

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.

Find out more about Official Statistics at:

[https://www.statisticsauthority.gov.uk/national-statistician/
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Contents

1. Introduction	1
2. Main Points	3
3. Staff in Post	4
3.1 Staff WTE and Headcount	4
3.2 Region and Health Boards	5
3.3 NHSScotland CAMHS Workforce per 100,000 of the Child and Adolescent Population (0-18 years old)	9
4. Characteristics of the Workforce	11
4.1 Professional Group	11
4.2 Age Group	14
4.3 Contract Type	15
4.4 Gender	19
4.5 Grade	20
4.6 Target Age	22
4.7 Contract Term	23
5. Staff in training	26
6. Glossary	27
7. List of Tables	30
8. CAMHS Workforce Contacts	31
Appendices	32
Appendix 1 – Background information	32
Appendix 2 – Early access details	44

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 2020:

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

Due to Covid-19 pandemic, data on vacancies as at 31 March 2020 is not reported due to additional demand this would place on colleagues at NHS Boards.

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 2020 are shared across the following outputs:

Dashboards

- The CAMHS workforce dashboard presents quarterly data on staff in post in NHSScotland CAMHS and information on staff in training. 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 child and adolescent population (0-18 year olds), target age, area of work, gender, contract type, grade, contract term 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.

Data tables

The [CAMHS workforce data tables](#) presents quarterly data on staff in post in NHSScotland CAMHS and information on staff in training. 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.

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. Main Points

At 31 March 2020:

- There were 1,040.3 WTE staff in post within NHSScotland CAMHS, an increase of 386.6 WTE (+59.1%) since 2006, 46.8 WTE (+4.7%) since 31 March 2016, and a decrease of 9.9 WTE (-0.9%) since 31 March 2019. Of the total staff in post, 5.5% of staff were on maternity leave and 1.6% were on long term sick leave.
- There were 697.1 WTE (67.0%) of CAMHS staff working in whole-time posts and 343.2 WTE (33.0%) working in part-time posts, an increase of 43.5 WTE (+6.7%) in whole-time posts and 139.3 WTE (+68.3%) in part-time posts since March 2011. Within the Nursing professional group, 18.8% (83.2 WTE) of staff worked part-time, compared to 48.6% (134.0 WTE) in Psychology and 54.1% (51.7 WTE) in the Medical professional groups.
- Of the total NHSScotland CAMHS workforce, 876.9 WTE (84.3%) were female and 161.4 WTE (15.5%) were male. The WTE of male staff decreased by 11.2 WTE (-6.6%) and the WTE of female staff increased by 192.2 WTE (+28.1%) since March 2011.
- The majority of staff working in the Psychology professional group were in AfC Band 8a (105.2WTE,38.2%), while the majority of the staff working in Nursing professional group were in AfC Band 6 (216.6WTE, 48.9%) and the majority of staff working in the Medical Professional group were Consultants (71.5WTE, 74.8%). This is an increase of 4.5% in AfC Band 8a for the Psychology professional group compared to the previous year's census, an increase of 4.1% in AfC Band 6 for the Nursing professional group and a reduction of 0.4% for Consultant medical grade in the Medical professional group.

