Child and Adolescent Mental Health Services

Workforce in NHSScotland

Workforce Information as at 30 September 2017

Publication date – 12 December 2017
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 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.
- Training courses.

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, Age Groups of Staff, Gender and Whole-Time/Part-Time working and Agenda for Change Bands. Further information is available in the background tables, including information on Area of Work and Target Age of staff.

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.

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. However, 70% of children and adolescents who experience mental health problems have not had appropriate interventions at a sufficiently early age.

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.

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1 The Scottish Needs Assessment Programme (SNAP) Report
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 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 51.9% increase in the CAMHS workforce from 653.7 WTE (741 headcount) to 992.7 WTE (1,158 headcount) as at 30 September 2017. Growth has slowed in recent years, however there has been a 1.1% increase in the last year.

- At 30 September 2017 the average staffing level within NHSScotland CAMHS was 90.8 WTE staff per 100,000 population aged 0 - 18. There is significant variation in this rate across NHS Boards.

- Since data collection began, the moving average for total vacancy rates has remained between 3.9% and 5.3%. However, the vacancy rate of 6.6% at 30 September 2017 is the highest rate that has been observed.

- The 2017 intake saw 18 trainees accepted onto the MSc Applied Psychology for Children and Young People course. There have been 158 successful graduates since the course began in 2007, which is equal to a 97.5% success rate. The course was introduced to expand the professional skill mix working within CAMHS and other child services.

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 CAMHS 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/

The latest publication includes the following main points. Based on the available data for the quarter ending September 2017¹:

- 3,410 children and young people started treatment at Child and Adolescent Mental Health Services (CAMHS) in 13 NHS Boards.

- Half of children and young people start their treatment within 12 weeks. Approximately three quarters of children and young people (73%) were seen within 18 weeks.

- The standard of 90% of patients to start treatment in 18 weeks from referral was met by six NHS Boards (NHS Ayrshire & Arran, NHS Borders, NHS Dumfries & Galloway, NHS Greater Glasgow & Clyde, NHS Orkney and NHS Western Isles).

- Across Scotland, around one in nine patients referred to CAMHS did not attend their first appointment.
1. NHS Tayside has not provided waiting times data for this quarter due to the migration to a new Patient Management System. They have provided data for patients that Did Not Attend and the number of Referrals received during the quarter.
Results and Commentary

1. Staff in Post

This section provides a summary of the CAMHS workforce within NHSScotland as at 30 September 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 headcount figure to take account of part-time working.

Since 2006, when data collection began, there has been a 51.9% increase overall in the Scotland CAMHS workforce from 653.7 WTE to 992.7 WTE as at 30 September 2017. Growth has slowed in recent years, however there has been a 1.1% increase in the last year.

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

At 30 September 2017 26.9 WTE (2.7%) of the 992.7 WTE total staff in post were on maternity leave and 15.5 WTE (1.6%) 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 September 2017. Since September 2006, the WTE of staff in post per 100,000 of the total population has increased overall from 12.8 to 18.4 WTE.

Table 1: NHS Scotland CAMHS workforce by Staff in Post, Vacancies, Establishment Figures and Target Figures, as at 30 September 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>992.7</td>
<td>18.4</td>
<td>90.8</td>
</tr>
<tr>
<td>Staff in Post (excluding NHS Boards with inpatient units)</td>
<td>197.0</td>
<td>14.8</td>
<td>73.1</td>
</tr>
<tr>
<td>Vacancies</td>
<td>70.3</td>
<td>1.3</td>
<td>6.4</td>
</tr>
<tr>
<td>Establishment Figures (Total staff in post plus vacancies)</td>
<td>1063.0</td>
<td>19.7</td>
<td>97.3</td>
</tr>
</tbody>
</table>

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. 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.

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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\textsuperscript{4}. Inpatient services are for the small number of children and young people who are deemed to be at greatest risk of rapidly declining mental health or serious self harm and/or who require a period of intensive input for the purposes of assessment and/or treatment - see Tiers of Service Provision within the Glossary for a more detailed description of services provided in inpatient units. The three NHS Boards with the highest rates of CAMHS staff per population at the current census 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 September 2017.**

(a) Boards with Inpatient Units

\textsuperscript{4}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.
(b) Boards 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 work directly with patients within CAMHS, as illustrated in Figure 3. For definitions of each profession please refer to the Summary of Professional Groups within CAMHS. Three professions, Nursing (41.7%), Psychology (25.0%) and Medicine (Psychiatry, 8.9%), make up three quarters of this workforce. For further information on the training required to enter these professions please refer to the Summary of CAMHS Training Courses.
Figure 3: WTE of CAMHS staff by professional group at 30 September 2017.

