Child & Adolescent Mental Health Services
Workforce in NHSScotland
Workforce Information as at 30 June 2017
Publication date: 05 September 2017
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Introduction

This publication is a collaboration between Information Services Division (ISD) and NHS Education for Scotland (NES) and presents Child and Adolescent Mental Health Services (CAMHS) workforce information at 30 June 2017.

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.
- Staff in Training.

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

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.

Twenty percent of adolescents may experience a mental health problem in any given year\(^1\) and 10% of children and young people have a clinically diagnosable mental problem\(^2\). However, 70% of children and adolescents who experience mental health problems have not had appropriate interventions at a sufficiently early age\(^3\).

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 multi-disciplinary teams

\(^1\) [WHO 2003 Caring for children and adolescents with mental health disorders](https://www.who.int/mental_health/what_does_who_do/children_youth_sh.pdf)


including psychiatrists, psychologists, nurses, social workers, and others (see the glossary for definitions of each). 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 53.6% increase in the CAMHS workforce from 653.7 WTE (741 headcount) to 1004.1 WTE (1,169 headcount) as at 30 June 2017. In the last two years growth has slowed, however the workforce has increased by 3% in the last two quarters.

- At 30 June 2017 the average staffing level within NHSScotland CAMHS was 91.9 WTE staff per 100,000 population aged 0 - 18. This figure varies considerably across NHS Boards.

- As at 30 June 2017 there were 80 individuals undertaking education aimed at supplying the CAMHS workforce. 31 of these are on a CAMHS aligned Doctorate in Clinical Psychology.

- At 30 June 2017, 46.4 WTE (4.4%) posts were vacant and in the process of being advertised. This rate has remained steady since 2011.

Related publications

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. Workforce capacity and demand for CAMHS services will affect the ability of services to meet this target. Information about CAMHS waiting times are published quarterly and can be found here: [http://www.isdscotland.org/Health-Topics/Waiting-Times/Child-and-Adolescent-Mental-Health/](http://www.isdscotland.org/Health-Topics/Waiting-Times/Child-and-Adolescent-Mental-Health/)

The latest publication includes the following main points. During the quarter ending June 2017:

- 4,092 children and young people started treatment at Child and Adolescent Mental Health Services (CAMHS) in Scotland which is a decrease from the previous quarter (4,333) and from quarter ending June 2016 (4,736).

- Eight out of 10 (80.7%) children and young people were seen within 18 weeks and half started their treatment within eleven weeks. This compares with 83.6% in the previous quarter and 77.7% for the quarter ending June 2016.

- The 18 week standard was met by eight NHS Boards (NHS Ayrshire & Arran, NHS Borders, NHS Dumfries & Galloway, NHS Forth Valley, NHS Greater Glasgow & Clyde, NHS Orkney, NHS Shetland and NHS Western Isles).

- Across Scotland, over one in nine (12.2%) patients referred to CAMHS did not attend their first appointment, this compares with 11.8% in the previous quarter and 13.0% in the quarter ending June 2016.
Results and Commentary

1. Staff in Post

This section provides a summary of the CAMHS workforce within NHSScotland as at 30 June 2017 and illustrates how the workforce has changed over time. Workforce statistics are routinely reported as headcount and whole time equivalent (WTE), which adjusts the figure to take account of part-time working.

Since 2006 there has been a 53.6% increase overall in the Scotland CAMHS workforce from 653.7 WTE to 1004.1 WTE as at 30 June 2017. The workforce grew little between December 2014 and December 2016 but more recently there was a 3.0% increase over the subsequent 6 months.

Figure 1: Headcount and WTE of CAMHS staff in NHSScotland from 30 September 2006 to 30 June 2017.

At 30 June 2017 24.5 WTE (2.4%) of the 1004.1 WTE total staff in post were on maternity leave and 15.6 WTE (1.6%) were on long term sick leave.

The Scottish Government’s NHSScotland workforce target was 20 WTE per 100,000 of the total population to be reached by the end of 2016. 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 June 2017. Since September 2006, the WTE of staff in post per 100,000 of the total population has increased overall from 12.8 to 18.6 WTE.
Table 1: NHSScotland CAMHS workforce by Staff in Post, Vacancies and Establishment Figures, as at 30 June 2017.

