

Child & Adolescent Mental Health Services Workforce in NHSScotland



Workforce Information as at 31 December 2016

Publication date: 07 March 2017

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Introduction

This publication is a collaboration between Information Services Division (ISD) and NHS Education for Scotland (NES) and presents Child and Adolescent Mental Health Services (CAMHS) workforce information at 31 December 2016.

The data are sourced from the NES-ISD National CAMHS Workforce Information Database. The multidisciplinary CAMHS workforce data are collected and verified by CAMHS lead clinicians. ISD work closely with these lead clinicians to ensure a high level of data accuracy.

The information presented relates to:

- Clinical staff in post in CAMHS including: Medical, Nursing, Psychology, Allied Health Professionals, Social Workers and Teachers.
- Vacant posts.
- Trainees.

An initial pilot of this data collection was held in 2005 to gather CAMHS workforce information, with developmental data collected and used to build accuracy and completeness from 2006. Quarterly census data started in March 2011. Data are available by NHS Board, Professional Group, Area of Work, Target Age, Gender and Whole-Time/Part-Time working, Age Group of Staff and Agenda for Change Bands. Further information is available in the [background tables](#).

The information collected and presented is used by NES, the Scottish Government and NHS Boards to support local, regional and national workforce planning, to support educational training and planning, and to track the Scottish Government's investment in expansion of CAMHS workforce and training numbers.

Figures are presented as headcount (actual numbers of staff) and whole time equivalent (WTE) which adjusts the figures to take account of part-time working.

Mental health problems in children and young people are increasingly common. The Public Health Institute for Scotland Needs Assessment Report on Child and Adolescent Mental Health (2003), often referred to as the SNAP report, states that about 10% of children and young people 'have mental health problems which are so substantial that they have difficulties with their thoughts, their feelings, their behaviour, their learning, their relationships, on a day-to-day basis'.

Specialist CAMHS comprise of multidisciplinary teams with expertise in the assessment, care and treatment of children and young people experiencing mental health problems. The wider multidisciplinary and multi-agency team around the child also has a key role in supporting children and young people with any mental health problems they may be experiencing.

The main function of CAMHS is to develop and deliver services for those children and young people (and their parents/carers) who are experiencing the most serious mental health problems. They also have an important role in supporting the mental health capability of the wider network of children's services. CAMHS are usually delivered by teams including psychiatrists, psychologists, nurses, social workers, and others. Significant funding has been invested in CAMHS since 2009 for workforce and trainee expansion. Further information on this can be found in the [background information](#).

Further data tables are available on the [CAMHS workforce pages](#) of the ISD website.

Main points

- Since this data collection began in 2006 there has been a 49.1% increase in the CAMHS workforce from 653.7 WTE (741 headcount) to 974.7 WTE (1,141 headcount) as at 31 December 2016. The majority of this expansion occurred prior to 31 March 2015 and there has been minimal change in the CAMHS workforce since (-0.6% WTE).
- Nationally, there is an average staffing level of 18.1 WTE clinical workers per 100,000 of the population of Scotland at 31 December 2016. An additional 100.3 WTE clinical workers in post would be required to reach the overall target of 20 WTE clinical workers per 100,000 of the total population, a target set by the Scottish Government in 2005/06 that was to be achieved by the end of 2016.
- At 31 December 2016, 26.0 WTE (2.6%) posts were vacant and in the process of being advertised. Including these posts, the CAMHS workforce would be 1000.7 WTE, equivalent to a staffing level of 18.6 WTE clinical workers per 100,000 of Scotland's population.

Related publications

Information about CAMHS waiting times can be found here: <http://www.isdscotland.org/Health-Topics/Waiting-Times/Child-and-Adolescent-Mental-Health/>

The latest publication includes the following key points:

- 4,222 children and young people started treatment at Child and Adolescent Mental Health Services (CAMHS) in Scotland which is an increase from the previous quarter (4,072) but a decrease from quarter ending December 2015 (4,505).
- Over eight out of 10 (82.5%) people were seen within 18 weeks and half started their treatment within nine weeks. This compares with 79.0% in the previous quarter and 76.2% for the quarter ending December 2015.
- The 18 week standard was met by seven Boards (NHS Borders, NHS Dumfries & Galloway, NHS Forth Valley, NHS Greater Glasgow & Clyde, NHS Shetland, NHS Tayside and NHS Western Isles). NHS Highland achieved the 18-week standard however the data submitted to ISD does not represent 100% of patients seen in this quarter due to data quality issues.
- Across Scotland, over one in nine (11.9%) patients referred to CAMHS did not attend their first appointment, this compares with 13.4% in the previous quarter and 13.0% in the quarter ending December 2015.

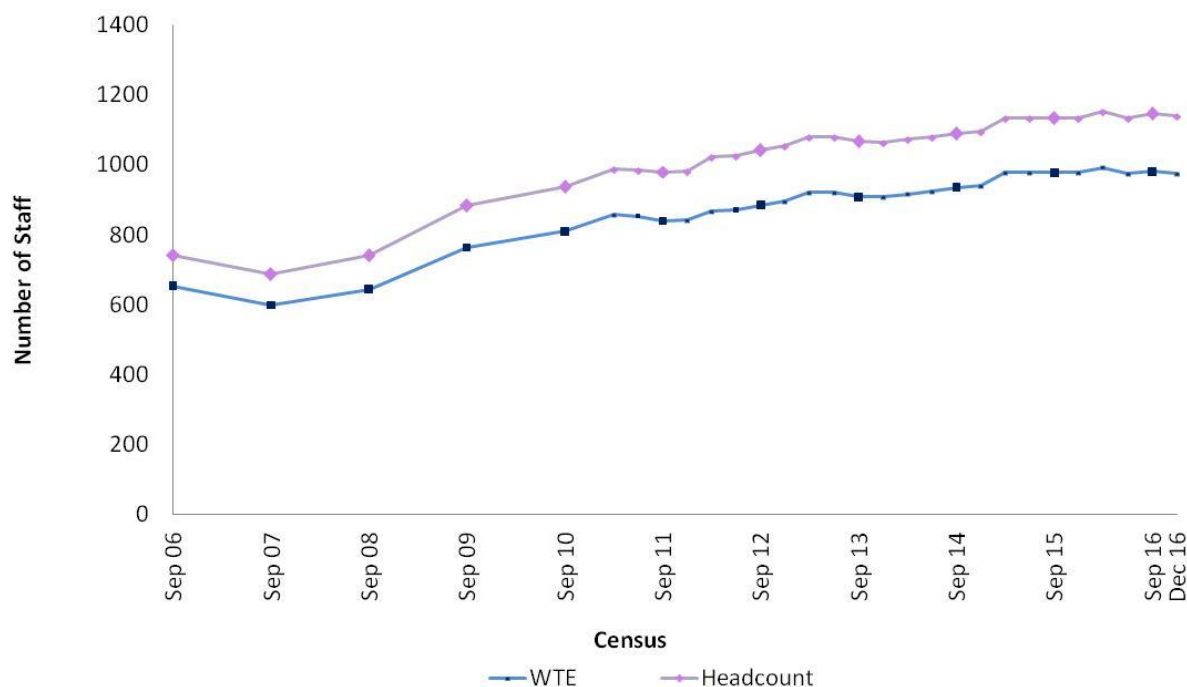
Results and Commentary

1. Staff in Post

This section provides a summary of the CAMHS workforce within NHSScotland as at 31 December 2016 and illustrates how the workforce has changed over time. Workforce statistics are routinely reported as headcount and whole time equivalent (WTE), which adjusts the figure to take account of part time working.

Since 2006 there has been a 49.1% increase overall in the Scotland CAMHS workforce from 653.7 WTE to 974.7 WTE as at 31 December 2016 due to an increased focus on the [CAMHS Framework](#). The majority of the expansion occurred prior to 31 March 2015 and there has been minimal change in the CAMHS workforce since (-0.6% WTE).

Figure 1: Headcount and WTE of CAMHS staff in NHSScotland, 2006-2016.



The Scottish Government’s NHSScotland workforce target is 20 WTE per 100,000 of the whole population, with the aim to have reached this target by the end of 2016. This is comparable to a target of 98.3 WTE clinical workers per 100,000 of the child & adolescent (aged 0-18) population. Further information on this target can be found in Table 5.1 within the Strategic Review [Getting the Right Workforce, Getting the Workforce Right, A Strategic Review \(2005\)](#).

Table 1 outlines the latest position for NHSScotland in terms of staff in post and vacant posts, which are combined to give a total establishment figure for the NHSScotland CAMHS workforce as at 31 December 2016. Since September 2006, the WTE of staff in post per 100,000 population has increased overall from 12.8 to 18.1 WTE, equivalent to 89.1 WTE per 100,000 child & adolescent population. The target figures show the WTE needed in post in order to have reached the target, indicating that an additional 100.3 WTE staff in post overall is still required.

