Child and Adolescent Mental Health Services (CAMHS) Workforce in Scotland

Workforce as at 31 March 2019

04 June 2019
This is a National Statistics Publication

National Statistics status means that the official statistics meet the highest standards of trustworthiness, quality and public value. They are identified by the quality mark shown above.

They comply with the Code of Practice for statistics and are awarded National Statistics status following an assessment by the UK Statistics Authority’s regulatory arm. The Authority considers whether the statistics meet the highest standards of Code compliance, including the value they add to public decisions and debate.

Find out more about the Code of Practice at:

Find out more about National Statistics at:
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Introduction

It has been estimated that 10% of children and young people have a clinically diagnosable mental health problem and 20% of adolescents may experience a mental health problem in any given year. Most adult mental health problems begin in childhood, with 50% of problems being established by age 14.

Child and Adolescent Mental Health Services (CAMHS) provide essential assessment, care and treatment of children and young people (and their parents/carers) who are experiencing serious mental health problems. CAMHS are usually delivered by multi-disciplinary teams, including psychiatrists, psychologists, nurses, social workers, child and adolescent therapists and others (see the Glossary for definitions). They also have an important role in supporting the mental health capability of the wider network of children’s services.

Significant funding has been invested in CAMHS since 2009 for workforce and trainee expansion. Further information on CAMHS can be found in the background information.

This publication is a collaboration between Information Services Division (ISD) and NHS Education for Scotland (NES). It presents the following information in relation to CAMHS services as at 31 March 2019:

- Clinical Staff in post (overall, by NHS Board, by professional group, by target age and by area of work)
- Staff vacancies
- Staff in training

Workforce 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.

This information 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.

The workforce data are sourced from the NES-ISD National CAMHS Workforce Information Database. They are collected and verified by CAMHS lead clinicians, and ISD work closely

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with these clinicians to ensure a high level of accuracy. Trainee data are sourced from the NES Turas Training Programme Management system.

Workforce information is shown as at the current census date and is available annually at September census dates from 2006. Quarterly information is available from March 2011 onwards.

**Background tables** are provided, in Excel, to accompany this publication. These show all available data back to 2006, as well as data from an initial pilot collection in 2005.

**From 4 June 2019, the Child and Adolescent Mental Health Services (CAMHS) in Scotland: Waiting Times, Service Demand, and Workforce publication will no longer be released as one joint report. Instead, it will be published as two separate reports – *CAMHS Waiting Times and Inpatient Activity* (published by NHS Information Services Division) and *CAMHS Workforce in Scotland* (produced by NHS Education for Scotland (NES)).**

As of 1 April 2019, ownership and responsibility for collecting workforce data and producing national statistics transferred from ISD to NHS Education for Scotland (NES), ahead of the creation of a new health body, Public Health Scotland (PHS). The publications will be co-produced by ISD and NHS Education for Scotland until 30th September 2019, with full responsibility for the publication production passing to NHS Education for Scotland from 1st October 2019.

National CAMHS workforce statistics will continue to be released in accordance with the following timetable for the remainder of 2019:

<table>
<thead>
<tr>
<th>Census date</th>
<th>Publication date</th>
<th>Producer</th>
</tr>
</thead>
<tbody>
<tr>
<td>31-Mar-19</td>
<td>04-Jun-19</td>
<td>ISD and NES</td>
</tr>
<tr>
<td>30-Jun-19</td>
<td>03-Sep-19</td>
<td>ISD and NES</td>
</tr>
<tr>
<td>30-Sep-19</td>
<td>Dec-19</td>
<td>NES</td>
</tr>
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</table>
Main Points

At 31 March 2019:

- The WTE of staff in posts within CAMHS services was 1,050.2 WTE, an increase of 35.9 WTE (3.5%) compared to 31 March 2018. This includes a 6.6 WTE (0.6%) increase in the last quarter, since December 2018.

- The majority of this increase in staff over the last year has been within Nursing and Psychology staff. Although Nursing WTE has decreased by 11.4 (2.6%) in the last quarter, there has been an overall increase of 16.8 WTE (4.0%) in the past year since March 2018. Psychology WTE has increased by 20.2 (7.7%) since March 2018, including an increase of 12.2 (4.5%) in the last quarter.

- There were 89.7 WTE vacancies reported at March 2019, a vacancy rate of 7.9%. This compares with an average vacancy rate of 5.0% for March census dates since this data collection began. The percentage of vacancies accounted for by new posts increased in the last quarter from 18.4% in December 2018 to 34.6% in March 2019.
Results and Commentary

1. Staff in Post
This section provides a summary of the CAMHS workforce within NHSScotland as at 31 March 2019 and illustrates how the workforce has changed over time. Workforce statistics are routinely reported as headcount and whole time equivalent (WTE), which adjusts the headcount figure to take account of part-time working. For example, someone working half-time would be counted as 0.5 WTE.

Figure 1 shows that since 2006, when data collection began, there has been a 60.6% increase overall in the WTE of staff in post within CAMHS in Scotland, with WTE increasing from 653.7 to 1,050.2 at the latest census. The latest figure is 35.9 WTE (3.5%) higher than reported a year ago, including a 6.6 WTE (0.6%) increase since the last quarter’s census on 31 December 2018.

Figure 1: Headcount and WTE of CAMHS staff in NHSScotland from 30 September 2006 to 31 March 2019.

Notes
1. At 31 March 2019, 38.8 WTE (3.7%) of the 1050.2 WTE total staff in post were on maternity leave and 12.0 WTE (1.1%) were on long term sick leave.
2. Staff in NHS Boards
Over the next ten years, the child and adolescent (0-18 year olds) population is expected to increase by 2.1% overall in Scotland⁴. However, at NHS Board level there is significant variation in respect of these projections. NHS Grampian and NHS Lothian’s child & adolescent populations are projected to increase the most by over 6.0% each⁴. In contrast, the equivalent Island Boards’ populations are all expected to decrease, with NHS Western Isles’ population predicted to decrease by as much as 9.0% from its mid-2017 estimate.