<table>
<thead>
<tr>
<th></th>
<th>Whole Time Equivalent</th>
<th>WTE per 100,000 total population</th>
<th>WTE per 100,000 0-18 year old population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff in Post (Total)</td>
<td>1004.1</td>
<td>18.6</td>
<td>91.9</td>
</tr>
<tr>
<td>Staff in Post (excluding NHS Boards with inpatient units)</td>
<td>200.0</td>
<td>15.0</td>
<td>74.2</td>
</tr>
<tr>
<td>Vacancies</td>
<td>46.4</td>
<td>0.9</td>
<td>4.2</td>
</tr>
<tr>
<td>Establishment Figures (Total staff in post plus vacancies)</td>
<td>1050.5</td>
<td>19.4</td>
<td>96.1</td>
</tr>
</tbody>
</table>

R - Table 1 has been revised at 12 December 2017. The table displayed in the version published on 5 September 2017 excluded NHS Forth Valley data from the second row of figures for ‘Staff in Post (excluding NHS Boards with inpatient units)’.

1.1 Staff in NHS Boards

Over the next ten years, the child and adolescent (0-18 year olds) population is expected to increase by 1.7% overall in Scotland. Despite this, the proportion of the total population consisting of child and adolescents is expected to change little over the same period (-0.2%). However, at NHS Board level there is significant variation in respect of these projections, for example, both NHS Grampian and NHS Lothian’s 0-18 populations are projected to increase the most by over 8.0% each\(^4\). In contrast, the Island Boards’ child and adolescent populations are all expected to decrease, with NHS Western Isles predicted to decrease by as much as 16.0% from its current mid-2016 child and adolescent population estimate.

In response to these ongoing changes to the population targeted by CAMHS, Figures 2a and 2b illustrate the change in the NHS Board rates of WTE CAMHS staff per 100,000 child and adolescent population graphically between September 2006 and 2017. The graphics distinguish between those NHS Boards with inpatient units and those without, due to the additional staffing requirements involved.

Inpatient units require an intense level of staffing and the NHS Boards providing this type of service will take patients from across NHSScotland in addition to their own Board area\(^5\). 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 also the CAMHS Tier Model for a more detailed description of services provided in inpatient units. The three NHS Boards with the highest rates of CAMHS staff per population at the current census

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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.
date all have inpatient units (NHS Greater Glasgow and Clyde, NHS Lothian and NHS Tayside). Further comparison of the staffing rates per population and WTE at Board level can be found within the background tables.

Figure 2: WTE per 100,000 of the child and adolescent population for CAMHS staff in NHSScotland by NHS Board at 30 September 2006 and 30 June 2017.

(a) NHS Boards that have inpatient units

(b) NHS Boards without inpatient units

Please note the NHSScotland figures are based on all NHS Boards, including those without inpatient units.
Please note that NHS Orkney currently has 1 WTE CAMHS staff in post, however due to incomplete data they are not included in the figures. The NHSScotland figures are based on all NHS Boards, including those with inpatient units.

1.2 Staff by professional group

A range of different professional groups form the CAMHS workforce. The distribution of these is illustrated in Figure 3 for the 30 June 2017 census. For definitions of each profession please refer to the Summary of Professional Groups within CAMHS. The largest professional group is Nursing contributing 41.7% of the total CAMHS workforce.

Figure 3: WTE of CAMHS staff by professional group at 30 June 2017.

Please note that physiotherapy, music therapy and educational psychology are included within the ‘other’ professional group as they all contain less than 1.0 WTE.

Figure 4 displays the trend for the largest of these professional groups by WTE from 30 September 2006 to 30 June 2017. Since December 2016, all the main professional groups except for Medical and Other have increased, contributing to the 3.0% rise in CAMHS staff. The psychology staff group has seen the largest WTE increase (13 WTE, 5.4%) over this
period. However the largest percentage changes were within the Psychotherapy and Social Work professional groups which increased by 12.0% (1.4 WTE) and 11.6% (3.2 WTE) respectively. Note that there is some regular variation within the psychology professional group which decreases in WTE every September. This corresponds with the start of the Doctorate in Clinical Psychology course when staff, such as Assistant Psychologists, leave their positions to commence training. There is subsequently an increase in the psychology professional groups each December as new graduates from the Doctorate in Clinical Psychology start to join the workforce as Clinical Psychologists.

