



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

Workforce as at 31 December 2019



3 March 2020

An Official Statistics publication

This release by NHS Education for Scotland (NES) provides a quarterly update, as at 31 December 2019, on the number of staff directly employed by NHS Scotland CAMHS, the number of vacant posts and the number of staff in training. When describing the size of a particular staff group, figures are presented either as head count (actual number of staff) or whole-time equivalent (WTE), which adjusts the head count to take account of part-time working.

As of 1st October 2019, NHS Education for Scotland (NES) has taken responsibility for some national workforce data, statistical & intelligence functions. A joint [letter](#)  [346Kb] by the Chief Executives of NSS and NES, dated 23rd August 2019, details the rationale for the changes and arrangements for the transfer of these functions.

NHS Education for Scotland (NES) is NHSScotland's education and training body. It is the authoritative source of information on the people who work for NHSScotland. NES became an accredited provider of Official Statistics in December 2019 and as such this release is produced in accordance with UK Statistics Authority's [Code of Practice for Statistics](#). NES [voluntarily applied](#) the Code of Practice for the publication released on 3 December 2019.

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Introduction

It has been estimated that 10% of children and young people have a clinically diagnosable mental health problem¹ and 20% of adolescents may experience a mental health problem in any given year². Most adult mental health problems begin in childhood, with 50% of problems being established by age 14³.

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

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

This report presents the following information in relation to CAMHS services as at 31 December 2019:

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

Workforce figures are presented as head count (actual numbers of staff) and whole-time equivalent (WTE), which adjusts the figures to take account of part-time working. This information is used by NES, the Scottish Government and NHS Boards to support local, regional and national workforce planning, to support educational training and planning, and to track the Scottish Government's investment in the expansion of CAMHS workforce and training numbers.

The source data are collected and verified by CAMHS lead clinicians using the National CAMHS Workforce Information Database held centrally at NSS. NHS Education for Scotland work closely with these clinicians to ensure a high level of accuracy. Workforce information is

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1. Green, H., McGinnity, A., Meltzer, Ford, T. & Goodman, R. (2005). *Mental Health of Children and Young People in Great Britain: 2004*. Office for National Statistics. Retrieved from <https://files.digital.nhs.uk/publicationimport/pub06xxx/pub06116/ment-heal-chil-youn-peop-gb-2004-rep1.pdf>.
 2. World Health Organization. (2003). *Caring for children and adolescents with mental disorders: Setting WHO directions*. Retrieved from https://www.who.int/mental_health/media/en/785.pdf.
 3. Kessler, R.C., Berglund, P., Demler, O., Jin, R., Merikangas, K.R. & Walters, E.E. (2005). Lifetime Prevalence and Age-of-Onset Distributions of DSM-IV Disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry*, 62(6), 593-602. doi:10.1001/archpsyc.62.6.593.

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

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

Main Points

At 31 December 2019:

- There were 1057.4 WTE staff in post within NHSScotland CAMHS, an increase of 403.7 WTE (61.8%) since 2006, 63.9 WTE (6.4%) since 31 March 2016, and 13.8 WTE (1.3%) since 31 December 2018. Of the total establishment of 1139.3 WTE, 7.2% of posts were vacant, 4.7% of staff were on maternity leave and 2.1% were on long term sick leave. The available capacity of staff was 979.4 WTE, or 86.0% of the establishment.
- At 31 December 2019, 716.5 WTE (67.8%) of CAMHS staff worked in whole-time posts and 340.9 WTE (32.2%) worked in part-time posts, compared to 605.9 WTE (71.9%) whole-time and 236.6 WTE (28.1%) part-time in December 2011. Within the Nursing professional group, 17.4% (77.6 WTE) of staff worked part-time, compared to 48.2% (135.1 WTE) in Psychology and 55.4% (52.7 WTE) in Medical.
- As at 31 December 2019, 892.3 WTE (84.4%) of the NHSScotland CAMHS workforce were female and 164.1 WTE (15.5%) were male (gender was missing for one member of staff). The WTE of male staff has increased slightly from 162.9 (+1.2) since December 2011, and the WTE of female staff has increased from 679.5 (+212.8), which is a 3.8% change from male to female in the overall composition of the workforce.
- There were 81.9 WTE vacancies advertised at the time of the December census, of which 58.8 WTE (71.8%) were for Psychology posts. Of the total number of vacancies, 25.6 WTE (31.3%) were for new posts. 32.4 WTE (39.6%) of posts had been advertised for three months or less, 41.9 (51.2%) for between three and six months, and 7.6 (9.3%) for six months or more.

Results and Commentary

1. NHSScotland CAMHS Workforce

This section provides a summary and illustration of the CAMHS workforce within NHSScotland as at 31 December 2019. Workforce statistics are routinely reported as head count and whole-time equivalent (WTE), which adjusts the head count figure to take account of part-time working. For example, someone working half-time would be counted as 0.5 WTE.

At 31 December 2019, there were 1057.4 WTE staff in post within NHSScotland CAMHS, an increase of 403.7 WTE (61.8%) since 2006, 63.9 WTE (6.4%) since 31 March 2016, and 13.8 WTE (1.3%) since 31 December 2018.

The total establishment was 1139.3, which is 34.4 WTE (3.1%) higher than in December 2018. As at 31 December 2019, the available capacity of staff was 979.4 WTE, or 86.0% of the establishment. 53.7 WTE (4.7%) of staff were on maternity leave, 24.3 WTE (2.1%) were on long term sick leave and 81.9 WTE (7.2%) of posts were vacant. See Figure 1 for comparisons with December 2018.

Figure 1: Establishment and rates of vacancies, maternity leave and long term sickness absence in NHSScotland CAMHS, in December 2018 and December 2019.

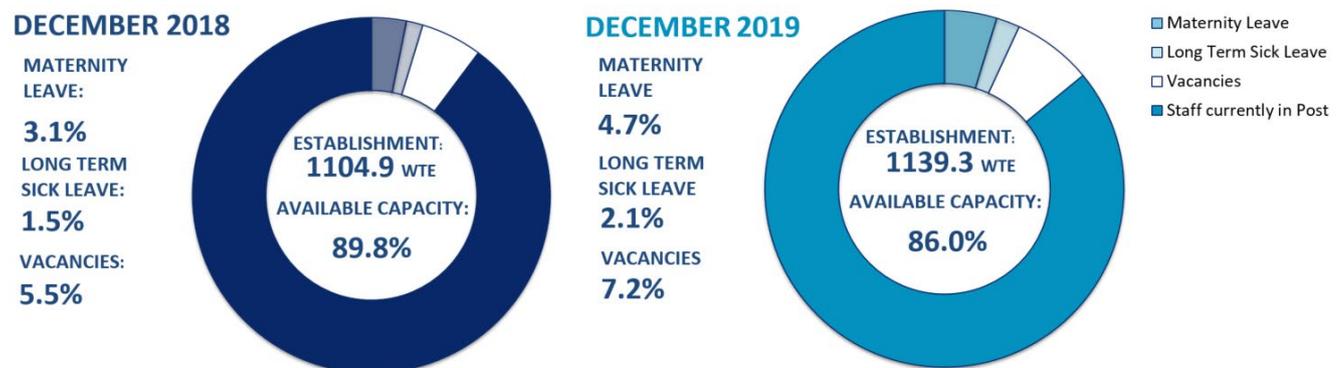


Figure 2 shows the total WTE of CAMHS staff in NHSScotland at December census dates since quarterly information was first available in December 2011. The current WTE of 1057.4 is 215.0 WTE (25.5%) higher than reported in December 2011 and 13.8 WTE (1.3%) higher than in December 2018.

Figure 2: Whole-time Equivalent of NHSScotland CAMHS staff at December census dates from 2011 to 2019.

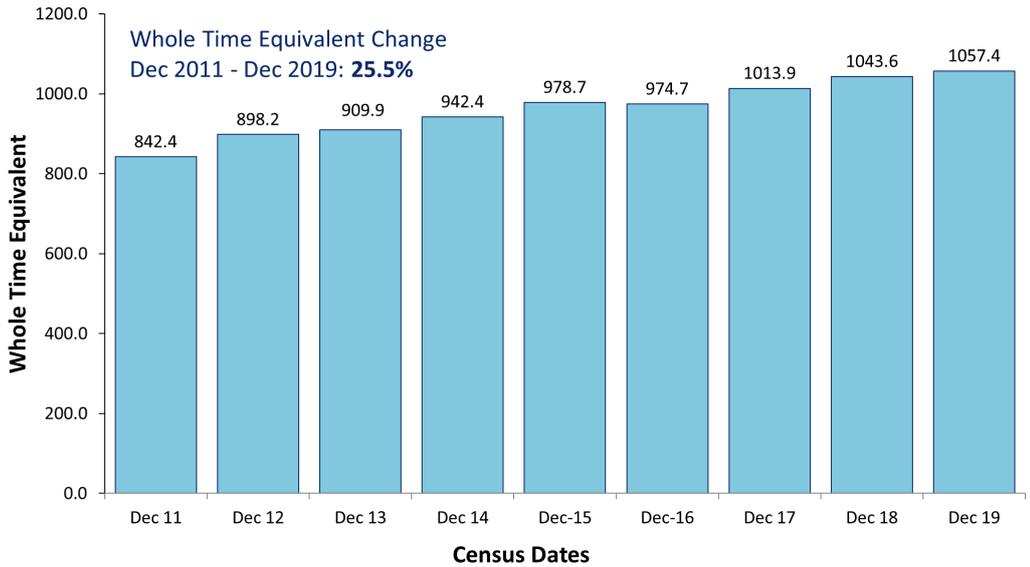
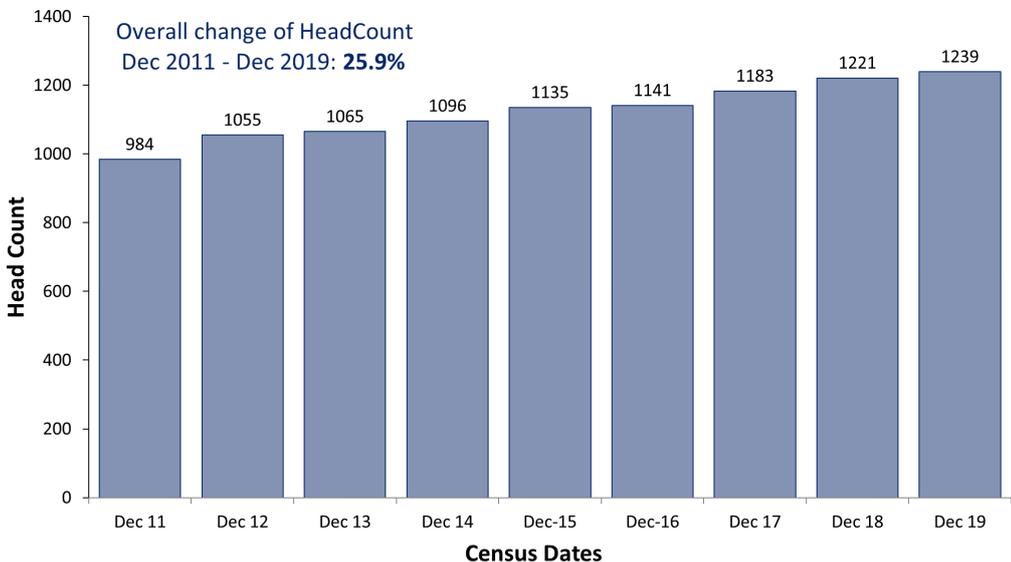


Figure 3 illustrates the head count of CAMHS staff in NHSScotland at December census dates between 2011 and 2019. Since 2011, the head count has increased from 984 to 1239 (+ 255, 25.9%). Since December 2018, the head count has increased by 18 (1.5%).