Please also be aware that 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 (see Section 4.1 on Target Age for further details).

With this ongoing population change in mind, Figure 2 illustrates how the rate of CAMHS staff employed per 100,000 child and adolescent population in each Board has changed between September 2006 and March 2019. The rates in almost all NHS Boards have increased in this period. The exceptions are NHS Grampian and NHS Orkney, where the rates have decreased by 4.3 per 100,000 and 9.6 per 100,000 respectively.

Among the NHS Boards with the highest rates at the last census date are those which contain the regional inpatient units: NHS Greater Glasgow and Clyde, NHS Tayside and NHS Lothian. Inpatient units require an intense level of staffing and the NHS Boards providing this type of service take patients from across NHSScotland in addition to their own Board area⁵.

Inpatient services are for the small number of children and young people who are deemed to be at greatest risk of rapidly declining mental health or serious self harm and/or who require a period of intensive input for the purposes of assessment and/or treatment - see Tiers of Service Provision within the Glossary for a more detailed description of services provided in inpatient units.

Further comparison of the staffing rates per population and WTE at Board level can be found within Table 5 of the background tables.

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⁵. It has been recognised that CAMHS services should be offered as near to home as possible and in a number of settings, to take account of the different needs and choices of children, young people and their parents/carers, and the required intervention. This could include locations such as schools, homes and family centres, which may be perceived as less stigmatising, as well as traditional clinical settings.
Figure 2: Staff WTE per 100,000 of the child and adolescent population (0-18 years old) for CAMHS in NHSScotland by NHS Board at 30 September 2006 and 31 March 2019\(^1\).

Notes
1. Three Boards host regional inpatient units: NHS Greater Glasgow and Clyde, NHS Lothian and NHS Tayside.
3. Staff by Professional Group
The workforce providing CAMHS consists of a number of different professional groups. The
distribution of these at 31 March is illustrated in Figure 3. Three professions, Nursing
(41.5%), Psychology (26.9%) and Medicine (Psychiatry, 9.1%), make up over three quarters
of this workforce. For definitions of each profession and the training required to enter these
professions please refer to the Summary of Professional Groups within CAMHS.

Figure 3: WTE of CAMHS staff in post by professional group at 31 March 2019¹.

Notes
1. Please note that Physiotherapy and Music Therapy are included within the ‘Other’ professional group for this Figure.

Figure 4 displays the long-term trend in the WTE of staff in post for each of the largest of
these professional groups. Since 2006, the WTE for nursing staff within CAMHS has
increased by 55.6% (from 279.9 to 435.6 WTE) and the WTE of psychology staff has
increased by 88.8% in the same time period (from 149.5 to 282.2 WTE).

Within the last year, the WTE of staff in post has increased by 3.5%. The majority of this
increase in staff over the last year has been within Nursing and Psychology staff. Although
Nursing WTE has decreased by 11.4 (2.6%) in the last quarter, there has been an overall
increase of 16.8 WTE (4.0%) in the past year since March 2018. Psychology WTE has
increased by 20.2 (7.7%) since March 2018, including an increase of 12.2 (4.5%) in the last
quarter – the largest increase of any professional group in that quarter.
Figure 4: Trend of the WTE for the main professional groups within NHSScotland CAMHS from 30 September 2006 to 31 March 2019.

Notes
1. Please note that from September 2009 staff working at Agenda for Change Bands 2, 3 and 4 are excluded from the professional group ‘Nursing’.

Note that there is some regular seasonal variation in the quarterly trend in staff numbers due to graduates entering the workforce at certain times of the year. For instance, graduates of the Doctorate in Clinical Psychology (DClínPsych) have traditionally graduated in September so the number of Psychology staff in post at December increases as the majority of these individuals join the workforce following qualification. This pattern may have changed slightly from 2017 onwards as trainees who have previously completed the MSc Applied Psychology Children and Young People or the MSc Psychological Therapy in Primary Care can complete the DClínPsych in 2.5 years rather than 3 years, and therefore graduate in April. See the Summary of CAMHS Training Courses for more information.
4. Characteristics of the Workforce
This section provides information with regard to the overall characteristics of the workforce. For more detailed information on workforce characteristics please refer to the background tables.

4.1 Target Age
Individual staff members often provide services aimed at particular patient age groups. In addition, 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 the Age of Service Provision table within the data quality document.

Figure 5 displays the WTE of CAMHS staff per 100,000 population for each target age group. Since the first data on target age became available in 2009 there has been an increase in staff working within all target age groups. However, the largest increases have been within target ages from 12-15 year olds (up by 68.8 WTE per 100,000) and 16-17 year olds (up by 131.7 WTE per 100,000).
Figure 5: Comparison between the WTE of CAMHS staff per 100,000 population of each target age at 30 September 2009 and 31 March 2019.

Notes
1. The target age 18+ years figures are based on the population of 18 year olds alone at both the 2009 and 2019 census dates.

4.2 Area of Work
Across all the professional groups CAMHS can also be categorised into several distinct areas of work. Area of Work refers to the broad specialty area that the clinician works in – the areas being Mental Health, Learning Disabilities, Physical Health, Forensic, Academic, Primary Mental Health Work and Intensive Outreach. Definitions of each can be found within the Glossary.

The largest of the areas has consistently been Mental Health, with 933.2 WTE (88.9%) of the CAMHS workforce working in this area at 31 March 2019. The remaining workforce is divided across a number of smaller specialty areas of work, the largest two being Learning Disabilities (38.6 WTE, 3.7%) and Primary Mental Health Work (41.5 WTE, 4.0%). The trend in WTE CAMHS staff working in Mental Health is shown in Figure 6.
Figure 6: Trend to show the WTE of NHSScotland CAMHS staff with a Mental Health area of work.