From 2017 onward there may be trainees from the Doctorate in Clinical Psychology course graduating each April, as those studying at the University of Edinburgh have been given recognition of prior learning from their earlier completion of the MSc Applied Psychology in Children and Young People or the MSc Psychological Therapy in Primary Care (please refer to the Summary of Training Courses for more information). This may have contributed to the 3.8% increase in the psychology workforce in CAMHS between the 30 March 2017 and 30 June 2017 census dates.
Figure 4: Trend of the WTE for the main professional groups within NHSScotland CAMHS from 30 September 2006 to 30 June 2017.

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

2. Vacancy Information

At 30 June 2017, 53 posts were vacant and in the process of being advertised, the equivalent of 46.4 WTE. Of these, 35.0 WTE were for whole-time positions while the remaining 11.4 WTE were for part-time posts. Of the 53 advertised posts, 34 were permanent positions, 15 were for fixed-term for less than two years, two were fixed-term for more than two years and two were fixed-term for an unknown length of time. A further 19.6 WTE posts were approved for recruitment but not yet advertised. Table 2 shows the distribution of vacancies by professional group at the current census date, and breaks the total number of vacancies down into whether they are advertising for new or replacement posts, where the data is available.
Table 2: NHSScotland CAMHS workforce vacancies being advertised by Professional Group as at 30 June 2017.

<table>
<thead>
<tr>
<th>Professional Group</th>
<th>New Posts (WTE)</th>
<th>Replacement Posts (WTE)¹</th>
<th>Unknown Posts (WTE)²</th>
<th>Maternity Leave Cover (WTE)</th>
<th>Total Vacancies (WTE)³</th>
<th>Establishment WTE (total vacancies plus staff in post)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing</td>
<td>9.8</td>
<td>11.1</td>
<td>1.0</td>
<td>21.9</td>
<td>440.8</td>
<td></td>
</tr>
<tr>
<td>Psychology</td>
<td>5.1</td>
<td>8.8</td>
<td>-</td>
<td>14.9</td>
<td>269.0</td>
<td></td>
</tr>
<tr>
<td>Medical</td>
<td>-</td>
<td>4.8</td>
<td>-</td>
<td>4.8</td>
<td>89.8</td>
<td></td>
</tr>
<tr>
<td>Occupational Therapy</td>
<td>0.4</td>
<td>-</td>
<td>-</td>
<td>0.4</td>
<td>44.6</td>
<td></td>
</tr>
<tr>
<td>Psychotherapy</td>
<td>-</td>
<td>2.0</td>
<td>-</td>
<td>2.0</td>
<td>15.1</td>
<td></td>
</tr>
<tr>
<td>Dietetics</td>
<td>-</td>
<td>0.4</td>
<td>-</td>
<td>0.4</td>
<td>10.9</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>-</td>
<td>2.0</td>
<td>-</td>
<td>2.0</td>
<td>95.9</td>
<td></td>
</tr>
<tr>
<td><strong>Total: All Professional Groups</strong></td>
<td><strong>15.3</strong></td>
<td><strong>29.1</strong></td>
<td><strong>1.0</strong></td>
<td><strong>1.0</strong></td>
<td><strong>46.4</strong></td>
<td><strong>1050.5</strong></td>
</tr>
</tbody>
</table>

1. Replacement posts include vacancies to cover maternity leave.
2. Due to missing data it is unknown whether these vacancies are for new or replacement posts.
3. For the 30 June 2017 census the following services did not provide the necessary vacancy data: NHS Dumfries and Galloway (Clinical), NHS Greater Glasgow and Clyde: Academic, Adolescent Inpatient Unit, Autism, Forensic, Learning Disabilities, NHS Highland and NHS Highland: Argyll and Bute CHP. Therefore there may be additional vacancies that were being advertised at the census date not included in the data shown.

A trend of the vacancies since June 2016 is shown in Figure 5 illustrating that the majority of vacancies have consistently been for replacement posts within the last year. An average of 30.7% of all vacancies have also been for new posts over this period.
Figure 5: Trend in the WTE of vacancies split by new and replacement posts, from 30 June 2016 to 30 June 2017.

