understand the value of lower-level interventions in preventing and reducing the escalation of mental health issues for children and young people. Furthermore, we recognise that there is evidence of good practice in terms of inter-agency working, particularly from the VCS, but also that VCS organisations are feeling pressure on their services as a result of high demand and limited capacity.

Recommendation: better co-ordination, integration and alignment of system resources, eg. the School Nursing Service, Early Help Hubs, schools and peer mentioning/support, to provide lower levels of support.

Transition
In relation to transition, health commissioners have ensured that the NHS England Transition Protocol is now embedded within the CMFT contracts, and plans are in place to monitor its implementation and impact over the next 12 months. Furthermore, a working group, which includes commissioners and providers, has reviewed the CAMHS to AMHS (Adult Mental Health Services) transition specification, and its adoption is imminent.

The commissioners are confident that the social care work stream will also consider the impact of transition on children and young people experiencing mental health issues.

Crisis
In relation to crisis support, Greater Manchester Police is leading on the Crisis Care Concordat. Manchester CCGs have signed up to the concordat, and a citywide system resilience group has been tasked with reviewing the provision of urgent care provision across north, central and south Manchester. An additional work stream is also focusing on youth custody liaison and diversion, and CAMHS is engaged in this.

3.3.5 Caring for the most vulnerable
Commissioners recognise the importance of caring for the most vulnerable children and young people. Feedback from stakeholders has highlighted that children and young people who ‘do not attend’ (DNA) their CAMHS appointments are, in some cases, some of our most vulnerable children.

Under recommendation 9 of the CAMHS Review which focused on DNAs, CMFT has already begun working with commissioners to explore and analyse contributing factors to DNA rates. CMFT is conducting a review of cases that DNA/ (Could not Attend). Service users will be contacted to gather further information on contributing factors and identify potential areas for improvement. A review of the CMFT DNA/ CNA policy has started in conjunction with the case review.
Following the outcome of this work, which will provide baseline data, health commissioners signal an assertive outreach home treatment service in their future commissioning intentions. In addition, there will be further actions agreed with CMFT to ensure systems and processes are robust and to ensure that children and young people who have additional vulnerabilities engage and remain engaged with the service.

**Recommendation:** commissioners recommend that the analysis, findings and learning from the DNA review contribute to service pathways for the Assertive Home Treatment service.

3.3.6 Accountability and transparency

Commissioners have found that there are a number of different stakeholder groups lacking the mechanisms and / or opportunities to link together effectively and influence CAMHS service redesign and delivery.

For example, commissioners recognise that young people should be involved in the design and delivery of services and the role and contribution of existing groups to date; for example, the CMFT engagement group linked to the Emerge Service (16/17 year olds), Voice Box and the work of Manchester Youth Council.

**Recommendation:** that the CAMHS commissioner(s) ensure that opportunities are provided to engage and involve children and young people in significant system redesign, as well as in ongoing service delivery.

Furthermore, Commissioners recognise that VCS is a vital partner and stakeholder in delivery of services in Manchester. Therefore, VCS provider and stakeholder organisations need to be given more opportunities to discuss, challenge and put forward ideas alongside CAMHS and other key stakeholders.

**Recommendation:** commissioners propose a similar forum to the Mental Health Provider Engagement Group (or an extension of the existing group), which has an elected chair.

Due to the complexity and far-reaching nature of the ongoing work as well as the new recommendations contained in this report and areas of work planned under the LTP, it is vital that sufficient resources and oversight are provided to ensure ambitions and aspirations are achieved.

**Recommendation:** commissioners recommend that the CAMHS Partnership Group maintains oversight and governance in relation to development and implementation of the Manchester LTP and the recommendations made within this report (summarised below).
### 3.3.7 Summary of recommendations and service area ownership