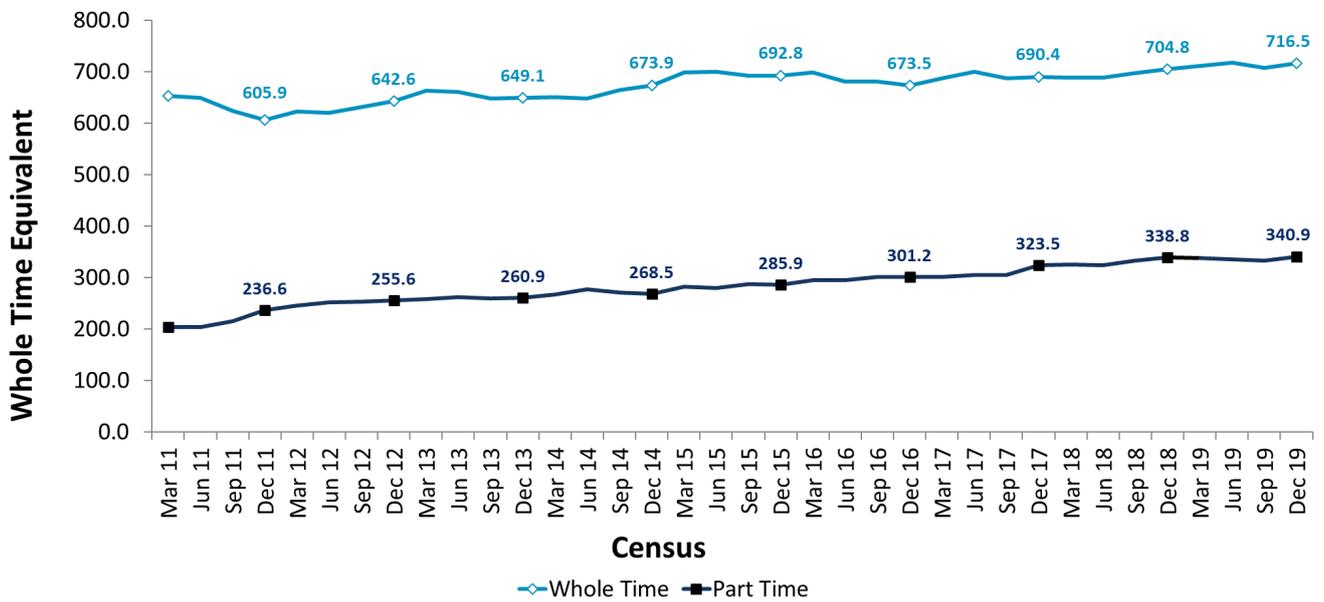
Figure 3: Head Count of NHSScotland CAMHS staff at December census dates from 2011 to 2019.



1.1 NHSScotland CAMHS Workforce by Contract Type

At 31 December 2019, 716.5 (67.8%) of CAMHS staff worked in whole time posts and 340.9 (32.2%) worked in part time posts, compared to 605.9 WTE (71.9%) whole time and 236.6 WTE (28.1%) part time in December 2011. The quarterly WTE of whole time and part time staff between March 2011 and December 2019 are shown in Figure 4. Over the past year, there has been a 11.7 WTE (1.7%) increase in whole time posts and a 2.1 WTE (0.6%) increase in part time posts.

Figure 4: WTE of whole time and part time posts from March 2011 to December 2019



1.2 NHSScotland CAMHS Workforce per 100,000 of the Child and Adolescent Population (0-18 years old)

It has been estimated that 10% of children and young people have a clinically diagnosable mental health problem⁴ and 20% of adolescents may experience a mental health problem in any given year⁵. Most adult mental health problems begin in childhood, with 50% of problems being established by age 14⁶.

Figure 5 illustrates the rate of CAMHS staff employed per 100,000 child and adolescent population in each Board as at 31 December 2019, excluding the island boards, and Table 1 shows these in comparison with 2006.

The services provided by NHSScotland CAMHS vary in the age of population served. In certain NHS Board regions, services are provided to individuals aged up to 16 only, whilst other regions offer services to those aged up to 18 years. However, this may be subject to change in future, as a result of recent [recommendations](#) that support and treatment should be provided to young people, as required, until their eighteenth birthday. Please see [Appendix 4](#) and [Appendix 8](#) for further information.

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4. Green, H., McGinnity, A., Meltzer, Ford, T. & Goodman, R. (2005). *Mental Health of Children and Young People in Great Britain: 2004*. Office for National Statistics. Retrieved from <https://files.digital.nhs.uk/publicationimport/pub06xxx/pub06116/ment-heal-chil-youn-peop-gb-2004-rep1.pdf>.
 5. World Health Organization. (2003). *Caring for children and adolescents with mental disorders: Setting WHO directions*. Retrieved from https://www.who.int/mental_health/media/en/785.pdf.
 6. Kessler, R.C., Berglund, P., Demler, O., Jin, R., Merikangas, K.R. & Walters, E.E. (2005). Lifetime Prevalence and Age-of-Onset Distributions of DSM-IV Disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry*, 62(6), 593-602. doi:10.1001/archpsyc.62.6.593.

Figure 5: Staff WTE per 100,000 of the child and adolescent population (0-18 years old) in NHSScotland CAMHS by NHS Board as at 31 December 2019.

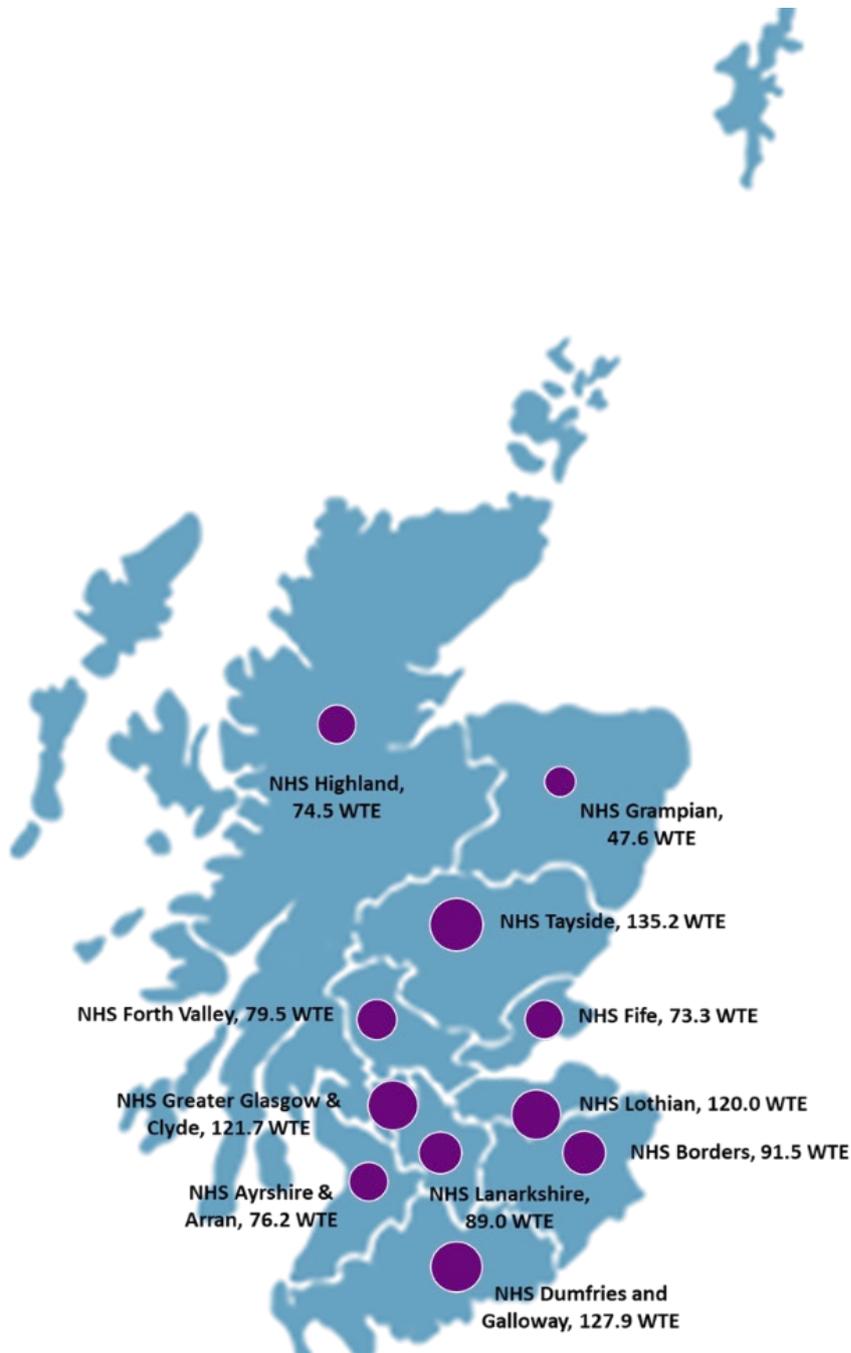


Table 1: Staff WTE per 100,000 of the Child and Adolescent population (0-18 year old) in NHSScotland CAMHS by NHS Board in 2006 and December 2019.

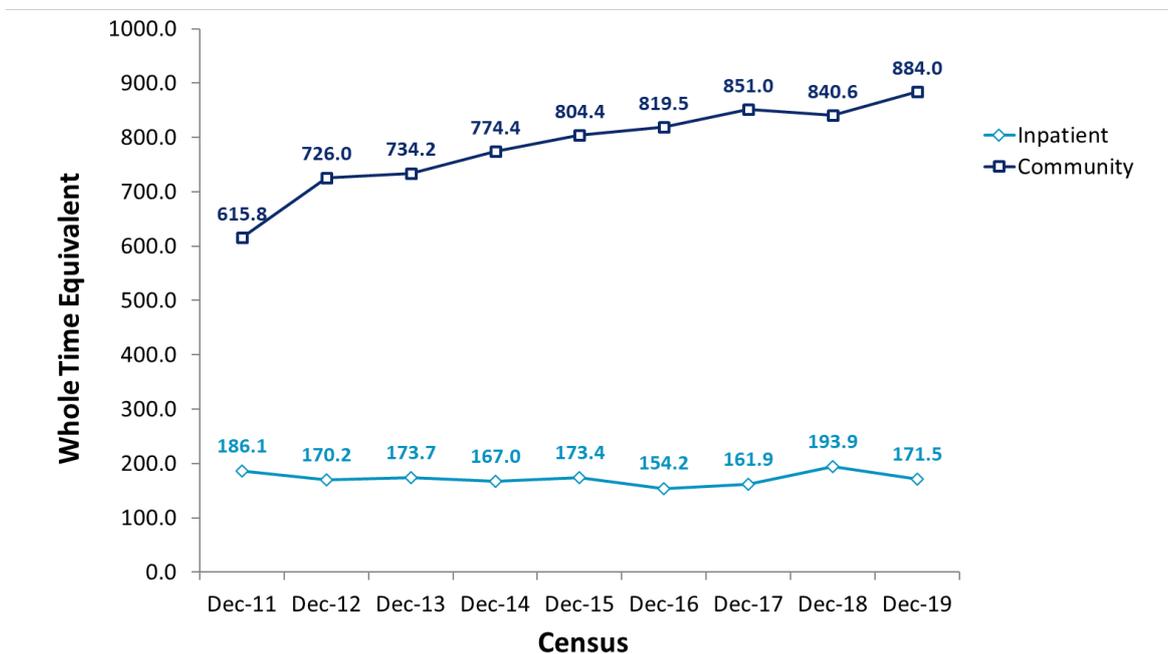
Health Boards	2006	Dec 19	Difference
NHS Ayrshire & Arran	31.0	76.2	45.2
NHS Borders	68.8	91.5	22.7
NHS Dumfries and Galloway	65.1	127.9	62.8
NHS Fife	55.8	73.3	17.5
NHS Forth Valley	34.9	79.5	44.6
NHS Grampian	53.4	47.6	-5.8
NHS Greater Glasgow & Clyde	108.7	121.7	13.0
NHS Highland	37.9	74.5	36.6
NHS Lanarkshire	16.6	89.0	72.4
NHS Lothian	59.6	120.0	60.4
NHS Tayside	75.2	135.2	60.0
NHS Scotland	60.2	97.3	37.1

1.3 NHSScotland CAMHS Workforce by Inpatient and Community WTE

Three NHS Boards contain regional inpatient units: NHS Tayside, NHS Greater Glasgow and Clyde and NHS Lothian. Inpatient services are provided for children and young people who are considered 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). Inpatient units require an intense level of staffing, and NHS Boards with this facility provide services for patients from across NHSScotland in addition to their own Board areas⁷.