Table 1: NHSScotland CAMHS workforce by Staff in Post, Vacancies, Establishment Figures and Target Figures, as at 31 December 2016.

| | Whole Time Equivalent | WTE per 100,000 total population | WTE per 100,000 0-18 year old population |
|-----------------------|-----------------------|----------------------------------|--|
| Staff in Post | 974.7 | 18.1 | 89.1 |
| Vacancies | 26.0 | 0.5 | 2.4 |
| Establishment Figures | 1000.7 | 18.6 | 91.5 |
| Target Figures | 1075.0 | 20.0 | 98.3 |

1.1 Staff in NHS Boards

Table 2 shows the position of each Board at both 30 September 2006 and 31 December 2016 in respect of the WTE of staff in post and WTE per 100,000 child and adolescent population. NHS Grampian and NHS Orkney have decreased in WTE (-13.2 WTE and -2.0 WTE respectively) while NHS Lothian has seen the biggest increase of 90.9 WTE. Further comparison including a graphical version of the table below can be found within the [background tables](#).

Table 2: All Staff (WTE) employed in NHSScotland CAMHS as at 30 September 2006 and 31 December 2016, by NHS Board.

| NHS Board | Total WTE at 30 Sep 2006 | Total WTE at 30 Dec 2016 | WTE per 100,000 child and adolescent population for Sep 2006 | WTE per 100,000 child and adolescent population for Dec 2016 |
|--|--------------------------|--------------------------|--|--|
| NHS Ayrshire and Arran | 22.7 | 53.8 | 28.2 | 71.6 |
| NHS Borders | 15.6 | 19.8 | 64.9 | 87 |
| NHS Dumfries and Galloway ¹ | 18.1 | 29.6 | 58.2 | 103.2 |
| NHS Fife | 42.4 | 47.7 | 53.2 | 62.1 |
| NHS Forth Valley | 21.9 | 41.6 | 33.1 | 65.3 |
| NHS Grampian ¹ | 62.7 | 49.5 | 54.4 | 41.8 |
| NHS Greater Glasgow and Clyde | 253.0 | 271.0 | 97.9 | 117.1 |
| NHS Highland ¹ | 23.7 | 45.2 | 35.8 | 70.2 |
| NHS Lanarkshire ¹ | 23.3 | 98.3 | 18.0 | 69.4 |
| NHS Lothian ¹ | 105.3 | 196.2 | 62.8 | 112.8 |
| NHS Orkney | 2.0 | 0.0 | 45.8 | 0.0 |
| NHS Shetland | 1.4 | 3.4 | 26.5 | 67.2 |
| NHS Tayside | 60.9 | 113.8 | 72.8 | 137.9 |
| NHS Western Isles | 1.0 | 4.8 | 17.2 | 91.9 |
| NHS Scotland | 653.7 | 974.7 | 58.5 | 89.1 |

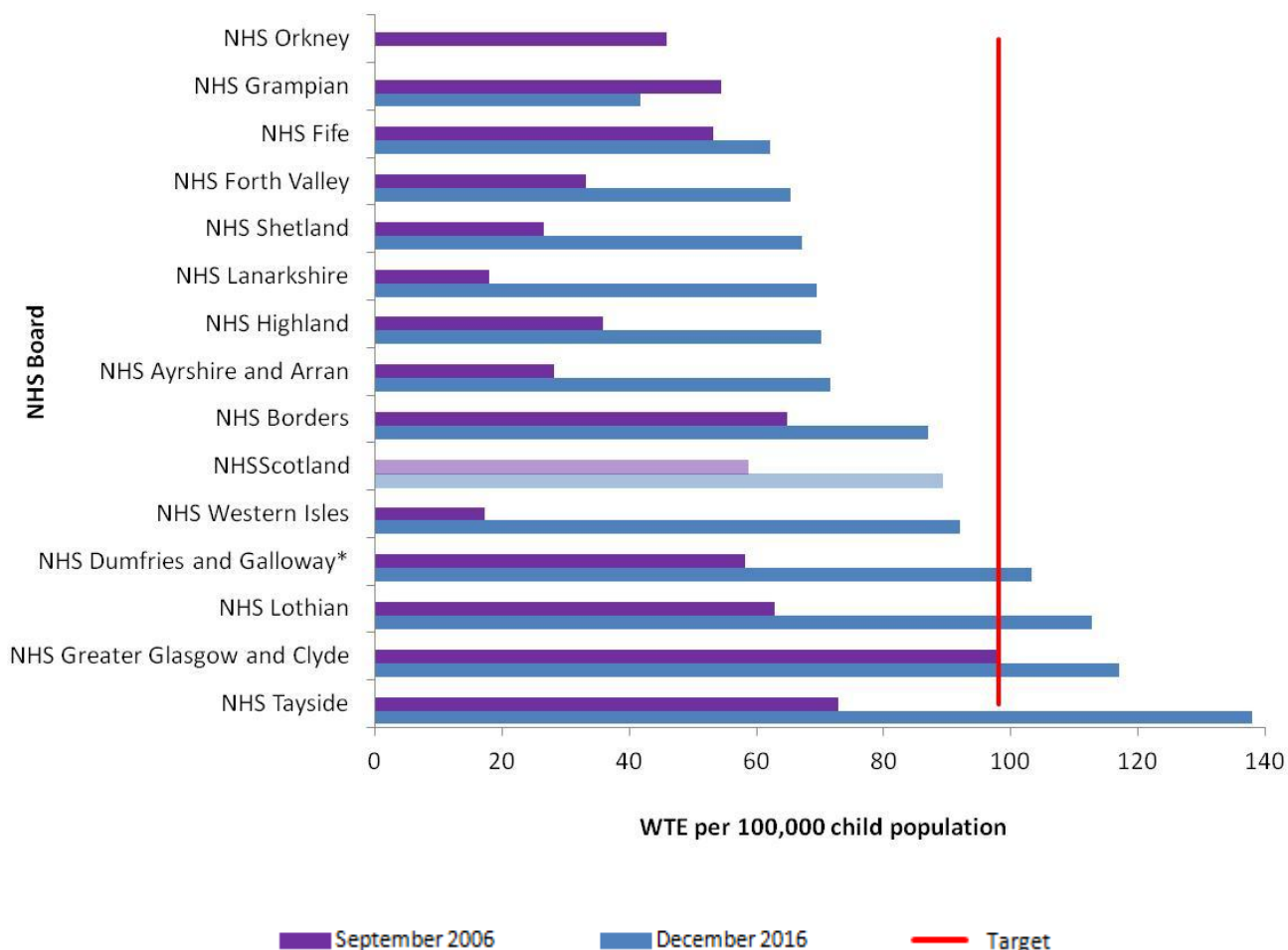
1. See table 6 for details of changes to staff recording between 2006 and 2016.

2. Included in NHS Grampian data are Service Level Agreement locum contracts between NHS Grampian and NHS Orkney: an NHS Grampian psychiatrist and a psychologist 2 days per quarter.

- Included in NHS Greater Glasgow & Clyde data is an SLA locum contract with NHS Western Isles for one consultant clinical psychologist 2 days per month (0.1 WTE)

Figure 2 illustrates the change in the Board rates of WTE per 100,000 child & adolescent population graphically between September 2006 and September 2016. It is important to note that the population of 0-18 year olds has decreased by 2.1% whereas the total population has increased by 5% since 2006. Therefore fewer staff are needed in 2016 to reach the target based on the child and adolescent population than were needed in 2006. This is true at board level with the exception of NHS Lanarkshire, NHS Lothian and NHS Grampian where the child and adolescent populations have increased. At 31 December 2016 NHS Greater Glasgow and Clyde, NHS Lothian and NHS Tayside exceeded the target set by the Scottish Government.

Figure 2: WTE per 100,000 of the child and adolescent population for CAMHS staff in NHSScotland by NHS Board 30 September 2006 and 31 December 2016.

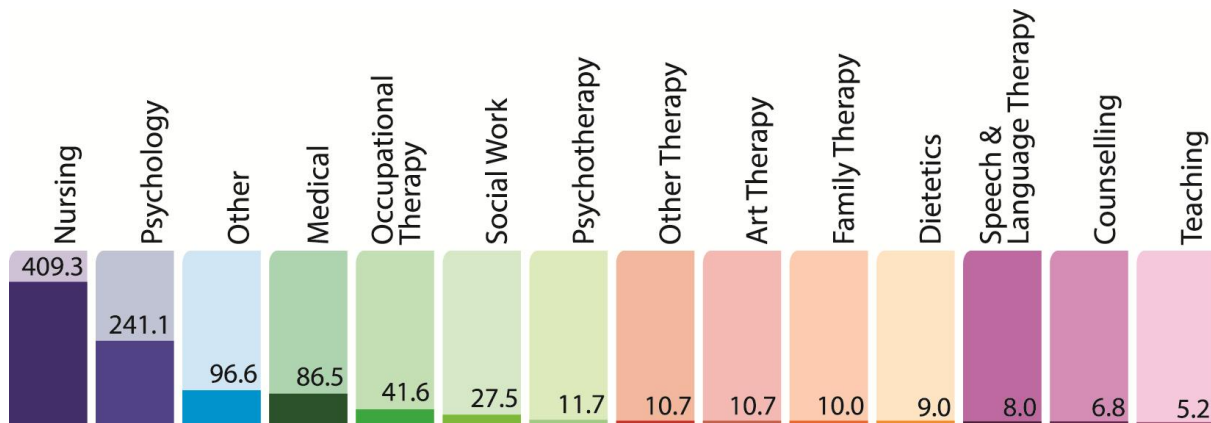


*NHS Dumfries and Galloway meet the target when using the child and adolescent population denominator, however they fall slightly below the target at 19.8 WTE per 100,000 total population.