3. Staff in Post

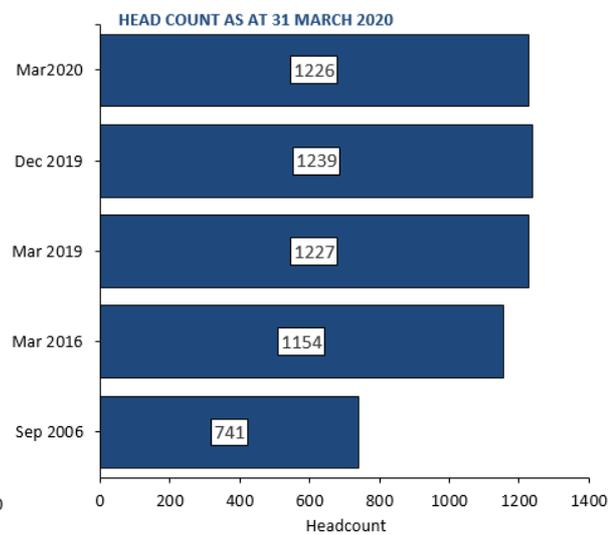
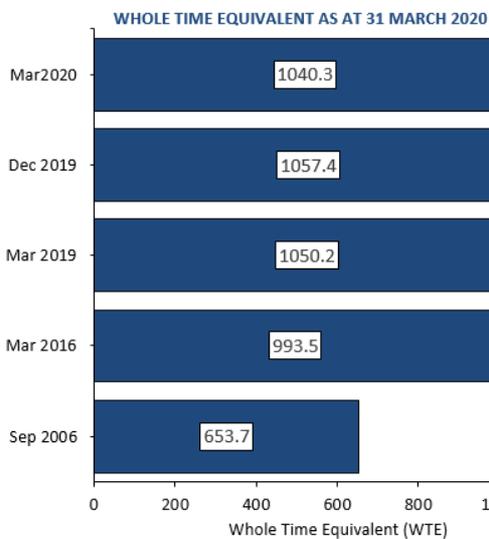
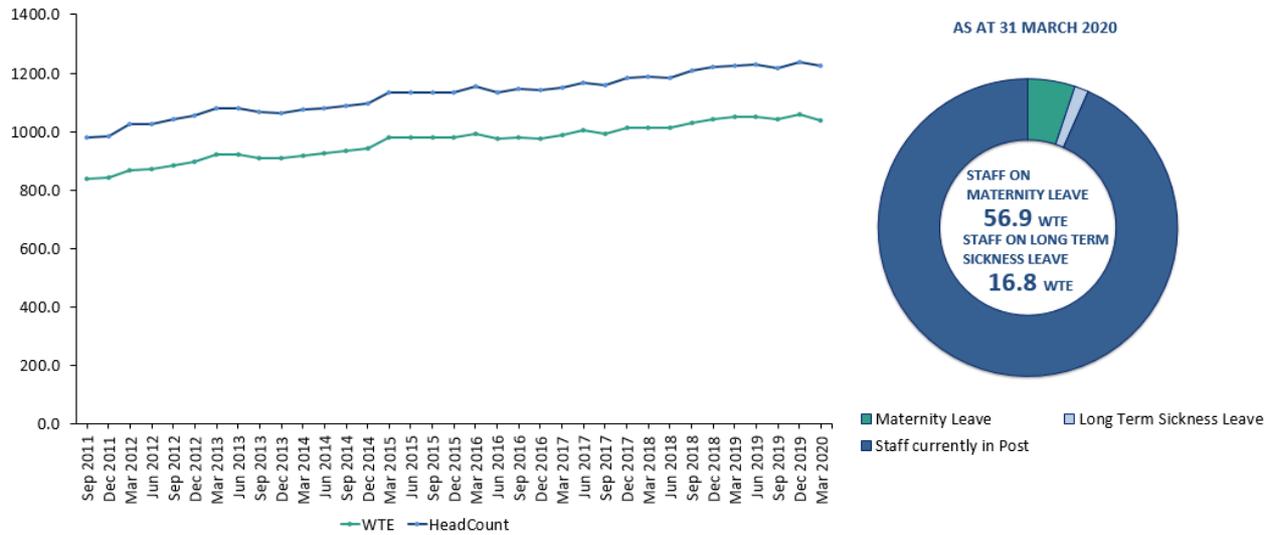
3.1 Staff WTE and Headcount

As at 31 March 2020, there were 1,040.3 WTE staff in post within NHSScotland CAMHS, an increase of 386.6 WTE (+59.1%) since 2006, 46.8 WTE (+4.7%) since 31 March 2016, and decrease of 9.9 WTE (-0.9%) since 31 March 2019. Of the total staff in post, 5.5% were on maternity leave and 1.6% were on long term sick leave, which increased from 3.7% and 1.1%, respectively, on 31 March 2019.