Please note that not all services provided vacancy information each quarter. Specific information on which services and boards responded can be found in previous publications. Prior to the data as at 30 June 2017, replacement posts will include any vacancies to cover maternity leave.

A longer trend for total vacancy rates as far back as September 2011 is shown in Figure 6. A moving average showing the combined rate for the previous 4 census points has been added to the chart to illustrate the underlying trend for all professional group vacancy rates as well as for the nursing and psychology professions. While vacancies tend to fluctuate between quarters, the moving average shows that the overall vacancy rate within CAMHS has dropped from 5.0% to 3.9% since 2011.
**Figure 6**: Trend in vacancy rates (the percentage of establishment that is vacant) within NHSScotland CAMHS from 30 September 2011 to 30 June 2017.

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.

Figures 7 and 8 show a breakdown of these vacancy rates within the largest professional groups; nursing and psychology. Nursing vacancy rates gradually increased to reach a peak at March 2015 and since then have decreased to 3.5%, whereas psychology vacancy rates are shown to have decreased from September 2011 and have remained fairly constant since December 2013 at a moving average of approximately 6.3%. Psychology vacancies often peak 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 (see section 4.2 on Retention in the [Psychology Workforce Publication](#) for further information).
Figure 7: Trend in nursing vacancy rates (the percentage of establishment that is vacant) within NHSScotland CAMHS from 30 September 2011 to 30 June 2017.

Figure 8: Trend in psychology vacancy rates (the percentage of establishment that is vacant) within NHSScotland CAMHS from 30 September 2011 to 30 June 2017.
3. Staff in Training

Table 3 shows there were a total of 80 trainees in NHSScotland CAMHS as at 30 June 2017 (see Summary of Training Courses for information on each course and the Psychology Workforce Publication for a timeline of the start and end dates of each psychology training course). 31 of these trainees are currently on a CAMHS Aligned Doctorate in Clinical Psychology course (see Table 3) which takes three years. Specific CAMHS aligned trainee pathways on the Doctorate courses are government-funded places which give trainees greater experience working with CAMHS populations in addition to their main trainee workload. Aligned pathways have been introduced for several clinical populations since 2011 with the aim of increasing workforce capacity within those areas. See section 3.1 for more information on the retention of these graduates within NHSScotland.

The MSc in Applied Psychology for Children and Young People is a one-year course that was introduced in 2007 and is funded by NHS Education for Scotland at the University of Edinburgh. The course was introduced to expand the professional skill mix working within CAMHS and other child services. Following completion of the course graduates might work, for example, as a child and adolescent therapist or mental health clinician under the supervision of an applied clinical psychologist. For a breakdown of the job titles recorded by graduates from the MSc APCYP currently employed in NHSScotland Psychology Services, please see Table 13a in the Psychology Workforce background tables.

Table 3: NHSScotland CAMHS Trainees as at 30 June 2017.

<table>
<thead>
<tr>
<th>Training Program</th>
<th>Headcount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Psychiatry Level 4</td>
<td>24</td>
</tr>
<tr>
<td>CAMHS Aligned Doctorate in Clinical Psychology¹</td>
<td>31</td>
</tr>
<tr>
<td>MSc in Applied Psychology for Children &amp; Young People¹</td>
<td>20</td>
</tr>
<tr>
<td>Child and Adolescent Psychodynamic Psychotherapists</td>
<td>5</td>
</tr>
<tr>
<td>Total Trainees</td>
<td>80</td>
</tr>
</tbody>
</table>

¹. These headcount figures are sourced directly from NES. Therefore, they will differ from those reported in the background excel tables. This is because some trainees may have gaps in their employment recorded in the ISD database when moving between placements, but will still have been in training.