1.2 Staff by professional group

A range of different professional groups form the CAMHS workforce. The distribution of these is illustrated in Figure 3 for the 31 December 2016 census. The largest professional group is Nursing contributing 42.0% of the total CAMHS workforce.

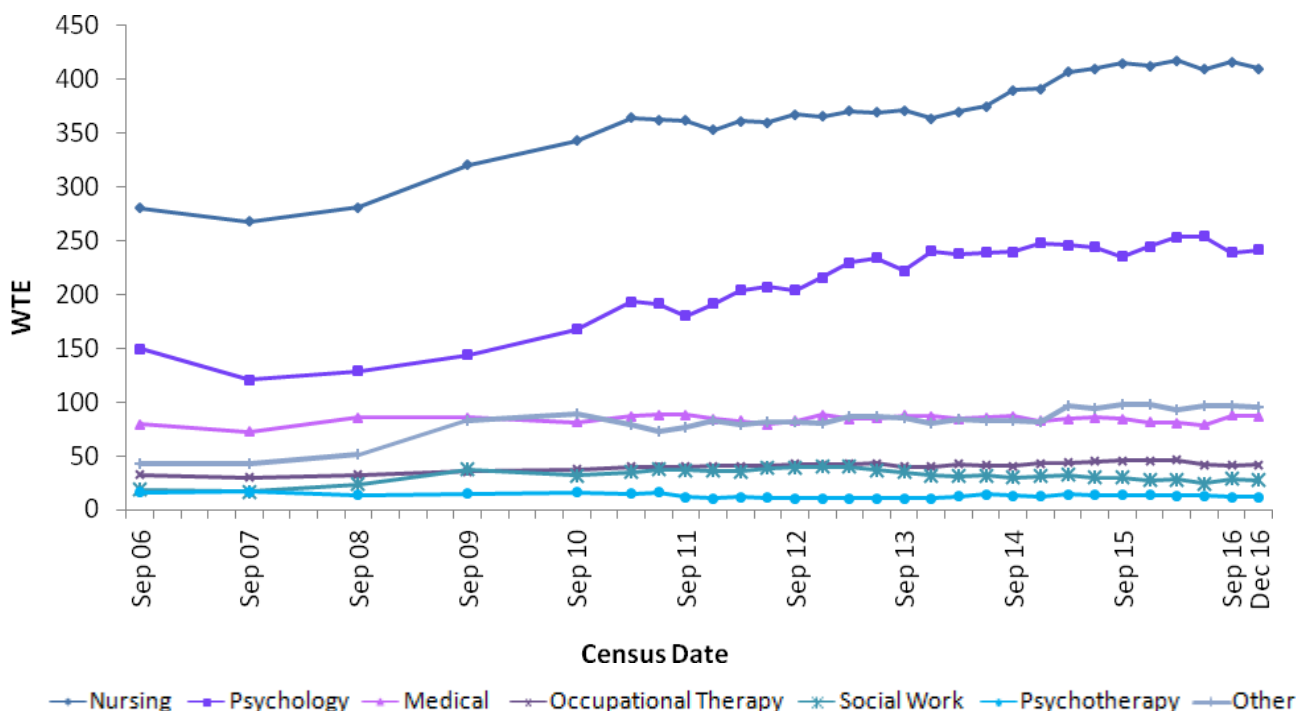
Figure 3: WTE of CAMHS staff by professional group at 31 December 2016.



Please note that physiotherapy, music therapy and educational psychology are included within the 'other' professional group.

Figure 4 displays the trend for the largest of these professional groups by WTE from 30 September 2006 to 31 December 2016. The minimal change in total WTE since March 2015 is a trend that is consistent across all professional groups. Note that there is some regular variation within the psychology professional group which decreases in WTE every September. This corresponds with the start of the Doctorate in Clinical Psychology course when staff such as assistant psychologists leave their positions to commence training.

Figure 4: Trend of the WTE for the main Professional Groups within NHSScotland CAMHS between 30 September 2006 and 31 December 2016.



Please note that from September 2009 staff working at Agenda for Change Band 2, 3 and 4 within the professional group 'Nursing' are included within the 'Other' professional group as Healthcare Assistants.

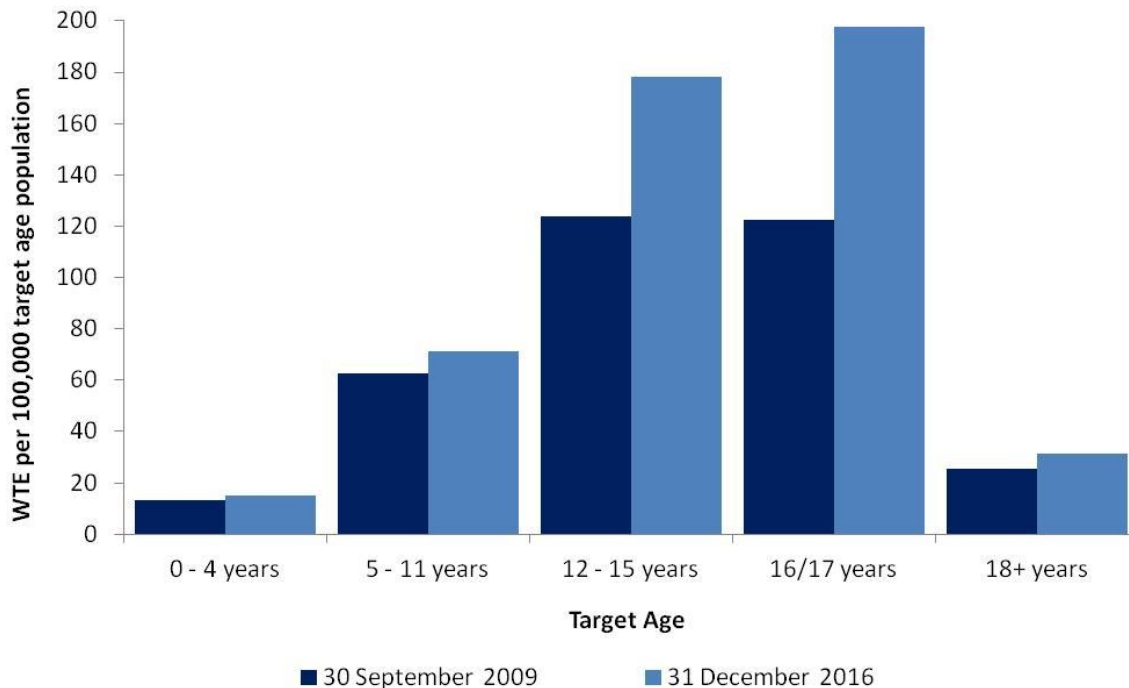
2. Characteristics of the workforce

2.1 Target Age

NHSScotland CAMHS vary in the age of population served. In some NHS Board areas services are provided to individuals aged up to 16 only, whilst other areas offer services to those aged up to 18 years. This has significant implications for workforce requirements. For detailed information about the age of the population served in each NHS Board, see Table 7.

Data are collected on the age groups that staff provide services to. Figure 5 displays the WTE CAMHS staff per 100,000 population for each age group. Since the first data became available in 2009, there has been an increase in staff working with all target age groups. However, the largest increases have been within target ages from 12-17 year olds. For 0-4 early years there are a number of projects such as the NES [Psychology of Parenting Project](#) (PoPP) which was rolled out in 2014 and is being expanded to improve early intervention.

Figure 5: Comparison between the WTE of CAMHS staff per 100,000 population of each target age at 30 September 2009 and 31 December 2016.



Please note the target age 18+ years figures are based on the population of 18 year olds alone at both the 2009 and 2016 census dates.

Across all the professional groups CAMHS can also be categorised into several distinct areas of work. The distribution of area of work has spread over time as additional areas of work have been added to include intensive outreach academic and primary mental health work. The largest of the areas has consistently been mental health with 88.2% of the CAMHS workforce working in this area as at 31 December 2016. For further information please see table 7 within the [background tables](#).

