



This is an Official Statistics Publication

As of 1st October 2019, NHS Education for Scotland (NES) has taken responsibility for some national workforce data, statistical & intelligence 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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Executive Summary

At 31 March 2024:

- There were 1,526.5 WTE (1745 Headcount) staff in post within NHSScotland CAMHS, an increase of 133.5% since 2006, 53.6% since 31 March 2016, 15.6% since last year and 1.6% since last quarterly census. This is an increase of 101.2% within the Speech and Language Therapy professional group, 23% within the Nursing professional group and 4.9% within the Psychology professional group and decrease of 7.9% within the Medical professional group since last year. Of the total staff in post, 48.7 WTE (3.2%) were on maternity/paternity leave and 23.3 WTE (1.5%) were on long term sick leave.
- There were 70.3% CAMHS staff working in whole-time posts and 29.7% working in part-time posts, an increase of 15% in whole-time posts and 17% in part-time posts since last year's census. Within the Medical professional group, approximately half (56.4%) of the workforce worked part-time, compared to 45.9% in the Psychology professional group and 15.2% in the Nursing professional group.
- There were 79.1 WTE vacancies advertised which is a decrease of 50.3% vacancies since March 2023 census. 35.5% of vacancies were in the Psychology professional group, 33.4% of vacancies were in the Nursing professional group and 8.2% were in the Occupational Therapy professional group.
- Of the total vacancies advertised, 65.1% were advertised for less than 3 months, 17.8% were advertised for 3-6 months and 17.1% were advertised for more than 6 months. A further 21 WTE were approved for recruitment but not yet advertised and 11.5 WTE were sent for approval.
- Of the total 79.1 WTE vacancies advertised, 25.3% (20 WTE) were advertised as new posts, 70.3% (55.6 WTE) were advertised as replacement posts, 0.6% (0.5 WTE) were advertised as Maternity/Paternity cover, 1.3% (1 WTE) were advertised as secondment posts and 2.5% (2 WTE) were advertised as Other category. The total vacancy rate of 4.9% has decreased compared to 6.1% for the last quarterly census and 10.8% for last year's census.

1.Introduction

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 March 2024:

- Clinical Staff in post
- Vacancies
- Staff in training

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

In conjunction with this report, comprehensive workforce data at 31 March 2024 are shared across the following outputs:

1.1. Dashboards

- The CAMHS workforce dashboard presents quarterly data on staff in post in NHSScotland CAMHS and information on staff in training and vacancies. These report data from 2006, as well as data from an initial pilot collection in 2005.
- The dashboards include staff WTE and headcount, WTE per 100,000 of the population, psychiatric inpatient hours, target age, area of work, gender, contract type, grade, contract term, absence, age, employee turnover, vacancies and staff in training in the workforce. Staff in post data are available as chart visuals or tables. Via the [CAMHS Workforce Dashboards](#), users can quickly gauge shifts in trends and draw comparisons across NHS Boards and regions.

1.2. Data tables

The CAMHS workforce [data tables](#) presents quarterly data on staff in post in NHSScotland CAMHS and information on staff in training and vacancies. This includes data from 2006, as well as data from an initial pilot collection in 2005.

- Supplementary long term trend data for staff in post and trainees.
- Quarterly updates to staff in post tables.
- Quarterly updates to vacancies tables.

A full list of the data published and a timetable of future releases are available on our [webpages](#).

1.3. Terms used in this document

Workforce statistics are routinely reported as [headcount](#) and [whole-time equivalent\(WTE\)](#), which adjusts the headcount figure to take account of part-time working.