The ‘Other’ professional group contains all CAMHS Staff that do not come under the other professional groups and may include Primary Mental Health Workers, Clinical Support Workers and Youth Support Workers, for example. Nursing staff with an Agenda for Change Band 2, 3 or 4 are also included in this group. Please note that physiotherapy, music therapy and educational psychology staff are also included within the ‘other’ professional group for this figure.

Figure 4 displays the long-term trend in WTE for the largest of these professional groups. Since 2006, the WTE for nursing staff within CAMHS has increased by 48% (from 279.9 to 413.7 WTE) and the WTE for psychology staff has increased by 67% in the same time period (from 149.5 to 249.0 WTE). Since September 2016 there has been an overall increase in the CAMHS workforce of 10.9 WTE (1.1%). This is largely accounted for by a 10.3 WTE (4.3%) increase in the Psychology professional group. In the same period Nursing has decreased by 2.0 WTE (-0.5%) and Medical has increased by 0.7 WTE (0.8%).

Note that there is some regular seasonal variation within the psychology professional group which decreases in WTE every September, and has decreased by 2.0% (5.1 WTE) since 30 June 2017. 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 and can complete the course in 2.5 years (please refer to the Summary of Training Courses for more information).
Figure 4: Trend of the WTE for the main professional groups within NHSScotland CAMHS from 30 September 2006 to 30 September 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. Staff Vacancies

At 30 September 2017, 79 posts were vacant and in the process of being advertised, the equivalent of 70.3 WTE. Of these, 52 WTE were for whole-time positions while the remaining 18.3 WTE were for part-time posts. Of the 79 advertised posts, 49 were permanent positions, 18 were fixed-term for less than two years and 11 were fixed-term for two years or more (details of the remaining vacancy were not recorded). A further 10.9 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, distinguishing, where possible, vacancies which are related to new posts or replacement posts. Replacement posts arise as a consequence of staff leaving their post or reducing their working hours. Statistics on the vacancies in each NHS Health Board are available in Table 10 of the background tables.
Table 2: NHSScotland CAMHS workforce vacancies being advertised by Professional Group as at 30 September 2017.

<table>
<thead>
<tr>
<th>Professional Group</th>
<th>New Posts (WTE)</th>
<th>Replacement Posts (WTE)</th>
<th>Unknown Posts (WTE)</th>
<th>Total Vacancies (WTE)</th>
<th>Establishment WTE (total vacancies plus staff in post)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing</td>
<td>9.5</td>
<td>20.7</td>
<td>-</td>
<td>30.2</td>
<td>443.9</td>
</tr>
<tr>
<td>Psychology</td>
<td>5.3</td>
<td>16.8</td>
<td>4.7</td>
<td>26.8</td>
<td>275.8</td>
</tr>
<tr>
<td>Medical</td>
<td>-</td>
<td>3.9</td>
<td>-</td>
<td>3.9</td>
<td>91.9</td>
</tr>
<tr>
<td>Psychotherapy</td>
<td>1.0</td>
<td>1.6</td>
<td>-</td>
<td>2.6</td>
<td>16.4</td>
</tr>
<tr>
<td>Occupational Therapy</td>
<td>0.8</td>
<td>1.0</td>
<td>-</td>
<td>1.8</td>
<td>46.0</td>
</tr>
<tr>
<td>Dietetics</td>
<td>0.4</td>
<td>-</td>
<td>-</td>
<td>0.4</td>
<td>10.9</td>
</tr>
<tr>
<td>Physiotherapy</td>
<td>0.5</td>
<td>-</td>
<td>-</td>
<td>0.5</td>
<td>0.9</td>
</tr>
<tr>
<td>Other</td>
<td>0.5</td>
<td>3.6</td>
<td>-</td>
<td>4.1</td>
<td>98.2</td>
</tr>
<tr>
<td><strong>Total: All Professional Groups</strong></td>
<td><strong>18.0</strong></td>
<td><strong>47.6</strong></td>
<td><strong>4.7</strong></td>
<td><strong>70.3</strong></td>
<td><strong>1063.0</strong></td>
</tr>
</tbody>
</table>