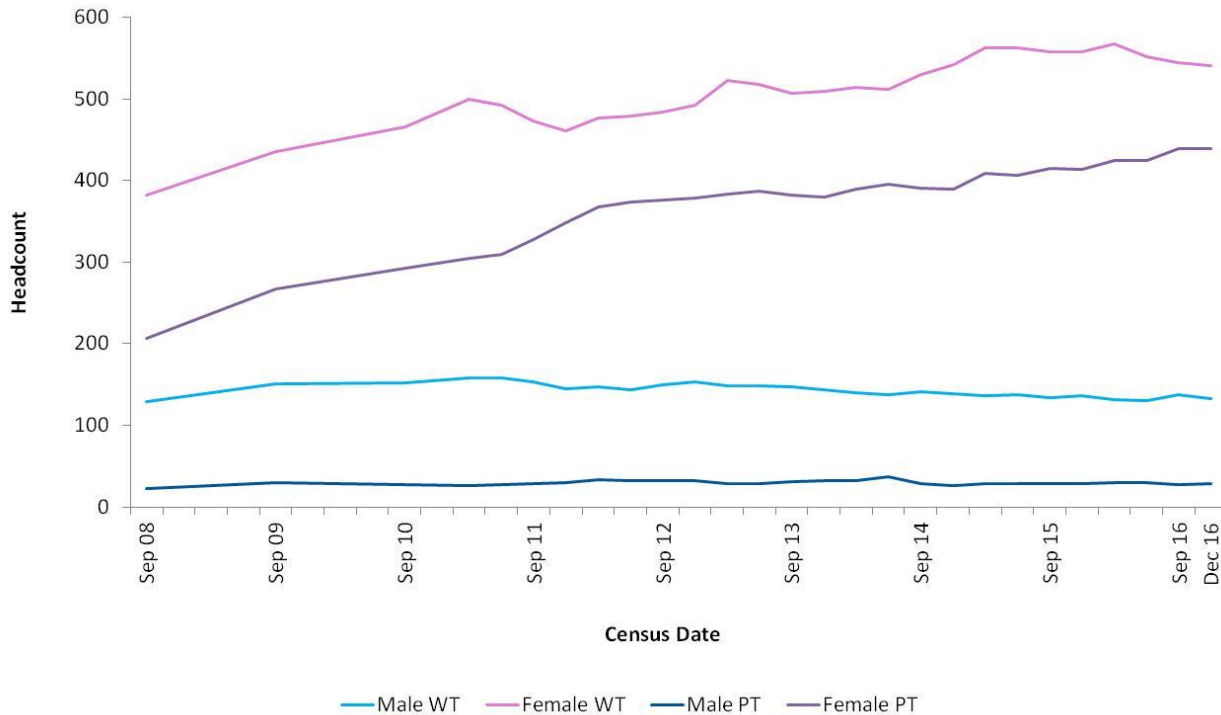
2.2 Whole-time/Part-time Working and Gender

Since 2008, the majority of the increase seen in WTE can be accounted for by the rise in female staff working within CAMHS, from a total of 589 females to 980 females at the current census date (66.4% increase). As the headcount of females increases the most notable change has been the large increase in part-time working; 44.7% of the female staff are employed with part-time contracts at the current census date compared with 35.1% at 30 September 2008 (see Figure 6). Although the number of staff working whole-time has levelled off for females since March 2015, the number of part-time female staff continues to rise. Please note that some individuals with part-time contracts may still work whole-time overall if they have more than one position.

Over the same period, there has been a minimal change in the number of male staff either working part-time or whole-time. Male staff has increased in part-time working by a headcount of 5 (21.7%) and overall by a headcount of 9 (5.9% increase). Therefore, at the current census date females contribute 823.9 WTE of the total 974.7 WTE (84.5%) within NHSScotland

CAMHS. For more detailed information on contract type and gender, please refer to table 3 within the [background tables](#).

Figure 6: Trend of Contract Type of CAMHS Staff within NHSScotland, 2008 - 2016 by Headcount

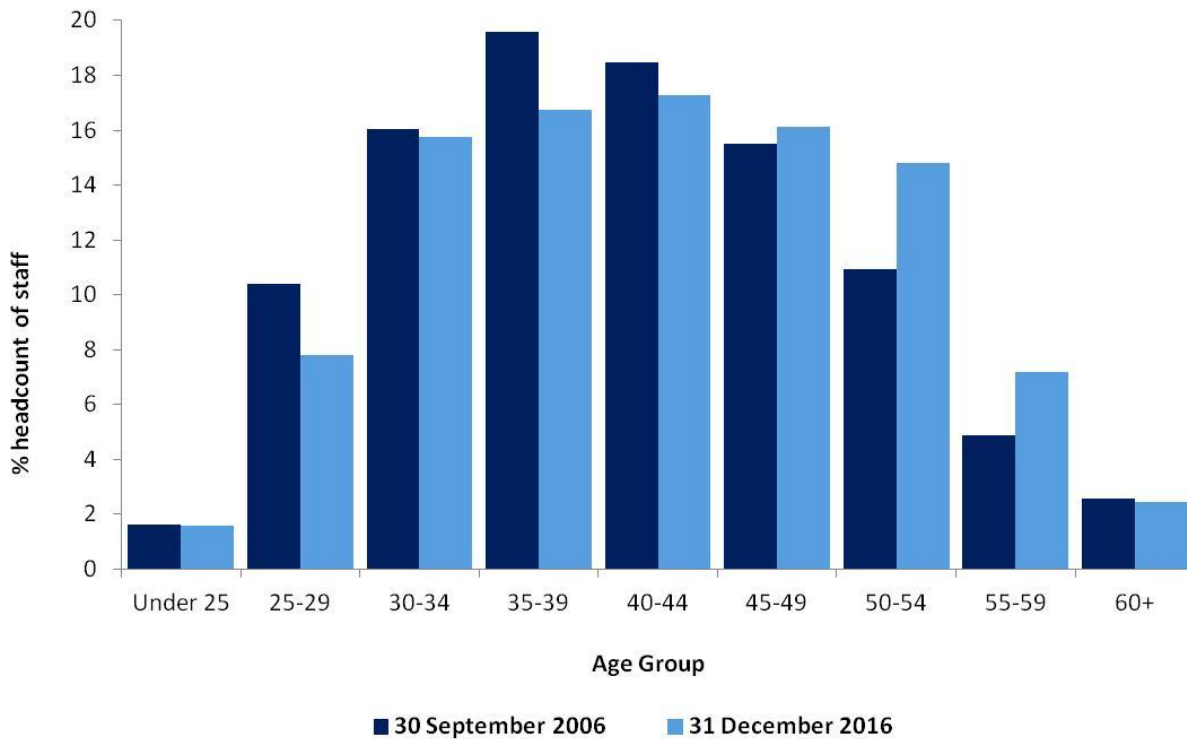


Please note that Whole-time/Part-time working data is only available from September 2008.

2.3 Age of Staff

Figure 7 displays the distribution of the age of CAMHS staff at both 30 September 2006 and 31 December 2016. While the headcount and WTE of staff within each age group has increased over the last 10 years, the distribution of staff has shifted so that there is a larger proportion of staff aged 45-59 at the current census date (38.1%) than there were previously (31.3%). Additionally, the largest age group of staff has moved from the 35-39 year old category (19.6% at 30 September 2006) to the 40-44 year old category (17.3% at 31 December 2016). For more detailed information, please refer to table 2 in the [background tables](#).

Figure 7: Age Group of CAMHS staff comparison between 30 September 2006 and 31 December 2016.