Figure 6 shows the split of inpatient and community WTE in NHS CAMHS, at December census dates between 2011 and 2019. Inpatient hours have remained relatively stable across this period, decreasing by 14.6 WTE (7.8%) since December 2011. Community hours have increased steadily, by 268.2 WTE (43.6%) since December 2011.

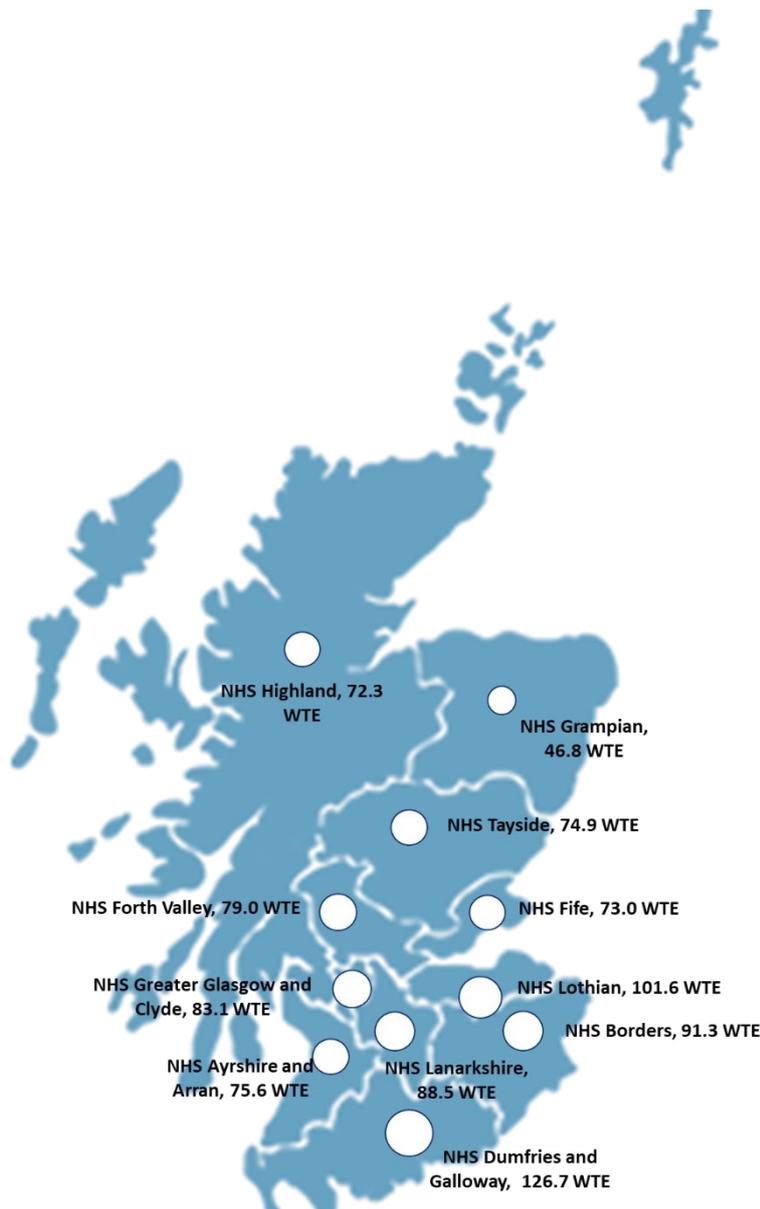
Figure 6: Staff WTE split by inpatient and community working, at December census dates between 2011 and 2019.



7. It has been recognised that CAMHS services should be offered as near to home as possible and in a number of settings, to take account of the different needs and choices of children, young people and their parents/carers, and the required intervention. This could include locations such as schools, homes and family centres, which may be perceived as less stigmatising, as well as traditional clinical settings.

Figure 7 shows the WTE of CAMHS staff working in the community, per 100,000 child and adolescent population, in each mainland Board at 31 December 2019. The largest numbers were observed in NHS Dumfries and Galloway and NHS Lothian.

Figure 7: Community staff WTE per 100,000 of the child and adolescent population (0-18 years old) in NHSScotland CAMHS mainland Boards as at 31 December 2019.



2.Characteristics of NHSScotland CAMHS

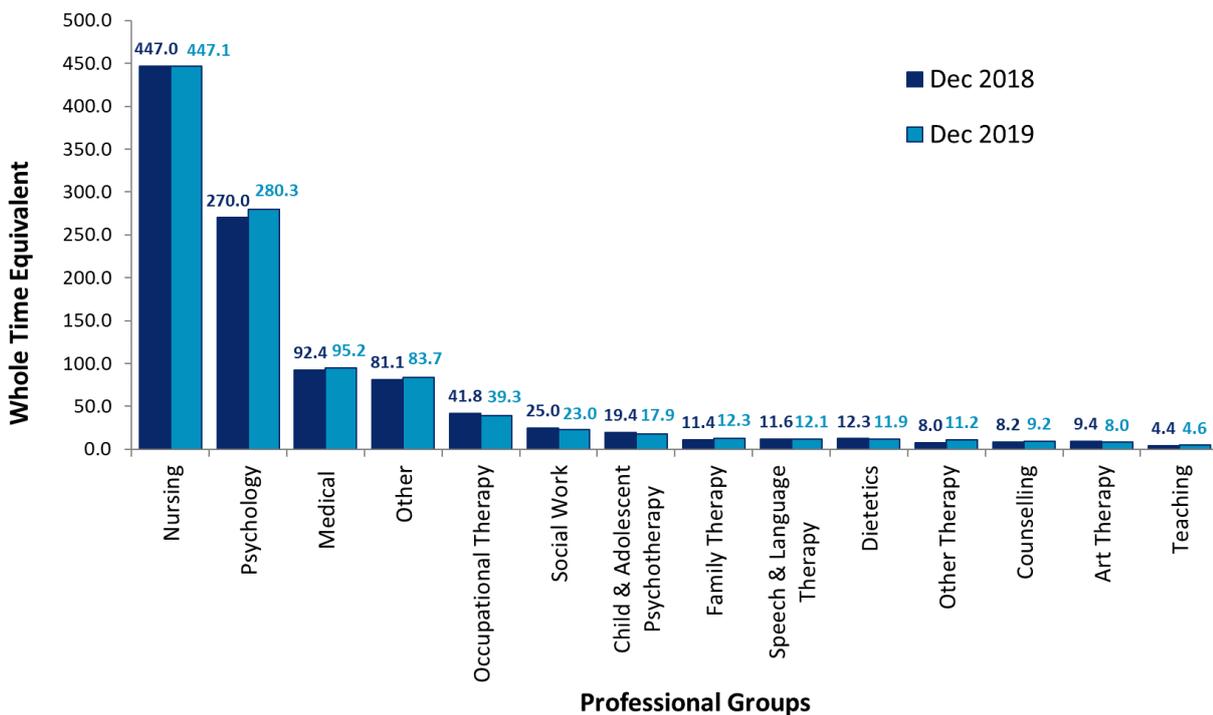
This section provides information in regard to the overall characteristics of the workforce. For more detailed information on workforce characteristics please refer to the [background tables](#).

2.1 Characteristics of NHSScotland CAMHS workforce by Professional Group and Contract Type

As at 31 December 2019, three professions made up 77.8% of the NHSScotland CAMHS workforce: Nursing (447.1 WTE, 42.3%), Psychology (280.3 WTE, 26.5%) and Medicine (95.2 WTE, 9.0%). For descriptions of each profession and the training required to enter these professions please refer to the [Summary of Professional Groups within CAMHS](#).

The WTE of the various professional groups in NHSScotland CAMHS as at 31 December 2018 and 31 December 2019 is shown in Figure 8, along with the percentage change. Over the last year, the WTE of Nursing staff has barely changed (+0.1 WTE, 0%), while the WTE of Psychology staff has increased by 10.2 (3.8%) and Medical staff by 2.8 (3.0%).

Figure 8: WTE of NHSScotland CAMHS staff in post by Professional Group as at 31 December 2018 and 31 December 2019

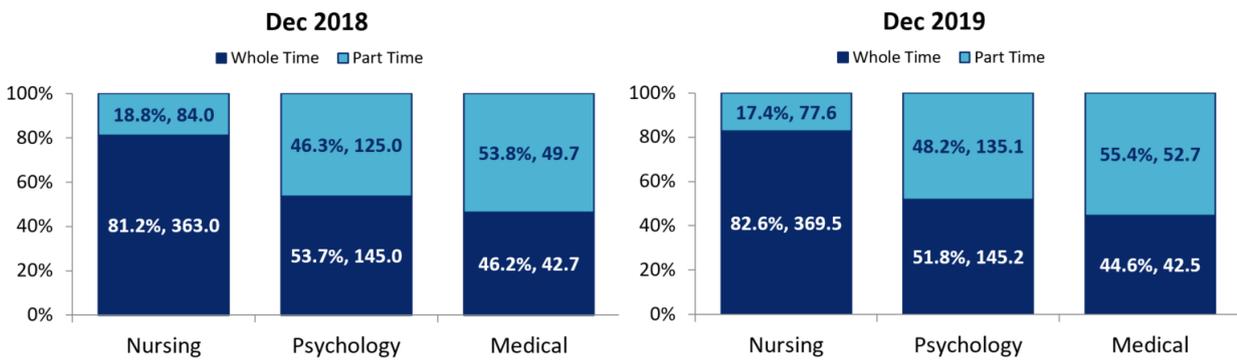


Notes

1. Physiotherapy, Educational Psychology and Music Therapy are included within the 'Other' professional group for this Figure.
2. From September 2009 staff working at Agenda for Change Bands 2, 3 and 4 are excluded from the professional group 'Nursing'.

Figure 9 shows the percentage and WTE of Nursing, Medical and Psychology CAMHS staff by contract type, as at 31 December 2018 and 31 December 2019. The percentage of Nursing staff working part-time decreased from 18.8% to 17.4% over this time, while the percentage of part-time Psychology staff increased from 46.3% to 48.2% and Medical staff from 53.8% to 55.4%.

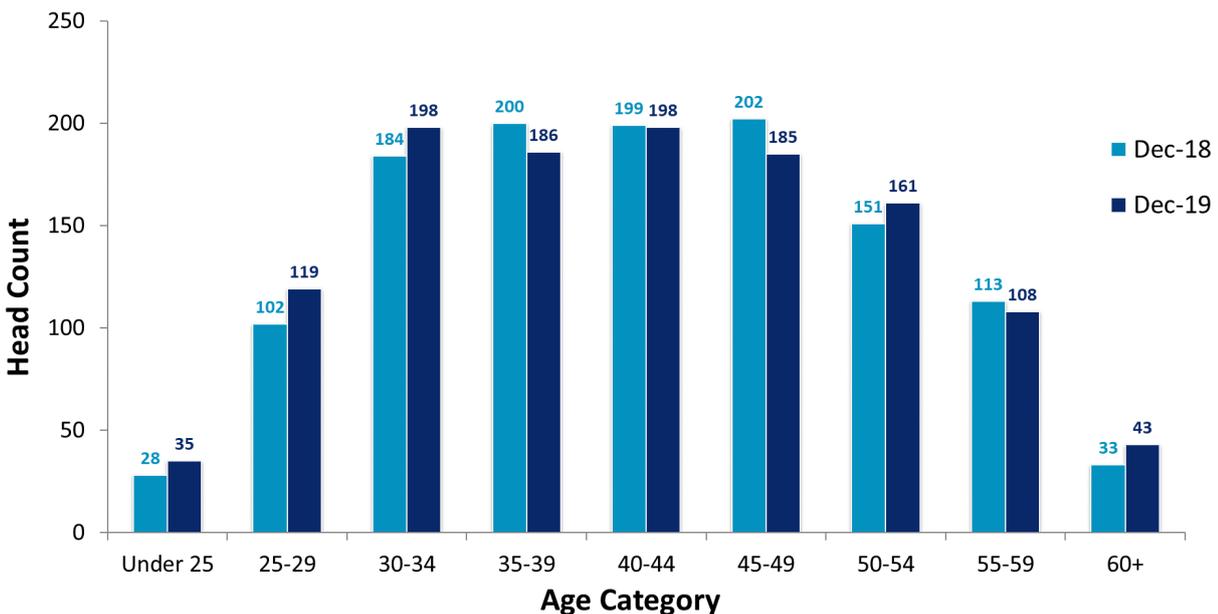
Figure 9: WTE and Percentage of Nursing, Psychology and Medical NHSScotland CAMHS staff working whole and part-time at 31 December 2018 and 31 December 2019



2.2 NHSScotland CAMHS Workforce by Age Group

Figure 10 illustrates the number of staff in post split by age group, as at 31 December 2018 and 31 December 2019. Over the past year, the greatest increase was in the 25-29 category (+17 head count) and the greatest decrease was in the 45-49 category (-17 head count).