The distribution of WTE staff across the remaining six areas of work is displayed in Figure 7. The largest of these is Learning Disabilities which doubled between September 2008 and September 2013, and Primary Mental Health Work which more than trebled between September 2011 and September 2012 and has remained relatively steady since then. For further information on area of work by professional group please see Table 7 within the background tables.
Please note that new areas of work have been added over the years. ‘Academic’ was added as a new area of work category for the September 2009 census date and ‘Intensive Outreach’ and ‘Primary Mental Health Work’ were added as area of work categories for the September 2011 census date.

Staff working in the ‘Academic’ area of work focus on research and/or teaching and supervision of training in multidisciplinary CAMHS professional groups. For definitions of each area of work, see the Glossary.
5. Staff Vacancies
At 31 March 2019, 95 posts were vacant and in the process of being advertised, constituting 89.7 WTE. 64.0 WTE were permanent positions, 21.7 WTE were fixed-term positions for less than two years, and 4 WTE were fixed-term for two years or more. The overall vacancy rate was 7.9%.

Of the 89.7 WTE vacancies, 11.7 WTE were in part-time posts. A further set of posts equating to 44.1 WTE were approved for recruitment but not yet advertised.

Figure 8 displays the quarterly trend for total vacancy rates from September 2011 to March 2019. The current vacancy rate of 7.9% is above the 5.0% average vacancy rate observed at previous March census dates and is the highest total vacancy rate observed since quarterly data collection began.

**Figure 8: Trend in the vacancy rates within NHSScotland CAMHS for all Professional Group posts from 30 September 2011 to 31 March 2019**

Notes
1. 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.

2. Please note that not all services provided vacancy information each quarter. Therefore, there may be additional vacancies that were being advertised at the census date not included in the data shown.

3. For the 31 March 2019 census the following services did not provide the necessary vacancy data: NHS Borders, NHS Forth Valley, NHS Greater Glasgow and Clyde Academic Service, NHS Orkney and NHS Highland Argyll and Bute. Therefore, there may be additional vacancies that were being advertised at the census date not included in the data.
At 31 March 2019, 13.2% of Psychology posts, 4.0% of Medical posts and 7.6% of Nursing posts were vacant. The remaining 7.2 WTE vacancies were for staff in other professional groups and included 0.4 WTE Occupational Therapy vacancies, 3.6 WTE Counselling vacancies, 0.4 WTE Physiotherapy vacancies and 2.8 WTE vacancies classified as “Other”. Statistics on the vacancies in each NHS Health Board are available in Table 10a and 10b of the background tables.

Figure 9 shows a recent trend in new and replacement vacancies. 62.5% of all vacancies advertised related to existing posts requiring a replacement postholder and 34.6% were for newly created posts. The remaining 2.9% of vacant posts were for maternity leave cover (0.7%) or posts categorised as Other & Unknown which includes vacancies that were not specified as being for either new or replacement positions (2.2%). The total WTE of new posts advertised increased from 19.1 WTE in March 2018 to 31.0 WTE in March 2019.

**Figure 9: Trend in the WTE of vacancies split by new and replacement posts from 31 March 2017 to 31 March 2019**

Notes

1. Please note that not all services provided vacancy information each quarter. Therefore, there may be additional vacancies that were being advertised at the census date not included in the data shown.

2. For the 31 March 2019 census the following services did not provide the necessary vacancy data: NHS Borders, NHS Forth Valley, NHS Greater Glasgow and Clyde Academic Service, NHS Orkney and NHS Highland Argyll and Bute.

3. Prior to the data as at 30 June 2017, replacement posts will include any vacancies to cover maternity leave.
Figure 10 shows trends for the vacancy rates observed at each quarterly census since data collection began, for three professional groups and alongside the average vacancy rate for all posts. The overall average vacancy rate observed over the period was 4.9%, with an average rate of 5.0% for all March vacancies. Nursing vacancy rates have varied between 1.6% at September 2011 and 7.6% at the current census (March 2019).

September vacancy rates for psychology staff have historically been higher than the rates for other quarters, at an average of 10.1%. This corresponds with the completion of the Doctorate in Clinical Psychology postgraduate training course (a three year course running from September. See the Psychology Workforce Publication for information on numbers in training). The average Psychology vacancy rate for March quarters is lower at 6.7%.

Medical vacancy rates are also shown in Figure 10. Despite being the third largest professional group in CAMHS, the Medical professional group has varied between having no vacancies at September 2011 to a vacancy rate of 12.3% at June 2016. The current Medical vacancy rate of 4.0% is the lowest vacancy rate for Medical posts observed at a March census since the data first became available.
Figure 10: Trend in the vacancy rates within NHSScotland CAMHS for Nursing, Psychology and Medical posts from 30 September 2011 to 31 March 2019\textsuperscript{1,2}.

Notes

1. Please note that not all services provided vacancy information each quarter. Therefore, there may be additional vacancies that were being advertised at the census date not included in the data shown.

2. For the 31 March 2019 census the following services did not provide the necessary vacancy data: NHS Borders, NHS Forth Valley, NHS Greater Glasgow and Clyde Academic Service, NHS Orkney and NHS Highland Argyll and Bute. Therefore, there may be additional vacancies that were being advertised at the census date not included in the data.
Table 1 below shows the length of time vacancies had been advertised for at 31 March 2019. The vacancy length is calculated as the time period from the first date of advertisement until the census date. Almost three quarters (74.9%) of posts had been advertised for less than three months, and 18.4% had been advertised for three months or longer. 2.7 WTE vacancies that were advertised for longer than 6 months were for replacement posts. Information on duration of vacancies by NHS Board can be found in the background tables.

Table 1: Length of NHSScotland CAMHS vacancies being advertised by professional group as at 31 March 2019.