2. Staff in Post

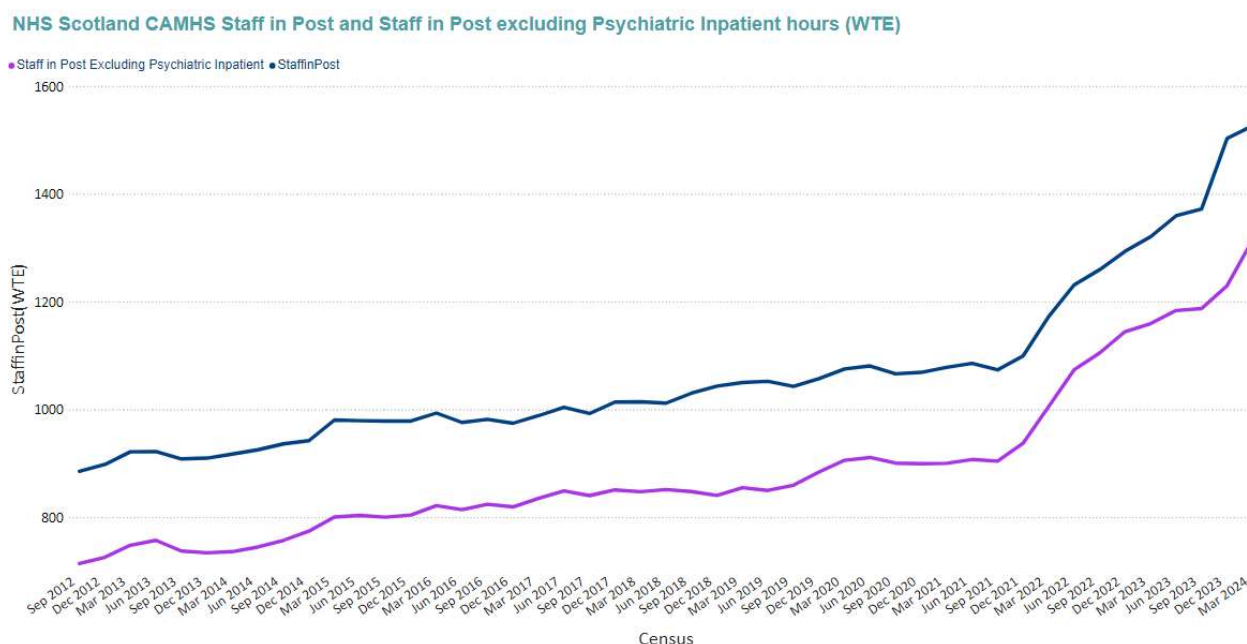
2.1. Staff WTE and Headcount

There were 1,526.5 WTE (1745 Headcount) staff in post within NHSScotland CAMHS, an increase of 133.5% since 2006, 53.6% since 31 March 2016, 15.6% since last year

and 1.6% since last quarterly census. Of the total staff in post, 48.7 WTE (3.2%) were on maternity/paternity leave and 23.3 WTE (1.5%) were on long term sick leave.

NHSScotland CAMHS staff in post and staff in post excluding Psychiatric Inpatient hours trend is illustrated in [Figure 1](#).

Figure 1: Trend of NHSScotland CAMHS Staff in Post (WTE) ¹



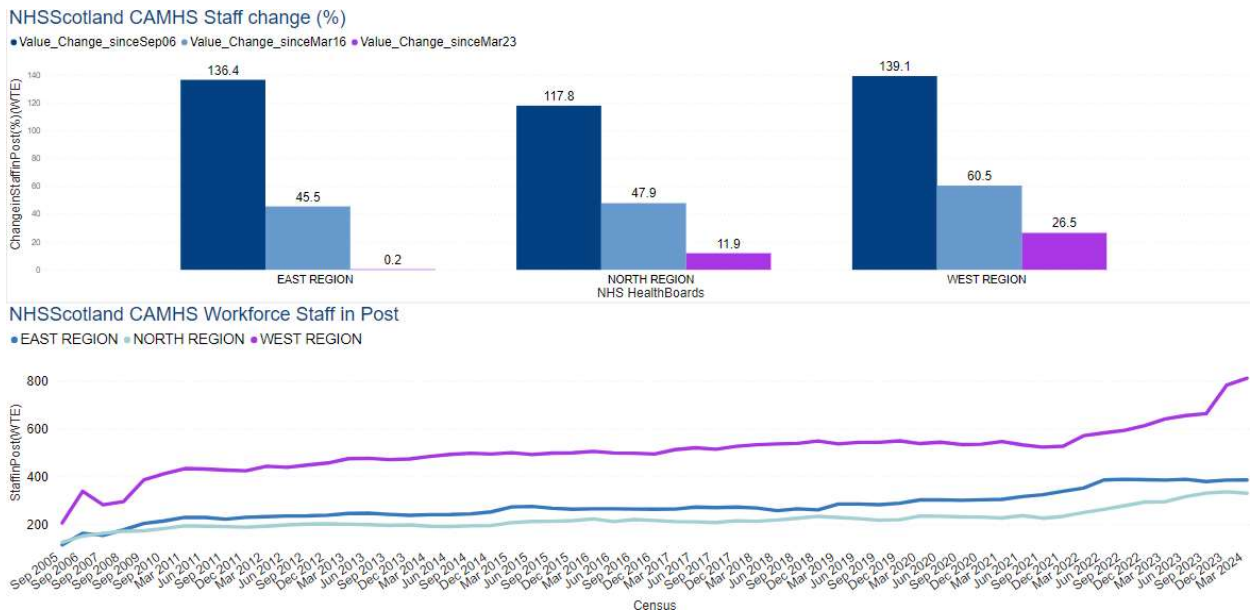
¹ As at 31 March 2024, of the total staff in post, 48.7 WTE (3.2%) were on maternity/paternity leave and 23.3 WTE (1.5%) were on long term sick leave.

2.2. Region and Health Boards

Between March 2023 and March 2024, there was an increase of 26.5% WTE in the West region which includes Health Boards NHS Lanarkshire, NHS Greater Glasgow and Clyde, NHS Forth Valley, NHS Dumfries and Galloway and NHS Ayrshire and Arran, an increase of 11.9% WTE in the North region, which includes NHS Grampian, NHS Highland, NHS Orkney, NHS Shetlands, NHS Tayside and NHS Western Isles and an increase of 0.2% WTE in the East region, which includes NHS Borders, NHS Fife and NHS Lothian.

[Figure 2](#) illustrates the WTE of CAMHS staff by regions trends in NHSScotland.

