

# Child & Adolescent Mental Health Services Workforce in NHSScotland



Workforce Information as at 30 September 2016

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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 30 September 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, Target Age, Area of Work, Gender and Whole-Time/Part-Time working. Age of staff and Pay Grade/Band will be reported every 6 months and are not included in the current publication. 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. The population figures used in this publication are the National Records of Scotland mid-year population estimates for 2015.

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 50.2% increase in the CAMHS workforce from 653.7 WTE (741 headcount) to 981.8 WTE (1,147 headcount) as at 30 September 2016.
- Over the last year there has been a 0.3% WTE increase in the overall CAMHS workforce and a 1.1% increase in the headcount.
- Nationally, there is an average staffing level of 18.3 WTE clinical workers per 100,000 of the population of Scotland at 30 September 2016. An additional 93.2 WTE clinical workers is required to reach the overall target of 20 WTE clinical workers per 100,000 of the total population set by the Scottish Government in 2005-6.
- At 30 September 2016, 47.8 WTE (4.6%) posts were vacant and in the process of being advertised. Including these posts, the CAMHS workforce would be 1029.6 WTE, equivalent to a staffing level of 19.2 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:

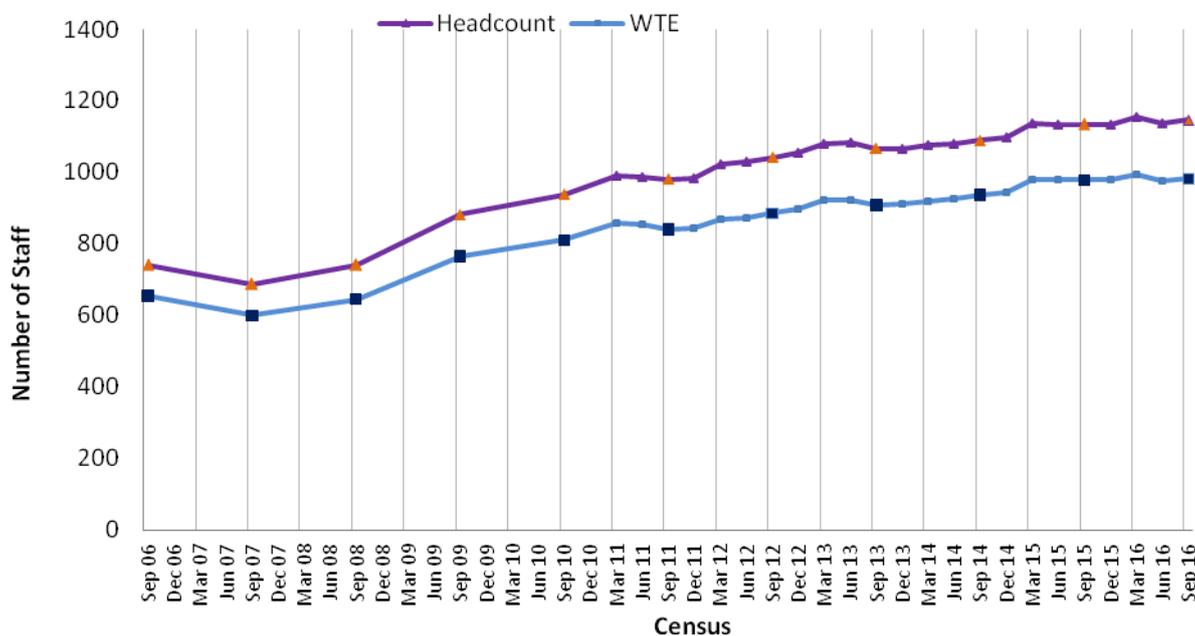
- 4,025 children and young people started treatment at Child and Adolescent Mental Health Services (CAMHS) in Scotland which is a decrease from the previous quarter (4,642) and quarter ending September 2015 (4,239)
- Nearly eight out of 10 (78.8%) were seen within 18 weeks. This compares with 77.6% in the previous quarter and 73.1% for the quarter ending September 2015
- The 18-week standard was met by six Boards (NHS Borders, NHS Dumfries & Galloway, NHS Greater Glasgow & Clyde, NHS Orkney, 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 the month due to data quality issues
- Across Scotland, over one in eight (13.4%) patients referred to CAMHS did not attend their first appointment. This compares with 13.1% in the previous quarter and 14.5% in the quarter ending September 2015

## Results and Commentary

### Staff in Post

Since 2006 there has been a 50.2% increase overall in the Scotland CAMHS workforce from 653.7 WTE (741 headcount) to 981.8 WTE (1,147 headcount) as at 30 September 2016. Figure 1 illustrates the trend for the last decade, showing an overall increase in the CAMHS workforce from 2007 onwards due to an increased focus on the [CAMHS Framework](#). The gap between the Headcount and WTE of the CAMHS workforce has widened over this period due to a rise in staff working part-time (see Figure 6).

**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 reach the 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 30 September 2016. Since September 2006, the WTE of staff in post per 100,000 population has increased from 12.8 to 18.3 WTE, equivalent to 89.8 WTE per 100,000 child & adolescent population. The target figures show the WTE needed in post in order to reach the target, indicating that an additional 93.2 WTE staff in post overall is required.