<table>
<thead>
<tr>
<th>Professional Group</th>
<th>Less than 3 months (WTE)</th>
<th>3 - 6 months (WTE)</th>
<th>More than 6 months (WTE)</th>
<th>Data not available (WTE)</th>
<th>Total Vacancies (WTE)</th>
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</thead>
<tbody>
<tr>
<td>Nursing</td>
<td>29.6</td>
<td>1.0</td>
<td>-</td>
<td>5.0</td>
<td>35.6</td>
</tr>
<tr>
<td>Psychology</td>
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<td>10.8</td>
<td>1.7</td>
<td>1.0</td>
<td>42.9</td>
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<tr>
<td>Medical</td>
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<td>1.0</td>
<td>-</td>
<td>4.0</td>
</tr>
<tr>
<td>Physiotherapy</td>
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<td>-</td>
<td>-</td>
<td>-</td>
<td>0.4</td>
</tr>
<tr>
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<td>-</td>
<td>-</td>
<td>-</td>
<td>3.6</td>
</tr>
<tr>
<td>Occupational Therapy</td>
<td>0.4</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>0.4</td>
</tr>
<tr>
<td>Other Therapy</td>
<td>2.8</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>2.8</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>67.2</strong></td>
<td><strong>13.8</strong></td>
<td><strong>2.7</strong></td>
<td><strong>6.0</strong></td>
<td><strong>89.7</strong></td>
</tr>
</tbody>
</table>

6. Staff in Training

CAMHS are delivered by multi-disciplinary teams of professionals, predominantly Nursing, as well as Medical and Psychology staff. Table 12 in the background tables shows the number of individuals on training courses (Medical Psychiatry Level 4, CAMHS Aligned DClinPsych, MSc Applied Psychology for Children and Young People and Child and Adolescent Psychiatrists) from March 2017 to March 2019. In addition to the trainee numbers reported here, there are a number of trainee nurses in CAMHS.

Further information on Nursing and Medical training paths can be found in the Summary of Training Courses. Further information on psychology intakes is available in the Psychology Workforce Publication.
List of CAMHS Workforce Tables

<table>
<thead>
<tr>
<th>Table Number</th>
<th>Name</th>
<th>Time period</th>
<th>File and size</th>
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<tbody>
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<td>1-12</td>
<td>CAMHS Workforce Tables</td>
<td>2006 – Mar-2019</td>
<td>Excel 4.9Mb</td>
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</table>

Note: in order to view the tables to full effect, your macro security settings will need to be set to medium. To change macro security settings use Tools, Macro, Security - set security level to Medium and re-open the report.

Contact Information

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Further Information

Further Information can be found on the ISD website.

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

For related topics, please see the Mental Health pages.

The next release of this publication will be on 3 September 2019.

Rate this publication

Please provide feedback on this publication to help us improve our services.
## Appendices

### Appendix 1 – Publication Metadata

<table>
<thead>
<tr>
<th>Metadata Indicator</th>
<th>Description</th>
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<tbody>
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<td><strong>Publication title</strong></td>
<td>Child and Adolescent Mental Health Services Workforce in Scotland</td>
</tr>
<tr>
<td><strong>Description</strong></td>
<td>Describes the characteristics of the workforce, vacancies and staff in training for Child and Adolescent Mental Health Services (CAMHS) in NHSScotland as at 31 March 2019.</td>
</tr>
<tr>
<td><strong>Theme</strong></td>
<td>Health and Social Care</td>
</tr>
<tr>
<td><strong>Topic</strong></td>
<td>Health Care Personnel, Finance and Performance</td>
</tr>
<tr>
<td><strong>Format</strong></td>
<td>Excel format</td>
</tr>
<tr>
<td><strong>Data source(s)</strong></td>
<td>Child and Adolescent Mental Health Service Workforce Database and NES Turas Training Programme Management system.</td>
</tr>
<tr>
<td><strong>Date that data are acquired</strong></td>
<td>Approximately 2 weeks after the census date.</td>
</tr>
<tr>
<td><strong>Release date</strong></td>
<td>04 June 2019</td>
</tr>
<tr>
<td><strong>Frequency</strong></td>
<td>From 2005-2010 publications were produced annually, data as at 30 September. Since March 2011 the publication has been released quarterly.</td>
</tr>
<tr>
<td><strong>Timeframe of data and timeliness</strong></td>
<td>Data from 2005 to 31 March 2019</td>
</tr>
<tr>
<td><strong>Continuity of data</strong></td>
<td>Data prior to 2007 was presented using Whitley grades. From 2007 onwards, all non medical staff are reported under AfC.</td>
</tr>
<tr>
<td><strong>Revisions statement</strong></td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Revisions relevant to this publication</strong></td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Concepts and definitions</strong></td>
<td>Please see the glossary, <a href="http://www.isdscotland.org/Health-Topics/Workforce/Psychology/">http://www.isdscotland.org/Health-Topics/Workforce/Psychology/</a>.</td>
</tr>
<tr>
<td><strong>Relevance and key uses of the statistics</strong></td>
<td>These statistics are used to support local, regional and national workforce planning.</td>
</tr>
<tr>
<td><strong>Accuracy</strong></td>
<td>The source data are collected and verified by CAMHS lead clinicians using the National CAMHS Workforce Information Database held centrally at NSS. ISD and NES work closely with these lead clinicians to ensure a high level of data accuracy.</td>
</tr>
<tr>
<td><strong>Completeness</strong></td>
<td>The source data are collected and verified by CAMHS lead clinicians using the National CAMHS Workforce Information Database held centrally at NSS. ISD and NES work closely with these lead clinicians to ensure a high level of data accuracy. All NHS Boards are also prompted to return vacancy information. Details of which services did not return vacancy information can be found in this report, in the footnote under Figure 8.</td>
</tr>
<tr>
<td><strong>Comparability</strong></td>
<td>CAMHS Psychologists can be compared to psychologists providing services to the target age group of children and adolescents in the Psychology Workforce Database: <a href="http://www.isdscotland.org/Health-Topics/Workforce/Psychology/">http://www.isdscotland.org/Health-Topics/Workforce/Psychology/</a>.</td>
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<tr>
<td><strong>Accessibility</strong></td>
<td>It is the policy of ISD Scotland to make its web sites and products accessible according to published guidelines.</td>
</tr>
<tr>
<td>Information Services Division</td>
<td></td>
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<td>--------------------------------</td>
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</tbody>
</table>

**Coherence and clarity**

All data tables are available on the ISD website, in Excel format: [https://www.isdscotland.org/Health-Topics/Workforce/CAMHS/](https://www.isdscotland.org/Health-Topics/Workforce/CAMHS/).