Figure 2. NHSScotland CAMHS staff (WTE) by Region



2.3. NHSScotland CAMHS Workforce per 100,000 of the Population

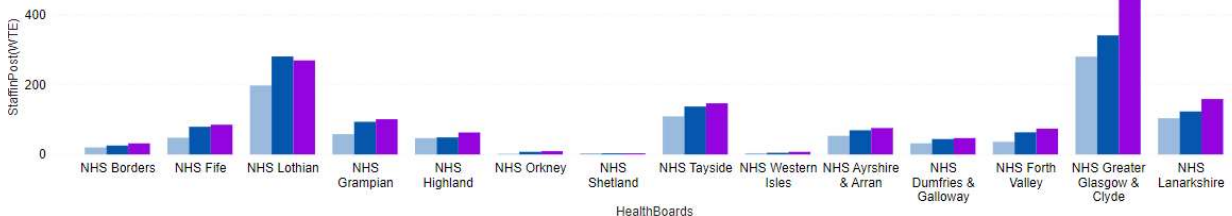
The age of the population served by CAMHS in NHSScotland vary between NHS boards. In certain NHS boards, services are provided to individuals aged up to 16 only, whilst other boards offer services to those aged up to 18 years. However, this may change in the future, as a result of recent [recommendations](#)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

Figure 3 illustrates the number of CAMHS staff employed per 100,000 population by region and health board as at 31 March 2024 compared to 31 March 2023 and 31 March 2016. Between March 2023 and March 2024, there was an increase of 15.6% WTE per 100,000 of the population in NHSScotland. Within the West region, the largest increase was 33.6% in NHS Greater Glasgow and Clyde and 28.9% in NHS Lanarkshire. In the North region, the largest increase was 28.8% in NHS Highland and 25.2% in NHS Orkney. There was an increase of 24.3% in NHS Borders and 7.5% in NHS Fife and decrease of 4% in NHS Lothian.

Figure 3: NHSScotland CAMHS by NHS Boards (WTE per 100,000 of the population) as at 31 March 2016, 31 March 2023 and 31 March 2024 census.¹

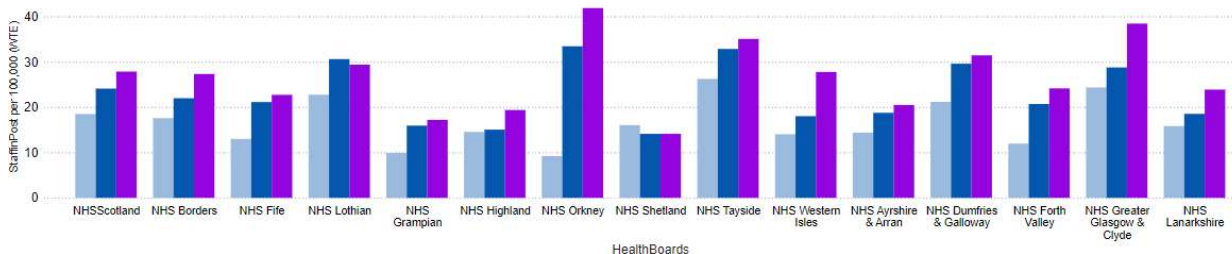
NHSScotland CAMHS Workforce Staff in Post by Health Board

■ Mar 2016 ■ Mar 2023 ■ Mar 2024



NHSScotland CAMHS Workforce per 100,000 of the Population

■ Mar 2016 ■ Mar 2023 ■ Mar 2024



¹ <https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/population/population-estimates/mid-year-population-estimates/mid-2021> (March 2024 data are based on 2021 mid population estimate)

3. Characteristics of the Workforce

This section provides information about the characteristics of the workforce. For more detailed information on workforce characteristics please refer to the [background tables](#) and [dashboards](#).

3.1 Professional Group

As at 31 March 2024, three professional groups accounted for 71.9% of the WTE CAMHS workforce: Nursing (42.3%), Psychology (24.1%) and Medical (5.5%).

For descriptions of each professional group and the training required to enter these professions please refer to the [summary of Professional Groups within CAMHS](#).

This is an increase of 101.2% within the Speech and Language Therapy professional group, 23% within the Nursing professional group and 4.9% within the Psychology professional group and decrease of 7.9% within the Medical professional group since last year.

Of the total Nursing professional group, 82.1% worked in services excluding Psychiatric Inpatient units and 17.9% worked in Psychiatric Inpatient units. In Psychology professional group, 96.2% worked in services excluding Psychiatric Inpatient units and 3.8% worked in Psychiatric Inpatient units. In the Medical professional group, 90.8% worked in services excluding Psychiatric Inpatient units and 9.2% worked in Psychiatric Inpatient units.

The WTE of all professional groups within NHSScotland CAMHS workforce are shown in [Figure 4](#).