**Table 1: NHSScotland CAMHS workforce by Staff in Post, Vacancies, Establishment Figures and Target Figures, as at 30 September 2016.**

	Whole Time Equivalent	WTE per 100,000 total population	WTE per 100,000 0-18 year old population
Staff in Post	981.8	18.3	89.8
Vacancies	47.8	0.9	4.4
Establishment Figures	1029.6	19.2	94.1
Target Figures	1075.0	20.0	98.3

## Staff in NHS Boards

Table 2 shows the difference between 30 September 2006 and 30 September 2016 for WTE staff and WTE staff per 100,000 child and adolescent population by NHS Board. NHS Grampian is the only Board which has decreased in WTE (-11.6 WTE) and NHS Lothian has seen the biggest increase of 94.3 WTE. At 30 September 2006 only NHS Greater Glasgow and Clyde was above the Scottish Government's target. At the current census date NHS Dumfries and Galloway, NHS Lothian and NHS Tayside have also exceeded the target. 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 30 September 2016, by NHS Board.**

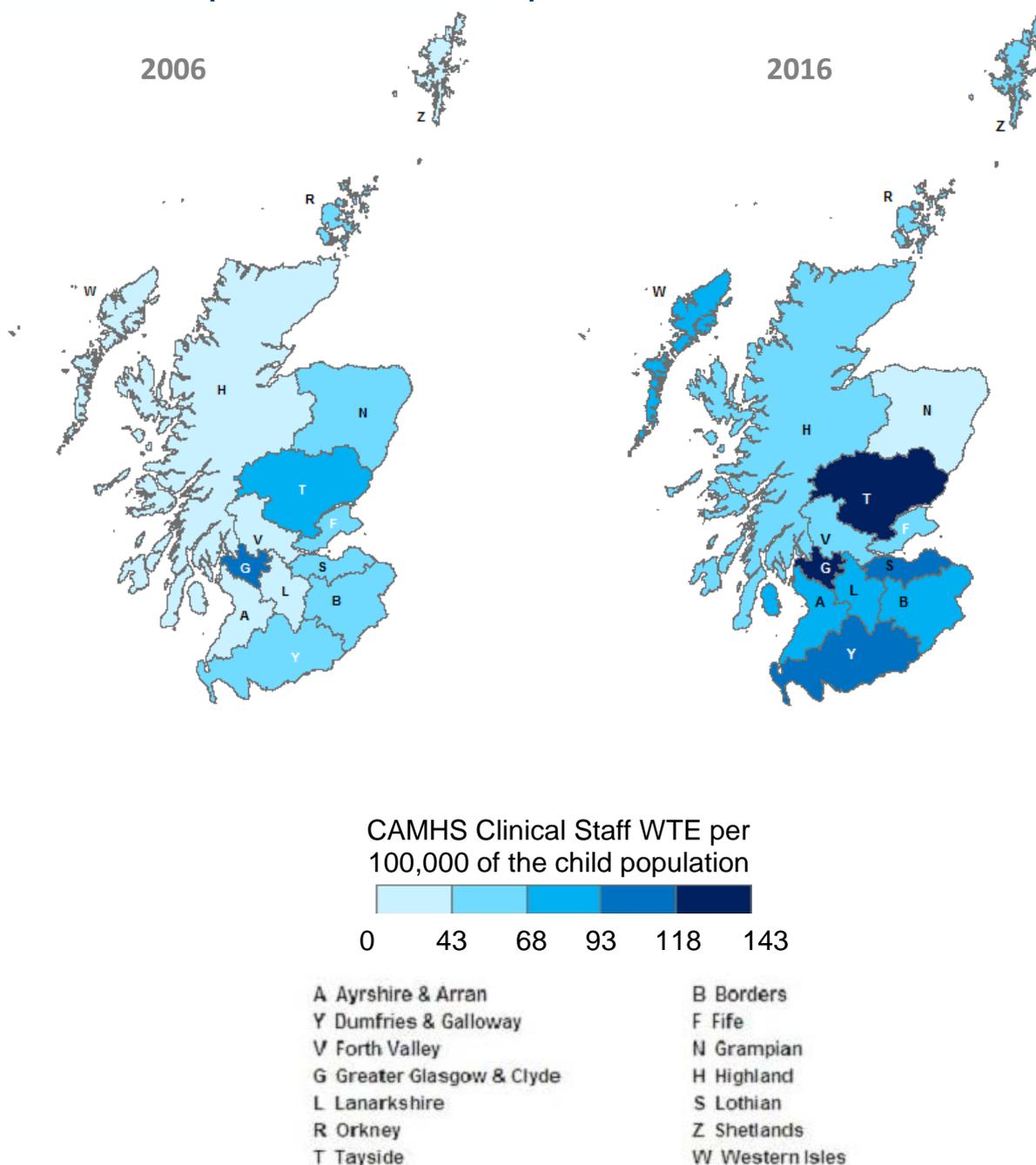
NHS Board	Total WTE at 30 Sep 2006	Total WTE at 30 Sep 2016	WTE per 100,000 child population for Sep 2006	WTE per 100,000 child population for Sep 2016
NHS Ayrshire and Arran	22.7	52.1	28.2	69.3
NHS Borders	15.6	18.6	64.9	81.8
NHS Dumfries and Galloway <sup>1</sup>	18.1	30.9	58.2	107.8
NHS Fife	42.4	45.9	53.2	59.8
NHS Forth Valley	21.9	38.7	33.1	60.7
NHS Grampian <sup>1</sup>	62.7	51.1	54.4	43.2
NHS Greater Glasgow and Clyde	253.0	276.7	97.9	119.6
NHS Highland <sup>1</sup>	23.7	41.9	35.8	65.0
NHS Lanarkshire <sup>1</sup>	23.3	99.1	18.0	70.0
NHS Lothian <sup>1</sup>	105.3	199.6	62.8	114.8
NHS Orkney	2.0	2.0	45.8	47.4
NHS Shetland	1.4	3.4	26.5	67.3
NHS Tayside	60.9	117.1	72.8	141.8
NHS Western Isles	1.0	4.8	17.2	91.9
<b>NHS Scotland</b>	<b>653.7</b>	<b>981.8</b>	<b>58.5</b>	<b>89.8</b>