Further features to aid clarity:
1. Tables are printer friendly.
2. Key data are presented graphically.

**Value type and unit of measurement**

Headcount and whole time equivalent (WTE) staff, percentage WTE per population. Numbers of new and replacement vacancies. Numbers of trainees.

**Disclosure**

The [ISD protocol on Statistical Disclosure Protocol](https://www.isdscotland.org/Health-Topics/Workforce/CAMHS/) is followed.

**Official Statistics designation**

National Statistics

**UK Statistics Authority Assessment**


**Last published**

Workforce data most recently published on 5 March 2019, as a combined publication with waiting times, service demand and activity. Last published as a separate publication on 6 March 2018.

**Next published**

3 September 2019

**Date of first publication**

2006

**Help email**

[nss.mentalhealthwf@nhs.net](mailto:nss.mentalhealthwf@nhs.net)

**Date form completed**

14 May 2019
Appendix 2 – Early access details

Pre-Release Access

Under terms of the "Pre-Release Access to Official Statistics (Scotland) Order 2008", ISD is 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

Early Access for Management Information:
These statistics will also have been made available to those who needed access to ‘Management Information’ i.e. as part of the delivery of health and care:
Mental Health Intelligence group including:
Scottish Government Health Department – Mental Health Directorate
Health Improvement Scotland – Improvement Advisors.
Appendix 3 – ISD and Official Statistics

About NES

NHS Education for Scotland (NES) are 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.

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.

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.
National Statistics

The United Kingdom Statistics Authority has designated the CAMHS workforce 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.
Appendix 4 – Background Information

This section contains details of policies, standards and investments that are relevant to the provision of Child and Adolescent Mental Health Services (CAMHS), as well as details of the data collection processes used to obtain CAMHS workforce data.

About CAMHS

The main function of CAMHS is to develop and deliver services for those children and young people (and their parents/carers) who are experiencing 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 multidisciplinary teams including nurses, psychiatrists, psychologists, social workers and others.

Mental Health Policies, Standards and Investments

Developments in mental health care within CAMHS have been driven by a series of reports and policy recommendations:

**Mental Health Strategy 2017-2027**

The Scottish Government 10 year Mental Health Strategy was published in March 2017. The strategy highlights the need for capacity of care staff to effectively support children and adolescents living with mental health conditions. The strategy acknowledges that while access to CAMHS has improved, demand for this specialism is continuing to increase, and there is a need to look at the whole system, recognising the importance of specialist services, psychological therapies, early interventions at tiers 1 and 2 including provision of support for families through parenting programmes.

**The Mental Health of Children and Young People – A Framework for Promotion, Prevention and Care (2005)**

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.

**Getting the Right Workforce, Getting the Workforce Right, A Strategic Review of the Child and Adolescent Mental Health Workforce (2005)**

This work concluded that there was a “significant lack of capacity” in the CAMHS workforce and a need for a substantial expansion if it was to meet the agreed policy objectives. This involved 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.

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.

Workforce Target

The Scottish Government set a workforce target for NHS Scotland, to reach 20 Whole Time Equivalent CAMHS staff per 100,000 of the total population by the end of 2016. Further information on the target can be found within sections 5.1.4 and Table 5.1 within the Strategic Review

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. ISD are a partner in this programme of work providing data, analytical and intelligence support working closely with NHS Boards. £24.6m is 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.

CAMHS Workforce: Data Collection

CAMHS Workforce Data have been collected and verified by CAMHS lead clinicians working within NHS Boards using the National CAMHS Workforce Information Database held centrally at National Services Scotland (NSS) since 2005. This is a web based Oracle database that is used to capture data on all staff delivering clinical care in specialist CAMHS within NHS Scotland. ISD and NES work closely with the lead clinicians to ensure a high level of data accuracy. An initial pilot of the data was held in 2005 to gather CAMHS workforce information with developmental data collected and used to build accuracy and completeness from 2006. Data were published annually at 30 September census dates until
March 2011 when quarterly reporting began. The workforce data are collected and quality checked through engagement with CAMHS lead clinicians and NHS Education for Scotland. From May 2010, the UK Statistics Authority has designated these statistics as National Statistics, signifying compliance with the Code of Practice for Official Statistics.

**Related Publications**

The Psychology Workforce publication includes information on Psychology staff working with children and adolescents. This is available at:  
[http://www.isdscotland.org/HealthTopics/Workforce/Psychology/](http://www.isdscotland.org/HealthTopics/Workforce/Psychology/)

Please see [News and Updates section](http://www.isdscotland.org/) of our website for more details.
Appendix 5 – CAMHS Tier Model

Tier 1
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
- social workers, and
- youth justice workers and voluntary agencies

Tier 1 practitioners are able to 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 refer to more specialist services.

Tier 2
Mental health practitioners at Tier 2 level tend to be child and adolescent mental health specialists working in teams in community and primary care settings (although many will also work as part of Tier 3 services). They can include, for example:

- mental health professionals employed to deliver primary mental health work
- psychologists and counsellors working in GP practices, paediatric clinics, schools and youth services

Tier 2 practitioners offer consultation to families and other practitioners. They identify severe or complex needs requiring more specialist intervention, assessment (which may lead to treatment at a different tier), and training to practitioners at Tier 1 level.
 Tier 3
Tier 3 services are usually multidisciplinary teams or services working in a community mental health setting or a child and adolescent psychiatry outpatient service, providing a service for children and young people with more severe, complex and persistent disorders. Team members are likely to include:

- child and adolescent psychiatrists
- social workers
- clinical psychologists
- community psychiatric nurses
- child psychotherapists
- occupational therapists
- art, music and drama therapists

 Tier 4
Tier 4 encompasses essential tertiary level services such as intensive community treatment services, day units and inpatient units. These are generally services for the small number of children and young people who are deemed to be at greatest risk (of rapidly declining mental health or serious self harm) and/or who require a period of intensive input for the purposes of assessment and/or treatment. Team members will come from the same professional groups as listed for Tier 3. A consultant child and adolescent psychiatrist or clinical psychologist is likely to have the clinical responsibility for overseeing the assessment, treatment and care for each Tier 4 patient.
Appendix 6 – Glossary

**Agenda for Change (AfC)**
The national pay system for NHS Workforce excluding doctors, dentists and very senior managers.