1. This figure can include vacancies to cover maternity leave. There were no vacancies to cover maternity leave at the 30 September 2017.
2. Due to missing data it is unknown whether these vacancies are for new or replacement posts. These figures also include a 0.8 WTE secondment.
3. For the 30 September 2017 census the following services did not provide the necessary vacancy data: NHS Greater Glasgow and Clyde: Academic, Adolescent Inpatient Unit, Autism, Child Inpatient Unit, City Wide Services and Psychology Services, Forensic, Learning Disabilities, NHS Highland, NHS Orkney. Therefore there may be additional vacancies that were being advertised at the census date not included in the data shown.
Figure 5 shows a trend of vacancies for the last 5 quarters and whether they were for new or replacement posts, indicating that most vacancies are for replacement posts (an average of 66.7% of the vacancies each quarter). The 70.3 WTE vacancies advertised at the current quarter is the highest number observed since data became available in 2011, mainly due to the increase in vacancies arising as a consequence of staff leaving posts or reducing their hours.

**Figure 5: Trend in the WTE of vacancies split by new and replacement posts, 30 September 2016 – 30 September 2017.**

![Diagram showing trend in WTE of vacancies](image)

Please note that not all services provided vacancy information each quarter. Therefore there may be additional vacancies that were being advertised at the census date not included in the data shown. For the 30 September 2017 census the following services did not provide the necessary vacancy data: NHS Greater Glasgow and Clyde: Academic, Adolescent Inpatient Unit, Autism, Child Inpatient Unit, City Wide Services and Psychology Services, Forensic, Learning Disabilities, NHS Highland, NHS Orkney. For specific information on which services and boards responded for all other quarters please refer to previous publications.

Prior to the data as at 30 June 2017, replacement posts will include any vacancies to cover maternity leave.

A longer-term trend for the vacancy rates 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 adjust for regular seasonality and illustrate the underlying trend for all professional group vacancy rates. While vacancies tend to fluctuate between quarters, the moving average shows that the overall vacancy rate within CAMHS has remained between 3.9% and 5.3% since 2011. However, the current quarter displays the highest vacancy rate since data became available in 2011 (6.6%).
Figure 6: Trend in vacancy rates (the percentage of establishment that is vacant) within NHSScotland CAMHS from 30 September 2011 to 30 September 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 the long-term trends for nursing and psychology vacant rates within this workforce. Nursing vacancy rates gradually increased to reach a peak at March 2015 and since then have decreased overall to a moving average of 4.3%. However, the last 3 quarters have shown an increase in vacancy rate from 1.8% at 31 December 2016 to 6.8% at 30 September 2017.

**Figure 7: Trend in nursing vacancy rates (the percentage of establishment that is vacant) within NHSScotland CAMHS from 30 September 2011 to 30 September 2017.**

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 current psychology vacancy rate of 10.4% is the highest rate in five years. For information on the intake and output of trainees on the Doctorate in Clinical Psychology course see section 4.2 in the [Psychology Workforce Publication](#).
Figure 8: Trend in psychology vacancy rates (the percentage of establishment that is vacant) within NHSScotland CAMHS from 30 September 2011 to 30 September 2017.
3. Staff in Training

Table 3 shows there were a total of 79 trainees in NHSScotland CAMHS as at 30 September 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). Forty-two of these trainees are currently on a CAMHS Aligned Doctorate in Clinical Psychology course (see Table 3). 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 2009 with the aim of increasing workforce capacity within those areas.

The MSc in Applied Psychology for Children and Young People is a one-year course that was introduced in 2007 and is funded by NHS Education for Scotland at the University of Edinburgh. The course was introduced to expand the professional skill mix working within CAMHS and other child services. Following completion of the course graduates might work, for example, as a 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 12a in the Psychology Workforce background tables.