Figure 4. NHSScotland CAMHS staff in post (WTE) by Professional Group ¹

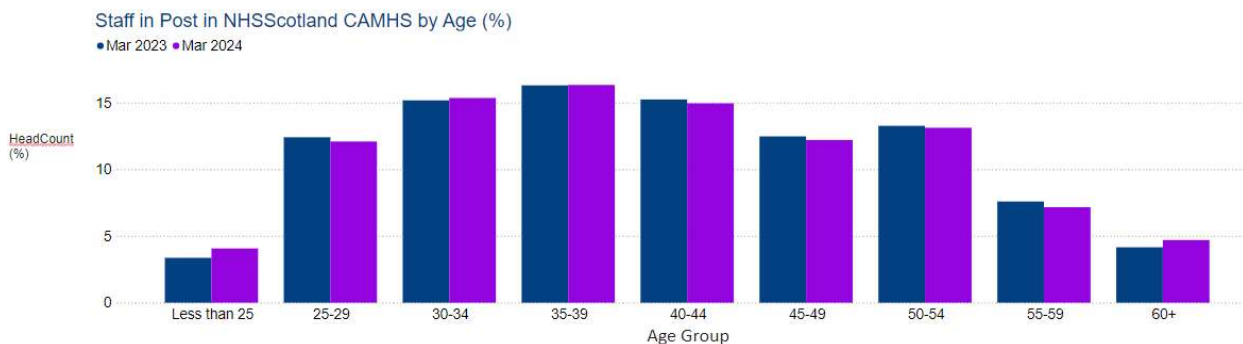


¹ From September 2009, staff working at Agenda for Change Bands 2, 3 and 4 are excluded from the professional group 'Nursing'.

3.2 Age Group

The median age of staff in March 2024 census was 40. The largest number of staff employed were in the age category 35-39 (16.3%) and 30-34 (15.3%). [Figure 5](#) illustrates the percentage of headcount of staff in post in NHSScotland CAMHS by age category. There was an increase of 30.2% in 60 and over age category since last year.

Figure 5. Staff in Post in NHSScotland CAMHS by Age category (Headcount)

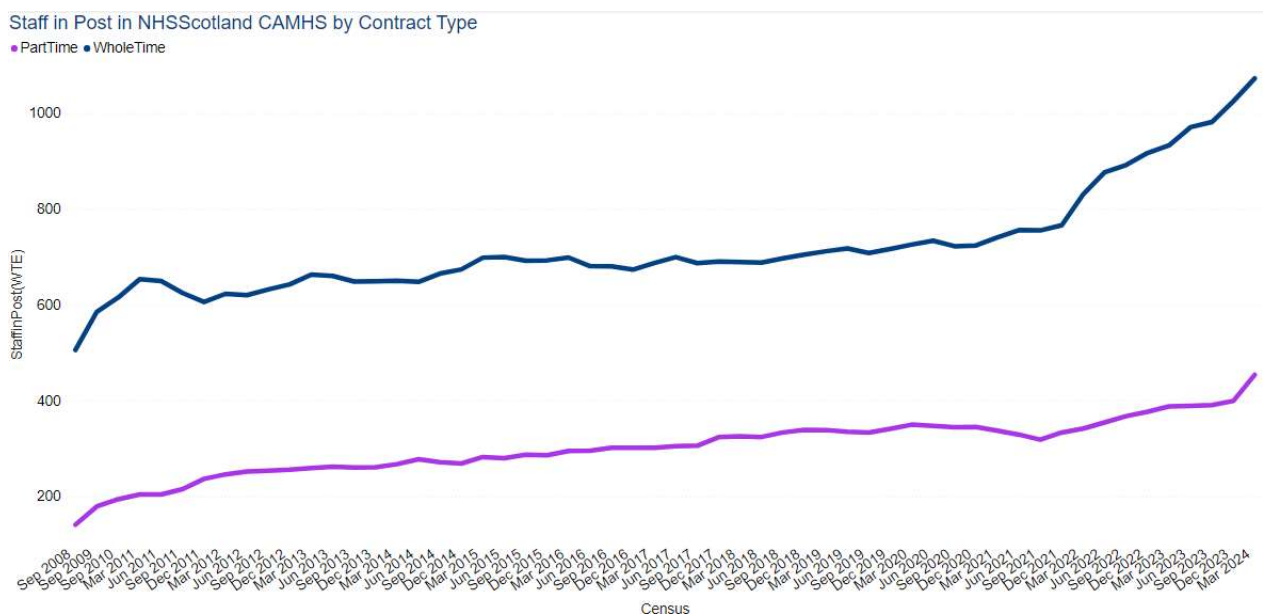


3.3 Contract Type

There were 70.3% CAMHS staff working in whole-time posts and 29.7% working in part-time posts, an increase of 15% in whole-time posts and 17% in part-time posts since last year’s census. Within the Medical professional group, approximately half (56.4%) of the workforce worked part-time, compared to 45.9% in the Psychology professional group and 15.2% in the Nursing professional group.

Figure 6 illustrates the WTE of staff working in whole-time and part-time posts.