**Area of Work**
The specialty area that a clinician works in. See below for definitions of each of these:

- **Academic**: Research, and/or teaching and supervision of those training in multidisciplinary CAMHS professional groups.

- **Forensic**: Working with those children/adolescents who are in the criminal justice system, e.g. young offenders’ institutes, to address the underlying psychological or social challenges that led to the criminal behaviour.

- **Intensive Outreach**: The provision of multi-disciplinary care by a team, which may include specialist nursing, psychologists, social workers and family therapists, for those with a high frequency and intensity of challenging behavioural, psychological and social behaviour and those who have had frequent admission to an inpatient unit.

- **Learning Disabilities**: A learning disability is a reduced intellectual ability and difficulty with everyday activities, e.g. delayed childhood development, socialising, or physical tasks, which affects someone for their whole life. The level of support someone needs depends on the individual; those with a severe learning disability or profound and multiple learning disability (PMLD), will need more care from a multi disciplinary team and with areas such as mobility, personal care and communication.

- **Physical Health**: Physical health is critical for overall well-being. Staff working in the area of physical health will cover a variety of components e.g. nutrition and diet, abstinence from or reduced consumption of alcohol, medical self-care following a diagnosis, and sleep problems.

- **Primary Mental Health**: The provision of mental health services accessible to individuals and families in the community. It involves key psychosocial and behavioural science skills, e.g. interviewing, counselling and interpersonal skills in order to improve overall mental health outcomes in primary care.

**Band**
There are 9 Pay Bands within AfC, each of which contains a number of pay points. NHS staff will normally progress to the next pay point annually until they reach the top of the pay point.

**CAMHS**
Child and Adolescent Mental Health Services provided by NHSScotland. Services are provided by teams of clinicians including psychiatrists, mental health nurses, clinical psychologists, occupational therapists and other allied health professionals. These services are based mainly in outpatient clinics and in the community.
**Children and young people**

The people served by CAMHS. Some areas provide services for all those under 18, while others offer services to those over 16 only if they are in full time education (for more detail see the ‘Age of Service Provision’ within the Data Quality appendix).

**Establishment**

Term used in calculating NHS Scotland workforce information to describe total filled and vacant posts. Establishment is calculated by adding the number of staff in post to the number of vacant posts.

**Headcount**

The actual number of individuals working within NHS Scotland. The Scotland figures eliminate any double counting that may exist as a result of an employee holding more than one post.

**HEAT standards**

A set of standards agreed between the Scottish Government and NHS Scotland relating to Health Improvement, Efficiency, Access or Treatment (HEAT).

**ISD**

Information Service Division

**LAC**

Local Authority Contract

**NES**

NHS Education for Scotland

**NHS GG&C**

NHS Greater Glasgow & Clyde

**Target Age**

The age group of patients seen by a clinician. For example, some practitioners may work primarily with early years (0 – 4-year olds) whereas others may work in a service that mainly supports adolescents. While some practitioners specialise in working with a specific target age, others work across a range of ages.
**Tiers of service provision**

**Tier 1** – Child and adolescent mental health services at this level are provided by practitioners working in universal services who are not mental health specialists. This includes: GPs, health visitors, school nurses, teachers, social workers, youth justice and voluntary agencies. Tier 1 practitioners are able to 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 refer to more specialist services.

**Tier 2** – Mental Health Practitioners at this level tend to be CAMHS specialists working in community and primary care settings, in multi-disciplinary teams (although many will also work as part of tier 3 services). They can include mental health professionals employed to deliver primary mental health work, psychologists and counsellors working in GP practices, paediatric clinics, schools and youth services. Practitioners offer consultation to families and other practitioners outreach to identify severe or complex needs requiring specialist intervention.

**Tier 3** – This is usually a multi-disciplinary team or service working in a community mental health clinic or child psychiatry outpatient service, providing a specialised service for children and young people with more severe, complex and persistent disorders. Team members are likely to include child and adolescent psychiatrists, social workers, clinical psychologists, community psychiatric nurses, child psychotherapists, occupational therapists and art, music and drama therapists.

**Tier 4** – Essential tertiary level services such as 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 (of rapidly declining mental health or serious self-injury) and/or who require a period of intensive input for the purpose of assessment and/or treatment. Team members will come from the same professional groups as listed for tier 3. The clinical responsibility for overseeing the assessment, treatment and care for each tier 4 patient is likely to lie with a consultant child and adolescent psychiatrist or clinical psychologist. See the CAMHS tier model for further information.

**Vacancy**
A post which was vacant and being advertised for recruitment at the census date.

**Whole Time Equivalent (WTE)**
The WTE adjusts headcount figures to take account of part-time working. For example, NHS Agenda for Change staff work 37.5 whole-time hours per week so a staff member working part-time at 30 hours per week would be calculated as 0.8 WTE.
Appendix 7 – Summary of CAMHS Professional Groups and Training Courses

Child and Adolescent Mental Health Services (CAMHS) are delivered by multi-disciplinary teams of professionals. This document gives definitions of the different professional groups involved in CAMHS delivery, as well as a summary of some of the training courses which involve undertaking CAMHS placements.

Summary of Professional Groups

**Art Therapy**
A form of psychotherapy that uses a creative medium like art, music, dance or drama (rather than language) to help people explore and articulate their feelings. Arts Therapists often describe themselves as trained to deliver a form of Psychodynamic Psychotherapy through the medium of the arts rather than through conventional means. They are registered by HCPC. The grouping includes Art Therapists, Music Therapists, Dance Therapists and Drama Therapists.