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

<table>
<thead>
<tr>
<th>Course</th>
<th>Headcount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Psychiatry Level 4</td>
<td>14</td>
</tr>
<tr>
<td>CAMHS Aligned Doctorate in Clinical Psychology¹</td>
<td>42</td>
</tr>
<tr>
<td>MSc in Applied Psychology for Children &amp; Young People¹</td>
<td>18</td>
</tr>
<tr>
<td>Child and Adolescent Psychodynamic Psychotherapists</td>
<td>5</td>
</tr>
<tr>
<td><strong>Total Trainees</strong></td>
<td><strong>79</strong></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 or when granted an extension, but will still have been in training.

Note that the headcount for the CAMHS Aligned Doctorate in Clinical Psychology course includes trainees due to graduate in September/October 2017 as data is not yet available on their completion.

Figures 9 and 10 display trends in the intake for the CAMHS Aligned Doctorate in Clinical Psychology and the MSc Applied Psychology for Children and Young People courses. Since the first intake in 2009, there has been an average intake of 10 trainees on the CAMHS Aligned Doctorate course each year. Some of these have been on a 2.5 year, 3 year, 4 year or 5 year course (for further information see the Psychology Workforce Publication). Of the trainees that have left the course, 94.2% have successfully achieved Health and Care Professions Council (HCPC) registration which is the requirement for employment as a Clinical Psychologist within the UK.
The MSc Applied Psychology for Children and Young People course has had a total intake of 180 trainees since it started in 2007, with an average intake of 16.4 trainees each year. Excluding the trainees from the 2017 intake who are due to complete in 2018, there have been 158 graduates from the course. This indicates a successful completion rate of 97.5%.

Data is sourced directly from NES.
Other courses which involve trainees completing clinical placements in a CAMHS setting include the Child and Adolescent Psychodynamic Psychotherapist (CAPT) course and the Medical Psychiatry Level 4 training course. Medical Psychiatry Level 4 is the final stage of training needed to commence work as a Consultant psychiatrist and normally takes three years to complete. The CAPT only has one cohort in training at any given time. The last intake was for 5 trainees in 2013 and they are due to graduate in 2017. More information on each of these can be found in the Summary of Training Courses.

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 Gender and Whole-time/Part-time Working
Since 2008, the majority of the increase seen in WTE can be accounted for by the rise in female staff working within CAMHS, from a total of 589 females to 997 females at the current census date (69.3% increase). Females currently contribute 839.5 WTE (84.6%) of the total 992.7 WTE within NHSScotland CAMHS.

As the female headcount has risen there has also been a large increase in part-time working; 44.8% of female contracts are part-time at the current census date compared with 35.1% in September 2008. The trend for contract type and gender is illustrated in Figure 11. For more detailed information on contract type and gender, please refer to Table 3 within the background tables.
Figure 11: Trend of Contract Type and Gender for CAMHS Staff within NHSScotland from 30 September 2008 to 30 September 2017, by headcount.

Please note that Whole-time/Part-time working data is only available from September 2008.
Despite the large increase in the percentage of staff working part-time from 31.0% in 2008 to 40.7% at the current census, the majority of CAMHS staff still work 37.5 hours a week or greater overall (59.0%) as at 30 September 2017. This is shown in Chart 22 which displays the current distribution of weekly contracted hours for staff within NHSScotland CAMHS by headcount, accounting for individuals who have more than one part-time position so that only their combined overall hours per week are included. Most part-time staff work between 16 – 25 hours per week, contributing 17.2% of the total workforce.

It should be noted that a contract of 37.5 hours is the standard working week for one whole-time equivalent staff member under NHS guidelines, with the exception of Medical staff for whom a whole-time contract is 40 hours per week. In line with this, the 3.9% of the CAMHS workforce found within the ‘Above 37.5′ weekly contracted hours category of Figure 12 are wholly accounted for by Medical staff working whole-time. While 41.0% of staff still appears to work less than 37.5 hours, please note that for local authority contracts 35 hours is a standard whole-time working week and that some practitioners might hold a part-time position within CAMHS as well as a part-time position elsewhere. For example, a psychologist may have a part-time contract to work within CAMHS in addition to a part-time contract working in a paediatric setting outwith CAMHS.