Figure 6. NHSScotland CAMHS Staff in Post (WTE) by Contract Type¹



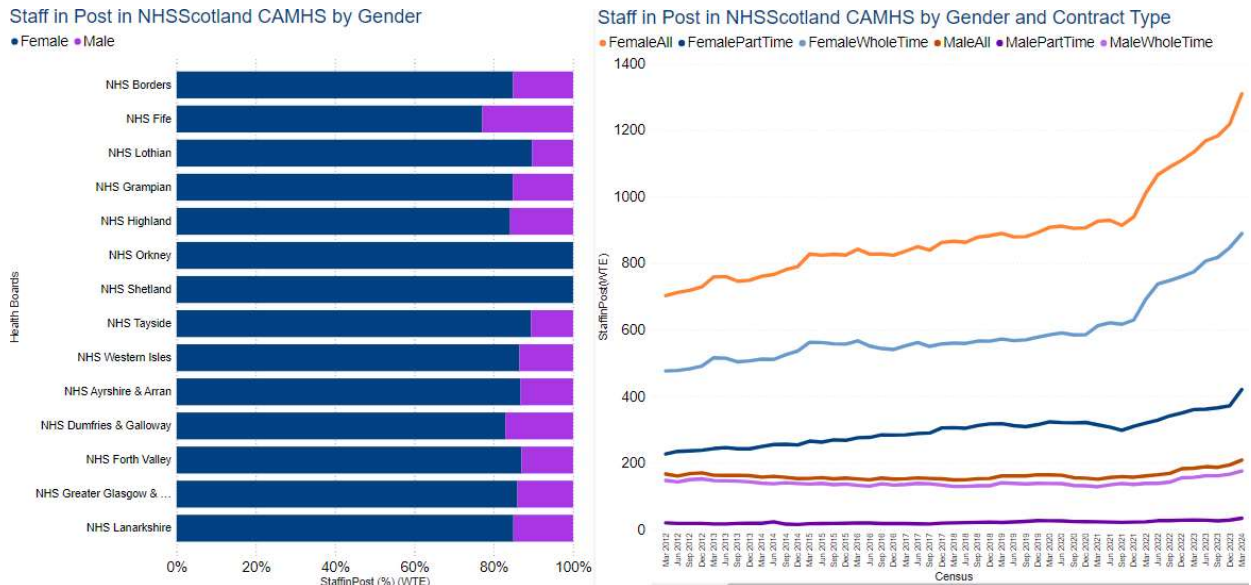
¹ In accordance with data confidentiality, some of the information for the health boards have been suppressed.

3.4 Gender

Of the total NHSScotland CAMHS workforce, 1526.5 WTE (85.8%) were female staff and 208.3 WTE (13.6%) were male staff. This is an increase of 15.5% of female staff and an increase of 13.5% of male staff since last year census. The female to male ratio remains roughly the same with 6.3 in March 2024 to 6.2 in March 2023 census.

Figure 7 shows NHSScotland CAMHS staff by gender working in part-time and whole-time posts. There was an increase in whole time equivalent of 20.7% of male staff working in part-time posts and an increase of working 12.2% in whole-time posts since the March 2023 census. Female staff working in part-time posts increased by 16.7% compared to an increase of 14.8% in whole-time posts since the March 2023 census.

Figure 7. NHSScotland CAMHS Staff in Post (WTE) by Gender and Contract Type¹



¹ In accordance with data confidentiality, some of the information for the health boards have been suppressed.

3.5 Psychiatric Inpatient Hours and Community Hours

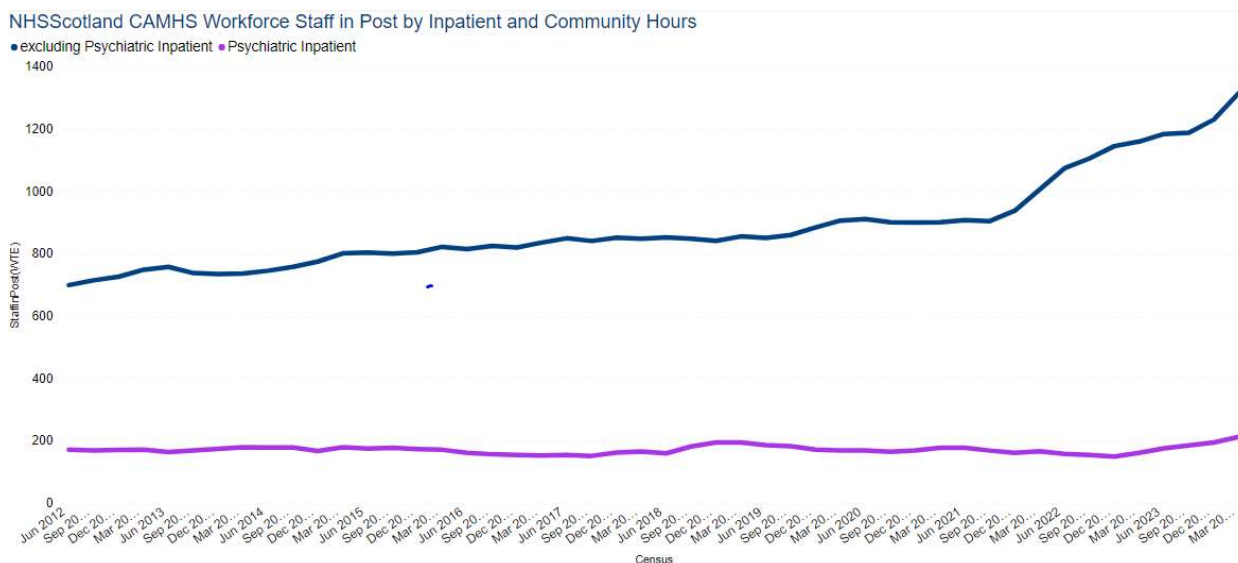
Psychiatric Inpatient units require an intense level of staffing and the NHS Boards providing this type of service take patients from across NHSScotland in addition to their own Board area. It has been recognised that CAMHS services should be offered as near to home as possible and in a number of settings, 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.

The 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.

CAMHS Tier Model illustrates a detailed description of services provided in Psychiatric Inpatient units. NHS Greater Glasgow and Clyde, NHS Tayside and NHS Lothian contain regional Psychiatric Inpatient Units in NHSScotland CAMHS.