There were 1,226 staff in post (headcount) within NHSScotland CAMHS as at 31 March 2020. This was an increase of 485 headcount (+65.5%) since 2006 and 72 headcount (+6.2%) since March 2016 but a decrease of one headcount (-0.1%) since March 2019. There was a decrease of 13 headcount (-1.0%) between December 2019 and March 2020.

NHSScotland CAMHS staff in post, maternity leave and long term sickness absence by WTE and headcount are illustrated in [Figure 1](#).

Figure 1: NHSScotland CAMHS Staff in Post by WTE and Headcount.



3.2 Region and Health Boards

Between March 2011 and March 2020, there was an increase of 100.8 WTE (+23.3%) 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. Between March 2011 and March 2020, there was an increase of 55.3 WTE (+ 24.1%) in the East region, which includes NHS Borders, NHS Fife and NHS Lothian. Between March 2011 and March 2020, there was an increase of 26.6 WTE (+13.7%) in the North region, which includes NHS Grampian, NHS Highland, NHS Orkney, NHS Shetlands, NHS Tayside and NHS Western Isles.

Figure 2 illustrates the WTE of CAMHS staff by regions in NHSScotland at March census dates since quarterly information was first available in March 2011.

Figure 2. WTE of NHSScotland CAMHS staff by region at March census dates from 2011 to 2019