**Figure 12: Distribution of weekly contracted hours by headcount at 30 September 2017.**

![Graph showing distribution of weekly contracted hours by headcount at 30 September 2017.](image)

Please note that where individuals have more than one position their hours across all positions are combined to record only their total weekly contracted hours.
4.2 Age Profile of Staff

Figure 13 displays the distribution of the age of CAMHS staff at both 30 September 2006 and 30 September 2017. While the headcount and WTE of staff within each age group has increased over the last 11 years, the distribution of staff has shifted so the proportion of staff aged 45 and over at the current census date has increased from 33.9% at September 2006 to 41.7% at September 2017. All the 45 and above age groups increased in proportion throughout this period, with the percentage of staff aged 50-54 increasing the most from 10.9% to 14.3% of the workforce. For more information on age group of staff by professional group, please see Table 2 of the background tables.

Figure 13: Age Group of CAMHS staff comparison between 30 September 2006 and 30 September 2017.

Please note that the age of one staff member is unknown at the 30 September 2017 census and therefore they are not included in the above figure.
4.3 Agenda for Change Pay Grades

The distribution of pay grades for the main professional groups is displayed by WTE in Figure 14. It is important to have a range of staff at different Agenda for Change Bands in each profession to ensure that there are enough senior staff to fulfill clinical, management and supervision requirements.

Figure 14: Distribution of the WTE of staff in the main professional groups by Agenda for Change Band at 30 September 2017.

4.4 Contract Term

Data is collected on whether staff hold a permanent or temporary contract for their position(s). Temporary contracts are grouped into fixed term for less than 2 years or fixed term for 2 years or more. Currently, 91.5% WTE of contracts are permanent, 1.7% are fixed term for 2 years or more and 6.8% are fixed term for less than 2 years. This information is available by NHS Board and Professional Group, as shown in Table 4 of the background tables.
## 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.

**CAMH services** Child and Adolescent Mental Health (CAMH) services provided by NHS Scotland. Services are provided by teams of clinicians including psychiatrists, mental health nurses, clinical psychologists, occupational therapists and other allied health professionals. These services are based mainly in outpatient clinics and in the community.

**Children and young people** The people served by CAMH services. Some areas provide services for all those under 18, while others offer services to those over 16 only if they are in full time education (for more detail see the 'Age of Service Provision’ section).

**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.

**HCPC** Health and Care Professions Council. This is a Register for Health and Care Professionals within the UK that are required to meet certain standards of practice. For many professions, including several types of Psychologists, it is a legal requirement to be registered in order to practice in their field.
<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>HEAT standards</td>
<td>A set of standards agreed between the Scottish Government and NHS Scotland relating to Health Improvement, Efficiency, Access or Treatment (HEAT).</td>
</tr>
<tr>
<td>ISD</td>
<td>Information Service Division</td>
</tr>
<tr>
<td>LAC</td>
<td>Local Authority Contract</td>
</tr>
<tr>
<td>NES</td>
<td>NHS Education for Scotland</td>
</tr>
<tr>
<td>NHS GG&amp;C</td>
<td>NHS Greater Glasgow &amp; Clyde</td>
</tr>
<tr>
<td>SLA</td>
<td>Service Level Arrangement.</td>
</tr>
<tr>
<td>Target Age</td>
<td>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.</td>
</tr>
<tr>
<td>Tiers of service provision</td>
<td>For information about the tiers of service provision please see the <a href="#">CAMHS tier model</a> in appendix A2A.</td>
</tr>
<tr>
<td>Vacancy</td>
<td>A post which was vacant and being advertised for recruitment at the census date.</td>
</tr>
<tr>
<td>Whole Time Equivalent</td>
<td>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.</td>
</tr>
</tbody>
</table>
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 Information Services Division 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 CAMHS Training Courses commissioned by NES

CAMHS Aligned Doctorate in Clinical Psychology
The Doctorate in Clinical Psychology is a 3 year full time course funded by NES which can be studied at either the University of Edinburgh or the University of Glasgow in Scotland. Entry to the course requires an Honours degree in Psychology (2:1 or above) which has the British Psychological Society (BPS) Graduate Basis for Chartered Membership, alongside relevant clinical or research experience. From 2014, trainees who have completed either the MSc Applied Psychology for Children and Young People or the MSc Psychological Therapy in Primary Care have been given recognition of prior learning and are able to complete the course in 2.5 years full time. This training route is available for the 2017 trainee intake at the University of Glasgow.