Figure 8 illustrates the trend of Staff in Post (WTE) of Psychiatric Inpatient hours and excluding Psychiatric Inpatient hours since Jun 2012. Most of the staff are employed in service areas excluding Psychiatric Inpatient hours. At 31 March 2024, 86.1% of staff worked for service areas excluding Psychiatric Inpatient hours and 13.9% worked for service areas including Psychiatric Inpatient hours. This is an increase of 31.5% in staff in post for service areas with Psychiatric Inpatient hours and 13.4% in staff in post for service areas excluding Psychiatric Inpatient Hours since March 2023 census.

Figure 8: NHSScotland CAMHS (WTE) by Psychiatric Inpatient Hours and Community hours since June 2012¹



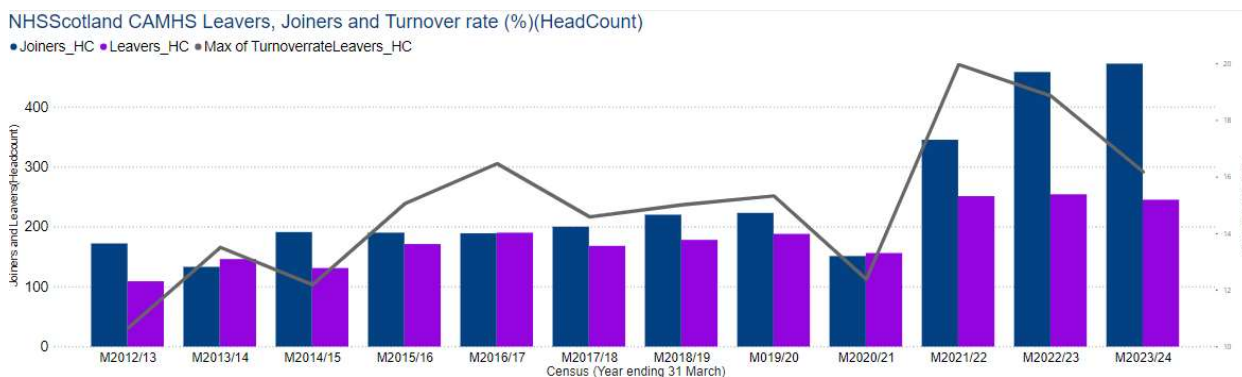
1. Three NHS Boards host regional Psychiatric Inpatient units: NHS Lothian, NHS Greater Glasgow and Clyde and NHS Tayside.
2. An audit is being carried out to determine the accuracy of Psychiatric Inpatient hours data for NHS Lothian.

3.6 Employee Turnover

For the year ending 31 March 2024, the employee turnover rate for headcount was 16.2%. The West region had 19% turnover rate, North region had 14.3% and East region had 13.1% turnover rate. Since year ending 31 March 2023 census, new appointments increased from 458 headcount to 472 (3.1%) and leavers decreased from 254 to 245 headcount (3.5%) within NHS Scotland CAMHS services. **Figure 9** illustrates

overall trend of appointments, leavers and turnover rate since year ending March 2012 census.

Figure 9: NHSScotland CAMHS Employee Turnover (Headcount) and Turnover Rate (%) since year ending March 2012 census^{1,2}



1. The methodology for calculating Turnover Calculation is explained in Turnover calculation:

<https://turasdata.nes.nhs.scot/about-our-data-and-reports/methods/turnover-calculation/>

2. Temporary National Insurance numbers are provided during data collection when accurate National Insurance numbers are not available. Hence there might be a slight variation to the actual numbers shown.

4. Vacancies

There were 79.1 WTE vacancies advertised which is a decrease of 50.3% vacancies since March 2023 census. 35.5% of vacancies were in the Psychology professional group, 33.4% of vacancies were in the Nursing professional group and 8.2% were in the Occupational Therapy professional group.