**Child and Adolescent Psychotherapy**
Uses psychological methods to help a person change and overcome problems.

**Counselling**
A type of talking therapy where an individual talks to a counsellor about their problems and feelings.

**Dietetics**
Concerned with nutrition and diet to diagnose and treat people with nutrition problems and help people make healthy lifestyle and diet decisions. Within CAMHS, this usually relates to the treatment of eating disorders.

**Educational Psychology**
Educational psychology is a type of applied psychology concerned with helping children and young people experiencing problems that can hinder their chance of learning.

**Family Therapy**
A branch of psychotherapy that works with families to nurture change and development, emphasising family relationships as an important factor in psychological health.
Healthcare Assistants

These staff are usually Bands 3 and 4 and assist qualified staff with the assessment and implementation of individual patient care plans. They undertake routine tasks and activities as directed, to facilitate the well-being, dignity and treatment of patients, and provide practical support and responsive care to patients who require assistance with e.g. personal needs such as dressing, bathing and toileting activities. They will also observe and monitor the well-being of patients, ensuring that any unusual physical, mental or emotional occurrences are promptly referred to senior staff.

Medical

Concerned with the treatment of physical and mental health diseases and/or injuries. Within CAMHS, medical staff are commonly consultant psychiatrists or specialty doctors, with some paediatricians and GPs working in the service.

Music Therapy

See ‘Art Therapy’

Nursing

A health care profession focused on the care of individuals to ensure optimal health and quality of life. Nurses are regulated by the Nursing and Midwifery Council.

Occupational Therapy

Uses assessment and treatment to provide support to individuals whose health prevents them doing the activities that matter to them due to a physical, mental or cognitive disorder.

Other

For the purposes of this report, ‘Other’ includes any staff who do not fall into another professional group. In addition, from September 2009, any staff recorded in the nursing profession working at AfC Band 2, 3 or 4 are included in ‘Other’ as Healthcare Assistants. This can include (for example) clinical support workers, primary mental health workers and nursing assistants.

Other Therapy

Included within Other Therapy are Cognitive Behavioural Therapists and Developmental Therapists. Developmental Therapists assess the global development of children up to the age of 5 and identify areas of need and strength.

Physiotherapy

A physical medicine and rehabilitation specialty. A physiotherapist helps to restore movement and function when someone is affected by injury, illness or disability.
Psychology
The profession of psychology evaluates and studies behaviour and mental processes to understand individuals and groups by establishing general principles and researching specific cases. There are many different types of applied psychologists, the most common of which are clinical psychologists. Included within CAMHS psychology practitioners are Clinical Associates in Applied Psychology staff who have completed the one-year MSc in Applied Psychology for Children and Young People.

Social Work
Concerned with the protection of vulnerable individuals from harm or abuse to help improve outcomes in their lives. Social workers support people, act as advocates and direct people to the services they may require.

Speech and Language Therapy
Provides support and care for individuals who have difficulties with communication or with eating, drinking and swallowing.

Teaching
Concerned with education. Within CAMHS, this involves ensuring that children unable to access mainstream schools, for example those in inpatient care are able to continue with their education.

Summary of CAMHS Training Courses
CAMHS Aligned Doctorate in Clinical Psychology
The Doctorate in Clinical Psychology is a 3-year full time course funded by NES which can be studied at either the University of Edinburgh or the University of Glasgow in Scotland. Entry to the course requires an Honours degree in Psychology (2:1 or above) which has the British Psychological Society (BPS) Graduate Basis for Chartered Membership, alongside relevant clinical or research experience. From 2014, trainees who have completed either the MSc Applied Psychology for Children and Young People or the MSc Psychological Therapy in Primary Care have been given recognition of prior learning and are able to complete the course in 2.5 years full time. This training route is available for the 2017 trainee intake at the University of Glasgow. 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 with the aim of increasing workforce capacity within those areas. On completion, trainees will be fully qualified Clinical Psychologists and are still able to work in areas out with CAMHS. Both of the Scottish courses are approved by the Health and Care Professions Council as well as the British Psychological Society and represent the highest level of training in Psychology. Further information on the Doctorate as well as links to the University Course websites for Scotland can be found in Training Programmes.
**Child and Adolescent Psychodynamic Psychotherapists**

Training in child psychotherapy is a graduate-entry profession that usually takes 4 years to complete. While in training, trainees are required to undertake a clinical placement in a CAMHS team or other suitable setting. NES has funded training in Scotland through the Human Development Scotland Professional Clinical Doctorate programme since September 2013, with places across the NHS Boards in Scotland. More information on how to train can be found in [How to Train](#).

**Medical Psychiatry Level 4**

Before specialising in child and adolescent psychiatry, doctors will have at least two years of postgraduate Foundation training and three years of core, life span psychiatry training, leading to the Member of the Royal College of Psychiatrists (MRCPsych). Some psychiatrists will undertake further academic or other speciality training in addition to this.

Medical Psychiatry Level 4 NES Medical Directorate, through the [Scotland Deanery](#), is responsible for the commissioning and quality management of postgraduate medical education in Scotland. Higher training in Child and Adolescent Psychiatry (ST4-6) takes place over three years in order to reach CCT (Certificate of Completion of Training), a requirement for a consultant post. During their three years, trainees will normally undertake placements lasting for 6 months or one year in a number of different geographical areas.

Normally the initial placement would be in a Tier 3 Generic Outpatient Team where experience can be gained across the age range. During the course of training all trainees would be required to have experience of an inpatient placement/intensive treatment team. In addition, there are subspecialty placements in Learning Disability CAMHS, Forensic CAMHS and Paediatric Liaison. Their training includes medico legal practice and registration as Approved Medical Practitioners in order to act as Resident Medical Officers with responsibility for the overall care of detained patients and deliver functions under the Mental Health Act. This includes chairing Care Programme Approach meetings and managing prescribed treatments (medicines, Electroconvulsive Therapy (ECT), artificial nutrition etc).