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.
3. 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 shows geographically the change in the Board rates of WTE per 100,000 child & adolescent population between September 2006 and September 2016. It is important to note that since 2006 the total population for Scotland has increased by 5% whereas the child & adolescent population (0–18 year olds) has decreased by 2.1% overall for the same period. This is true for all boards except NHS Lothian and NHS Grampian where the child populations have increased. Therefore, although NHS Orkney has remained at 2.0 WTE of staff, the actual WTE per 100,000 child population has increased.

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



## Trends

Specialist CAMHS offer a range of services and support to children and adolescents for whom mental health negatively affects their daily life. Therefore several professional groups form the CAMHS workforce. Table 3 shows, by professional group, a recent quarterly trend for the WTE of staff in post. Note that there is some regular with-in year variation in the figures shown, largely due to intakes and outputs to training. For instance, between 30 June 2016 and 30 September 2016 the WTE for psychology staff has decreased. This corresponds with the start of the Doctorate in Clinical Psychology courses when some staff such as Assistant Psychologists leave their posts to commence training. The year-on-year increase for this group was 1.6%.

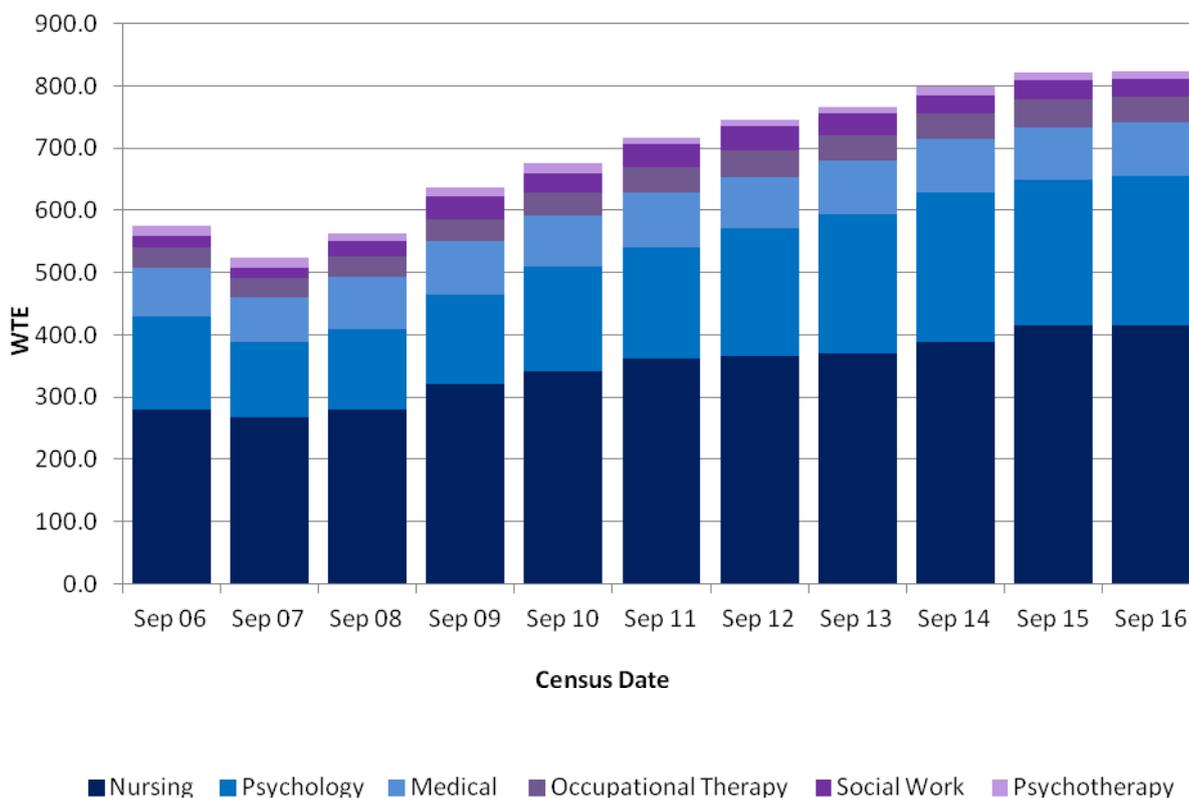
**Table 3: Recent trend in WTE of staff in post by their Professional Group.**