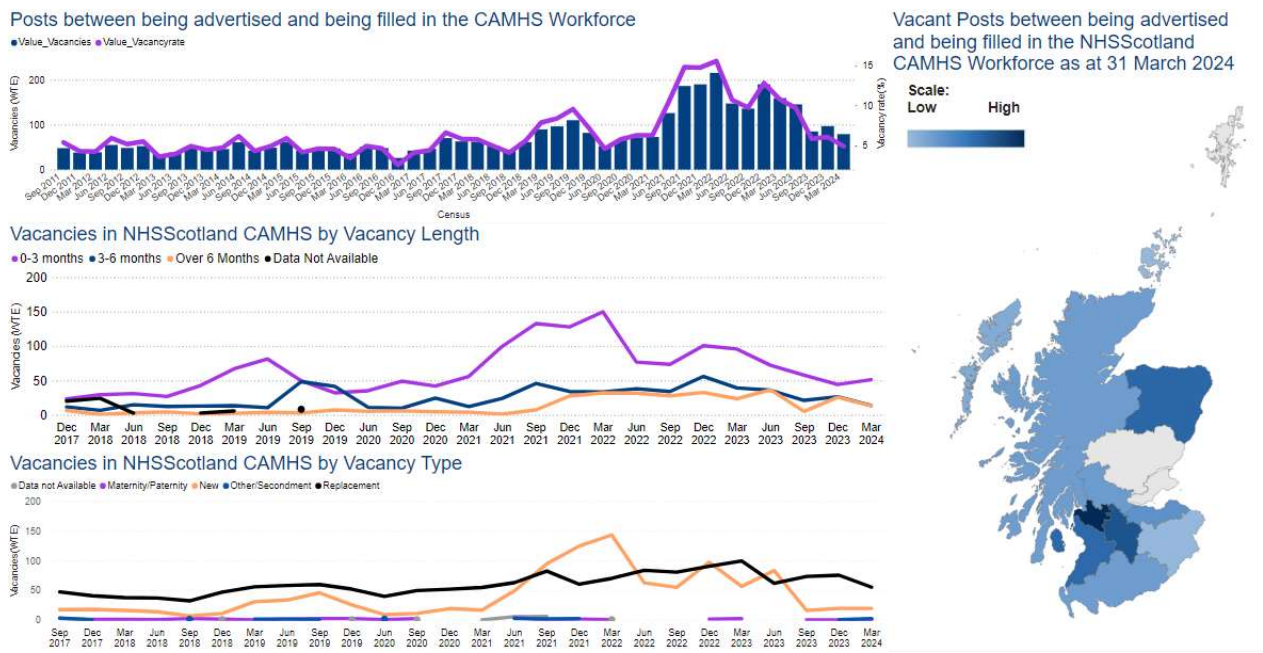
Of the total vacancies advertised, 65.1% were advertised for less than 3 months, 17.8% were advertised for 3-6 months and 17.1% were advertised for more than 6 months. A further 21 WTE were approved for recruitment but not yet advertised and 11.5 WTE were sent for approval.

Of the total 79.1 WTE vacancies advertised, 25.3% (20 WTE) were advertised as new posts, 70.3% (55.6 WTE) were advertised as replacement posts, 0.6% (0.5 WTE) were advertised as Maternity/Paternity cover, 1.3% (1 WTE) were advertised as secondment posts and 2.5% (2 WTE) were advertised as Other category. The total vacancy rate of 4.9% has decreased compared to 6.1% for the last quarterly census and 10.8% for last year's census.

The Nursing vacancy rate was 3.9%, a decrease from 10.2% since last year's census. Psychology vacancy rate was 7.1%, a decrease from 15.5% and 2.4% vacancy rate for the Medical Professional group, a decrease from 5.7% from last year.

Figure 10 illustrates the quarterly trend for total vacancies and vacancy rates.

Figure 10: NHSScotland CAMHS Vacant posts and in the process of being advertised (WTE) and Vacancy rates (%) ^{1,2}

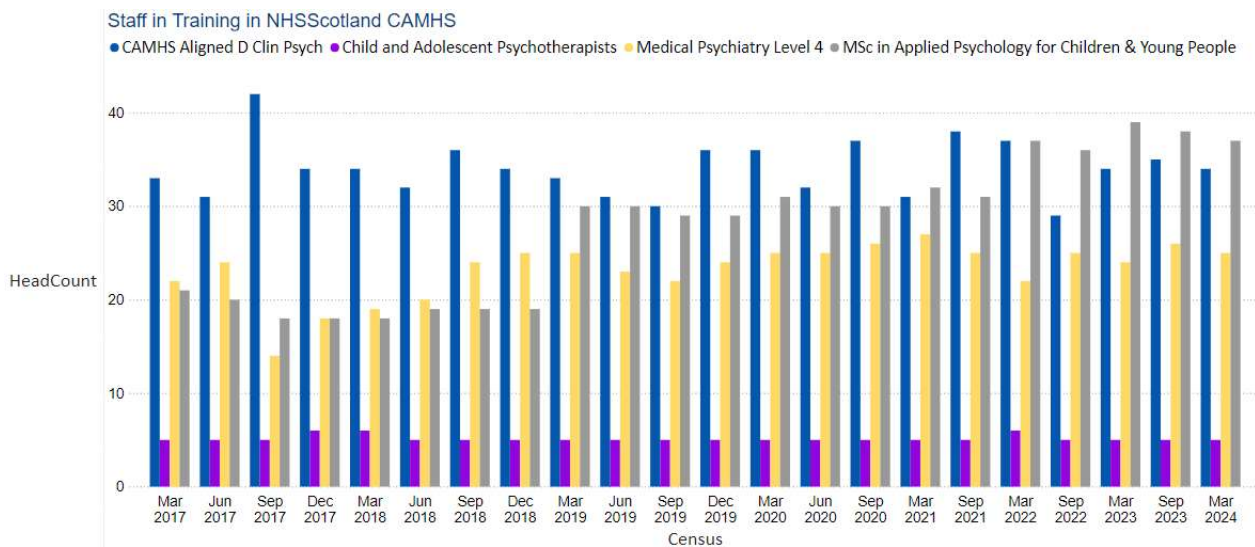


1. The vacancy information can only be provided from September 2011 onwards as, prior to this, data quality was not of a standard that could be published.
 2. Not all services always provide vacancy information for each quarter. Therefore, there may be additional vacancies that were being advertised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

5. Staff in Training

There are currently 101 staff in training in NHSScotland on CAMHS associated courses: 34 on the CAMHS Aligned DClinPsych, 37 on the MSc in Applied Psychology for Children and Young People, 25 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 11](#) below and in the [background tables](#) and [dashboards](#).