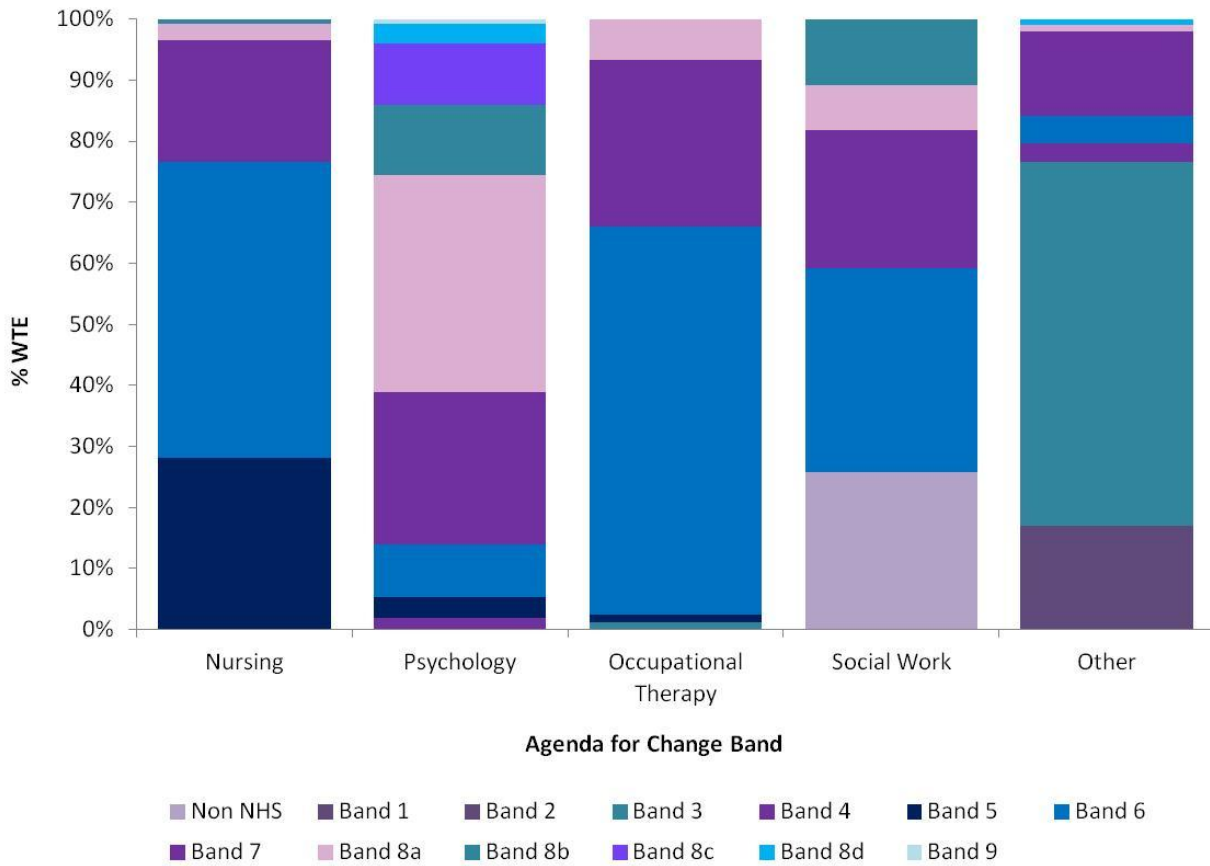


Please note that the ages of three staff members are unknown at the 31 December 2016 census and therefore they are not included in the above figure.

2.4 Agenda for Change Band

The distribution of pay grades for the main professional groups is displayed by WTE in Figure 8. It is important to have a range of staff at different Agenda for Change Bands to ensure that there are enough senior staff to fulfill management and supervision requirements.

Figure 8: Distribution of the WTE of staff in the main professional groups by Agenda for Change Band at 31 December 2016.



3. Vacancy Information

At 31 December 2016 26.0 WTE posts were vacant and in the process of being advertised. A further 19.4 WTE posts were approved for recruitment but not yet advertised. Table 4 shows the distribution of vacancies by professional group at each census date since December 2015.

Table 4: NHSScotland CAMHS workforce vacancies being advertised by Professional Group, 31 December 2015 to 31 December 2016.

| Professional Group | WTE as at 31 Dec 2015 | WTE as at 31 Mar 2016 | WTE as at 30 Jun 2016 | WTE as at 30 Sep 2016 | WTE as at 31 Dec 2016 |
|---------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Nursing | 15.2 | 14.8 | 15.4 | 16.3 | 7.7 |
| Psychology | 19.8 | 12.6 | 18.3 | 16.9 | 12.0 |
| Medical | 6.8 | 6.4 | 11.0 | 6.4 | 2.9 |
| Occupational Therapy | 2.5 | 0.0 | 2.0 | 1.6 | 0.0 |
| Social Work | 0.0 | 0.0 | 1.0 | 0.0 | 0.0 |
| Psychotherapy | 0.0 | 0.0 | 0.0 | 2.0 | 2.0 |
| Dietetics | 0.0 | 0.0 | 0.0 | 0.0 | 0.4 |
| Physiotherapy | 0.0 | 0.4 | 0.0 | 0.0 | 0.0 |
| Other | 0.0 | 0.4 | 4.0 | 4.6 | 1.0 |
| Unspecified Professional Group | 2.8 | 1.0 | 0.0 | 0.0 | 0.0 |
| Total: All Professional Groups | 47.1 | 35.6 | 51.7 | 47.8 | 26.0 |

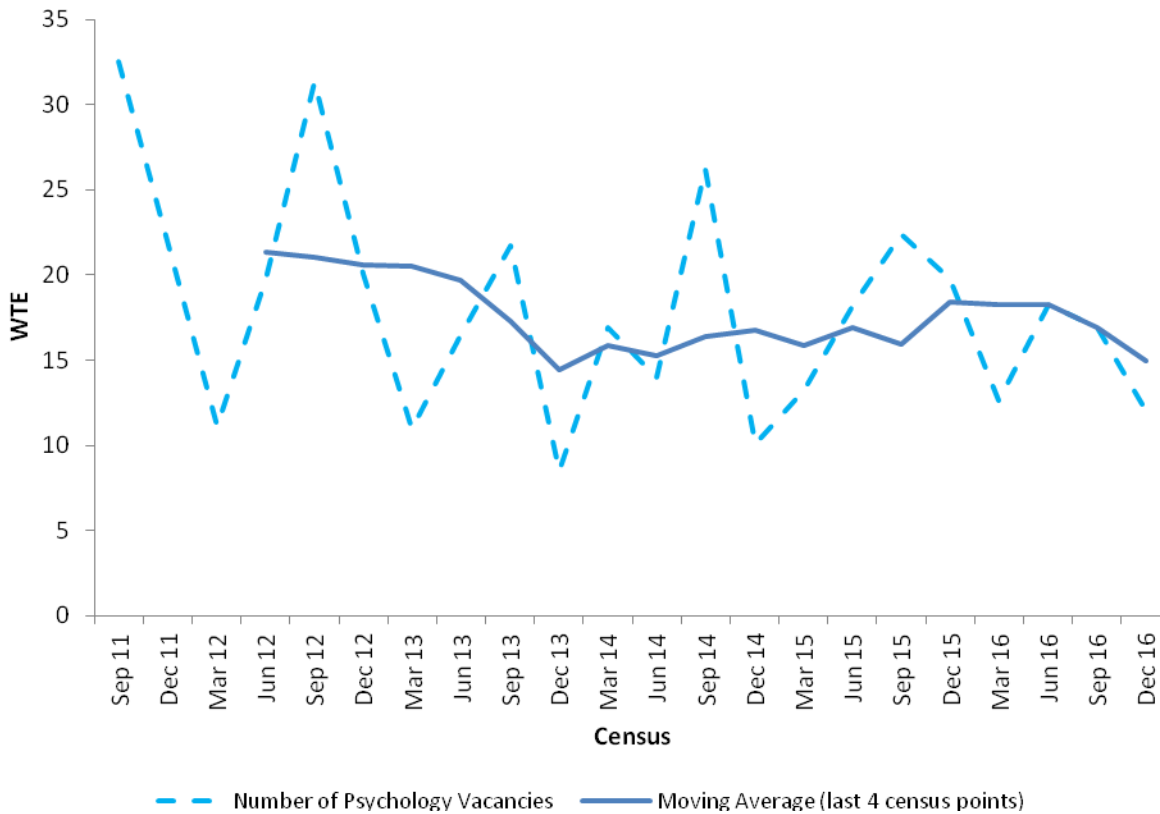
Note: The following NHS Boards / Services reported no posts were between advertised and being filled as at the 31 December 2016: Highland Council, NHS Ayrshire and Arran, NHS Lothian, NHS Shetland, NHS Western Isles and NHS Greater Glasgow and Clyde: East Renfrewshire, Enhanced Nursing, North CAMHS, Renfrewshire and West Dunbartonshire. Of these, only NHS Greater Glasgow and Clyde Enhanced Nursing had posts that were approved for recruitment but not yet advertised.

No information has been received for vacancies at 31 December 2016 from the following services: NHS Tayside Inpatient Unit and NHS Tayside Outpatient Unit, NHS Highland: Argyll and Bute, NHS Fife, NHS Orkney, NHS Greater Glasgow and Clyde: City Wide Services, Psychology Services, Child Inpatient Unit and Glasgow Academic. Therefore there may be additional vacancies that were being advertised at the census date not included in the data shown.

Figure 9 shows the number of Psychology vacancies at each census date since quarterly recording began. The Psychology Services workforce data has previously shown a peak in the number of vacancies each September corresponding with the completion of the Doctorate in Clinical Psychology postgraduate training course (3 year course running from September). The course has a high level of retention of employment within NHSScotland following training

completion. The decrease in vacancies for the current census date may be affected by the non-response for some services. A moving average showing the combined rate for the previous 4 census points has been added to the chart to illustrate the underlying trend. This suggests that vacancy levels in Psychology staff posts have been relatively stable over the past 5 years.