Professional Group	30 Sep 2015	31 Dec 2015	31 Mar 2016	30 Jun 2016	30 Sep 2016	Annual Difference	% Annual Change
Nursing	414.6	412.1	417.3	409.0	415.7	1.1	0.3 %
Psychology	235.0	244.5	253.2	253.5	238.7	3.7	1.6 %
Medical	84.3	81.1	80.6	78.7	87.4	3.1	3.7 %
Occupational Therapy	45.1	45.2	46.2	41.9	40.9	-4.2	-9.4 %
Social Work	29.6	27.1	27.8	24.0	28.7	-0.9	-2.9 %
Psychotherapy <sup>1</sup>	13.6	13.6	12.7	12.7	11.7	-1.9	-14.0 %
Family Therapy	9.6	10.1	11.9	11.9	11.5	1.9	19.9 %
Counselling	7.3	7.3	6.4	6.0	7.2	-0.1	-1.5 %
Speech & Language Therapy	8.1	8.0	10.0	8.3	8.0	-0.1	-1.6 %
Teaching	4.4	4.4	4.3	2.5	5.2	0.8	17.0 %
Art Therapy	8.8	8.6	8.7	9.7	9.9	1.1	12.3 %
Dietetics	8.1	8.1	9.0	9.0	9.0	0.9	11.6 %
Physiotherapy	0.0	0.0	0.0	0.4	0.4	0.4	0.0 %
Music Therapy	0.6	0.6	0.6	0.6	0.6	0.0	0.0 %
Educational Psychology	0.5	0.0	0.0	0.0	0.0	-0.5	-100.0 %
Other Therapy	11.6	10.6	12.4	11.7	10.7	-0.9	-7.6 %
Other	97.5	97.4	92.4	96.3	96.2	-1.2	-1.3 %
Healthcare Assistants	46.4	44.4	42.4	42.4	48.0	1.6	3.4 %
<b>Total: All Groups</b>	<b>978.7</b>	<b>978.7</b>	<b>993.5</b>	<b>976.1</b>	<b>981.8</b>	<b>3.1</b>	<b>0.3%</b>

1. Psychotherapy – this staff group are Child and Adolescent Analytical Psychotherapists.

A longer trend of the WTE for the largest professional groups is illustrated in Figure 3. Although the total WTE has increased every year since 2007, the overall distribution of professional groups has remained relatively stable over this time period, with nursing consistently contributing the largest proportion of staff.

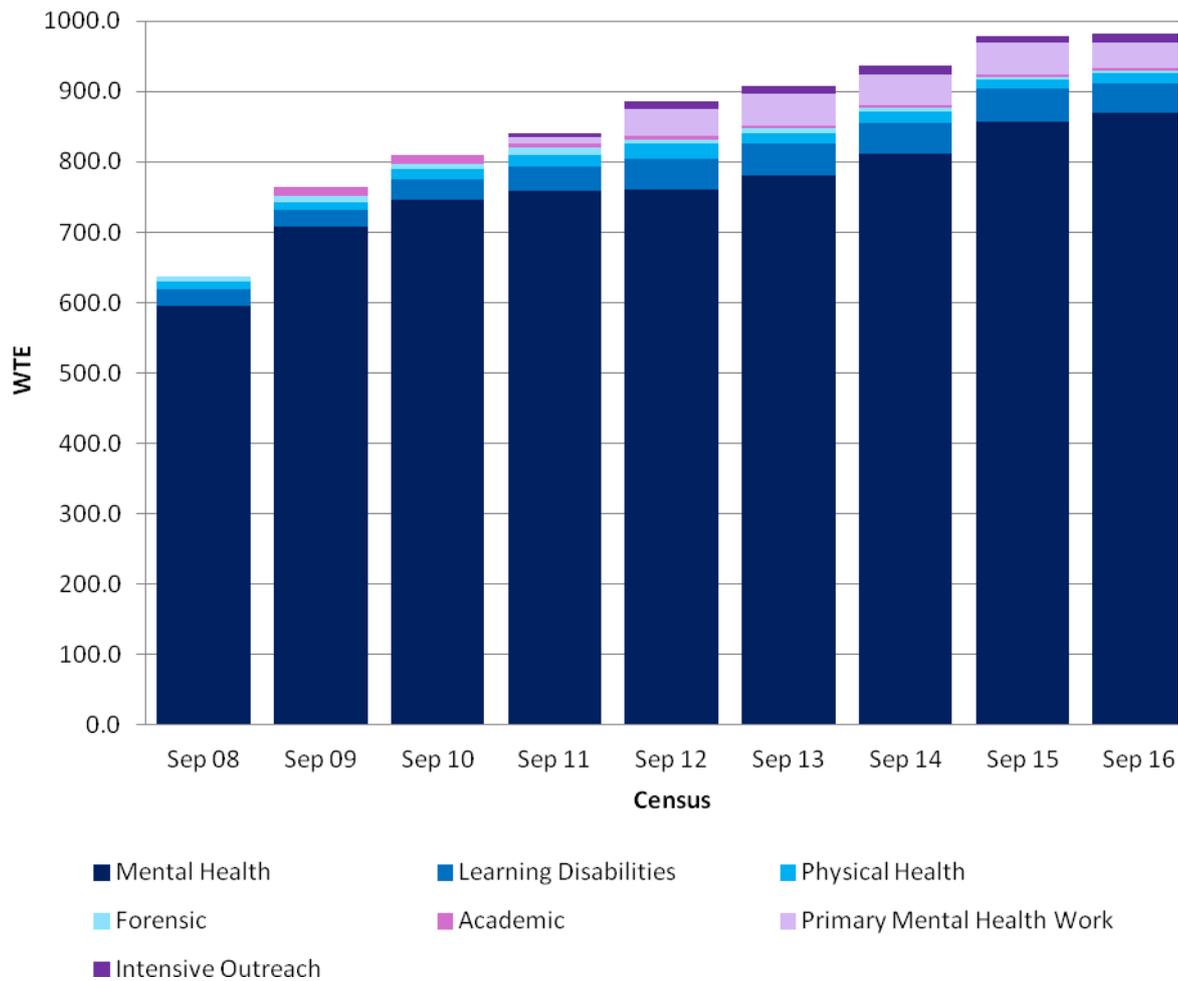
**Figure 3: Trend of the WTE for the main Professional Groups within NHSScotland CAMHS annually since 2006.**



### Area of Work

CAMHS can be categorised into several distinct areas of work. Figure 4 shows the CAMHS workforce by area of work annually since 2008, the earliest point at which data is available. The distribution of area of work has spread over time as additional areas of work have been added. Intensive Outreach was added in 2009 and Primary Mental Health work in 2011. Prior to these dates the data would have been recorded under Mental Health. The Primary Mental Health area of work has expanded since its introduction, corresponding with the expansion of specific Primary Mental Health teams within some of the boards. Despite these changes, mental health has consistently remained the largest area of work, with 88.5% of the CAMHS workforce working within mental health as at 30 September 2016.