Figure 11: Staff in training in NHSScotland on CAMHS associated courses (Headcount) between March 2017 and March 2024.^{1,2,3,4}



1. To meet strategic priorities, CAMHS Aligned D Clin Psych posts are CAMHS-aligned Doctorate in Clinical Psychology training posts, funded by the Scottish Government.
2. Staff in Training data for each of the courses shown in Table 12 are only available from the 31 March 2017 census date onwards. A breakdown of staff in training by NHS Board is only available from March 2018 for Medical Psychiatry Level 4, and June 2018 onwards for the remaining courses.
3. Medical Psychiatry Level 4 Trainees are recorded under the NHS Board they are parent educated by however all Medical Psychiatry Level 4 Trainees are employed by NHS Grampian.
4. As at 30 Sep 2021, a headcount of 23 were training on the new NES Adult Enhanced Psychological Practice (EPP) course.

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](#)

6. Glossary

Agenda for Change (AfC)

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

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.

Bands

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. 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](#)).

Establishment

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

Headcount

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

HEAT standards

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

ISD

Information Services Division

LAC

Local Authority Contract

NES

National Education for Scotland

NHS GG&C

NHS Greater Glasgow & Clyde

Target Age

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

Tiers of service provision

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

- **Tier 2** - Mental Health Practitioners at this level tend to be CAMHS specialists working in community and primary care settings, in multi-disciplinary teams (although many will also work as part of tier 3 services). They can include mental health professionals employed to deliver primary mental health work, psychologists and counsellors working in GP practices, paediatric clinics, schools and youth services. Practitioners offer consultation to families and other practitioners outreach to identify severe or complex needs requiring specialist intervention.
- **Tier 3** - This is usually a multi-disciplinary team or service working in a community mental health clinic or child psychiatry outpatient service, providing a specialised service for children and young people with more severe, complex and persistent disorders. Team members are likely to include child and adolescent psychiatrists, social workers, clinical psychologists, community psychiatric nurses, child psychotherapists, occupational therapists and art, music and drama therapists.
- **Tier 4** - Essential tertiary level services such as intensive outreach services, day units and inpatient units. These are generally services for the small number of patients who are deemed to be at the greatest risk (of rapidly declining mental health or serious self-injury) and/or who require a period of intensive input for the purpose of assessment and/or treatment. Team members will come from the same professional groups as listed for tier 3. The clinical responsibility for overseeing the assessment, treatment and care for each tier 4 patient is likely to lie with a consultant child and adolescent psychiatrist or clinical psychologist. See the [CAMHS tier model](#) for further information.

Vacancy

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

Whole-Time Equivalent (WTE)

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

7. List of Tables

Table Number	Name	Time Period	File and Size
1-13	CAMHS Workforce Tables	2006-March 2024	Excel1KB

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.

8. CAMHS Workforce Contacts

Data Group

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Appendices

Appendix 1 - 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.

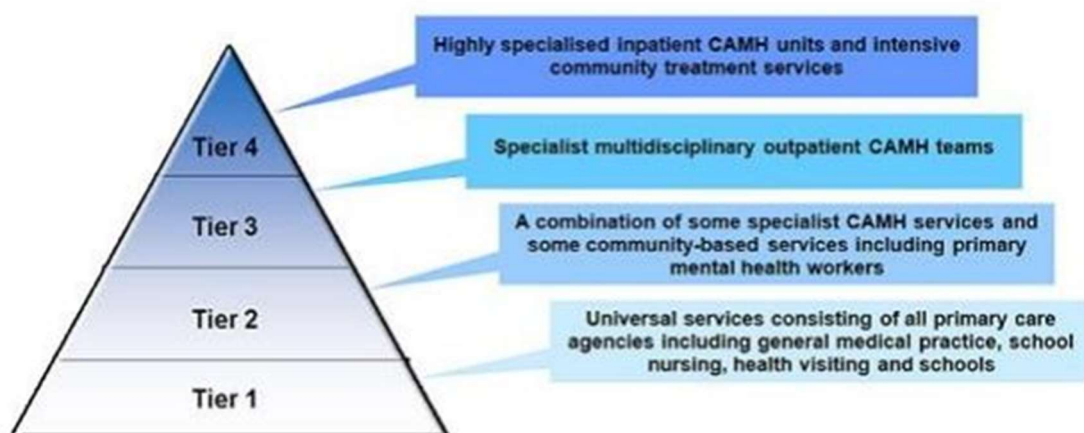
Children & Young People's Mental Health Task Force funding (2018)

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.

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.

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.

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.

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

Changes to recording of CAMHS staff groups

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.

NHS Board	Date Change Implemented	Reason
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 Board	Date Change Implemented	Reason
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 out with 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 headcount and 2.4 WTE of staff have been redeployed outwith CAMH Services. These staff were included in the 31st March 2018 census date figures

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

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

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

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

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

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

Age of Service Provision

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

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. The service looks after young people until they reach 18 or leave school, whichever is first. The exceptions are the Cambuslang, Rutherglen, Northern Corridor localities and CAMHS for Accommodated Young People team which are until 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.

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.

Related Publications

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

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



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