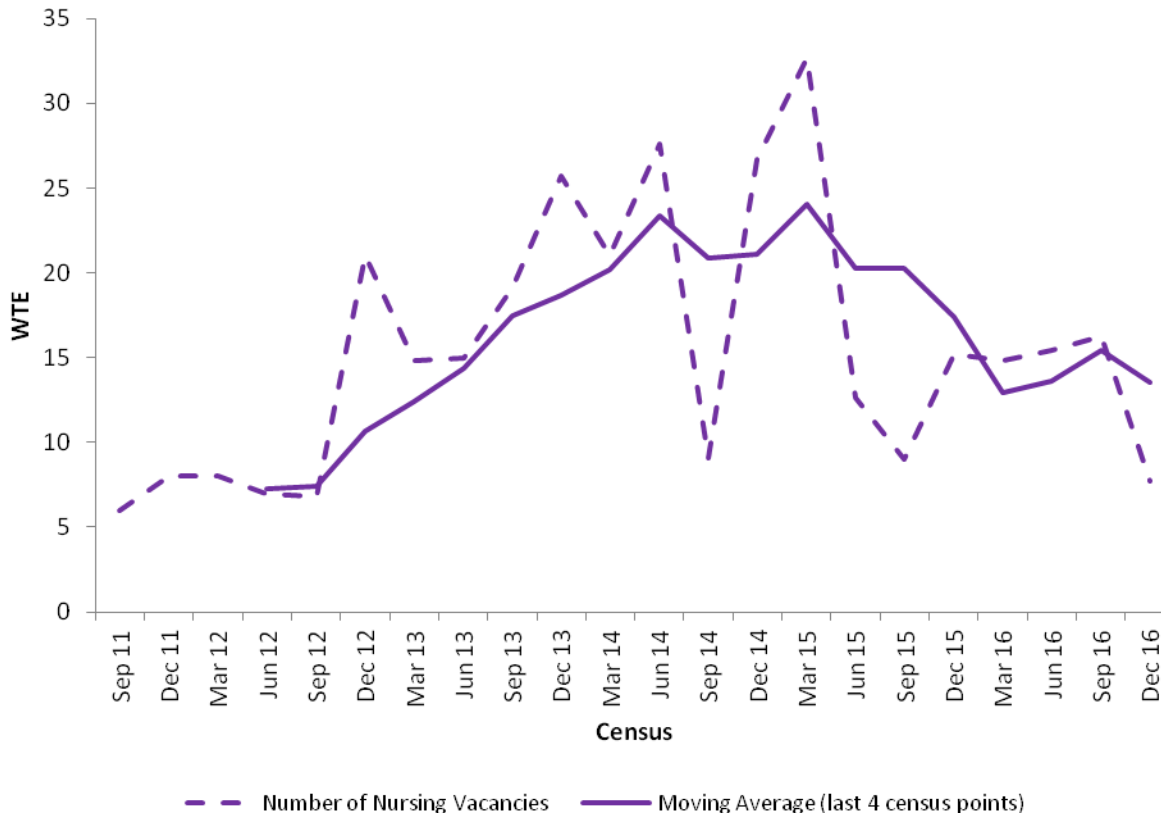
Figure 9: Vacancy Trend of Psychology Staff within NHSScotland CAMHS, 2011-2016 by WTE.



Please note that vacancy information can only be provided from September 2011 onwards as prior to this data quality was not of a standard that could be published.

Figure 10 shows a recent trend for the number of vacant nursing posts within CAMHS. A moving average showing the combined rate for the previous 4 census points shows the underlying trend without peaks.

Figure 10: Vacancy Trend of Nursing Staff within NHSScotland CAMHS, 2011-2016 by WTE.



Please note that vacancy information can only be provided from September 2011 onwards as prior to this data quality was not of a standard that could be published.

4. Trainees

As at 31 December 2016 there were a total of 73 trainees in NHSScotland CAMHS. Table 5 shows the distribution of these Trainees by subject. The majority of trainees are currently on a CAMHS Aligned Doctorate in Clinical Psychology course which can take either 3, 4 or 5 years. Specific CAMHS aligned trainee pathways on the Doctorate courses are government-funded places which give trainees greater experience working with CAMHS populations in addition to their main trainee workload. Aligned pathways have been introduced for several clinical populations since 2011 with the aim of increasing workforce capacity within those areas.

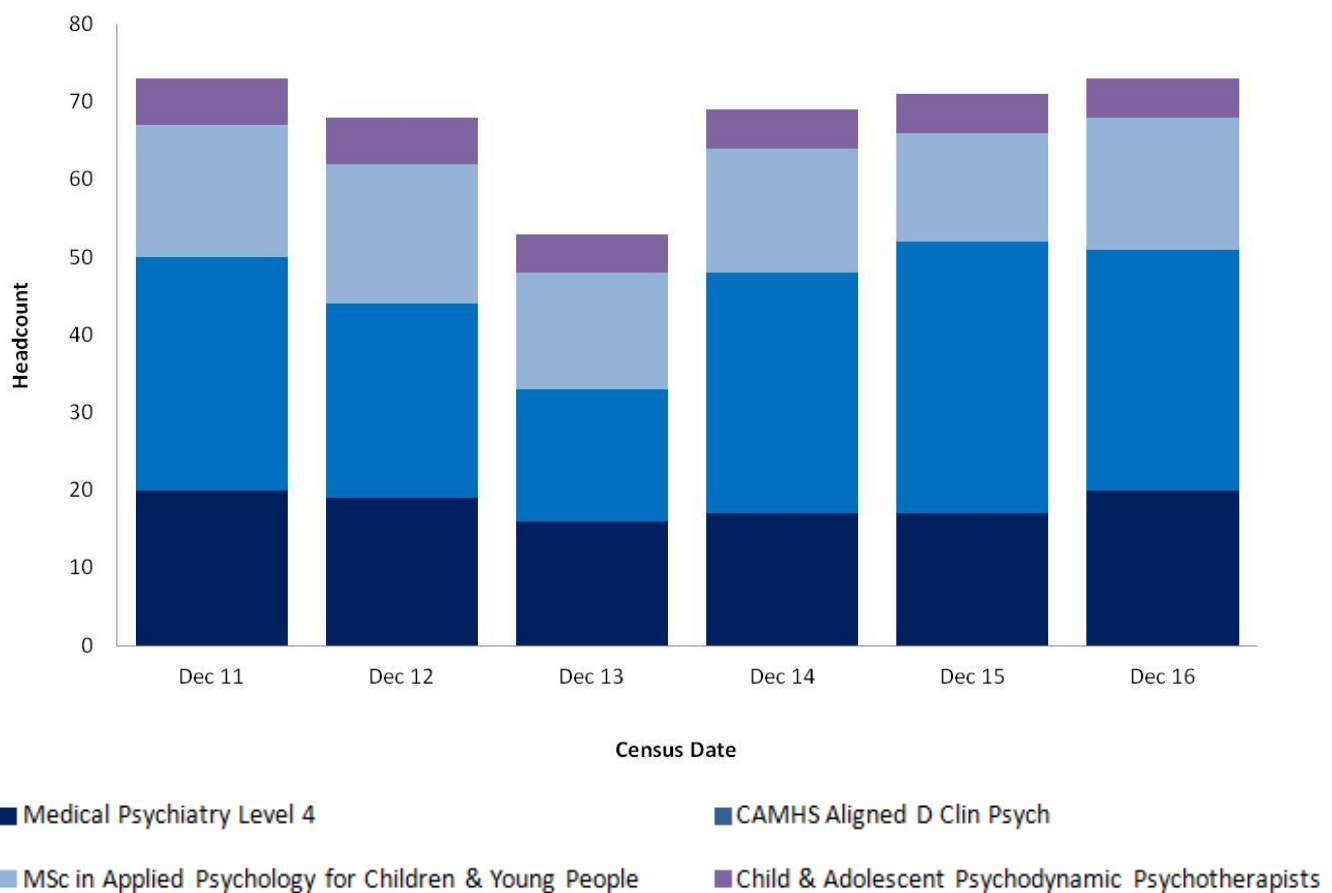
The MSc in Applied Psychology for Children and Young People is a one-year course that was introduced in 2007 and is funded by NHS Education for Scotland at the University of Edinburgh. The course was introduced to expand the professional skill mix working within CAMHS and other child services. Following completion of the course, graduates might work, for example, as a family therapist or community health worker under the supervision of an applied clinical psychologist.

For further information on the retention of graduates of the Doctorate in Clinical Psychology course and the Msc in Applied Psychology for Child and Young People please see the [Psychology Workforce Publication](#).

Table 5: NHSScotland CAMHS Trainees as at 31 December 2016.

| | Headcount | WTE |
|---|-----------|-------------|
| Medical Psychiatry Level 4 | 20 | 18.7 |
| CAMHS Aligned Doctorate in Clinical Psychology | 31 | 30.2 |
| MSc in Applied Psychology for Children & Young People | 17 | 17.0 |
| Child and Adolescent Psychodynamic Psychotherapists | 5 | 5.0 |
| Total Trainees | 73 | 70.9 |

Figure 11: Trend in the number of trainees on each course annually from 31 December 2011 to 31 December 2016.



Additional Information

Changes to recording of staff groups within CAMHS Workforce

It is important to take into account the information in the table below when comparing trends across previous years for the NHS Boards stated. Further explanation is given below.