**Figure 4: Distribution of the Area of Work of CAMHS Staff by WTE, September 2008 – September 2016.**

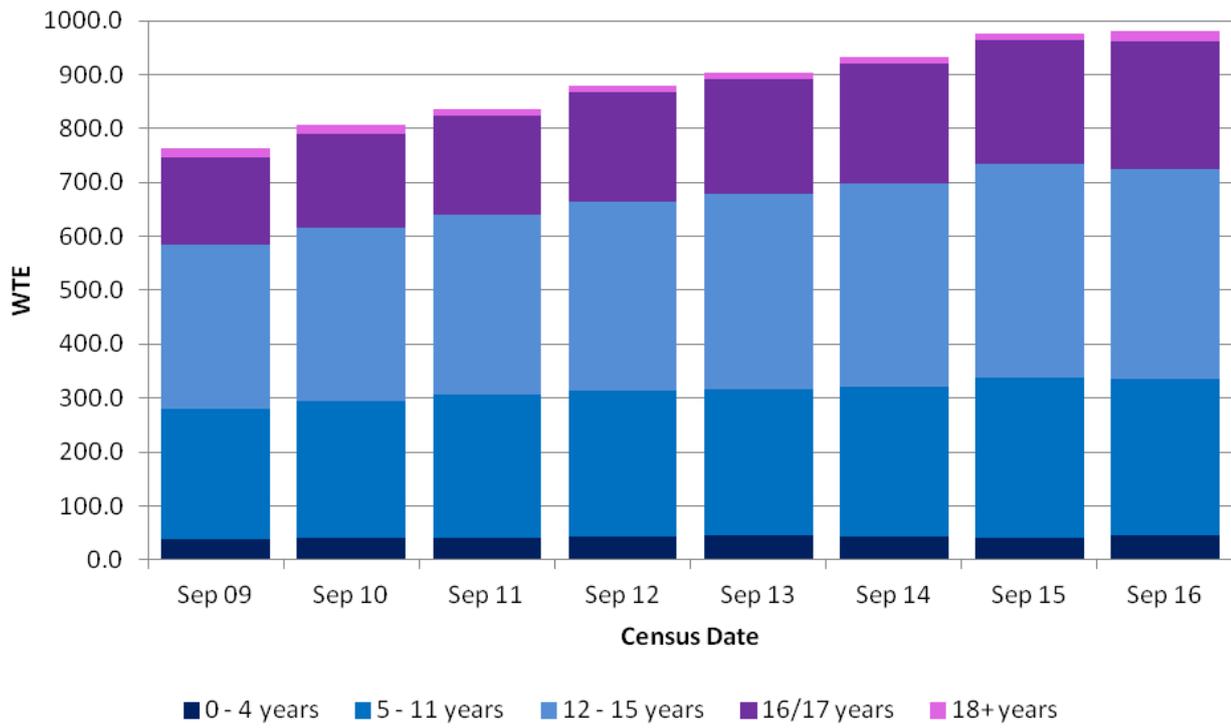


## Target Age

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.

Figure 5 shows a trend for how staff are distributed in respect of the target age of the services they support – data on this aspect of the workforce is only available from 2009. While the total WTE has increased within all target ages, the proportion of staff increases has differed across target ages. This has resulted in a decrease in the proportion of staff aimed all target ages except for the 16/17 years target age, which has increased in proportion from 21.2% to 24.0%. 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. This project aims to improve the availability of parenting programmes for families with young children who have elevated levels of behaviour problems by providing outreach, community services, teaching and family support.

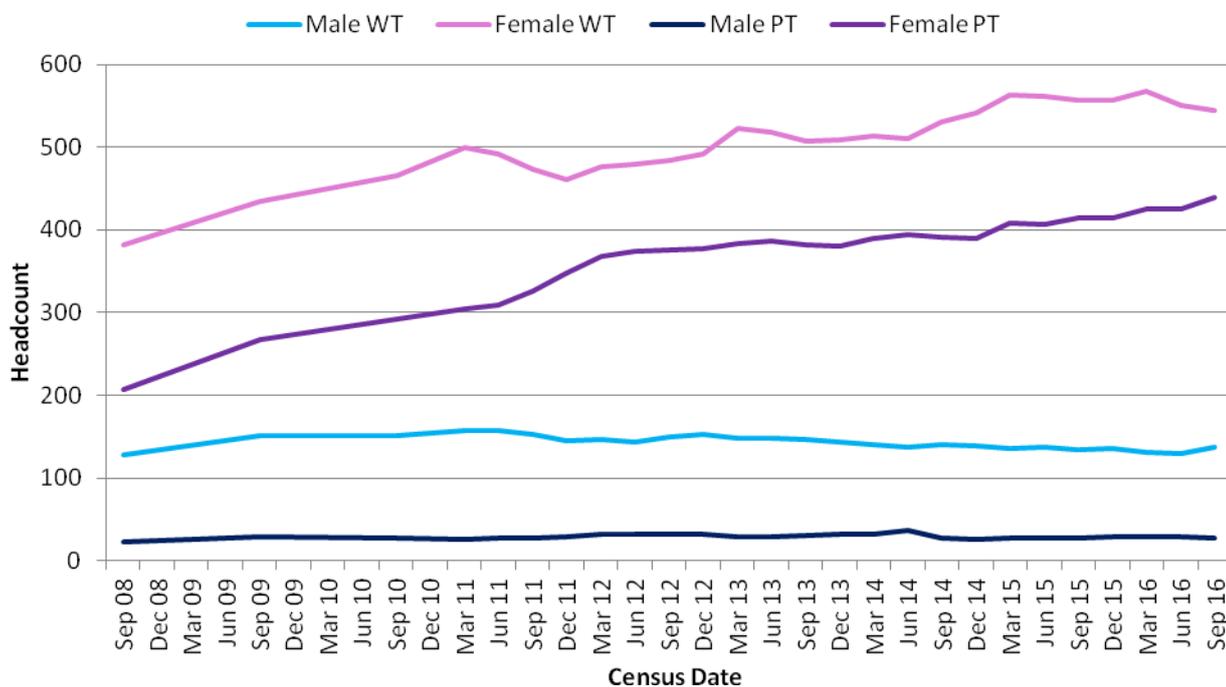
**Figure 5: Annual Distribution of Target Age of service users by staff within NHSScotland CAMHS from 30 September 2009 to 30 September 2016.**