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>New/addition (existing area of work)</th>
<th>Responsible service area</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Prevalence and local needs</strong></td>
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<tr>
<td>Commissioners recommend that the current JSNA In-depth Report on Mental Wellbeing (October 2014) is expanded to make more specific reference to prevalence and need in relation to children and young people’s mental health and emotional wellbeing.</td>
<td>New</td>
<td>Public health Health</td>
</tr>
<tr>
<td><strong>Promoting resilience, prevention, and early intervention</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Commissioners recommend that integration of the emotional and mental health and wellbeing offer with the early help offer is promoted and taken forward within the framework of the local transformation plan.</td>
<td>New</td>
<td>Social care Health</td>
</tr>
<tr>
<td>Commissioners recommend that future youth and play commissioning will be aligned to the recommendations of the CAMHS review, the Youth Council recommendations and the priorities of Future in Mind, and that the investment in mentoring and peer-led initiatives is increased.</td>
<td>New</td>
<td>Education Health</td>
</tr>
<tr>
<td>Commissioners recommend that the approach to training for Tier 1 professionals on children and young people’s mental health places an appropriate emphasis on resilience, prevention and early intervention.</td>
<td>Addition</td>
<td>Public health Health</td>
</tr>
<tr>
<td><strong>Workforce development</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Commissioners advocate for the use of a blended training approach for Tier 1 and 2 professionals that makes best use of already available resources, including the Behind the Behaviour programme delivered by Healthy Schools and online resources such as MindEd, to improve their education, awareness and knowledge in relation to emotional and mental health and wellbeing.</td>
<td>Addition</td>
<td>Public health Health</td>
</tr>
<tr>
<td>In relation to workforce aspirations, the CAMHS commissioners will explore with the provider the capacity of their workforce to work in a digital environment, including the development of online channels.</td>
<td>New</td>
<td>Social care Health CMFT</td>
</tr>
<tr>
<td>Recommendation</td>
<td>New/addition (existing area of work)</td>
<td>Responsible service area</td>
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<tr>
<td>----------------</td>
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<td>--------------------------</td>
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<tr>
<td><strong>Improving access to appropriate support</strong></td>
<td></td>
<td></td>
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<tr>
<td>Commissioners recommend that the social care work stream, to be implemented under the framework of the local transformation plan, ensures that mechanisms are put in place to enable full adoption of LTP integrated priorities.</td>
<td>Addition</td>
<td>Social care</td>
</tr>
<tr>
<td>Commissioners recommend better co-ordination, integration and alignment of system resources, eg. School Nursing Service, Early Help Hubs and schools, peer mentioning/support to provide lower levels of support.</td>
<td>New</td>
<td>All</td>
</tr>
<tr>
<td><strong>Caring for the most vulnerable</strong></td>
<td></td>
<td></td>
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<tr>
<td>Commissioners recommend that the analysis, findings and learning from the DNA review contribute to service pathways for the proposed Assertive Home Treatment service.</td>
<td>New</td>
<td>Health</td>
</tr>
<tr>
<td><strong>Accountability and transparency</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CAMHS commissioners should ensure that opportunities are provided to engage and involve children and young people in significant system redesign, as well as in ongoing service delivery.</td>
<td>New</td>
<td>All</td>
</tr>
<tr>
<td>Commissioners propose a similar forum to the Mental Health Provider Engagement Group (or an extension of the existing group), which has an elected chair.</td>
<td>New</td>
<td>VCS</td>
</tr>
<tr>
<td>Commissioners recommend that the CAMHS Partnership Group maintains oversight and governance in relation to development and implementation of the Manchester LTP and the recommendations made within this report.</td>
<td>Addition</td>
<td>Health</td>
</tr>
</tbody>
</table>
3.4 Concluding remarks

The commissioners would like to acknowledge the time and effort that has gone into the engagement activities summarised in this report – not only of those individuals and organisations delivering the activities, but, most importantly, the children and young people who were willing to share their thoughts and opinions.

The process of gathering this qualitative and quantitative information together has already played a significant part in shaping and influencing the development of Manchester’s local transformation plan.

By sharing this information more widely, we hope that it will contribute to real and significant change in relation to how children and young people access and experience CAMHS and related support in Manchester by informing the ongoing conversations on CAMHS and supporting delivery of the LTP.
Appendices
Appendices

Appendix 1: CAMHS and multi-agency landscape (high level)

MMC & CCG Commissioning, 4 September 2015.

Multiple Agency Interfaces and relationships

MCC Children’s Social Teams
- Harpurhey
- Longsight
- Wythenshawe
- Troubled Families

Secondary Care
- MMH&SCT – Transition
- CMHT Out of Hours

MCC Youth Offending Teams
- Court Team Vector House
- Abraham Moss
- Daisy Mill
- Sharston

MCC Sure Start
- Multiple Sites

RDASH

Early Intervention into Psychosis

Voluntary and Community Sector (N1)
- 42nd Street
- ACMHS
- Barnardos
- Children’s Society
- ConneXions
- Eclypse / Lifeline Project
- Home Start
- Place2Be
- The Factory Youth Zone
- YASP

MCC Education
- Mainstream Schools
- * Pupil Referral Unit
- Federation of Schools
- Specialist Support Schools
- Specialist Resource Schools
- Hospital Schools
- Educational Psychology

Primary Care
- General Practitioners

Public Health Manchester
- School Nursing

NHS England
- Health Visiting

N1: please note that this list is indicative only
Manchester voices transforming CAMHS

CAMHS Directorate CMFT

Targeted CAMHS Teams
- Looked After Children
- Adoption Psychology
- Tops
- Keep
- Learning Disability Service
- CAPS
- Emotional Health in Schools
- Emerge 16/17

Academic Team/ Research and Projects

Tier 2–3 Core Locality CAMHS Teams
- The Bridge North Manchester
- The Winnicot Centre Central Manchester
- Carol Kendrick Centre South Manchester

Integrated provision across CAMHS Locality Teams includes:
- Youth Offending Workers
- Federation of Schools
- Learning Disability
- Clinical Psychology
- Educational Psychology