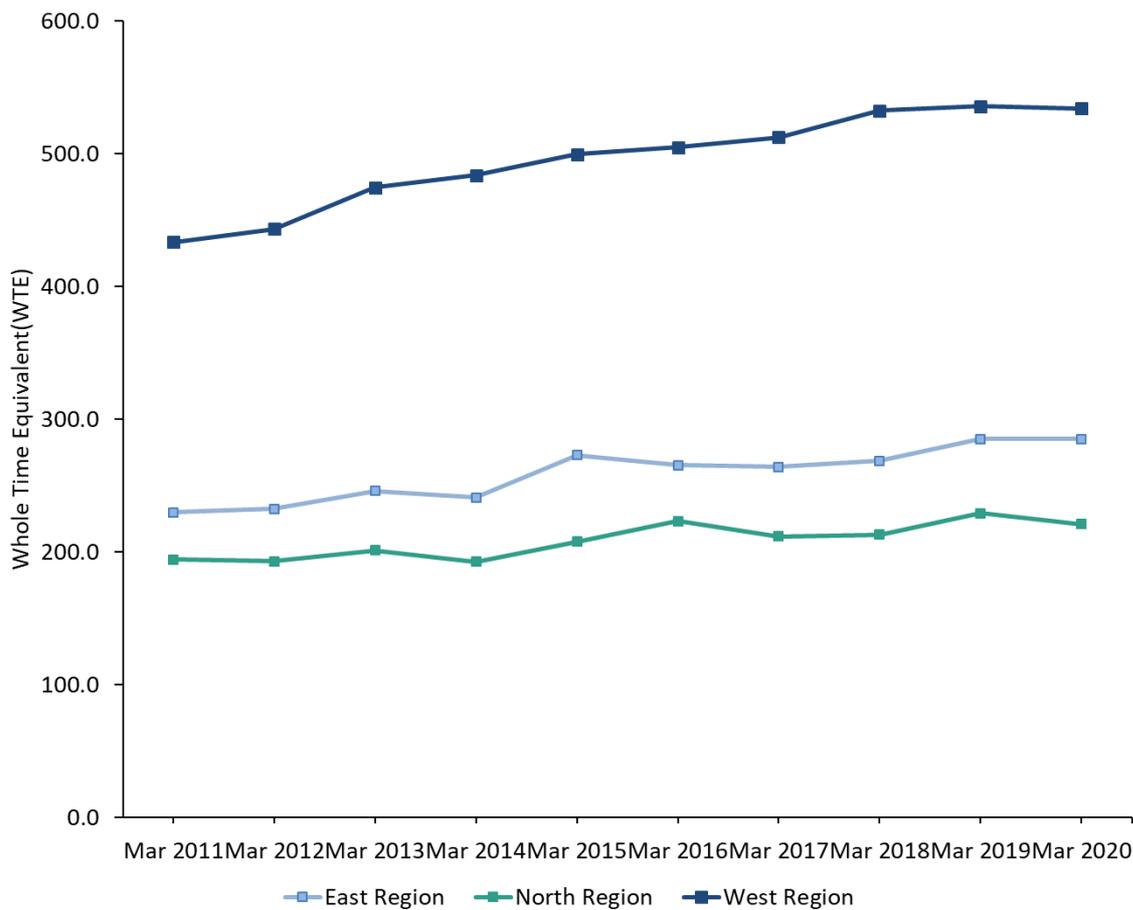
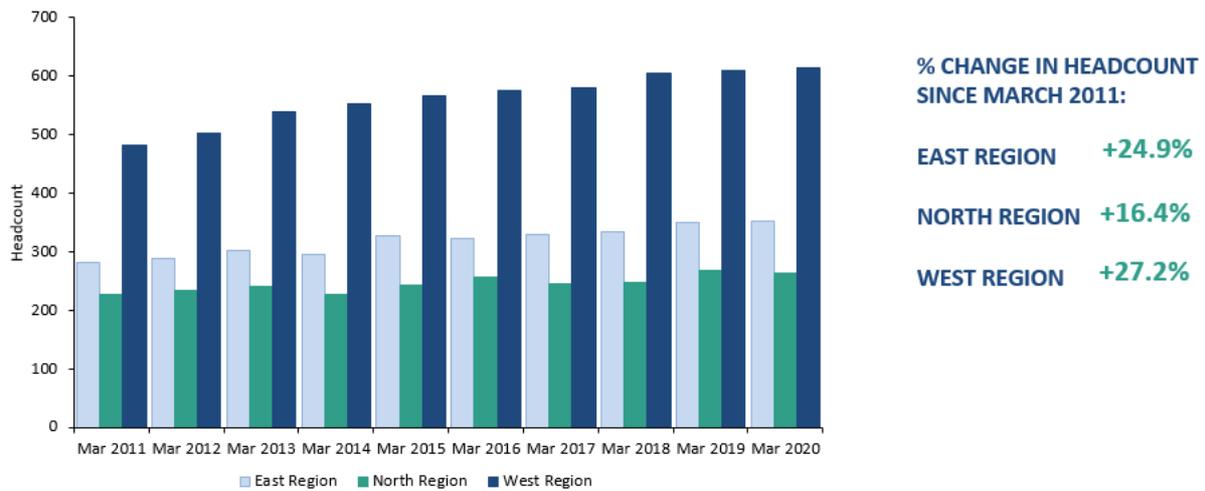


Figure 3 illustrates the headcount of CAMHS staff by region in NHSScotland at March census dates since March 2011. Between March 2011 and March 2020 there was an increase of 131 headcount (+27.2%) in the West region, 70 headcount (+24.9%) in the East region and 37 headcount (+16.4%) in the North region.

Figure 3. Headcount of NHSScotland CAMHS staff by region at March census dates from 2011 to 2019