Table 6: Changes to recording of CAMHS staff groups as at 31 December 2016.

| NHS Board | Date Change Implemented | Reason for Change and Impact on the Headcount |
|---------------------------|-------------------------|--|
| NHS Lanarkshire | March 2012 | Youth Counsellors now included. Increase of 18 |
| NHS Dumfries and Galloway | April 2012 | Substance Misuse Mental Health Workers no longer included. Decrease of 5 |
| NHS Highland | April 2012 | CAMHS Primary Mental Health Workers are Highland Council employees, not NHSScotland. n=11. |
| NHS Lothian | June 2013 | Lothian Paediatric Psychology&Liaison Service (PPALS) workforce is no longer counted under CAMHS. Decrease of 4. |
| NHS Grampian | March 2013 | Health Psychologists previously managed within CAMHS are now managed by Combined Child Health services. Decrease of 5. |

NHS Lanarkshire: Additional investment has occurred in NHS Lanarkshire on the back of a planned significant restructure in mental health. Lanarkshire Youth Counselling Service has been brought under the strategic and management control of the CAMH Service in order to align and extend the current service provision to expand the services co-ordinated provision across Tier 2, early intervention services. Youth Counsellors have not previously been recorded in the CAMHS workforce data base but as at March 2012 are now appropriately included with the service re-design and re-organisation. There are 16 clinicians with a WTE of 11.79 plus 1.0 admin. This includes 10 out of the 16 staff on a term time contract.

NHS Dumfries&Galloway: From 1 April 2012 NHS Dumfries & Galloway CAMHS substance misuse mental health workers (headcount =5) sit within a separate subteam; Child and Adolescent substance service, CASS. Thus a headcount of 5 are no longer included in the data from 1 April 2012.

NHS Highland: NHS Highland is working towards developing an integrated model of health and social care resulting in staff transferring between both organisations. From 1 April 2012, as part of the new Highland Lead Agency structure, CAMHS Primary Mental Health Workers are Highland Council employees, not NHSScotland.

NHS Lothian: As at 31 March 2016, NHS Lothian CAMHS teaching staff data are not complete. Full data will be updated when available. From 1 June 2013 some of NHS Lothian

Paediatric Psychology & Liaison Service (PPALS) workforce are no longer counted under CAMHS.

NHS Grampian: From March 2013 a joint decision has been reached between CAMHS and Combined Child Health Services that 5 Health Psychologists who were previously managed within NHS Grampian CAMHS are now to be managed by NHS Grampian Combined Child Health services. They will therefore not now appear on the CAMHS database.

Age of Service Provision

NHSScotland CAMHS vary in the age of population served. In some areas services are provided up to 16 only; while others offer services up to 18 years. This has significant implications for workforce requirements. Please see Table 7 below for details.

Table 7: NHSScotland CAMHS Service Age Provision as at 31 December 2016 by NHS Board.

| NHS Board | Service Age Provision as at 31 December 2016 |
|-------------------------|--|
| Ayrshire & Arran | Up to 18th birthday if still in full time education. |
| Borders | Up to 18th birthday. |
| Dumfries & Galloway | Up to 18th birthday, but occasionally beyond. Child Clinical Psychology Service; up to 18th birthday provided in full-time secondary education (not tertiary i.e. not college), up to 16 if not in school. |
| Fife | Up to 18th birthday. |
| Forth Valley | Core CAMHS is up to 18th birthday, Learning Disabilities CAMHS is up to 16th birthday. Liz to provide update on this |
| Grampian | Up to 18th birthday. |
| Greater Glasgow & Clyde | Up to 18th birthday across all services. |
| Highland | Up to 18th birthday if in full-time secondary education otherwise up to age 16 years. Learning Disabilities CAMHS up to 19th birthday provided still in full-time education |
| Lanarkshire | Tier 3 Child & Family Clinic Teams: up to 16th birthday, up to 18th birthday if referred before 16th birthday or at a point before 18th birthday when it is suitable to discharge them (currently under review). CAMHS Learning Disabilities, Primary Mental Health & CAMHS for Accommodated Young People (CAYP) Teams: up to 18th birthday. |
| Lothian | Up to 18th birthday across all areas. |
| Orkney | Up to 18th birthday. |
| Shetland | Up to 18th Year if in full time education, and up to 16th Year if not in full time education. |
| Tayside | Up to 18th birthday provided in full-time secondary education (not tertiary i.e. not college). Learning Disability up to 18years |
| Western Isles | Up to 18th birthday. |

Glossary

| | |
|--------------|---|
| Band | Agenda for Change pay band |
| CAMHS | Child and Adolescent Mental Health Services. Services are provided by teams of clinicians including psychiatrists, mental health nurses, clinical psychologists, child psychotherapists, occupational therapists and other allied health professionals. |
| NHS GG&C | NHS Greater Glasgow & Clyde |
| NSS | National Services Scotland |
| ISD | Information Service Division |
| NES | NHS Education for Scotland |
| SLA | Service Level Arrangement |
| HEAT targets | A set of targets agreed between the Scottish Government and NHS Scotland relating to Health Improvement, Efficiency, Access or Treatment. |
| WTE | Whole Time Equivalent; adjusts headcount staff to take account of part time staff |

List of Tables

| Table No. | Name | Time period | File & size |
|-----------|--|------------------|-----------------|
| 1-11 | CAMHS characteristics of the workforce as at 31 December 2016 | 31 December 2016 | Excel [3,642kb] |
| 1A | Clinical Staff Employed in Scotland CAMHS by Professional Group. | " | - |
| 1B | Trend of Clinical Staff Employed in Scotland CAMHS | " | - |
| 2 | Age profile of Clinical Staff employed in Scotland CAMHS by Professional Group (Headcount) | " | - |
| 3 | Clinical Staff Employed in Scotland CAMHS by Professional Group, Gender & Contract Type. | " | - |
| 4 | Clinical Staff Employed in Scotland CAMHS by Professional Group & Contract Term. | " | - |
| 5 | Clinical Staff Employed in Scotland CAMHS by Professional Group & NHS Region & Board | " | - |
| 6 | Clinical Staff Employed in Scotland CAMHS by Professional Group & Grade. | " | - |
| 7 | Clinical Staff Employed in Scotland CAMHS by Professional Group and Area of Work | " | - |
| 8 | Clinical Staff Employed in Scotland CAMHS by Professional Group and Target Age | " | - |
| 9 | Clinical Staff Employed in Scotland CAMHS by Declared Ethnic Origin | " | - |
| 10 | Posts between being advertised and being filled in the CAMHS Workforce. | " | - |
| 11 | Clinical Staff Employed in Scotland CAMHS by Professional Group and Inpatient/Community Working (WTE). | " | - |

Contact

Liz Jamieson

Project Manager

lizjamieson@nhs.net

0131 275 6422

Lynne Jarvis

Principal Information Analyst

nss.mentalhealthwf@nhs.net

0131 275 6424

Lucy Dewhurst

Information Analyst

nss.mentalhealthwf@nhs.net

0131 275 6485

Further Information

Further information can be found on the [ISD website](#)

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Appendix

A1 – Background Information

It is estimated that around 10% of children and young people in Scotland have mental health problems that are so significant they impact on their daily lives. [The Scottish Needs Assessment Programme \(SNAP\) Report](#) on Child and Adolescent Mental Health highlighted the importance of Child and Adolescent Mental Health Services (CAMHS) and the need for development of these services within Scotland. In October 2005, the Scottish Executive (Government) published [The Mental Health of Children and Young People: A Framework for Promotion, Prevention and Care](#) which set the policy direction and a commitment to developing these services.

The main function of CAMH services is to develop and deliver services for those children and young people (and their parents/carers) who are experiencing the most serious mental health problems. They also have an important role in supporting the mental health capability of the wider network of children's services. CAMH services are usually delivered by teams including psychiatrists, psychologists, nurses, social workers, and others.

Delivery of good quality CAMH services depends on adequate numbers of well trained staff being available for career posts in services across NHSScotland. In the context of the SNAP report and the emerging shape of the Framework, the Scottish Executive established a CAMH Workforce Group to identify ways in which to build capacity for promotion, prevention, care and treatment within CAMHS. Their report, [The Mental Health of Children and Young People in Scotland: Getting the Right Workforce, Getting the Workforce Right, A Strategic Review \(2005\)](#) considered the workforce implications of the Framework and provided a range of proposals about how these might be met.

The Group identified the need for accurate and up to date data about the CAMHS workforce in NHSScotland, and a web based data collection system was launched in 2005 to capture this information.

The need for expansion and development of the CAMHS workforce has been driven by a series of reports and policy recommendations:

- **Scottish Needs Assessment Programme (SNAP) Report on Child and Adolescent Mental Health (2003)**

This report emphasised that all agencies and organisations have a role in supporting the mental health of children and young people. It highlighted the need to address the whole continuum of mental health - from mental health promotion, through preventing mental illness, to supporting, treating and caring for those children and young people experiencing mental health difficulties of all ranges of complexity and severity.

- **Getting the Workforce Right, Getting the Right Workforce – A Strategic Review of the CAMHS Workforce (2005)**

This work concluded that there is a “significant lack of capacity” in the CAMHS workforce and a need for a substantial expansion if it is to meet the agreed policy objectives. That needs to involve increasing workforce numbers through new investment in posts and improved retention; increased efficiency through training and supervision, better infrastructure and improvements in health in the workplace.