Tier 4 Specialist Provision
- Galaxy House In Patient
- Psych Social Liaison Team
- Social Development Team
- Chronic Fatigue/ ME Team
- Greater Manchester West – Junction 17
- Pennine Care Hope Unit

Manchester CCG Commissioning

NHS England Commissioning
### 2013 thematic commissioning recommendations

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Links to Future in Mind theme(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Recommendation 1</strong></td>
<td></td>
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<tr>
<td>It is recommended that a strategic lead from The Council’s Children’s Services is identified and appointed to improve partnership working and is given the delegated authority to take forward a social care/CAMHS work stream. This would include working with the three Manchester CCGs (via the Children’s Maternity and Neonatal Clinical Board) and CAMHS services (via the CAMHS Partnership Group) to improve agency interfaces, quality, communication, referrals, education and training, to take forward the Council’s commissioning recommendations and ultimately achieve better children’s outcomes. The strategic lead should also maintain social care liaison to the Council’s senior social worker practitioners and family therapy workers located in the CMFT structure, and develop an integrated approach on their deployment.</td>
<td></td>
</tr>
</tbody>
</table>

| **Recommendation 2** |  |
| The review feedback indicated that children’s needs are not being identified early enough within the school setting. Increasingly, schools operate as autonomous individual organisations. This brings a number of challenges in providing a consistent, unified response to children’s mental health across schools. It is recommended that strategic leads are identified which bring together Manchester City Council’s Education team, the provider, mainstream school provision and to use commissioning as a lever to: |  |

- develop a more robust universal offer, and, where mental health issues are identified, an improvement in access and take-up of mental health services. This should include a review, by Public Health and Manchester CCGs, of existing system resources, eg. school nurses, the Healthy Schools programme and the Emotional Health in Schools programme to determine if existing resources and investment can be revisited to support an improved offer and parity of service take-up. |  |

| **Recommendation 3** |  |
| Commissioners from the Council and Manchester CCGs will review the CAMHS Partnership Group to redefine and re-scope its terms of reference. This group is a subgroup of the Children’s Maternity and Neonatal Clinical Board and is the sensible authority for improving multi-agency working, system interfaces and strategy integration. |  |

| **Recommendation 4** |  |
| The commissioners recommend a review of the rationale for having an outpatient service and specialist standalone teams, with consideration being given to whether some of the standalone teams become part of the generic district teams, eg. psychiatry teams will see quite a lot of LAC but there is also a stand-alone LAC team. This could support the establishment of a single point of access for all referrals across the city. |  |

| **Recommendation 5** |  |
| It is recommended that the Council conduct a review of skills and training for children’s social work and school Nursing teams to better understand their current level of awareness, confidence and experience of children’s mental health issues. The review has identified that not all children’s social workers feel confident in dealing with mental health issues, and this is often evidenced by poor-quality referrals to CAMHS services. The Healthy Schools programme offers a wide range of tier 1 training, and take-up of this training should be prioritised and maximised. The same review needs to be undertaken for all frontline health staff from primary, community and secondary care. |  |
Recommendation 6
CCGs and Manchester City Council commissioners recommend that consideration be given to parity of provision of the Emotional Health and Wellbeing in Schools service. The commissioners would recommend widening the remit of CAMHS practitioners (schools) to provide training and consultation to the school nursing service citywide. The commissioners acknowledge that plans are being developed by the CAMHS service for how the service can provide some key elements of the service to other schools in Manchester. Once the service has completed the plan, further discussions will be required regarding implementation and timeframes.

Recommendation 7
CAMHS Services are complex; it is not always clear from a referrer’s point of view what the CAMHS ‘service offer’ consists of and what referrers should expect. Commissioners recommend that CMFT provide a web-based information portal to give clear guidance on the CAMHS structure, its services, how to make a referral, information required in the referral, service level agreements and service pathways. This portal should also be used to provide contact details and be updated on a regular basis. This approach would support workers across the city and improve the quality of the referral, communication and agency relationships.

Recommendation 8
Commissioners would request that consideration is given to providing the pupil referral units (PRU) with a direct referral route into CAMHS services. At the moment the PRU can not make a direct referral and can only advise families to contact their GP. Given the nature of the children attending the PRU, a direct referral would prove beneficial. As a result, commissioners recommend that CAMHS offers a single point of referral and triage across the system and develops a standard referral form to support this.

Recommendation 9
Commissioners recommend the ‘did not attend/could not attend’ process be reviewed in conjunction with CMFT to better understand where any improvements can be made. Commissioners acknowledge that there will always remain a cohort of difficult-to-reach, complex children, and where appointments continue to be missed a more robust social care and health response is required. Reviewing some of the contributing factors set out in section 10.9 may also improve the overall process. Commissioners request the development of a pathway for children who disengage with a course of treatment to include active liaison with the original referrer. Commissioners are mindful that any change to the management of DNAs will need to reflect safeguarding risks.