Figure 9 displays a trend of these trainee headcount figures from the earliest data available at 30 June 2011 to 30 June 2017. This illustrates that training numbers for both the MSc in Applied Psychology for Children & Young People and Child and Adolescent Psychotherapists have remained fairly consistent for the past 6 years. The headcount figures for the CAMHS Aligned Doctorate in Clinical Psychology has varied during this time, increasing from 20 at June 2011 to a peak of 41 in March 2013 and then decreasing to 31 at June 2017.
3.1. Retention of graduates

ISD track the graduates of the CAMHS Aligned Doctorate and the MSc Applied Psychology for Children and Young People (MSc APCYP) courses to determine whether they remain in the NHSScotland CAMHS workforce.

At the current census date, 47.5% of all graduates from the MSc APCYP course are employed in a position within NHSScotland, 38.1% of which are specifically held within CAMHS. A further 6.3% are currently training on one of the Doctorate in Clinical Psychology courses in Scotland (see Figure 10).

From the 49 graduates of the CAMHS Aligned Doctorate programme, 23 (46.9%) are currently employed within NHSScotland CAMHS as at 30 June 2017 (see Figure 10). For further information on the retention of graduates from the Doctorate in Clinical Psychology course and the MSc in Applied Psychology for Child and Young People please see the Psychology Workforce Publication.
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

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 5. Data are collected on the specific age groups that staff provide services to. Figure 11 displays the WTE CAMHS staff per 100,000 population for each age group. Since the first data became available in 2009, there has been an increase in staff working with all target age groups. However, the largest increases have been within target ages from 12-17 year olds.
early years there are a number of projects such as the NES Psychology of Parenting Project (PoPP)\(^6\) which was rolled out in 2014 and is being expanded to improve early intervention.

**Figure 11: Comparison between the WTE of CAMHS staff per 100,000 population of each target age at 30 September 2009 and 30 June 2017.**

![Comparison between the WTE of CAMHS staff per 100,000 population of each target age at 30 September 2009 and 30 June 2017.](image)

Please note the target age 18+ years figures are based on the population of 18 year olds alone at both the 2009 and 2017 census dates.

### 4.2 Area of work

Across all the professional groups CAMHS can also be categorised into several distinct areas of work. The largest of the areas has consistently been Mental Health with 87.9% of the CAMHS workforce working in this area as at 30 June 2017, illustrated in Figure 12.

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The distribution of staff across the remaining six areas of work is displayed in Figure 13. The largest of these is Learning Disabilities which has increased by 108.6% since September 2008. For further information on target age by professional group please see Table 8 within the background tables.
Figure 13: Trend to show the WTE of NHSScotland CAMHS staff by area of work (excluding mental health) from 30 September 2008 to 30 June 2017.

Please note that the areas of work recorded in the ISD Database have been added to 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.
Additional Information

Changes to recording of staff groups within CAMHS Workforce

It is important to take into account the information in Table 4 below when comparing trends across previous years for the NHS Boards stated. Further explanation is given below.

Table 4: Changes to recording of CAMHS staff groups as at 30 June 2017.

<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 5.</td>
</tr>
</tbody>
</table>

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

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

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

NHS Lothian: As at 31 March 2016, NHS Lothian CAMHS teaching staff data are not complete. Full data will be updated when available. From 1 June 2013 some of NHS Lothian
Paediatric Psychology & Liaison Service (PPALS) workforce are no longer counted under CAMHS.

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

**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 CAMH 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, and
- 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, and
- 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.
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 5 below for details.

Table 5: NHSScotland CAMHS Service Age Provision as at 30 June 2017 by NHS Board.

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<thead>
<tr>
<th>NHS Board</th>
<th>Service Age Provision as at 30 June 2017</th>
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<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>
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<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 18years</td>
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<tr>
<td>Western Isles</td>
<td>Up to 18th birthday.</td>
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Glossary

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

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. Services are provided by teams of clinicians including psychiatrists, mental health nurses, clinical psychologists, child psychotherapists, occupational therapists and other allied health professionals. See also Summary of Professional Groups within CAMHS.

Establishment  Term used in calculating NHSScotland 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 NHSScotland. The Scotland figures eliminate any double counting that may exist as a result of an employee holding more than one post.

LAC  Local Authority Contract

NHS GG&C  NHS Greater Glasgow & Clyde

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.

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.

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

Whole Time Equivalent  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.
Summary of Professional Groups within CAMHS

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.

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.

Medical
Concerned with the treatment of physical health diseases and/or injuries. Within CAMHS, medical staff are commonly consultant psychiatrists or specialty doctors.