### Whole-time/Part-time Working

The headcount of staff has increased within both genders and across whole-time and part-time working since 2008 when data was first collected. The largest increase in headcount was within part-time workers for both male staff (17.4% increase) and female staff (112.1% increase), resulting in an increase of 102.6% staff working part-time overall. Despite this, the majority of both male and female staff continue to work whole-time (59.4%). This is illustrated in Figure 6.

**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.

## Vacancy Information

At 30 September 2016 47.8 WTE posts were vacant and in the process of being advertised. A further 11.9 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 September 2015.

**Table 4: NHSScotland CAMHS workforce vacancies being advertised by Professional Group, 30 September 2015 to 30 September 2016.**

Professional Group	WTE as at 30 Sep 2015	WTE as at 31 Dec 2015	WTE as at 31 Mar 2016	WTE as at 30 Jun 2016	WTE as at 30 Sep 2016
Nursing	9.0	15.2	14.8	15.4	16.3
Psychology	22.4	19.8	12.6	18.3	16.9
Medical	7.0	6.8	6.4	11.0	6.4
Occupational Therapy	1.0	2.5	0.0	2.0	1.6
Social Work	0.0	0.0	0.0	1.0	0.0
Psychotherapy	0.0	0.0	0.0	0.0	2.0
Physiotherapy	0.0	0.0	0.4	0.0	0.0
Other	0.0	0.0	0.4	4.0	4.6
Unspecified Professional Group	8.0	2.8	1.0	0.0	0.0
<b>Total: All Professional Groups</b>	<b>47.4</b>	<b>47.1</b>	<b>35.6</b>	<b>51.7</b>	<b>47.8</b>

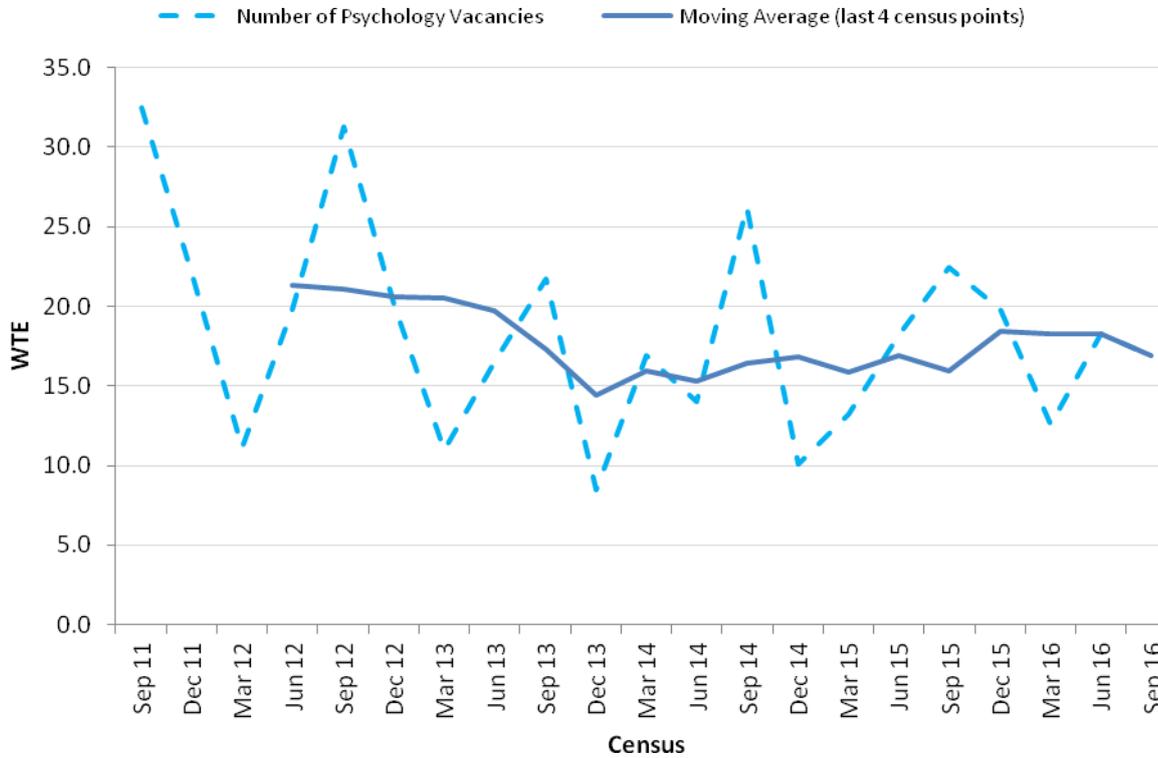
Note: The following NHS Boards/ Services reported no posts were between advertised and being filled as at the 30 September 2016: NHS Argyll and Bute, NHS Ayrshire and Arran, NHS Greater Glasgow and Clyde: Inverclyde, Enhanced Nursing, West Dunbartonshire, East CAMHS and NHS Shetland. Of these, only NHS Ayrshire and Arran had posts that were approved for recruitment but not yet advertised.