17. The table includes the text of the nine original recommendations published in 2013. As a result of ongoing engagement with stakeholders, some recommendations have been updated in the associated CAMHS project plan.
Tell Us ..... 

An insight into Adolescent Mental Health and Wellbeing Services in Manchester.

Young people aged 11-25 years from across the City of Manchester are given the opportunity to Tell Us about their expectations and experiences in relation to mental health and wellbeing services. This report captures the reality of the barriers that young people face growing up in the City and sets out clear ideas and insights to inform local, regional and national future practice and policy.

“There are a few gaps because sometimes people don’t know where to go to or who to talk to and what places offer help for their individual need.” 18 year old M19
Introduction

We have been working to improve Child and Adolescent Mental Health Services (CAMHS) in Manchester for many years. Over the last year it has come into stark focus locally, regionally and nationally that we need to consider ways to make it easier for children, young people and parents and carers to access these vital services and improve the ways in which we commission and organise them. As Simon Stevens CEO of NHS England states in the foreword to the Future in Mind Report published in April 2015, “Need is rising and investment and services haven’t kept up”

If we are genuinely committed to addressing these issues, we need to listen to the experts- the young people themselves; we must endeavour to understand their expectations and experiences and build our practice and policy around them.

That is why Manchester City Council and the three Manchester Clinical Commissioning Groups commissioned this report; to create a vehicle for young people to influence policy, practice and commissioning.

Key issues identified within this report include

- that while peer support is a critical factor in early support, it is family, parents and carers that represent the most consistent point of trusted support for young people
- that as issues escalate for young people they seek more professionalised trusted support, especially GPs and YIACS
- that more early support and education in schools and colleges would be welcomed but that young people also want to access appointments at evenings and weekends and in bespoke venues and GP surgeries
- that CAMHS need to ensure that young people feel listened to and involved in their care
- that young people do not want an arbitrary cut off from CAMHS based on a specific age, but want continued personalised appropriate care.
- That young people recognise the need for a balance of approaches and interventions to meet their different needs.

This report aims to capture the voice of young people throughout and the recommendations are based on their expressed expectations and suggestions. However, there is still much to do to ensure that young people continue to shape and influence provision and that they genuinely feel that their needs are central to the care that they receive. Tell Us is just the start....
Appendices

**Methodology**

A paper-based questionnaire was designed in partnership between 42\textsuperscript{nd} Street, Manchester City Council and Manchester Central, North and South Clinical Commissioning Groups to capture the views of young people in relation to mental health and wellbeing services and support in Manchester.

The questionnaire was completed by young people from across Manchester at

- YASP
- UpRising
- Youthforia and
- Piece of Mind- Young People’s Mental Health Day
- 42\textsuperscript{nd} Street

The varied venues and events enabled us to engage with and capture the views of a diversity of young people; some may have accessed mental health and wellbeing support previously, some may have been accessing it at the time of the consultation, some may have never tried or needed to access support and others may have known of others experiences.

Young people were invited to complete the questionnaires on their own, but support was offered from workers, for example mental health practitioners, youth workers or advocacy workers. All answers were treated as confidential.

The Questionnaire was split into three sections:

SECTION ONE was designed to capture attitudes and behaviours in relation to low level stress and low mood and included a specific focus on support within school/college settings and specific questions around school health nurses.

SECTION TWO was only completed by young people who had experienced statutory Child and Adolescent Mental Health Services (CAMHS) in Manchester.

SECTION THREE was designed to capture attitudes and behaviours in relation to more serious, escalating mental health issues.

A total of 107 questionnaires were completed; 27 young people completed the CAMHS section, 20 were completed at YASP, 15 by UpRising, 9 at Youthforia, 35 at the Piece of Mind Mental Health Day and 28 by 42\textsuperscript{nd} Street.

The results were compiled and analysed by 42\textsuperscript{nd} Street in consultation with Manchester City Council and Manchester CCG.
Demographics

A wide age range was included in the consultation in order that we could capture inclusive and diverse experiences and insights. Involving 16-19 year olds was critical as this is a particularly vulnerable time for young people as they reach important social, developmental and psychological milestones and may also experience a transition in support from children’s services and full time education to adult services and a more independent lifestyle. The 19-25 years old age range was also deemed as particularly important to include in this study for two key reasons. Firstly, their reflective experiences and outcomes are a useful commentary on how current policy and practice can be shaped. Secondly, in the recent paper produced by NHS England and the Department of Health “Future in Mind” there is a call to end the “arbitrary cut-off dates” for young people transitioning from CAMHS to AMHS based on a particular age and there is growing movement to include young people in CAMHS up to the age of 25 years where this is offers them the best and most appropriate care and support.

This study does not include work with young people of primary school age or early years and does not include feedback from parents or carers.