- **The Mental Health of Children and Young People – A Framework for Promotion, Prevention and Care (2006)**

This set out recommendations for implementing the SNAP report. It was designed to be used by local agencies as a planning and audit tool to support their work in identifying goals and milestones for continuous improvement in the delivery of services. The Framework was produced by the Child and Adolescent Mental Health Development Group which was established in 2002 and drew on expertise from the NHS, education, social work and the voluntary sector.

The Framework stated that a phased investment into the CAMHS workforce was needed, with a doubling of the workforce within ten years.

- **CAMHS financial investment (2009)**

Commitment of additional central government funding for CAMHS workforce development for Tier 4 (this includes intensive outreach services, day units and inpatient units. These are generally services for the small number of patients who are deemed to be at the greatest risk) and for psychology.

- **CAMHS financial investment (2016)**

An extra £54m was made available to improve access to mental health services. This additional investment should improve access to psychological therapies for all ages including for children and adolescent’s mental health services.

The £54m investment will provide £24.7m over 4 years for NHS Boards to improve capacity to see more people more quickly. A further £4.8m over 4 years to provide, through Healthcare Improvement Scotland, in-depth improvement support that will help NHS Boards to redesign their services to be more efficient and effective and sustainable and £24.6m for workforce development to improve workforce supply and train existing staff to deliver children and young people services as well as psychological therapies for all ages. This will include funding to backfill staff who are released for training and for salaries for new staff.

From May 2010 the UK Statistics Authority has designated these statistics as National Statistics, signifying compliance with the Code of Practice for Official Statistics.

The workforce data was collected and quality checked through engagement with the following organisations and groups: all NHSScotland CAMHS lead clinicians, CAMHS Workforce Steering Group, Scottish Government CAMHS Core Group and NHS Education for Scotland.

The published staff in post information is used in the first instance by NHS Boards to support local, regional and national workforce planning and reporting. For other uses of the data, see: [Known uses of the CAMHS Workforce Data](#), Word (30KB)

Mental Health Policy and Targets

In addition to the reports and policy cited above, developments in CAMHS mental health care have been driven by the following series of reports and policy recommendations:

The Mental Health Strategy: 2012-2015 (2012) sets the current policy direction and includes a commitment to enhancing the delivery of specialist CAMHS in NHSScotland.

<http://www.gov.scot/Resource/0039/00398762.pdf>

The Scottish Government has set a standard for the NHS in Scotland to deliver a maximum wait of 18 weeks from a patient's referral to treatment for specialist CAMH services from December 2014.

Links to Related Publications

Data on Child and Adolescent Mental Health Services Waiting Times in NHSScotland are available at:

<http://www.isdscotland.org/Health-Topics/Waiting-Times/Publications/2017-03-07/2017-03-07-CAMHS-Report.pdf>

Data on Psychological Therapies Waiting Times in NHSScotland are available at:

<http://www.isdscotland.org/Health-Topics/Waiting-Times/Publications/2017-03-07/2017-03-07-WT-PsychTherapies-Report.pdf>

CAMHS Psychology information is also included in the main Psychology publication, available at the following link: <http://www.isdscotland.org/Health-Topics/Workforce/Psychology/>

A2 – Publication Metadata (including revisions details)

| Metadata Indicator | Description |
|--|--|
| Publication title | Child and Adolescent Mental Health Services (CAMHS) in NHSScotland: Characteristics of the Workforce Supply as at 31 December 2016. |
| Description | A detailed description of the nature and extent of current CAMHS provision in NHSScotland as at the 31 December 2016. |
| Theme | Health and Social Care |
| Topic | Health Care Personnel, Finance and Performance |
| Format | Excel Format |
| Data source(s) | Child and Adolescent Mental Health Service Workforce Database |
| Date that data are acquired | Approximately 2 weeks after the census date |
| Release date | 07 March 2017 |
| Frequency | From 2005-2010 publications were annual, data as at 30 September. From March 2011 the publication has been released quarterly. |
| Timeframe of data and timeliness | Data up to 31 December 2016, normal timeliness for this publication, no delay occurred. Reports data since 2005. |
| Continuity of data | Data prior to 2007 was presented using Whitley grades. From 2007 onwards, all non medical staff are reported under AfC. The table 'Contract Type & Gender' is a reworking of what was previously 2 separate tables; the data is now only available back to 2008, when previously under the 2 separate tables it was available to 2005. |
| Revisions statement | N/A |
| Revisions relevant to this publication | N/A |
| Concepts and definitions | Please see Welcome Page section of the Excel tables workbook for concepts and definitions |
| Relevance and key uses of the statistics | Information published is used to support local, regional and national workforce planning. See Known Uses of the CAMHS data for further information. Workforce modelling used in extra funding decision. HEAT Targets: 2009/2010 "NHS Boards to deliver faster access to Child and Adolescent Mental Health Services", see: http://www.scotland.gov.uk/About/Performance/scotPerforms/partnerstories/NHSScotlandperformance/CAMHS18weeks |
| Accuracy | 100% sign off received from CAMHS lead clinicians |
| Completeness | 100% of data returned |
| Comparability | CAMHS Psychologists can be compared to psychologists providing |

| | |
|------------------------------------|--|
| | services to an age group of child and/or adolescent in the Psychology Workforce Planning Project: http://www.isdscotland.org/Health-Topics/Workforce/Psychology |
| Accessibility | It is the policy of ISD Scotland to make its web sites and products accessible according to published guidelines . |
| Coherence and clarity | All CAMHS tables are accessible via the ISD website at http://www.isdscotland.org/HealthTopics/Workforce/CAMHS/ Data are presented by: Professional group; NHS Board; Age band; Target Age, contract term, contract type, gender and Agenda for Change bands. |
| Value type and unit of measurement | Headcount & Whole Time Equivalent (WTE). Numeric. |
| Disclosure | The ISD protocol on Statistical Disclosure Protocol is followed. |
| Official Statistics designation | National Statistics |
| UK Statistics Authority Assessment | Assessed by UK Statistics Authority assessment-report-39---statistics-on-nhs-scotland-workforce.pdf |
| Last published | 06 December 2016 |
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A3 – Early Access details (including Pre-Release Access)

Pre-Release Access

Under terms of the "Pre-Release Access to Official Statistics (Scotland) Order 2008", ISD are obliged to publish information on those receiving Pre-Release Access ("Pre-Release Access" refers to statistics in their final form prior to publication). The standard maximum Pre-Release Access is five working days. Shown below are details of those receiving standard Pre-Release Access.

Standard Pre-Release Access:

Scottish Government Health Department

NHS Board Chief Executives

NHS Board Communication leads

A4 – ISD and Official Statistics

About ISD

Scotland has some of the best health service data in the world combining high quality, consistency, national coverage and the ability to link data to allow patient based analysis and follow up.

Information Services Division (ISD) is a business operating unit of NHS National Services Scotland and has been in existence for over 40 years. We are an essential support service to NHSScotland and the Scottish Government and others, responsive to the needs of NHSScotland as the delivery of health and social care evolves.

Purpose: To deliver effective national and specialist intelligence services to improve the health and wellbeing of people in Scotland.

Mission: Better Information, Better Decisions, Better Health

Vision: To be a valued partner in improving health and wellbeing in Scotland by providing a world class intelligence service.

About NES

NES are a Special Health Board, responsible for supporting NHS services delivered to the people of Scotland by developing and delivering education and training for those who work in NHSScotland.

NES helps to provide better patient care by providing educational solutions for workforce development. This is done by designing, commissioning, quality assuring and where appropriate providing education for NHSScotland staff.

Official Statistics

Information Services Division (ISD) is the principal and authoritative source of statistics on health and care services in Scotland. ISD is designated by legislation as a producer of 'Official Statistics'. Our official statistics publications are produced to a high professional standard and comply with the Code of Practice for Official Statistics. The Code of Practice is produced and monitored by the UK Statistics Authority which is independent of Government. Under the Code of Practice, the format, content and timing of statistics publications are the responsibility of professional staff working within ISD.

ISD's statistical publications are currently classified as one of the following:

- National Statistics (i.e. assessed by the UK Statistics Authority as complying with the Code of Practice)
- National Statistics (i.e. legacy, still to be assessed by the UK Statistics Authority)
- Official Statistics (i.e. still to be assessed by the UK Statistics Authority)
- other (not Official Statistics)

Further information on ISD's statistics, including compliance with the Code of Practice for Official Statistics, and on the UK Statistics Authority, is available on the [ISD website](#).

The United Kingdom Statistics Authority has designated these statistics as National Statistics, in accordance with the Statistics and Registration Service Act 2007 and signifying compliance with the Code of Practice for Official Statistics. Designation can be broadly interpreted to mean that the statistics:

- meet identified user needs;
- are well explained and readily accessible;
- are produced according to sound methods, and
- are managed impartially and objectively in the public interest.

Once statistics have been designated as National Statistics it is a statutory requirement that the Code of Practice shall continue to be observed.