Figure 10: Head Count of NHS Scotland CAMHS by Age Group as at 31 December 2018 and 31 December 2019



2.3 NHSScotland CAMHS Workforce by Gender

As at 31 December 2019, 892.3 WTE (84.4%) of the NHSScotland CAMHS workforce were female and 164.1 WTE (15.5%) were male (gender was missing for one member of staff). The WTE of male staff has increased slightly from 162.9 (+1.2) since December 2011, and the WTE of female staff has increased from 679.5 (+212.8), which is a 3.8% change from male to female in the overall composition of the workforce.

The percentage and WTE of male and female staff in the NHSScotland CAMHS workforce is shown for December census dates in Figure 11.

Figure 11: Percentage of male and female staff WTE in NHSScotland CAMHS services, at December census dates from March 2011 to December 2019.

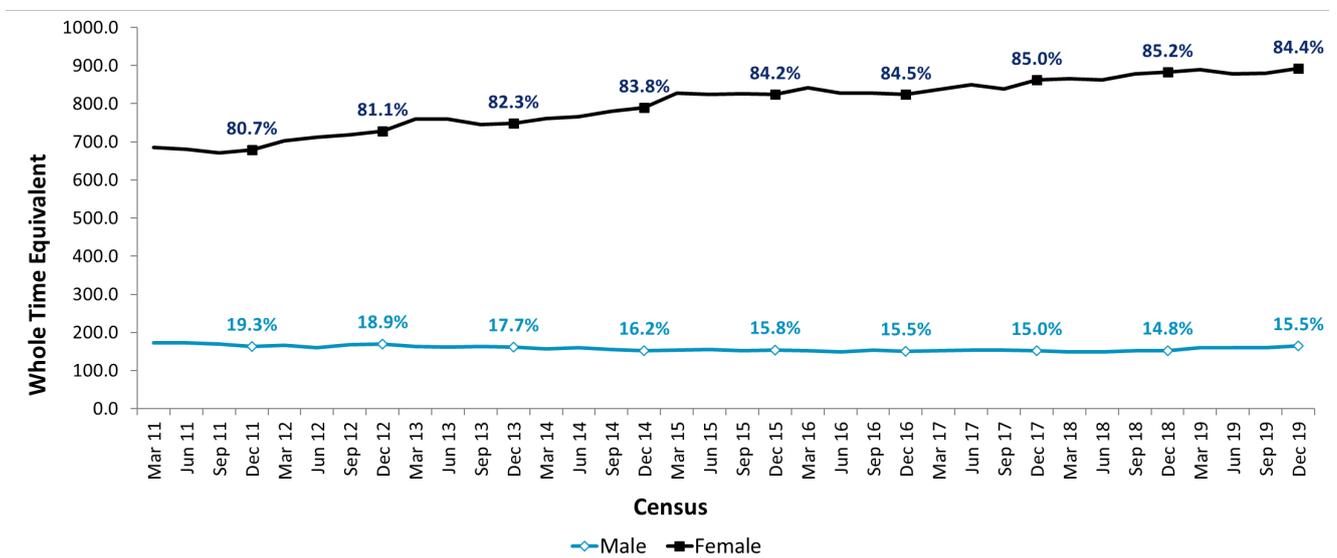


Figure 12 shows NHSScotland CAMHS staff by gender and contract type. At 31 December 2019, 35.3% of contracts for female staff were part-time, compared to 15.8% for male staff. This represents a slight increase in part-time working patterns for both female and male staff since December 2011, when 32.2% of contracts for female staff and 11.0% for male staff were part-time.

Figure 12: WTE of NHSScotland CAMHS staff by gender and contract type, from March 2011 to December 2019.

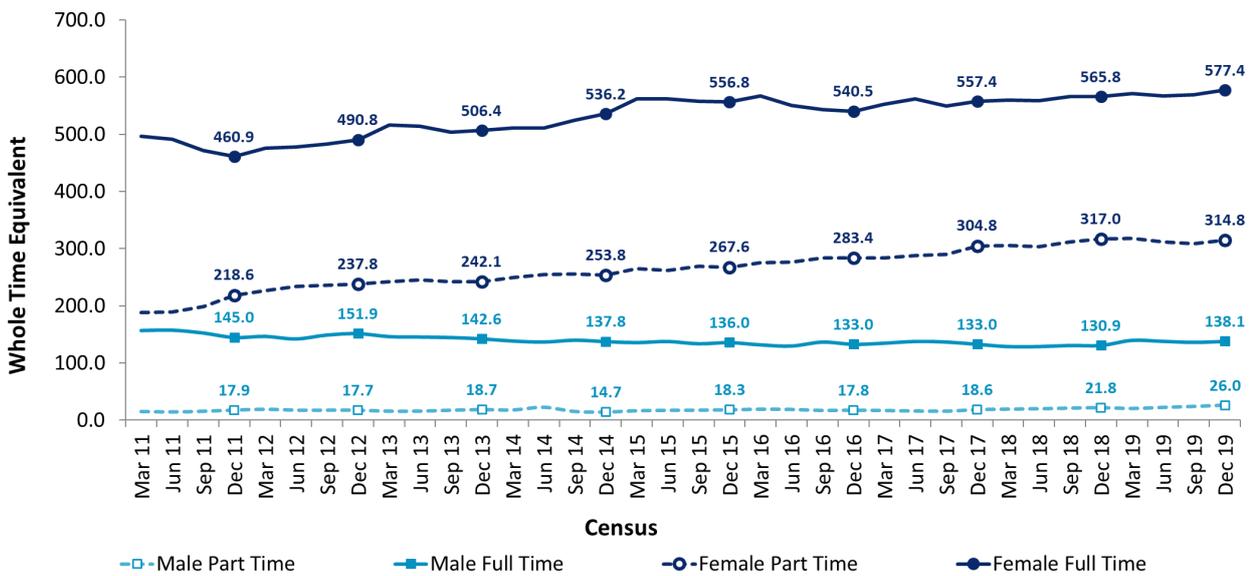
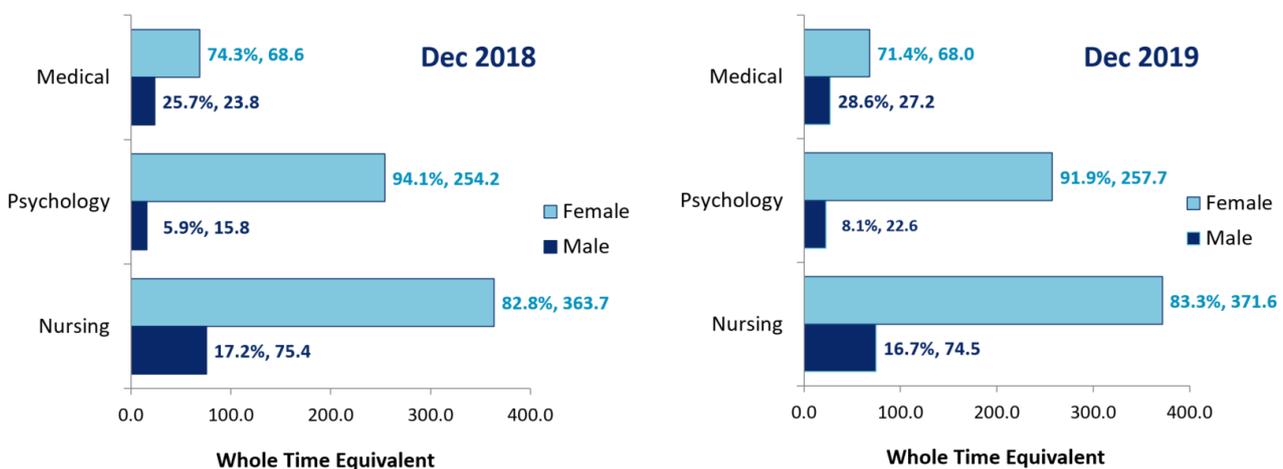


Figure 13 shows the WTE and percentage of male and female staff working across Nursing, Psychology and Medical professional groups, at 31 December 2018 and 31 December 2019. The percentage of female staff decreased by -2.9% for Medical and -2.2% for Psychology, and increased by 0.5% for Nursing.

Figure 13: WTE and Percentage of male and female Nursing, Psychology and Medical NHSScotland CAMHS staff, at 31 December 2018 and 31 December 2019



2.4 NHSScotland CAMHS Workforce by Contract Term

At 31 December 2019, 966.2 WTE (91.4%) of NHS Scotland CAMHS staff contracts were permanent, 65.1 WTE (6.2%) were fixed-term for less than two years and 26.1 WTE (2.5%) were fixed-term for more than two years. This compares with 788.5 WTE (93.6%) permanent, 33.8 WTE (4.0%) fixed-term for less than two years, and 20.1 WTE (2.4%) fixed-term for more than two years in December 2011. The WTE of permanent and fixed-term contracts at December census dates is shown in Figure 14.

Figure 14: WTE of NHSScotland CAMHS staff in permanent and fixed-term contracts at December census dates from 2011 to 2019.

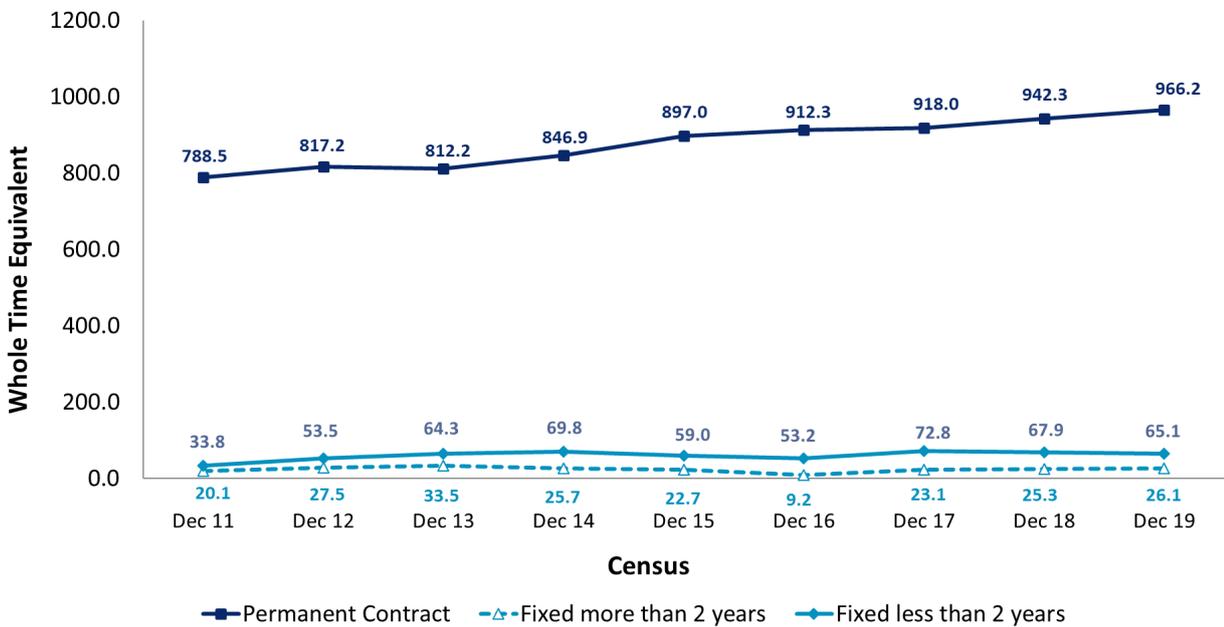
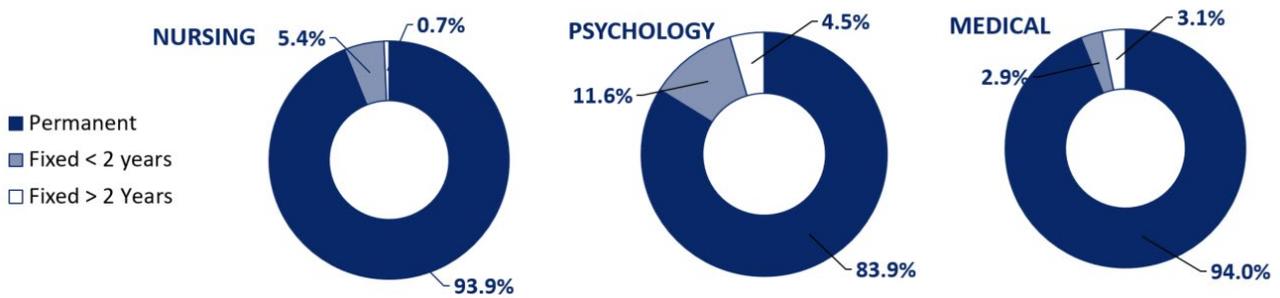