Specific CAMHS aligned trainee pathways on the Doctorate courses are government-funded places which give trainees greater experience working with CAMHS populations in addition to their main trainee workload. Aligned pathways have been introduced for several clinical populations with the aim of increasing workforce capacity within those areas. On completion, trainees will be fully qualified Clinical Psychologists and are still able to work in areas 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
NES Medical Directorate, through the Scotland Deanery, is responsible for the commissioning and quality management of postgraduate medical education in Scotland.
Higher training in Child and Adolescent Psychiatry (ST4-6) takes place over three years in order to reach CCT (Certificate of Completion of Training). During their three years trainees will normally undertake placements lasting for one year in a number of different geographical areas including urban, semi-rural and rural...
settings. Placements would also be offered to allow the trainees to gain experience of different age ranges covered within Child & Adolescent Psychiatry. Normally initial placement would be in a Tier 3 Generic Outpatient Team where experience can be gained across the age range. During the course of training all trainees would be required to have experience of an inpatient placement either within the Regional Adolescent Unit or within the National Unit for Under 12's. During the course of higher training, trainees are expected to attend a teaching programme covering core aspects of the Child & Adolescent Psychiatry Curriculum. This programme is delivered as an alternating local and national series of seminars/lectures. The local programme includes specific teaching on psychological therapies, seminars on research and psychopharmacology. Further information is available at: https://www.rcpsych.ac.uk/discoverpsychiatry/acareerinpsychiatry/choosepsychiatry/whatispsychiatry/typesofpsychiatrist/childandadolescentpsychiatr.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) Information Services Division 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

Nursing Training

Students on all Nursing degrees initially cover basic competencies and then specialise in either Adult, Children and Young People’s or Mental Health Nursing. The role of the NHS Education for Scotland (NES) Nursing and Midwifery Team is about making positive impacts on the experiences and outcomes of patients and those who access health and care services in Scotland. To achieve this, NES delivers across four key themes (developing an excellent nursing and midwifery workforce; improving quality of health and care through education and research; ensuring responsive education to meet service needs, and enhancing educational infrastructure) to enable harmonisation with national policy shifts and the NES Refreshed Strategic Framework 2014–19 (http://www.nes.scot.nhs.uk/education-and-training/by-discipline/nursing-and-midwifery/resources/publications/nursing-and-midwifery-strategy-2014-2017.aspx).
The National Framework for Pre-Registration Mental Health Mental Health Nursing Programmes in Scotland was originally developed in 2008 as an outcome of Rights, Relationships and Recovery: the Report of the National Review of Mental Health Nursing in Scotland. It also responded to the direction of travel for the nursing profession in Scotland set out in wider mental health policy at that time (http://www.nes.scot.nhs.uk/media/898307/pre-reg_mh_frame.pdf).
## List of CAMHS Workforce Tables