No information has been received for vacancies at 30 September 2016 from the following services: NHS Western Isles and NHS Greater Glasgow & Clyde: Academic Team, Child Inpatient Unit, City Wide, Eating Disorders and Renfrewshire. Therefore there may be additional vacancies that were being advertised at the census date not included in the data shown.

Figure 7 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

indicates that vacancy levels in Psychology staff posts have been relatively stable over the past 5 years.

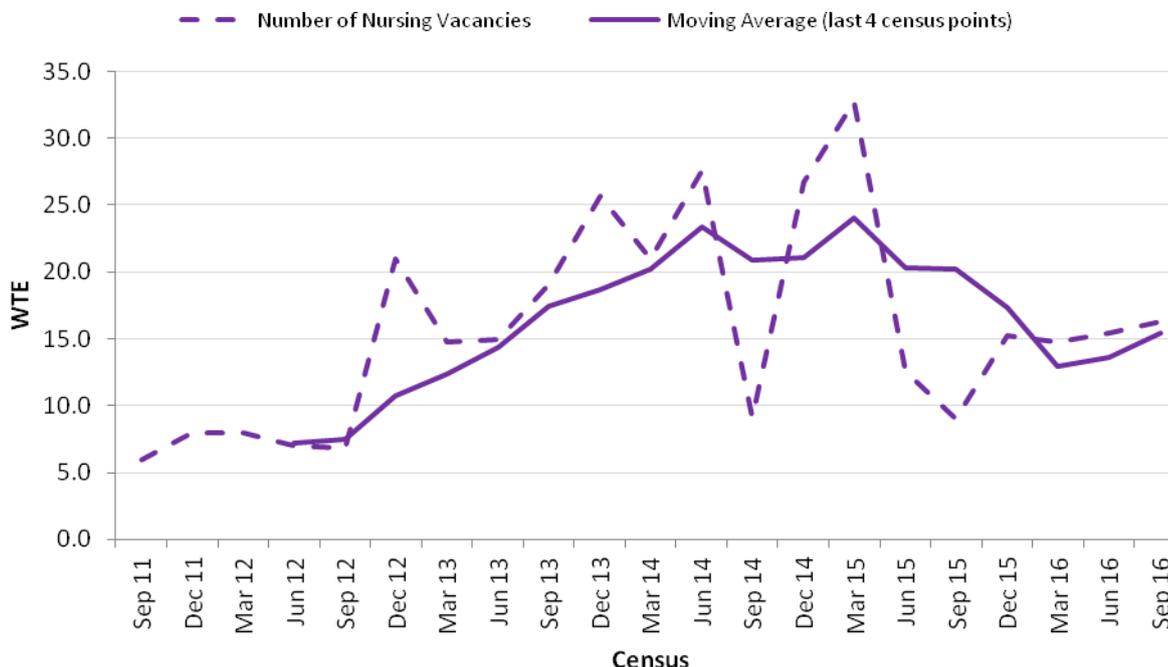
**Figure 7: Vacancy Trend of Psychology Staff within NHSScotland CAMHS, 2011-2016 by WTE.**



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 8 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 8: 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.