The breakdown was as follows:

- 65% of young people were 18 years or under
- 50% of young people were 16 years and under
- 23% of young people were aged 16-19
- 28% of young people were 19 years and over
- 7% did not identify their age

“There should be easier access for under 16 year olds to talking therapies” (25yrs no postcode)
Participants were requested to include their postcodes in order to verify that they were Manchester residents and to capture the geographical spread of the young people responding. Unfortunately, many young people did not indicate their post-code but of those that did the spread across the three Manchester CCGs was evenly spread.

21% of young people came from North Manchester CCG

24% of young people came from South Manchester CCG

22% of young people came from Central Manchester CCG

33% of young people did not indicate their postcode
**Seeking Support**

**Low Level Support**

Participants were asked to indicate where they would be most likely to go for support if they were feeling a bit anxious or low. There were 7 prompts and a space for other/free text, unprompted responses. Respondents could choose any number of responses that were relevant to them. The language used was deliberately non-technical and based on support rather than potentially loaded or confusing diagnostic/medical terminology. The results are shown below.

![Bar chart showing responses]

It is clear that young people’s friends and peers are very important to them when they need low level support and also that parents and family are very important to them at this time. These responses make a clear case for ensuring that friends and family are equipped and trained to deal with these calls for support from young people; offering the wrong kind of advice at this stage could lead to escalation of issues. Conversely, if the right information is available to these networks then young people are more likely to receive trusted, informed support when they need it and from people that they trust.

“They don’t have training for young people to teach other young people about mental health” (14yrs M16)
The low response in terms of seeking support from youth workers could be a reflection of a reduction in this provision in Manchester.

There is a relatively high proportion that would not seek support at all at this stage and it is not clear from this study why this might be; it could be because the issues are not deemed important enough, because of the stigma surrounding mental health or it could be that young people do not know where to go for support. In terms of tackling mental health as part of the early intervention/Early Help agenda, this is worth exploring in more detail.

It is worthy of note that GPs were not mentioned as a prompt in this section and this could be why the response is quite low. It is also worthy of note that some of the other organisations mentioned in the unprompted sections could have been as a result of the locations where respondents were being asked to complete the questionnaires.

**Schools and Colleges**

The questionnaire contained a specific section around schools and colleges. Participants were asked what support was/is available in their schools/colleges for people feeling a bit low or anxious.

All young people were asked this question regardless of their educational status. There were no prompts for this question and not all young people responded, but there were a total of 99 free text responses.

35 questionnaires were completed at the Piece of Mind Conference, attended by young people discussing mental health from across a good representation of schools city-wide

<table>
<thead>
<tr>
<th>Support Type</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>42nd Street...</td>
<td>2</td>
</tr>
<tr>
<td>Guidance...</td>
<td>1</td>
</tr>
<tr>
<td>Counsellors</td>
<td>16</td>
</tr>
<tr>
<td>Relate</td>
<td>5</td>
</tr>
<tr>
<td>CAMHS</td>
<td>1</td>
</tr>
<tr>
<td>Art Therapy</td>
<td>3</td>
</tr>
<tr>
<td>Think Room</td>
<td>4</td>
</tr>
<tr>
<td>Educational...</td>
<td>1</td>
</tr>
<tr>
<td>Peer mentors</td>
<td>9</td>
</tr>
<tr>
<td>Welfare</td>
<td>5</td>
</tr>
<tr>
<td>Pastoral Team</td>
<td>6</td>
</tr>
<tr>
<td>School Nurse</td>
<td>10</td>
</tr>
<tr>
<td>No support...</td>
<td>20</td>
</tr>
<tr>
<td>Teachers/tutors</td>
<td>15</td>
</tr>
</tbody>
</table>

“People aren't taught it, so they are suffering and don't know why” (17 yrs. no postcode)
The highest response indicated that young people either did not know what support was available or felt there was no support available at their school/college. This may indicate that the respondents have not sought help and so do not know what is available or feel that the support is lacking. Although the frequency of this response (20) appears to be quite negative, the remaining 79 were much more informed.

Young people clearly feel able to access counsellors in schools; the combined counsellor response (42nd Street, Guidance, Counsellors and Relate) would be 20, equal to those that did not know or felt no support was available.

Teachers and tutors featured significantly in young people’s responses; throughout these responses it was clear that some young people had found a specific trusted teacher or tutor that they had gone to for support and had received good support from them. The school nurse and peer mentors also represent significant responses.

It is important to note that we did not seek any qualitative feedback from this questionnaire which means we have an impression of perceived access as opposed to actual access or quality of support in schools and college.

**School Health Nurses**

A set of questions was included to ascertain the access to and quality of the School Health Nurse service in schools across Manchester. Participants were first asked if they had ever accessed a School Health Nurse for support and they were then asked to rate the support on a scale of 1 to 10 where 1 is unsatisfactory and 10 is excellent.

62% of respondents indicated that they had never accessed a School Health Nurse and 9% did not answer this question. Of the 29% that did access the service the further satisfaction rate question was asked; the results are shown below:

“I think that in larger schools support is there but it is left in the hands of a few support staff-leaving a lot of children to fall through cracks and not to seek help” (15 yrs. no postcode)
The responses to this were positive with only 19% saying the service rated 5 or below and 71% rating it 6 or above. 55% rated the service 8 or above.