<table>
<thead>
<tr>
<th>Table No.</th>
<th>Name</th>
<th>Time period</th>
<th>File &amp; size</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-11</td>
<td>CAMHS characteristics of the workforce as at 30 September 2017</td>
<td>2005 – 30 September 2017</td>
<td>Excel [3,642kb]</td>
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<tr>
<td>1A</td>
<td>Clinical Staff Employed in Scotland CAMHS by Professional Group</td>
<td>“</td>
<td>-</td>
</tr>
<tr>
<td>1B</td>
<td>Trend of Trainees Employed in Scotland CAMHS</td>
<td>“</td>
<td>-</td>
</tr>
<tr>
<td>1C</td>
<td>Trend of Clinical Staff Employed in Scotland CAMHS</td>
<td>“</td>
<td>-</td>
</tr>
<tr>
<td>2</td>
<td>Age profile of Clinical Staff employed in Scotland CAMHS by Professional Group (Headcount)</td>
<td>“</td>
<td>-</td>
</tr>
<tr>
<td>3</td>
<td>Clinical Staff Employed in Scotland CAMHS by Professional Group, Gender &amp; Contract Type</td>
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<td>-</td>
</tr>
<tr>
<td>4</td>
<td>Clinical Staff Employed in Scotland CAMHS by Professional Group &amp; Contract Term</td>
<td>“</td>
<td>-</td>
</tr>
<tr>
<td>5</td>
<td>Clinical Staff Employed in Scotland CAMHS by Professional Group &amp; NHS Region &amp; Board</td>
<td>“</td>
<td>-</td>
</tr>
<tr>
<td>6</td>
<td>Clinical Staff Employed in Scotland CAMHS by Professional Group &amp; Grade,</td>
<td>“</td>
<td>-</td>
</tr>
<tr>
<td>7</td>
<td>Clinical Staff Employed in Scotland CAMHS by Professional Group and Area of Work</td>
<td>“</td>
<td>-</td>
</tr>
<tr>
<td>8</td>
<td>Clinical Staff Employed in Scotland CAMHS by Professional Group and Target Age</td>
<td>“</td>
<td>-</td>
</tr>
<tr>
<td>9</td>
<td>Clinical Staff Employed in Scotland CAMHS by Declared Ethnic Origin</td>
<td>“</td>
<td>-</td>
</tr>
<tr>
<td>10</td>
<td>Posts between being advertised and being filled in the CAMHS Workforce</td>
<td>“</td>
<td>-</td>
</tr>
<tr>
<td>11</td>
<td>Clinical Staff Employed in Scotland CAMHS by Professional Group and Inpatient/ Community Working (WTE)</td>
<td>“</td>
<td>-</td>
</tr>
</tbody>
</table>
Contact Information

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Further Information
Further information can be found on the ISD website

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Appendices

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.

Why is Workforce planning so important?

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.

Data collection

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 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 Policies, Standards, Investments and Key Reports

Developments in mental health care within CAMHS have 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. This will 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 HEAT target (2010)
A HEAT target for CAMH services was set in April 2010. The target is that no child or
young person will wait longer than 26 weeks from referral to treatment in a specialist
CAMH service from March 2013, reducing to 18 weeks from December 2014.
Following the conclusion of previously planned work on a tolerance level for CAMH
services waiting times and engagement with NHS Boards and other stakeholders,
the Scottish Government has determined that the CAMH services target should be
delivered for at least 90% of patients.

In August 2012, the Mental Health Strategy for Scotland: 2012-2015 was produced
which set the policy direction for the next four years and included a commitment to
achieving and maintaining waiting times standards.

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.

Mental Health Strategy 2017-2027 (2017)
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.
Links to Related Publications

Data on Psychological Therapies Waiting Times in NHSScotland are available at: http://www.isdscotland.org/Health-Topics/Waiting-Times/Publications/2017-12-05/2017-12-05-WT-PsychTherapies-Report.pdf

Data on CAMHS Waiting Times in NHSScotland are available at: http://www.isdscotland.org/Health-Topics/Waiting-Times/Publications/2017-12-12/2017-12-12-WT-CAMHS-Report.pdf

CAMHS Psychology information is also included in the main Psychology workforce publication, available at the following link: http://www.isdscotland.org/Health-Topics/Workforce/Psychology/
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.
A2b - 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.