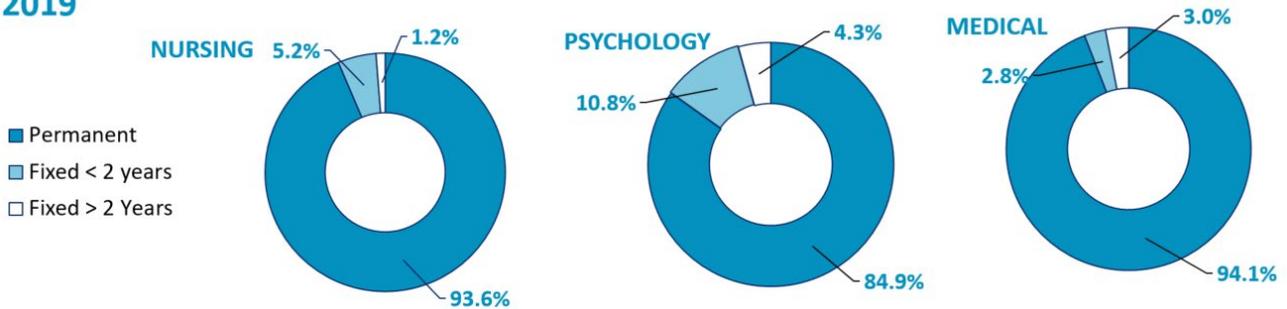
Figure 15 shows the percentage of permanent and fixed-term contracts in the Nursing, Psychology and Medical professional groups, at 31 December 2018 and 31 December 2019. These percentages have remained relatively stable over the past year. Of the three professional groups, Psychology has the highest percentage of staff on fixed-term contracts.

Figure 15: Percentage of NHS Scotland CAMHS Nursing, Psychology and Medical staff with permanent and fixed-term contracts, at 31 December 2018 and 31 December 2019.

2018



2019



2.5 Characteristics of NHS Scotland CAMHS workforce by Area of Work

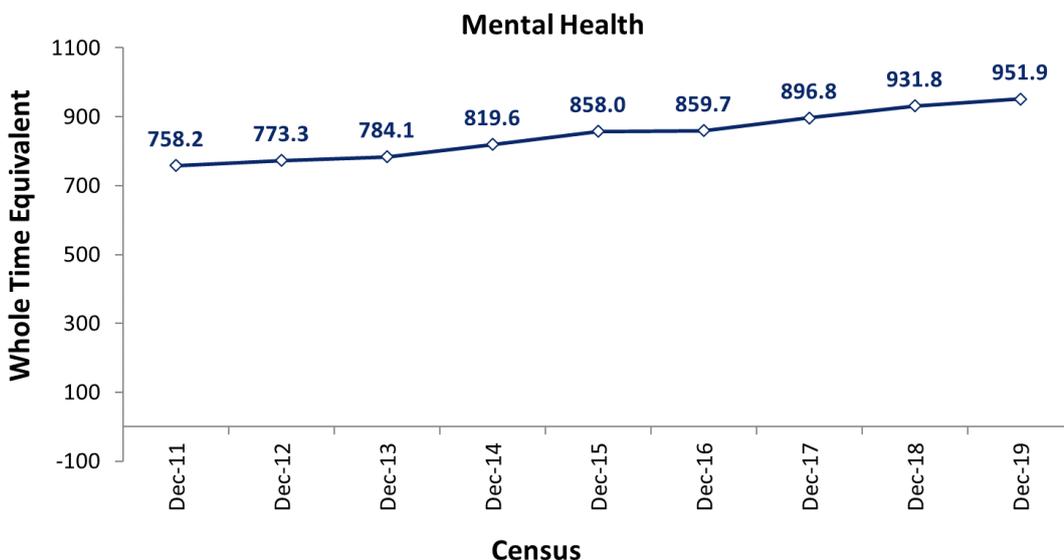
Across all professional groups, CAMHS can also be categorised into several distinct areas of work: Mental Health, Learning Disabilities, Physical Health, Forensic, Academic, Primary Mental Health Work and Intensive Outreach. Descriptions of these can be found in the [Glossary](#).

The largest area of work is Mental Health, with 951.9 WTE (90.0%) of NHSScotland CAMHS staff working in this area at 31 December 2019. The remaining workforce is divided across a number of smaller specialty areas of work, the largest two being Learning Disabilities (36.5 WTE, 3.5%) and Primary Mental Health Work (30.6 WTE, 2.9%). The WTE of CAMHS staff working in Mental Health is shown in Figure 16 for December census dates between 2011 and 2019.

For further information on area of work by professional group please see Table 7 within the [background tables](#).

New areas of work have been added over the years. ‘Academic’ was added as a new area of work category in September 2009, encompassing staff who focus on research and/or teaching and supervision of training in multidisciplinary CAMHS professional groups. ‘Intensive Outreach’ and ‘Primary Mental Health Work’ were added in September 2011. Please see the [Glossary](#) for more information.

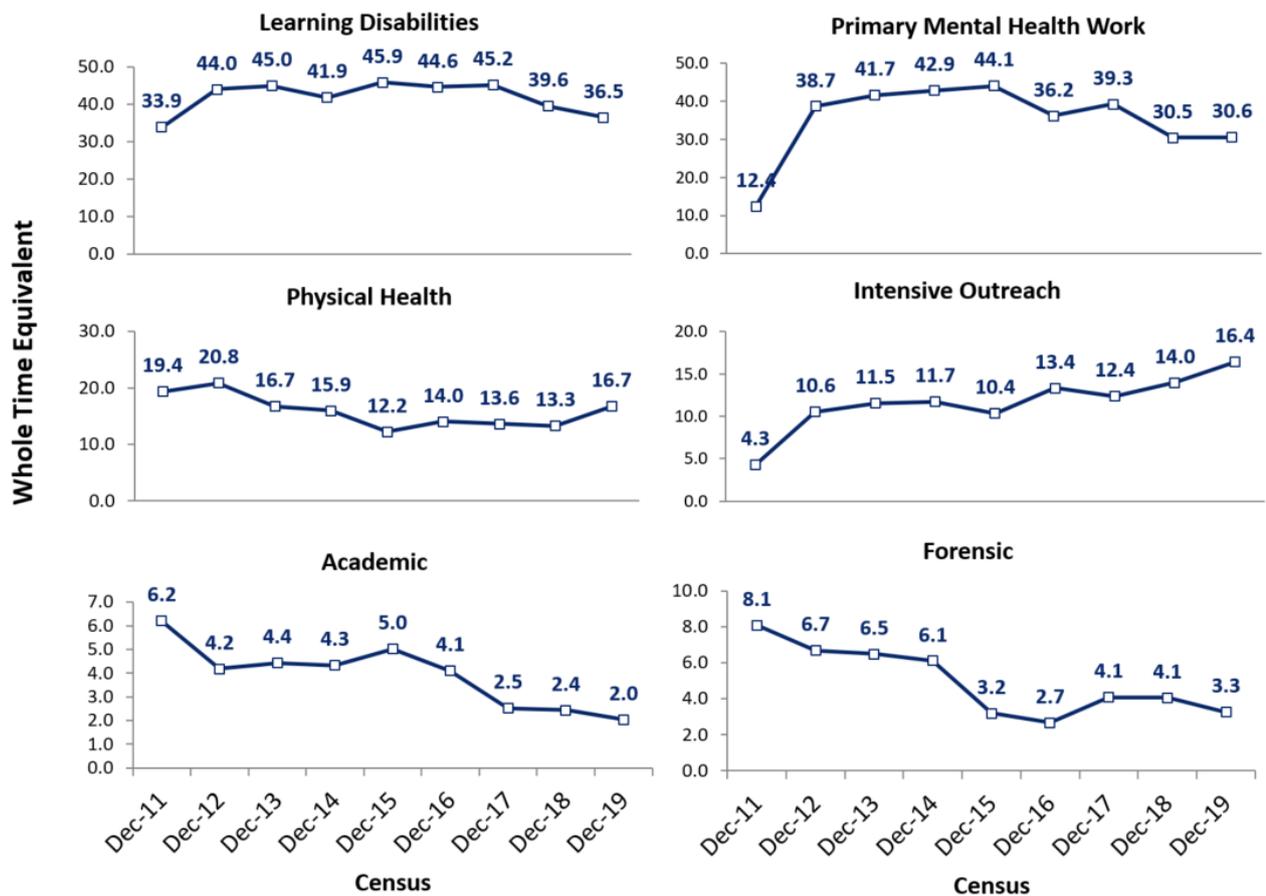
Figure 16: NHSScotland CAMHS Mental Health area of work WTE at December census dates between 2011 and 2019.



The WTE of staff in Posts in Learning Disabilities, Primary Mental Health Work, Physical Health, Intensive Outreach, Academic and Forensic areas of work is shown in Figure 17 for December census dates between 2011 and 2019. Over this time, the WTE of these areas of work has changed as follows: Learning Disabilities +7.6%, Primary Mental Health Work

+146.8%, Physical Health -13.6%, Intensive Outreach +285.3%, Academic -67.3% and Forensic -59.8%.

Figure 17: NHSScotland CAMHS other areas of work WTE at December census dates between 2011 and 2019.