It is not clear why young people have not assessed the School Health Nurse service – perhaps it has not been necessary, perhaps the team is spread very thinly, perhaps young people are not aware of the service, but it is clear that when young people do access this service it is rated well.
As issues become more serious

Participants were asked to indicate where they would go for support if their mental health issues became more serious. There were 10 prompts and space for other/free text, unprompted responses.

The results are shown below.

At this stage GPs become a much stronger feature of the support that young people would seek, with 21% of the responses indicating this as a preference. The jump from 3 responses in the early support section to 40 in the more serious section is likely to be partly due to including GPs as a prompted response, but still the numbers are significant.

Parents and family remain a very high source of support as issues escalate, dropping only very slightly from the early support question, again suggesting that this is a critical part of a young person’s support network.

It is interesting that friends and peers do not feature so highly as issues become more serious -dropping by over 50%. This is perhaps a reflection of the fact that young people recognise that they need more experienced, perhaps professional support at this stage, but could also reflect increased stigma or isolation as issues escalate.

“There should be more support at college, there should be more support at the doctors” (20 yrs. M18)
Schools also drop off by 43% at this stage. This is a very interesting result and perhaps indicates that young people feel schools are not the most relevant place to get a higher level of support, either because it is not available, because of the stigma attached or because they feel the need to access more specialised support at this time.

The number that would not seek help at all does drop as the issues escalate, but it is still high and considering the increased need for help, again this would be worth exploring further.

The CAMHS response is as high as A and E, perhaps demonstrating how different young people interpreted the question or an interesting insight into where young people feel they might get immediate support.

The unprompted response for voluntary sector providers (YASP and 42 ND Street) represents a large proportion of the responses- again perhaps skewed by where the consultation took place, but worthy of note.

**New Technology**

Young people were asked in what ways they felt technology could be better used to support young people with their emotional health and wellbeing.

Many young people did not answer this question with only a 38% response rate, however suggestions included:

- Having a frequently asked questions section on a young person friendly website.
- Better promotion of quality websites.
- Development of Apps specifically to help young people to deal with anxiety.
- More live chat opportunities and on line self- help groups.
- Development of games that help young people to deal with low level mental health issues.
- A text service for direct access to mental health professionals.
- More opportunities to discuss issues anonymously.

“There needs to be more non-judgemental information on different services and on social media, maybe a phone app that explains the mental health normalisation and accessibility”

(23 yrs. M15)
Skills and Traits

Young people were asked what skills and traits they thought professionals need to be able to support young people with their emotional health and wellbeing. This was an open question and the responses were varied, but there were clear themes and many young people used the same words to describe the skills and traits that they felt were needed.

By far the most important trait was that of *listening*, with 21 young people stating that this was important to them. Many young people mentioned traits like being *understanding, sympathetic, empathetic, kind, caring and reassuring*.

“Less judgement by those that work in hospitals” (25yrs M14)

Being *non-judgemental* was also considered to be important as was *confidentiality*, *not being patronising* and *asking young people for their views*.

Young people also talked about needing a *welcoming and friendly atmosphere*.

Where and When

Young people were asked to indicate at what time of the day and where they would like their appointments to take place. These were prompted responses with space for free/text, unprompted responses.

The results are shown below.
Where young people would like appointments to take place

Where young people would like appointments to take place

When young people would like appointments to take place
28% of young people indicated that they would like to attend appointments in a purpose built building and 26% that they would like to attend appointments at a GP surgery. 18% indicated that they would like their appointments to take place at home. Only 11% indicating that they would like would like them to take place in a school/college or community venue with 57% indicating that they would like their appointments to take place outside of school/college and work hours. Only 18% of young people indicated that they would like appointments during the school/college work day and only 9% indicating that they would prefer appointments before school/college/work.

These responses are perhaps saying something about young people preferring a private and designated space to discuss mental health issues, especially if they feel these issues are sensitive and stigmatising. These responses overwhelmingly suggest that young people do not want either the stigma or inconvenience of attending appointments during their school, college and work day.

**Statutory Child and Adolescent Mental Health Services (CAMHS)**

One section of the questionnaire was to be completed only by respondents that had experienced statutory CAMHS. Of the 107 that responded to the questionnaire in total, 27 young people completed this section.

The age ranges were as follows
55% of young people were 18 years and under
18% of young people were 16-19 years
45% of young people were 19 years and over

This wide age range enables insight into the different experiences of young people of statutory CAMHS at different stages in their lives and developments

Comments around accessing CAMHS included:

Young people feeling that they have no control over the process.

Finding it difficult as communications were with young people’s parents and not them.

Young people being very nervous about the initial meetings but as the relationship developed feeling things got better.

Feeling the referral process via school was very easy.

Leaving lessons to access CAMHS is embarrassing.