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 that 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.

Psychotherapy  
Uses psychological methods to help a person change and overcome problems in desired ways.

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 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 the 2014 intake onwards some trainees have received recognition of prior learning (RPL) and may complete the course in 2.5 years at the University of Edinburgh if they have completed either the MSc Applied Psychology for Children and Young People or the MSc Psychological Therapy in Primary Care which both have significant clinical practice components. 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 outwith 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 at: http://www.nes.scot.nhs.uk/education-and-training/by-discipline/psychology/training-psychologists/training-programmes.aspx

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 at: http://www.childpsychotherapy.org.uk/about/how-to-train/training-requirements

Medical Psychiatry Level 4

There are three different stages of training that an individual requires before proceeding onto Medical Psychiatry Level 4 higher training: an undergraduate medical degree, two years of foundation training and three years of specialist or core training. Full time, the higher training can be completed within 3 years although part-time training options are available. Year-long posts are generally taken within a chosen specialty, such as child and adolescent psychiatry, with opportunities available to acquire additional experience in other areas as well. While employed, higher trainees are employed as ‘Specialist trainees’ (ST4–ST6) or ‘Specialist Registrars’ (SpR) based on when their training commenced. Increasingly, there are opportunities to specialise further within the child and adolescent specialty in areas such as eating disorders, young offenders and looked after and accommodated children. Medical Psychiatry Level 4 is the final stage of medical training needed in order to become a consultant level psychiatrist. Child psychiatry highlights developmental aspects given the age range it deals with. Child Psychiatrists require the ability to understand issues from a range of perspectives as it usually involves working with the child/young person’s carers as well as the child or young person to provide advice on what may help them. Further information is available at: http://www.rcpsych.ac.uk/discoverpsychiatry/studentassociates/psychiatriccareerpaths/subspecialties/childandadolescent.aspx

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 at http://www.ed.ac.uk/health/clinical-psychology/studying/msc-applied-psychology
## List of Tables

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<td>Age profile of Clinical Staff employed in Scotland CAMHS by Professional Group (Headcount)</td>
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<td>Clinical Staff Employed in Scotland CAMHS by Professional Group, Gender &amp; Contract Type</td>
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<td>Clinical Staff Employed in Scotland CAMHS by Professional Group and Target Age</td>
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<td>Clinical Staff Employed in Scotland CAMHS by Declared Ethnic Origin</td>
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<td>Posts between being advertised and being filled in the CAMHS Workforce</td>
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<td>11</td>
<td>Clinical Staff Employed in Scotland CAMHS by Professional Group and Inpatient/ Community Working (WTE)</td>
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Contact

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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:


  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

The Scottish Government 10 year Mental Health Strategy 2017-2027 was published in March 2017 (http://www.gov.scot/Publications/2017/03/1750). 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 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


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

## Publication Metadata (including revisions details)

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<tr>
<td>Description</td>
<td>A detailed description of the nature and extent of current CAMHS provision in NHSScotland as at the 30 June 2017.</td>
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A3 – Early Access details (including Pre-Release Access)

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

Standard Pre-Release Access:
- Scottish Government Health Department
- NHS Board Chief Executives
- NHS Board Communication leads
A4 – ISD and Official Statistics

About ISD

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

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

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

Mission: Better Information, Better Decisions, Better Health

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

About NES

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

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

Official Statistics

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

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

National Statistics (i.e. assessed by the UK Statistics Authority as complying with the Code of Practice)

National Statistics (i.e. legacy, still to be assessed by the UK Statistics Authority)

Official Statistics (i.e. still to be assessed by the UK Statistics Authority)

other (not Official Statistics)

Further information on ISD’s statistics, including compliance with the Code of Practice for Official Statistics, and on the UK Statistics Authority, is available on the ISD website.

The United Kingdom Statistics Authority has designated these statistics as National Statistics, in accordance with the Statistics and Registration Service Act 2007 and signifying compliance with the Code of Practice for Official Statistics. Designation can be broadly interpreted to mean that the statistics:
meet identified user needs;
are well explained and readily accessible;
are produced according to sound methods, and
are managed impartially and objectively in the public interest.

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