NHSScotland CAMHS Service Age Provision as at 30 September 2017 by NHS Board

<table>
<thead>
<tr>
<th>NHS Board</th>
<th>Service Age Provision as at 30 September 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ayrshire &amp; Arran</td>
<td>Up to 18th birthday if still in full time education.</td>
</tr>
<tr>
<td>Borders</td>
<td>Up to 18th birthday.</td>
</tr>
<tr>
<td>Dumfries &amp; Galloway</td>
<td>Up to 18th birthday, but occasionally beyond. Child Clinical Psychology Service; up to 18th birthday provided in full-time secondary education (not tertiary i.e. not college), up to 16 if not in school.</td>
</tr>
<tr>
<td>Fife</td>
<td>Up to 18th birthday.</td>
</tr>
<tr>
<td>Forth Valley</td>
<td>Core CAMHS is up to 18th birthday, Learning Disabilities CAMHS is up to 16th birthday.</td>
</tr>
<tr>
<td>Grampian</td>
<td>Up to 18th birthday.</td>
</tr>
<tr>
<td>Greater Glasgow &amp; Clyde</td>
<td>Up to 18th birthday across all services.</td>
</tr>
<tr>
<td>Highland</td>
<td>Up to 18th birthday if in full-time secondary education otherwise up to age 16 years. Learning Disabilities CAMHS up to 19th birthday provided still in full-time education.</td>
</tr>
<tr>
<td>Lanarkshire</td>
<td>Tier 3 Child &amp; Family Clinic Teams: up to 16th birthday, up to 18th birthday if referred before 16th birthday or at a point before 18th birthday when it is suitable to discharge them (currently under review). CAMHS Learning Disabilities, Primary Mental Health &amp; CAMHS for Accommodated Young People (CAYP) Teams: up to 18th birthday.</td>
</tr>
<tr>
<td>Lothian</td>
<td>Up to 18th birthday across all areas.</td>
</tr>
<tr>
<td>Orkney</td>
<td>Up to 18th birthday.</td>
</tr>
<tr>
<td>Shetland</td>
<td>Up to 18th Year if in full time education, and up to 16th Year if not in full time education.</td>
</tr>
<tr>
<td>Tayside</td>
<td>Up to 18th birthday provided in full-time secondary education (not tertiary i.e. not college). Learning Disability up to 18years.</td>
</tr>
<tr>
<td>Western Isles</td>
<td>Up to 18th birthday.</td>
</tr>
</tbody>
</table>
A3 - 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.

Changes to recording of CAMHS staff groups as at 30 September 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 sub-team; 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.
### Metadata (including revisions details)

<table>
<thead>
<tr>
<th>Metadata Indicator</th>
<th>Description</th>
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<tr>
<td>Publication title</td>
<td>Child and Adolescent Mental Health Services (CAMHS) in NHSScotland: Characteristics of the Workforce Supply as at 30 September 2017.</td>
</tr>
<tr>
<td>Description</td>
<td>A detailed description of the nature and extent of current CAMHS provision in NHSScotland as at the 30 September 2017.</td>
</tr>
<tr>
<td>Theme</td>
<td>Health and Social Care</td>
</tr>
<tr>
<td>Topic</td>
<td>Health Care Personnel, Finance and Performance</td>
</tr>
<tr>
<td>Format</td>
<td>Excel Format</td>
</tr>
<tr>
<td>Data source(s)</td>
<td>Child and Adolescent Mental Health Service Workforce Database</td>
</tr>
<tr>
<td>Date that data are acquired</td>
<td>Approximately 2 weeks after the census date</td>
</tr>
<tr>
<td>Release date</td>
<td>12 December 2017</td>
</tr>
<tr>
<td>Frequency</td>
<td>From 2005-2010 publications were annual, data as at 30 September. From March 2011 the publication has been released quarterly.</td>
</tr>
<tr>
<td>Timeframe of data and timeliness</td>
<td>Data up to 30 September 2017, normal timeliness for this publication, no delay occurred. Reports data since 2005.</td>
</tr>
<tr>
<td>Continuity of data</td>
<td>Data prior to 2007 was presented using Whitley grades. From 2007 onwards, all non medical staff are reported under AfC.</td>
</tr>
<tr>
<td>Revisions statement</td>
<td>N/A</td>
</tr>
<tr>
<td>Revisions relevant to this publication</td>
<td>N/A</td>
</tr>
<tr>
<td>Concepts and definitions</td>
<td>Please see Welcome Page section of the Excel tables workbook for concepts and definitions</td>
</tr>
<tr>
<td>Relevance and key uses of the statistics</td>
<td>Information published is used to support local, regional and national workforce planning. See Known Uses of the CAMHS data for further information. Workforce modelling</td>
</tr>
</tbody>
</table>
used in extra funding decision. HEAT Targets: 2009/2010 "NHS Boards to deliver faster access to Child and Adolescent Mental Health Services", see: http://www.scotland.gov.uk/About/Performance/scotPerformance/partnerstories/NHSScotlandperformance/CAMHS18weeks

<table>
<thead>
<tr>
<th>Accuracy</th>
<th>100% sign off received from CAMHS lead clinicians</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completeness</td>
<td>100% of data returned</td>
</tr>
<tr>
<td>Comparability</td>
<td>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></td>
</tr>
</tbody>
</table>
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
A6 – 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.