Feeling the service stopped abruptly and more time would have been useful.

Two thirds of the young people that completed the questionnaire stated that they had attended all of their CAMHS appointments. For those who did not attend all of their appointments, they reported:

They were low and stayed in bed instead

They felt better and didn’t feel the need to go to the appointment

It was not easy to get to
When asked what went well responses included:

- Helping my family to cope.
- It helped to get a diagnosis quickly.
- I was referred to YASP from CAMHS and have had good support from them since.
- I was made to feel comfortable.
- It was good seeing the same therapist each time.
- Confidentiality, trust and approachability.
- The advice worked well.
- Feeling listened to was really important.
- Getting feedback about my progress really helped.
- Breaking down the topic.
- Having my dad with me.

When asked what could have been better, responses included:

- Being referred earlier, the first time I didn’t fit the criteria.
- Seeing the Emerge worker more often.
- Longer term therapies and a choice of therapists.
- The service was only available at certain times that often didn’t work for me.
- Having your thoughts and what you’re saying explained to you by the counsellor instead of expecting you to explain yourself.
- Helping me to learn some coping strategies.
- Being able to come in on my own.
- Access to therapies that don’t need a psychiatrist.
- Triage to prioritise an appropriate service.
- Shorter waiting times.
- Less waiting time.
- Easier access for under 16’s.
Appendices

**Recommendations**

1. Invest in school-based whole class education around mental health awareness and peer support throughout a child and young person’s education relevant to their developmental stages.

2. Continue to/increase investment into early support and signposting to prevent escalation

3. Invest in more quality assured counselling services in schools and colleges and promote and scale of the School Health Nurse Team

4. Ensure that young people have bespoke, private and non-stigmatising venues to attend appointments and reconfigure services so that they fit with the needs of young people i.e. in evenings and at weekends

5. Recognise young people’s different needs and engagement styles by offering a choice of person centred approaches to one to one work and group work, not relying entirely on clinical, standardised approaches.

6. Extending CAMHS to 25 years old with a clear emphasis on the specific needs of young adults as they become independent and move across service frameworks.

7. Invest in more specialist services that address mental health issues for young people with learning disabilities

8. Invest in training and support for parents and communities to enable them to support their children and their peers; equip them with the

Once a young person is no longer seen as “young” e.g. 25yrs there is a service cut off point and then time periods between other services, also when waiting for a counsellor or worker the waiting list can be extremely long and at times support needs may not be met” (21 yrs. M14)
information needed for effective self-help, early help and seeking more specialist support.

9. Invest in a study that focuses on why young people do not seek support for mental health issues and explores specific trends in terms of gender, ethnicity etc. to better understand the impact that not seeking support has on later mental health and wellbeing and the subsequent need to access more acute services.

10. Continue to equip GPs with the skills to respond to and signpost young people with escalating mental health problems.

11. Continue to invest in the voluntary and community sector as a critical integral part of young people’s support and care pathways.

12. Ensure that young people accessing statutory CAMHS feel empowered to make decisions alongside their parents.
Appendices

Appendix 4: Manchester Youth Council scrutiny proposal

Manchester City Council Report for Resolution
Report to: Young People and Children Scrutiny Committee – 21 July 2015
Subject: Raising young people’s awareness of support for mental health and emotional wellbeing. Why do things have to get to crisis point before we get help?

Report of: Manchester Youth Council

Summary
This report outlines a series of proposals from Manchester Youth Council to the City Council, to raise young people’s awareness of early support for mental health and emotional wellbeing, which the Youth Council have identified as a priority issue. The Committee is asked to consider these proposals and options for further scoping their development.

Recommendations
The Young People and Children’s Scrutiny Committee is asked to consider and comment on the proposals in the report.

The Young People and Children’s Scrutiny Committee is asked to request that the relevant Council Officers with responsibility for Children and Young People’s mental health and emotional wellbeing scope and cost the proposals from the Youth Council, for full consideration, support and funding

Wards Affected: All

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Background documents (available for public inspection): None
1.0 Introduction
1.1 This report outlines a series of proposals from Manchester Youth Council to the City Council, to the City Council to raise young people’s awareness of early support for mental health and emotional wellbeing, which the Youth Council have identified as a priority issue.

2.0 Background
Manchester Youth Council is a group of young people who represent our peers Manchester wide. We democratically elect 2 Members of Youth Parliament to represent Manchester on a local and national level every year. We recruit young people from different areas, backgrounds, faiths and communities across Manchester. Our young people are aged 13-24 and come from many different groups such as: Youth Panels, Voice box, Schools, Colleges and voluntary groups from across Manchester. The Youth Council has identified young people’s mental health as its current campaign issue.