The trainees are required to attend a teaching programme covering all aspects of the Child and Adolescent Psychiatry curriculum. This programme is delivered as an alternating local and national series of seminars/lectures. Trainees undertake formal training in research methods, management and leadership, audit and quality improvement methodology, and in at least one psychological therapy. Further information is available in [Child and Adolescent Psychiatrist](#).
MSc in Applied Psychology for Children and Young People

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. Entry to the course requires an Honours degree in Psychology (2:1 or above) which has the British Psychological Society (BPS) Graduate Basis for Chartered Membership, and whilst training trainees are expected to complete a full year clinical placement within an NHSScotland CAMHS setting. The course was introduced to expand the professional skill mix working within CAMHS and other child services, with graduates of the course able to apply for employment as Clinical Associates in Applied Psychology, Child and Adolescent Therapists or Primary Mental Health Workers, for example. Further information can be found in MSc in Applied Psychology.

Nursing Training

Students on all Nursing degrees initially cover basic competencies and then choose to specialise in; Adult, Children and Young People's or Mental Health Nursing.

The role of the NHS Education for Scotland (NES) Nursing and Midwifery Team is about making positive impacts on the experiences and outcomes of patients and those who access health and care services in Scotland. To achieve this, NES delivers across four key themes (developing an excellent nursing and midwifery workforce; improving quality of health and care through education and research; ensuring responsive education to meet service needs, and enhancing educational infrastructure) to enable harmonisation with national policy shifts and the NES Refreshed Strategic Framework 2014–19.

The National Framework for Pre-Registration Mental Health Mental Health Nursing Programmes in Scotland was originally developed in 2008 as an outcome of Rights, Relationships and Recovery: The Report of the National Review of Mental Health Nursing in Scotland. It also responded to the direction of travel for the nursing profession in Scotland set out in wider mental health policy at that time (available at The National Framework for Pre-registration Mental Health Nursing Field Programmes).
Appendix 8 – Data Quality

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.

Changes to recording of CAMHS staff groups.

<table>
<thead>
<tr>
<th>NHS Board</th>
<th>Date Change Implemented</th>
<th>Reason for Change and Impact on the Headcount</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHS Lanarkshire</td>
<td>March 2012</td>
<td>Youth Counsellors now included. Increase of 18</td>
</tr>
<tr>
<td>NHS Dumfries and Galloway</td>
<td>April 2012</td>
<td>Substance Misuse Mental Health Workers no longer included. Decrease of 5</td>
</tr>
<tr>
<td>NHS Highland</td>
<td>April 2012</td>
<td>CAMHS Primary Mental Health Workers are Highland Council employees, not NHSScotland. n=11</td>
</tr>
<tr>
<td>NHS Lothian</td>
<td>June 2013</td>
<td>Lothian Paediatric Psychology &amp; Liaison Service (PPALS) workforce is no longer counted under CAMHS. Decrease of 4</td>
</tr>
<tr>
<td>NHS Grampian</td>
<td>March 2013</td>
<td>Health Psychologists previously managed within CAMHS are now managed by Combined Child Health services. Decrease of 4</td>
</tr>
<tr>
<td>NHS Fife</td>
<td>December 2017</td>
<td>Following a data quality exercise, 10.3 WTE psychology staff are no longer recorded under NHS Fife CAMHS workforce as they work in child and adolescent psychology services based and managed outwith NHS Fife CAMHS. Decrease of 11</td>
</tr>
<tr>
<td>NHS GG&amp;C</td>
<td>March 2018</td>
<td>“Following the closure of the NHS Greater Glasgow &amp; Clyde Treatment Foster Care service, 2 headcount and 2.4 WTE of staff have been redeployed outwith CAMH Services. These staff were included in the 31st March 2018 census date figures.”</td>
</tr>
</tbody>
</table>

NHS Ayrshire and Arran: This NHS Board operates CAMHS services plus separate Child & Adolescent Psychology Services which are managed separately from CAMHS.
**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 CAMHS 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 database but as at March 2012 are now appropriately included with the service redesign and re-organisation.

**NHS Dumfries & Galloway:** From 1 April 2012 NHS Dumfries & Galloway CAMHS substance misuse mental health workers (headcount = 5 at the time) sit within a separate sub-team; Child and Adolescent substance service, CASS. Therefore, these staff 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 the table below for details.
<table>
<thead>
<tr>
<th>NHS Board</th>
<th>Service Age Provision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ayrshire &amp; Arran</td>
<td>Up to 18th birthday if still in full time education.</td>
</tr>
<tr>
<td>Borders</td>
<td>Up to 18th birthday.</td>
</tr>
<tr>
<td>Dumfries &amp; Galloway</td>
<td>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.</td>
</tr>
<tr>
<td>Fife</td>
<td>Up to 18th birthday.</td>
</tr>
<tr>
<td>Forth Valley</td>
<td>Core CAMHS is up to 18th birthday, Learning Disabilities CAMHS is up to 16th birthday.</td>
</tr>
<tr>
<td>Grampian</td>
<td>Up to 18th birthday.</td>
</tr>
<tr>
<td>Greater Glasgow &amp; Clyde</td>
<td>Up to 18th birthday across all services.</td>
</tr>
<tr>
<td>Highland</td>
<td>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.</td>
</tr>
<tr>
<td>Lanarkshire</td>
<td>Tier 3 Child &amp; 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 &amp; CAMHS for Accommodated Young People (CAYP) Teams: up to 18th birthday.</td>
</tr>
<tr>
<td>Lothian</td>
<td>Up to 18th birthday across all areas.</td>
</tr>
<tr>
<td>Orkney</td>
<td>Up to 18th birthday.</td>
</tr>
<tr>
<td>Shetland</td>
<td>Up to 18th year if in full time education and up to 16th year if not in full time education</td>
</tr>
<tr>
<td>Tayside</td>
<td>Up to 18th birthday provided in full-time secondary education (not tertiary i.e. not college). Learning Disability up to 18 years</td>
</tr>
<tr>
<td>Western Isles</td>
<td>Up to 18th birthday.</td>
</tr>
</tbody>
</table>