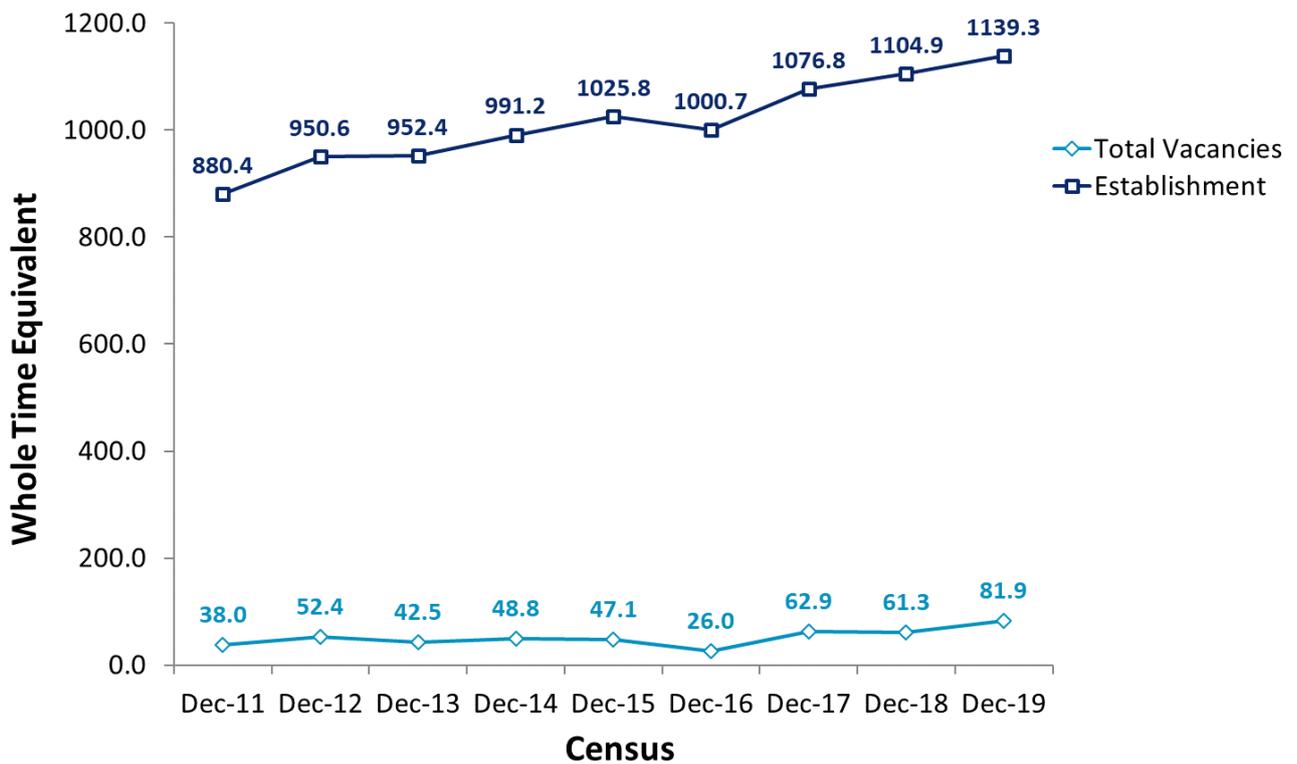


3. Staff Vacancies

At 31 December 2019, 81.9 WTE posts were vacant and in the process of being advertised. Of these posts, 56.5 WTE were permanent positions, 23.4 WTE were fixed-term positions for less than two years, and 2.0 WTE were fixed-term for two years or more. The overall vacancy rate was 7.2%. This measure describes vacancies as a percentage of the establishment (the sum of staff in post and vacancies). A further set of posts equating to 34.6 WTE were approved for recruitment but not yet advertised.

Figure 18 shows the vacancy WTE for December census dates between 2011 and 2019. The vacancy WTE for the current quarter is higher in 2019 than at any previous December census, particularly in the Psychology professional group (see section 3.2 below).

Figure 18: Vacancy and establishment WTE in NHSScotland CAMHS at December Census Dates 2011 to 2019.^{1,2}



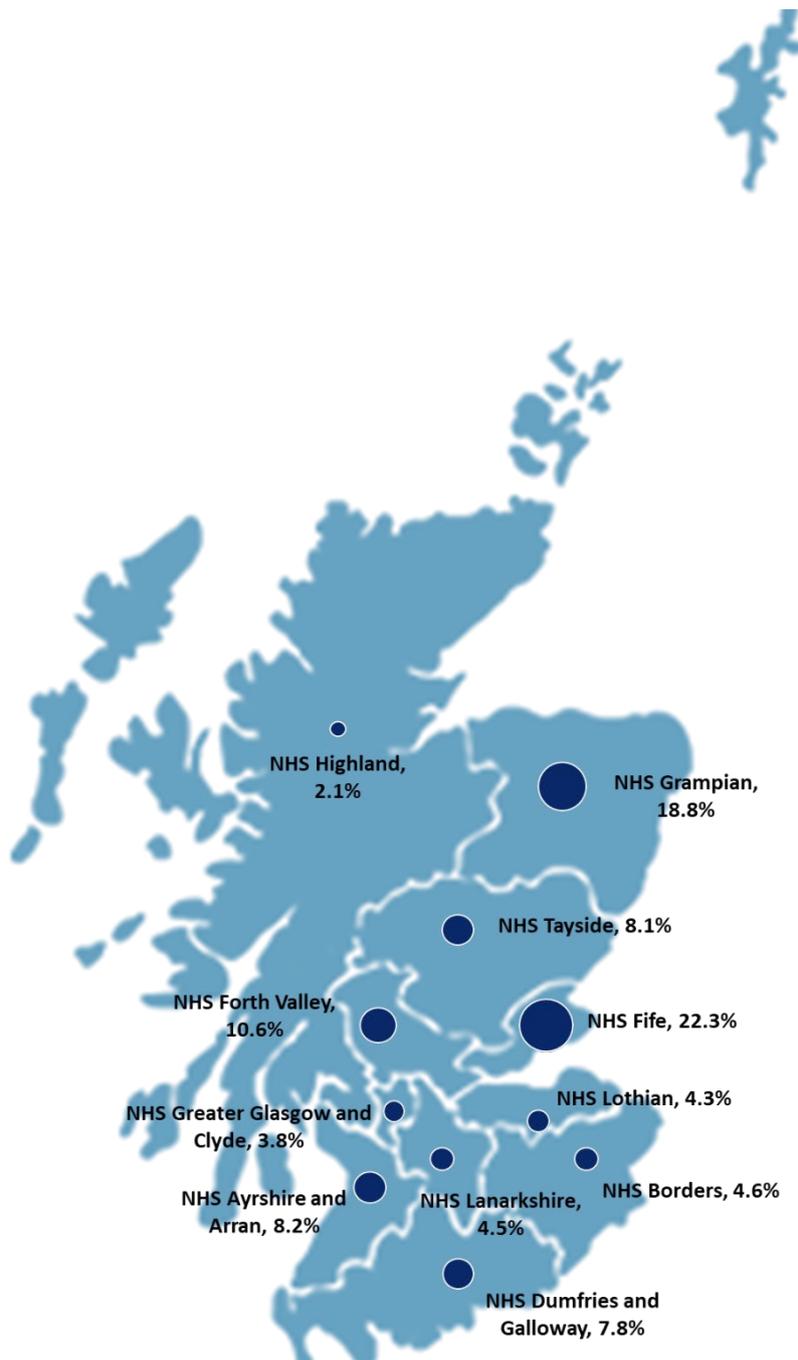
Notes

1. The vacancy information can only be provided from September 2011 onwards as, prior to this, data quality was not of a standard that could be published.
2. Not all services always provided vacancy information for each quarter. Therefore, there may be additional vacancies that were being advertised at the census date not included in the data shown.

3.1 Vacancies by Health Boards

Figure 19 shows vacancy rates, i.e. vacancy WTE divided by establishment WTE, by NHS board at 31 December 2019, excluding the island boards, who all have an establishment lower than 5.0 WTE. The highest rates this quarter were in NHS Fife (22.3%) and NHS Grampian (18.8%).

Figure 19: Vacancy rates by Health Board at 31 December 2019

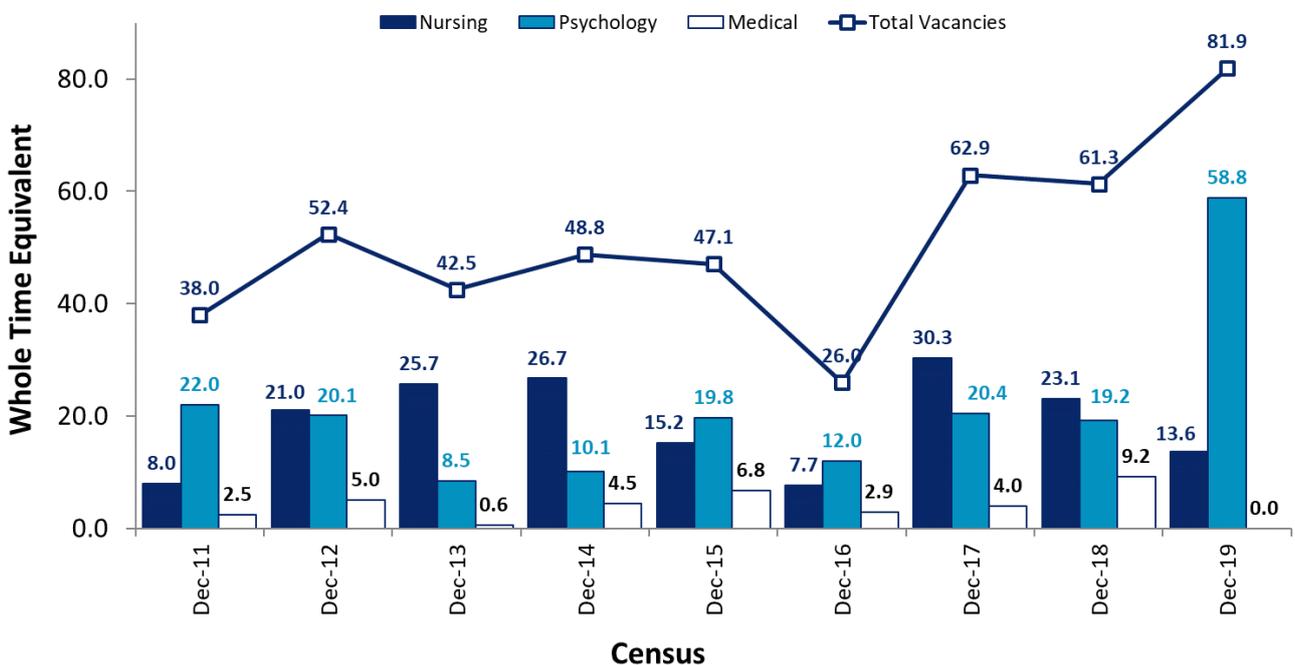


3.2 Vacancies by Professional Group

At 31 December 2019, 58.8 WTE (17.3%) of the Psychology establishment and 13.6 WTE (3.0%) of the Nursing establishment were vacant. There were no Medical vacancies this quarter. The remaining 9.5 WTE vacancies were for staff in the ‘Other’ professional group (5.0 WTE, 5.6% of the establishment), Occupational Therapy (1.5 WTE, 3.7%), Social Work (1.0 WTE, 4.2%), Child and Adolescent Psychotherapy (1.0 WTE, 5.3%), Other Therapy (0.6 WTE, 5.1%) and Dietetics (0.4 WTE, 3.2%). Vacancy rates across different professional groups are shown by NHS Health Board in Tables 10a and 10b of the [background tables](#).

Figure 20 shows vacancy rates, overall and for the three main professional groups, at December census dates between 2011 and 2019. The Psychology vacancy WTE was particularly high this quarter, 39.6 WTE (206.3%) higher than in December 2018 and 37.6 WTE (177.3%) higher than the December average of 21.2 WTE.

Figure 20: Vacancy WTE within NHSScotland CAMHS for Nursing, Psychology and Medical posts at December census dates from 2011 to 2019.^{1,2}



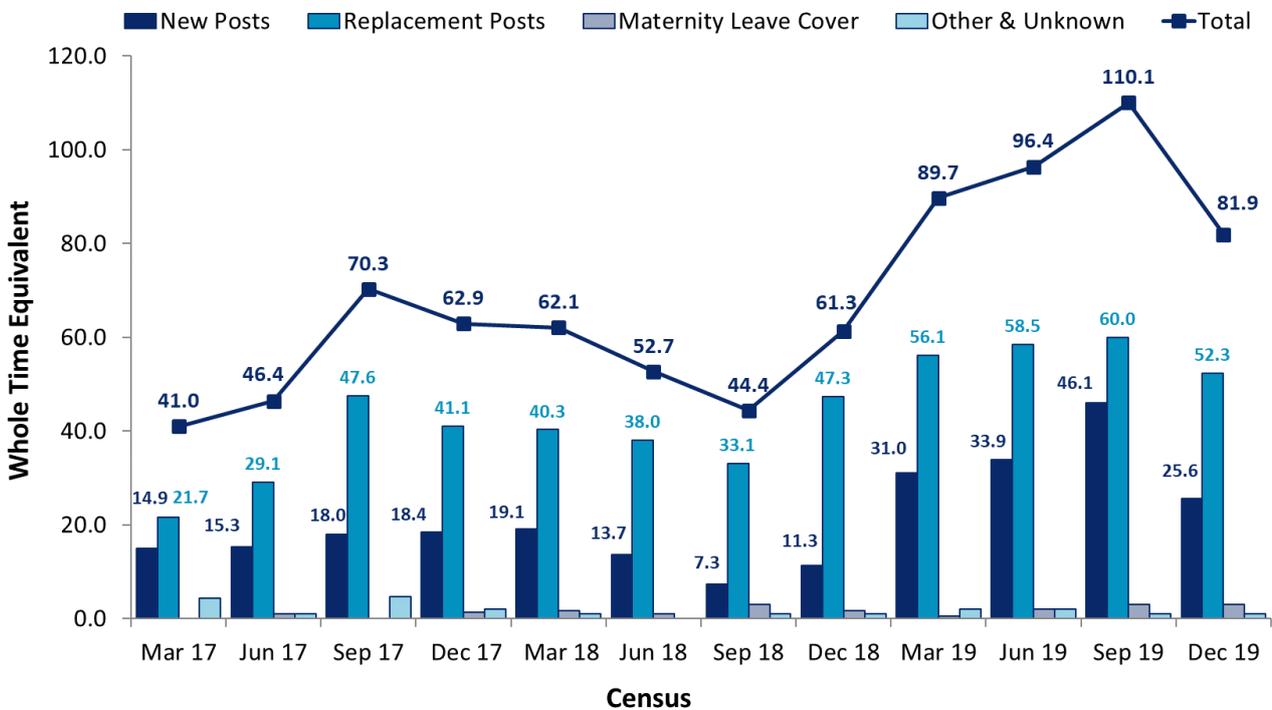
Notes

1. The vacancy information can only be provided from September 2011 onwards as, prior to this, data quality was not of a standard that could be published.
2. Not all services always provided vacancy information for each quarter. Therefore, there may be additional vacancies that were being advertised at the census date not included in the data shown.