Nationally 20% of children have a mental health problem in any given year, and about 10% at any one time. Among teenagers, rates of depression and anxiety have increased by 70% in the past 25 years (Lifetime Impacts: Childhood and Adolescent Mental Health, Understanding The Lifetime Impacts, Mental Health Foundation, 2005)

32% of 11-16 year olds in Manchester are thought to have had mental health problems, compared with a national rate of 20%. All parts of Manchester have high levels of mental need among the population of children and young people. (Manchester City Council, JSNA, 2014-15)

The Manchester Youth Council want to be able to target the stigma attached to mental health so young people can relate to this and feel more comfortable when talking about mental health. We also want young people to understand the effects of mental health issues, how they can improve their own mental health and learn how support can be accessed.

3.0 Main Issues
As part of our Mental Health Campaign, The Youth Council 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 and to generate the policy proposals for The Council contained within this document.

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 60 young people took part from
  - The Youth Council
  - Voicebox
  - Lady Barn Centre
  - Pure Innovations
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 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.
4.0 Recommendations

The Youth Council believes that The Council should develop a stronger approach to raising young people’s awareness of where early support for mental health and emotional wellbeing can be accessed. The Youth Council recommends that The Council implements one or more of the proposals detailed below. We recognise that these proposals will need further development, which is beyond the scope and the abilities of the Youth Council itself. We envisage the first stage is for Council Officers with the relevant expertise to fully scope and costs these proposals and The Youth Council is happy to provide further advice and support to these officers. We recommend that the Scrutiny Committee requests that the relevant officers undertake this.

Proposals are ranked in priority order based on effectiveness, with proposal one being the proposal identified by The Youth Council as most likely to be effective. Underpinning most of these proposals is the importance of delivering effective support and access to services around mental health and emotional wellbeing within a school or college environment. There is a strong sentiment that doing so not only provides the simplest and most effective way to reach the majority of young people, but also helps normalise attitudes to mental health problems, reducing the stigma attached to them. Educational sites provide a good location to situate additional services and school staff provide a workforce with existing relationships and contact with large numbers of young people that are well placed to provide early support.

Feedback from both young people and practitioners indicates that delivery and approach to mental health and wellbeing across Manchester secondary schools is currently very inconsistent, with young people from different schools receiving very different levels of support. The support a secondary school puts in place (or allows other organisations onsite to put in place) is highly dependent on the attitude of the school staff to mental health and emotional wellbeing and the priority the school places on this. The Council will need to consider this as part of any of the proposals below and may need to put in place a strategy to encourage schools and colleges to place higher priority on emotional health and emotional wellbeing.

Proposal 1: Ensure every high school, college and youth setting has a named individual to act as a single point of contact for support around mental health and emotional wellbeing for all students, and that students are aware of that person.

By having a single individual within a school, college or youth setting that young people know they can contact for support, it provides a high profile, well known contact to a large number of young people who is able to signpost them to sources of support. In addition they can proactively seek out young people in the youth population who may be showing early signs of mental problems to encourage them to take up support. This individual could be a teacher or pastoral support staff, but should be someone who is on site and available for young people to contact. Young people feel more able to talk to an individual they already have a relationship with, who they feel they can trust; many staff within school, college and youth settings will already have this relationship with young people, making it easier for a young person to access support through them. There are also some connections to the public health role of the School Nursing Service although because school nurses themselves are not on site at all times the role is less likely to be a school nurse. Larger schools and colleges may need multiple points of contact, such as one per year group.

Proposal 2: Produce and distribute additional publicity material for young people, focused around accessing support for mental health and emotional wellbeing.

Youth focused publicity campaigns around sexual health led by Manchester Public Health Team, such as the work with Unity Radio, are known to have an impact around young people’s sexual health, and similar approaches could be used for mental health.
Key publicity messages should focus on:

- How to spot the signs of mental health / emotional wellbeing problems
- Destigmatising mental health issues
- How to access early support
- Confidentiality of services

A variety of mediums should be used with a particular focus on new media methods such as apps and social media. It is important that content or publicity produced is distributed effectively through schools, colleges, other youth services and an effective distribution strategy is built into to any plan to produce this publicity.

The Youth Council recognises that a number of initiatives along these lines are already in place such as the “Keep Calm, Read On” booklet from Manchester Health Schools and we have been working directly with officers to provide support to improve these approaches.

**Proposal 3:** Develop schemes for greater involvement of young people in the development and delivery of support for mental health and emotional wellbeing.

There are two ways in which young people could be directly involved in improving access to support around:

**Peer mentoring**

Young volunteers in each school year could be trained to provide peer to peer support to their friends, helping encourage others to look after their mental health and emotional wellbeing and reduce the stigma attached to mental health

**Youth inspection**

Young people in each school, college and youth setting, could act as “youth inspectors” to provide feedback on the support provided for mental health and emotional wellbeing in that young persons setting and identify ways in which it could be improved.

Such schemes are likely to need an effective support programme. There are many previous and existing similar approaches in connected settings that could be drawn on such as You’re Welcome, The British Youth Council’s School Nurse Champions programme and NCB’s Young Inspectors Programme.
Manchester voices transforming CAMHS