## Trainees

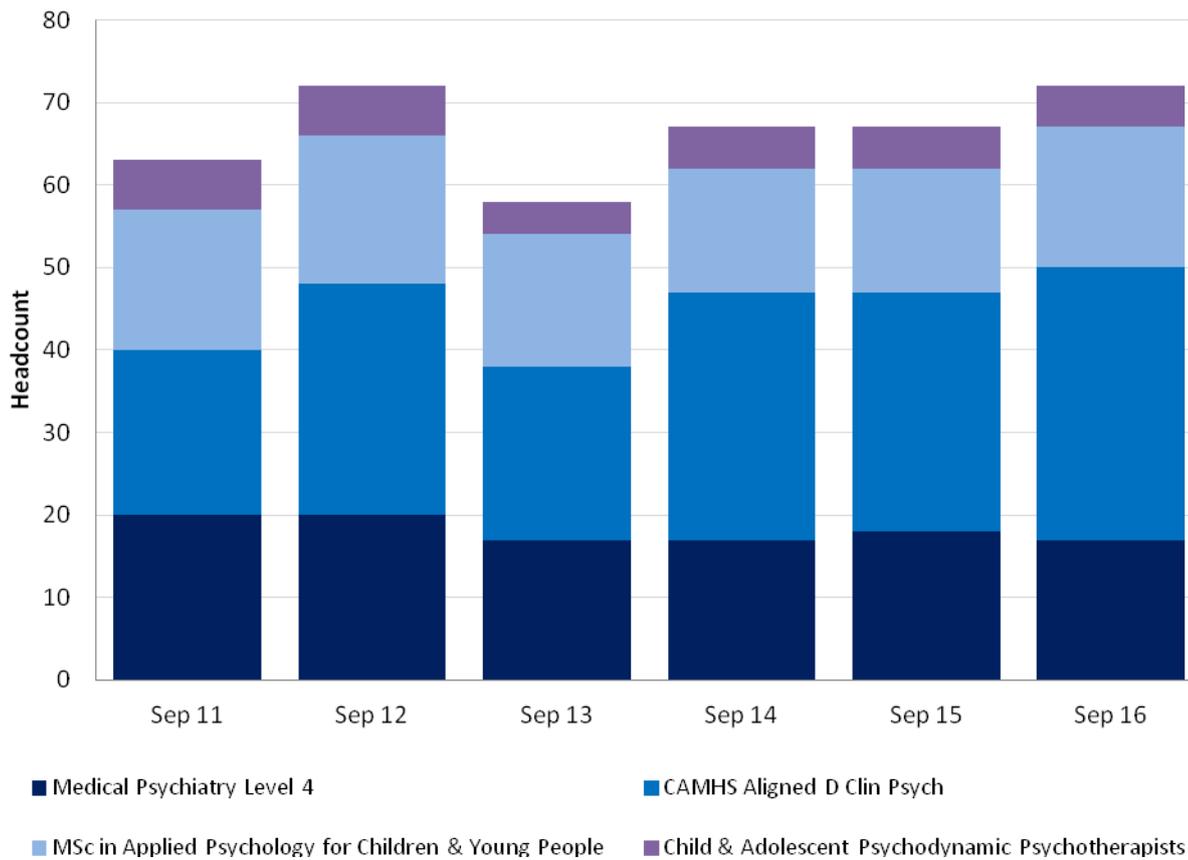
As at 30 September 2016 there were a total of 77 trainees in NHSScotland CAMHS. Table 5 shows the distribution of these Trainees by subject. 22.1% of the trainees were studying the MSc in Applied Psychology for Children & Young People.

**Table 5: NHSScotland CAMHS Trainees as at 30 September 2016.**

	Headcount	WTE
Medical Psychiatry Level 4	17	16.2
CAMHS Aligned D Clin Psych	33	32.6
MSc in Applied Psychology for Children & Young People	17	17.0
Child and Adolescent Psychodynamic Psychotherapists	5	5.0
<b>Total Trainees</b>	<b>77</b>	<b>76.2</b>

Figure 9 shows a recent trend for the number of CAMHS trainees. Trainee information is only available from 2011 due to data quality issues.

Figure 9: NHSScotland CAMHS Trainees from 2011-2016 by Headcount.



### 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 30 September 2016.

NHS Board	Date Change Implemented	Reason for Change and Impact on the Headcount
NHS Lanarkshire	March 2012	Youth Counsellors now included. <b>Increase of 18</b>
NHS Dumfries and Galloway	April 2012	Substance Misuse Mental Health Workers no longer included. <b>Decrease of 5</b>
NHS Highland	April 2012	CAMHS Primary Mental Health Workers are Highland Council employees, not NHSScotland. <b>n=11.</b>
NHS Lothian	June 2013	Lothian Paediatric Psychology&Liaison Service (PPALS) workforce are no longer counted under CAMHS.

		<b>Decrease of 4.</b>
NHS Grampian	March 2013	Health Psychologists previously managed within CAMHS are now managed by Combined Child Health services. <b>Decrease of 5.</b>

**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 available during 2016. From 1 June 2013 some of NHS Lothian Paediatric Psychology&Liaison Service (PPALS) workforce are no longer counted under CAMHS. This data will be enhanced during 2016.

**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 30 September 2016 by NHS Board.**

NHS Board	Service Age Provision as at 30 September 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	<u>CAMHS characteristics of the workforce as at 30 September 2016</u>	30 September 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).	"	-

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## 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/2016-12-06/2016-12-06-CAMHS-Report.pdf>

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

<http://www.isdscotland.org/Health-Topics/Waiting-Times/Publications/2016-12-06/2016-12-06-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 30 September 2016.
Description	A detailed description of the nature and extent of current CAMHS provision in NHSScotland as at the 30 September 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	06 December 2016
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 30 September 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 <a href="#">Known Uses of the CAMHS data</a> 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: <a href="http://www.scotland.gov.uk/About/Performance/scotPerforms/partnerstories/NHSScotlandperformance/CAMHS18weeks">http://www.scotland.gov.uk/About/Performance/scotPerforms/partnerstories/NHSScotlandperformance/CAMHS18weeks</a>
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: <a href="http://www.isdscotland.org/Health-Topics/Workforce/Psychology">http://www.isdscotland.org/Health-Topics/Workforce/Psychology</a>
Accessibility	It is the policy of ISD Scotland to make its web sites and products accessible according to <a href="#">published guidelines</a> .
Coherence and clarity	All CAMHS tables are accessible via the ISD website at <a href="http://www.isdscotland.org/HealthTopics/Workforce/CAMHS/">http://www.isdscotland.org/HealthTopics/Workforce/CAMHS/</a>  Data are presented by: Professional group; NHS Board; Ageband; 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 <a href="#">ISD protocol on Statistical Disclosure Protocol</a> is followed.
Official Statistics designation	National Statistics
UK Statistics Authority Assessment	Assessed by UK Statistics Authority <a href="#">assessment-report-39---statistics-on-nhs-scotland-workforce.pdf</a>
Last published	06 September 2016
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Date of first publication	2005
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Date form completed	10/11/2016

## **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.