3.3 New and Replacement Vacancies

As at 31 December 2019, 52.3 WTE (63.9%) of all advertised vacancies were for replacement posts, 25.6 WTE (31.3%) were for newly created posts, 3.0 WTE (3.7%) were for maternity leave cover and 1.0 WTE (1.2%) was unknown. The total WTE of new posts advertised increased from 11.3 WTE in December 2018 to 25.6 WTE in December 2019 (+126.5%). Figure 21 shows the WTE of new and replacement posts for all quarters since this information was first collected in March 2017.

Figure 21: NHSScotland CAMHS vacancies WTE split by New and Replacement posts from 31 March 2017 to 31 December 2019^{1,2}



Notes

1. Not all services always provided vacancy information for each quarter. Therefore, there may be additional vacancies that were being advertised at the census date not included in the data shown.
2. Prior to the data as at 30 June 2017, replacement posts will include any vacancies to cover maternity leave.

3.4 Length of Vacancies advertised

The vacancy length is calculated as the time period from the first date of advertisement until the census date. At 31 December 2019, 32.4 WTE (39.6%) of the 81.9 WTE vacant posts had been advertised for less than three months, 41.9 WTE (51.2%) for between three and six months and 7.6 WTE (9.3%) for six months or longer.

Figure 22 shows the WTE of all vacancies by length advertised, at quarterly census dates since December 2017, when this information was first available. December 2019 is the first quarter in which more vacancies had been advertised for between three and six months than for less than three months.

Figure 22: WTE of NHSScotland CAMHS vacancies for All Professional Groups, by vacancy length, quarterly between December 2017 and December 2019.

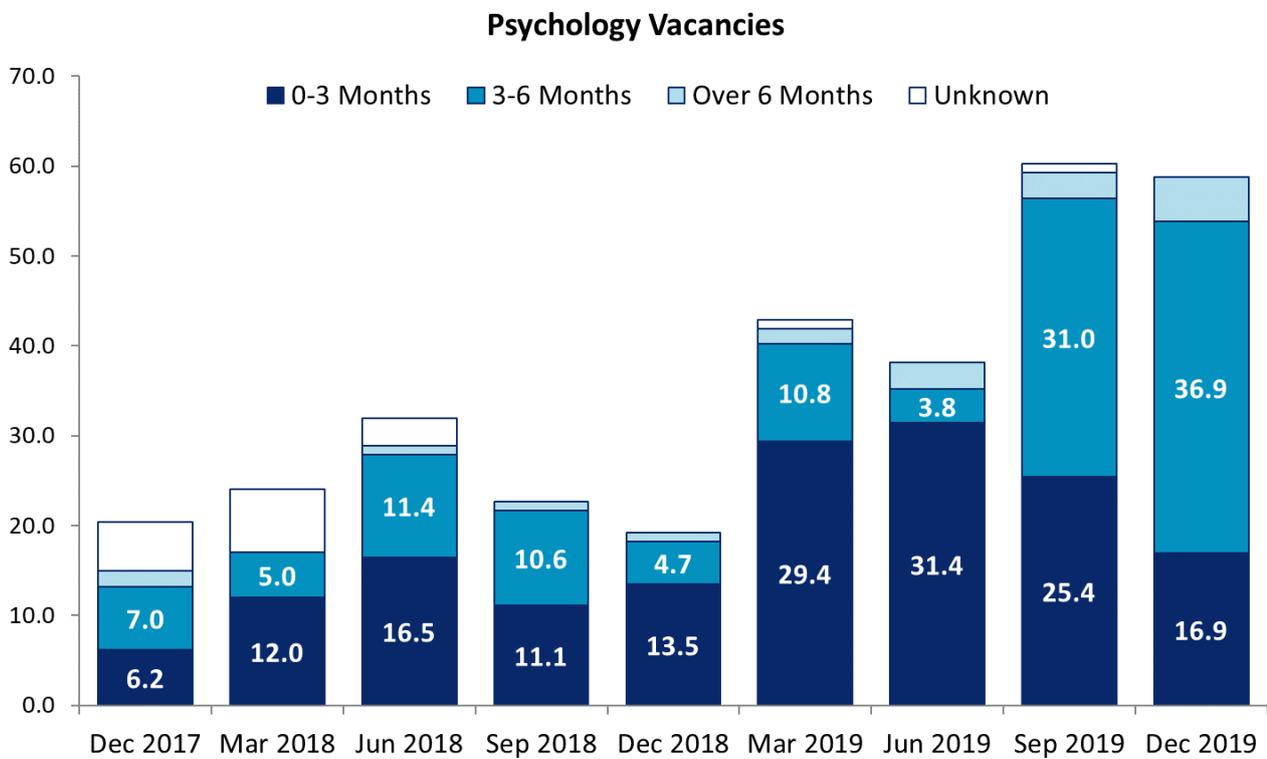


The increase in longer-term vacancies occurred mainly within the Psychology professional group. Of the 13.6 WTE Nursing vacancies, 11.6 WTE had been advertised for less than three months and 2.0 for longer than six months. In Psychology, 36.9 WTE of the 58.8 WTE were between three and six months old, 16.9 less than three months and 5.0 greater than six months.

Figure 23 shows the WTE by length advertised of Psychology vacancies at quarterly census dates between December 2017 and December 2019. In September 2019 there was a marked increase in Psychology vacancies, particularly those that had been advertised for between three to six months, which was also observed in December 2019. The overall WTE of Psychology vacancies has increased by 39.6 (206.3%) since December 2018, while the WTE of those advertised for between 3-6 months has increased by 32.2 WTE (685.1%).

Information on duration of vacancies by NHS Board can be found in the [background tables](#).

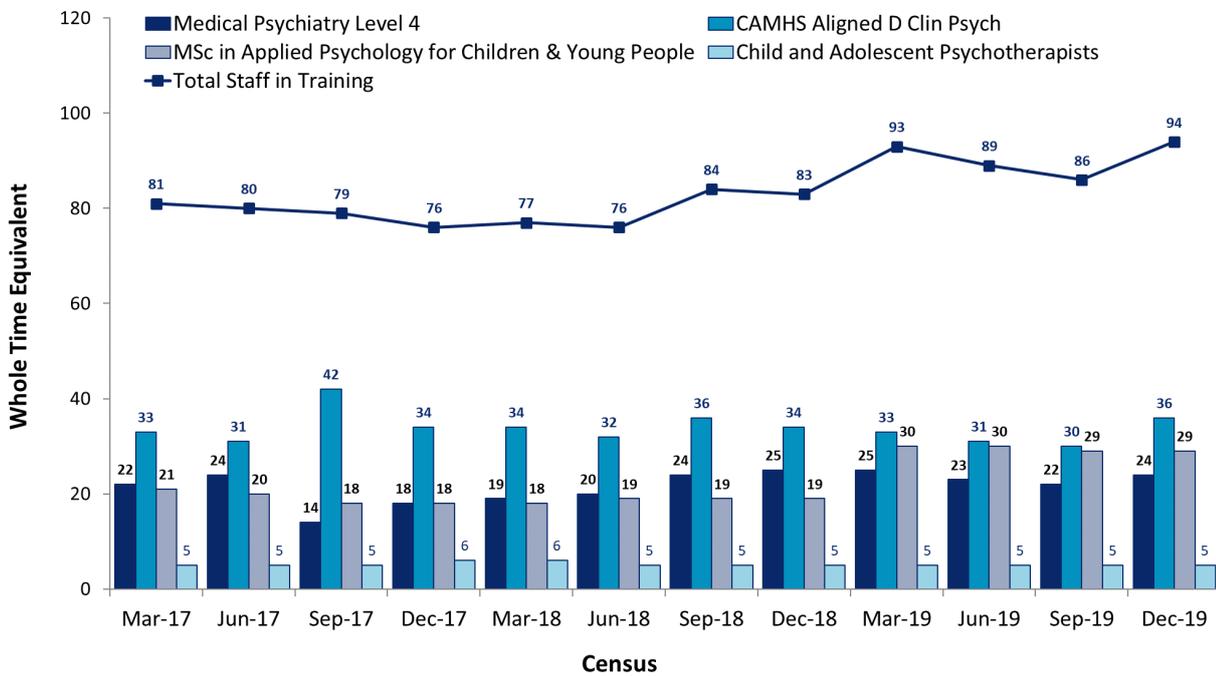
Figure 23: WTE of NHSScotland CAMHS Psychology vacancies, by vacancy length, quarterly between December 2017 and December 2019.



4. Staff in Training

In addition to trainee nurses (not reported here), there are currently 94 staff in training in NHSScotland on CAMHS associated courses: 36 on the CAMHS Aligned DClinPsych, 29 on the MSc in Applied Psychology for Children and Young People, 24 in Medical Psychiatry Level 4, and five in Child and Adolescent Psychotherapy. The number of individuals in training on these courses is shown for quarterly census dates since March 2017 in Figure 24 below and in Table 12 in the [background tables](#).

Figure 24: Staff in training in NHSScotland CAMHS associated courses, quarterly between March 2017 and December 2019.



Further information on Nursing and Medical training paths can be found in the [Summary of Training Courses](#). Further information on psychology intakes is available in the [Psychology Workforce Publication](#).

List of CAMHS Workforce Tables

Table Number	Name	Time period	File and size
1-11	<u>CAMHS Workforce Tables</u>	2006 – Dec-2019	Excel 1KB

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

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Further Information

CAMHS Psychology workforce information is also included in the main Psychology workforce publication. The [full report](#), [summary](#) and [tables](#) for Psychology workforce were published on 3 March 2020 with data as at 31 December 2019.

Publications prior to 3 December 2019 can be accessed via the [ISD Workforce publications page](#).

For related topics, please see the ISD [Mental Health](#) pages.

The next release of this publication will be on 2 June 2020.

Rate this publication

Please [provide feedback](#) on this publication to help us improve our services.

Appendices

Appendix 1 – Publication Metadata

Metadata Indicator	Description
Publication title	Child and Adolescent Mental Health Services Workforce in Scotland
Description	Describes the characteristics of the workforce, vacancies and staff in training for Child and Adolescent Mental Health Services (CAMHS) in NHSScotland as at 31 December 2019.
Theme	Health and Social Care
Topic	Health Care Personnel, Finance and Performance
Format	Excel format
Data source(s)	Child and Adolescent Mental Health Service Workforce Database and NES Turas Training Programme Management system.
Date that data are acquired	Approximately 2 weeks after the census date.
Release date	03 March 2020
Frequency	From 2005-2010 publications were produced annually, data as at 30 September. Since March 2011 the publication has been released quarterly.
Timeframe of data and timeliness	Data from 2005 to 31 December 2019
Continuity of data	Data prior to 2007 was presented using Whitley grades. From 2007 onwards, all non-medical staff are reported under AfC.
Revisions statement	N/A
Revisions relevant to this publication	N/A
Concepts and definitions	Please see the glossary .
Relevance and key uses of the statistics	These statistics are used to support local, regional and national workforce planning.
Accuracy	The source data are collected and verified by CAMHS lead clinicians using the National CAMHS Workforce Information Database held centrally at NSS. NES work closely with these lead clinicians to ensure a high level of data accuracy.
Completeness	The source data are collected and verified by CAMHS lead clinicians using the National CAMHS Workforce Information Database held centrally at NSS. NES work closely with these lead clinicians to ensure a high level of data accuracy. All NHS Boards are also prompted to return vacancy information. All services provided vacancy information for the current quarter December 2019
Comparability	CAMHS Psychologists can be compared to psychologists providing services to the target age group of children and adolescents in the Psychology Workforce Publication
Accessibility	The publication is made accessible according to published guidelines .
Coherence and clarity	All data tables are available in Excel format Further features to aid clarity: 1. Tables are printer friendly. 2. Key data are presented graphically.

Value type and unit of measurement	Head count and whole-time equivalent (WTE) staff, percentage WTE per population. Numbers of new and replacement vacancies. Numbers of trainees.
Disclosure	In this Publication, the published guidelines are followed.
UK Statistics Authority Assessment	NES became an accredited provider of Official Statistics in December 2019 and as such this release is produced in accordance with UK Statistics Authority's Code of Practice for Statistics . NES voluntarily applied the Code of Practice for the publication released on 3 December 2019.
Last published	3 December 2019
Next published	2 June 2020
Date of first publication	2006
Help email	mailto:nss.mentalhealthwf@nhs.net
Date form completed	24 February 2020

Appendix 2 – Early access details

Pre-Release Access

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

Standard Pre-Release Access:

Scottish Government Health Department

NHS Board Chief Executives

NHS Board Communication leads

Early Access for Management Information:

These statistics will also have been made available to those who needed access to 'Management Information' i.e. as part of the delivery of health and care:

Mental Health Intelligence groups including:

Scottish Government Health Department – Mental Health Directorate
Health Improvement Scotland – Improvement Advisors.

Appendix 3 – NES and Code of Practice for Statistics

About NES

NHS Education for Scotland (NES) are responsible for supporting NHS services delivered to the people of Scotland by developing and delivering education and training for those who work in NHSScotland. NES helps to provide better patient care by providing educational solutions for workforce development. This is done by designing, commissioning, quality assuring and where appropriate providing education for NHSScotland staff.

NHS Education for Scotland (NES) is NHSScotland's education and training body. It is the authoritative source of information on the people who work for NHSScotland. NES became an accredited provider of Official Statistics in December 2019 and as such this release is produced in accordance with UK Statistics Authority's [Code of Practice for Statistics](#). NES [voluntarily applied](#) the Code of Practice for the publication released on 3 December 2019.

Appendix 4 – Background Information

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

About CAMHS

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

Mental Health Policies, Standards and Investments

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

Children and Young People's Mental Health Task Force (2019)

The Taskforce delivery plan, published in December 2018, recognised a lack of consistency in age range, criteria, capacity and professionals available within CAMHS across NHSScotland Health boards. They recommend that the Scottish Government should commission a quality/performance improvement plan to improve consistency of CAMHS performance and CAMHS acceptance criteria. This includes the provision of support and treatment to young people as required, until their eighteenth birthday.

Mental Health Strategy 2017-2027

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

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

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

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

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

The 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.

Workforce Target

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

CAMHS Financial Investment (2009)

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

CAMHS Financial Investment (2016)

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

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

Children & Young People’s Mental Health Task Force funding (2018)

The Taskforce was set up with a lifespan of two years, with the aim of ensuring that the mental health needs of children and young people receive the attention and priority that was agreed by the Scottish Government and the Convention of Scottish Local Authorities (COSLA). It recommended that a significant proportion of the additional £5m allocated to support its work should be invested in CAMHS teams to reduce pressure on the system and to support capacity building in early intervention. This funding should be sustained across the lifetime of the Taskforce and beyond if required.

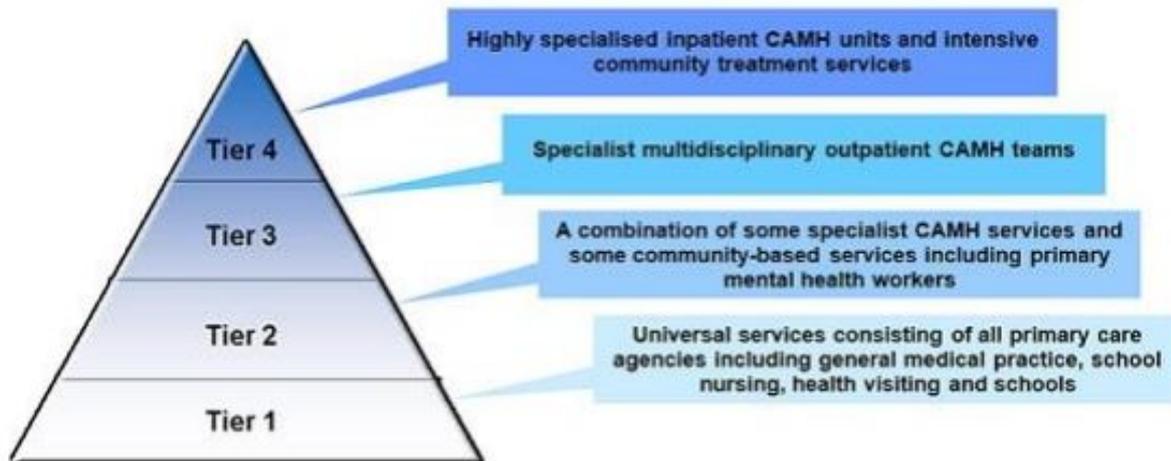
CAMHS Workforce: Data Collection

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

Related Publications

The [Psychology Workforce publication](#) includes information on Psychology staff working with children and adolescents.

Appendix 5 – CAMHS Tier Model



Tier 1

Child and adolescent mental health services at Tier 1 are provided by practitioners working in universal services who are not mental health specialists. This includes:

- GPs
- health visitors
- school nurses
- teachers
- social workers, and
- youth justice workers and voluntary agencies

Tier 1 practitioners are able to offer general advice and treatment for less severe problems. They contribute towards mental health promotion, identify problems early in the child or young person's development and refer to more specialist services.

Tier 2

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

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

Tier 2 practitioners offer consultation to families and other practitioners. They identify severe or complex needs requiring more specialist intervention, assessment (which may lead to treatment at a different tier), and training to practitioners at Tier 1 level.

Tier 3

Tier 3 services are usually multidisciplinary teams or services working in a community mental health setting or a child and adolescent psychiatry outpatient service, providing a service for children and young people with more severe, complex and persistent disorders. Team members are likely to include:

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

Tier 4

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

Appendix 6 – Glossary

Agenda for Change (AfC)

The national pay system for NHS Workforce excluding doctors, dentists and very senior managers.

Area of Work

The specialty area that a clinician works in. See below for descriptions of each of these:

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

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

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

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

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

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

Band

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

CAMHS

Child and Adolescent Mental Health Services provided by NHSScotland. Services are provided by teams of clinicians including psychiatrists, mental health nurses, clinical

psychologists, occupational therapists and other allied health professionals. These services are based mainly in outpatient clinics and in the community.

Children and young people

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

Establishment

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

Head count

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

HEAT standards

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

ISD

Information Services Division

LAC

Local Authority Contract

NES

NHS Education for Scotland

NHS GG&C

NHS Greater Glasgow & Clyde

Target Age

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

Tiers of service provision

Tier 1- Child and adolescent mental health services at this level are provided by practitioners working in universal services who are not mental health specialists. This includes: GPs, health visitors, school nurses, teachers, social workers, youth justice and voluntary agencies. Tier 1 practitioners are able to offer general advice and treatment for less severe problems. They contribute towards mental health promotion, identify problems early in the child or young person's development and refer to more specialist services.

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

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

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

Vacancy

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

Whole-time Equivalent (WTE)

The WTE adjusts head count figures to take account of part-time working. For example, NHS Agenda for Change staff work 37.5 whole-time hours per week so a staff member working part-time at 30 hours per week would be calculated as 0.8 WTE.

Appendix 7 – Summary of CAMHS Professional Groups and Training Courses

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

Summary of Professional Groups

Art Therapy

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

Child and Adolescent Psychotherapy

Uses psychological methods to help a person change and overcome problems.

Counselling

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

Dietetics

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

Educational Psychology

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

Family Therapy

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

Healthcare Assistants

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

Medical

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

Music Therapy

See 'Art Therapy'

Nursing

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

Occupational Therapy

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

Other

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

Other Therapy

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

Physiotherapy

A physical medicine and rehabilitation specialty. A physiotherapist helps to restore movement and function when someone is affected by injury, illness or disability.

Psychology

The profession of psychology evaluates and studies behaviour and mental processes to understand individuals and groups by establishing general principles and researching specific cases. There are many different types of applied psychologists, the most common of which are clinical psychologists. Included within CAMHS psychology practitioners are Clinical Associates in Applied Psychology staff who have completed the one-year MSc in Applied Psychology for Children and Young People.

Social Work

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

Speech and Language Therapy

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

Teaching

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

Summary of CAMHS Training Courses

CAMHS Aligned Doctorate in Clinical Psychology

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

Child and Adolescent Psychodynamic Psychotherapists

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

Medical Psychiatry Level 4

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

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

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

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

MSc in Applied Psychology for Children and Young People

The MSc in Applied Psychology for Children and Young People is a one-year course that was introduced in 2007 and is funded by NHS Education for Scotland at the University of Edinburgh. Entry to the course requires an Honours degree in Psychology (2:1 or above) which has the British Psychological Society (BPS) Graduate Basis for Chartered Membership, and whilst training trainees are expected to complete a full year clinical placement within an NHSScotland CAMHS setting. The course was introduced to expand the professional skill mix working within CAMHS and other child services, with graduates of the course able to apply for employment as Clinical Associates in Applied Psychology, Child and Adolescent Therapists or Primary Mental Health Workers, for example. Further information can be found in [MSc in Applied Psychology](#).

Nursing Training

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

The role of the NHS Education for Scotland (NES) Nursing and Midwifery Team is about making positive impacts on the experiences and outcomes of patients and those who access health and care services in Scotland. To achieve this, NES delivers across four key themes (developing an excellent nursing and midwifery workforce; improving quality of health and care through education and research; ensuring responsive education to meet service needs, and enhancing educational infrastructure) to enable harmonisation with national policy shifts and the [NES Refreshed Strategic Framework 2014–17](#).

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

Appendix 8 – Data Quality

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

Changes to recording of CAMHS staff groups.

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

NHS Ayrshire and Arran: This NHS Board operates CAMHS services plus separate Child & Adolescent Psychology Services which are managed separately from CAMHS.

NHS Lanarkshire: Additional investment has occurred in NHS Lanarkshire on the back of a planned significant restructure in mental health. Lanarkshire Youth Counselling Service has been brought under the strategic and management control of the CAMHS Service in order to align and extend the current service provision, to expand the services co-ordinated provision across Tier 2, early intervention services. Youth Counsellors have not previously been recorded in the CAMHS workforce database but as at March 2012 are now appropriately included with the service redesign and re-organisation.

NHS Dumfries & Galloway: From 1 April 2012 NHS Dumfries & Galloway CAMHS substance misuse mental health workers (head count = 5 at the time) sit within a separate sub-team; Child and Adolescent substance service, CASS. Therefore, these staff are no longer included in the data from 1 April 2012.

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

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

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

Age of Service Provision

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

NHSScotland CAMH Service Age Provision by NHS Board

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

Please note that this information may be subject to change in future, as a result of recent [recommendations](#) that support and treatment should be provided to young people, as required, until their eighteenth birthday.