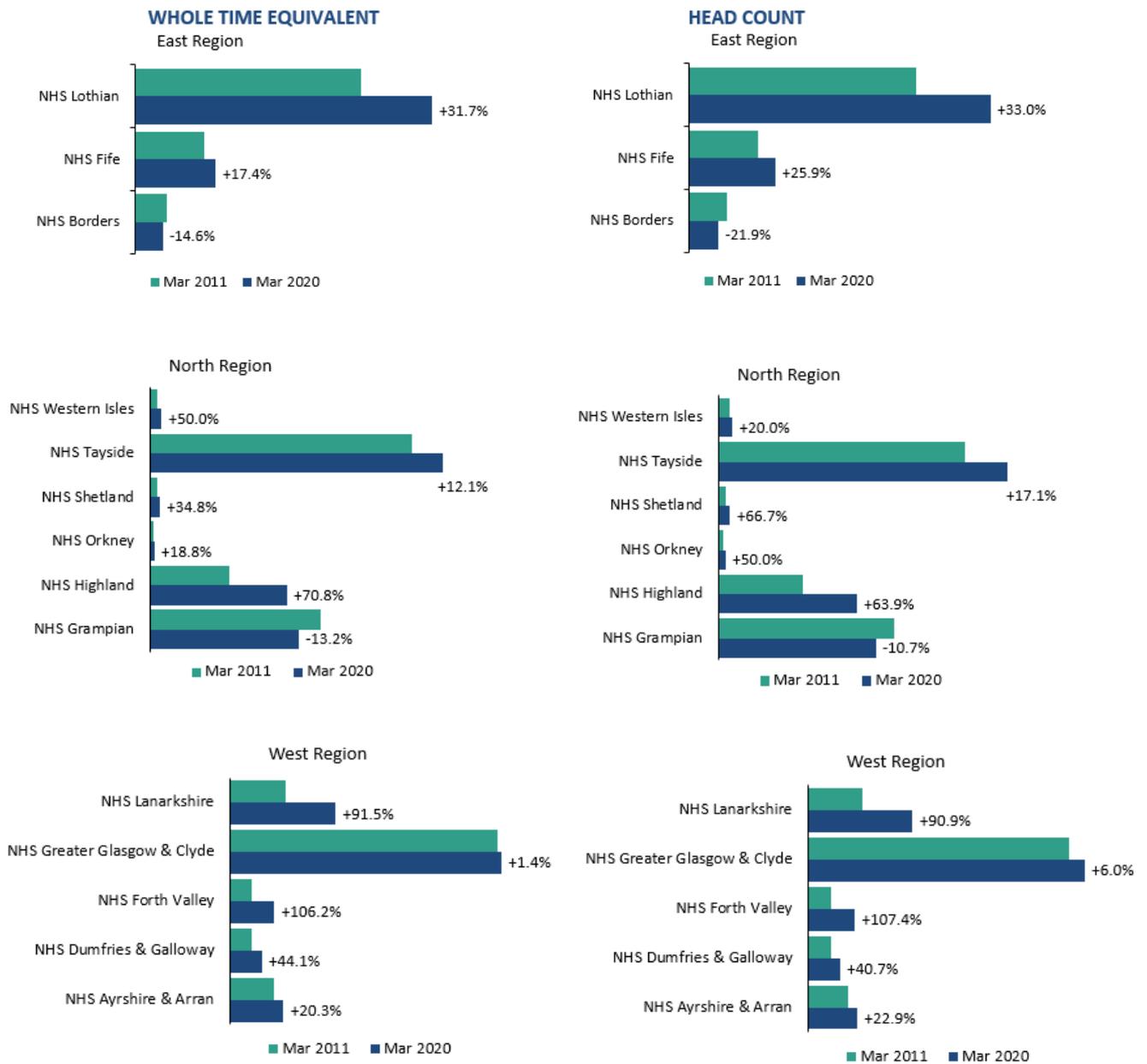


The biggest percentage increases in WTE between March 2011 and March 2020 were in NHS Forth Valley (+106.2%) and NHS Lanarkshire (+91.5%). The biggest percentage decreases in WTE between March 2011 and March 2020 were in NHS Grampian (-13.2%) and NHS Borders (-14.6%).

Within NHSScotland, there was an increase of 63 headcount in NHS Lothian, 60 headcount in NHS Lanarkshire and 29 headcount in NHS Forth Valley between March 2011 and March 2020. However, there was a decrease of 8 headcount in NHS Grampian and 7 headcount in NHS Borders between March 2011 and March 2020.

[Figure 4](#) illustrates the change in WTE and Headcount for each Health Board at March 2011 and March 2020 census.

Figure 4. WTE and Headcount of NHSScotland CAMHS workforce by Health Boards at March 2011 and March 2020 census

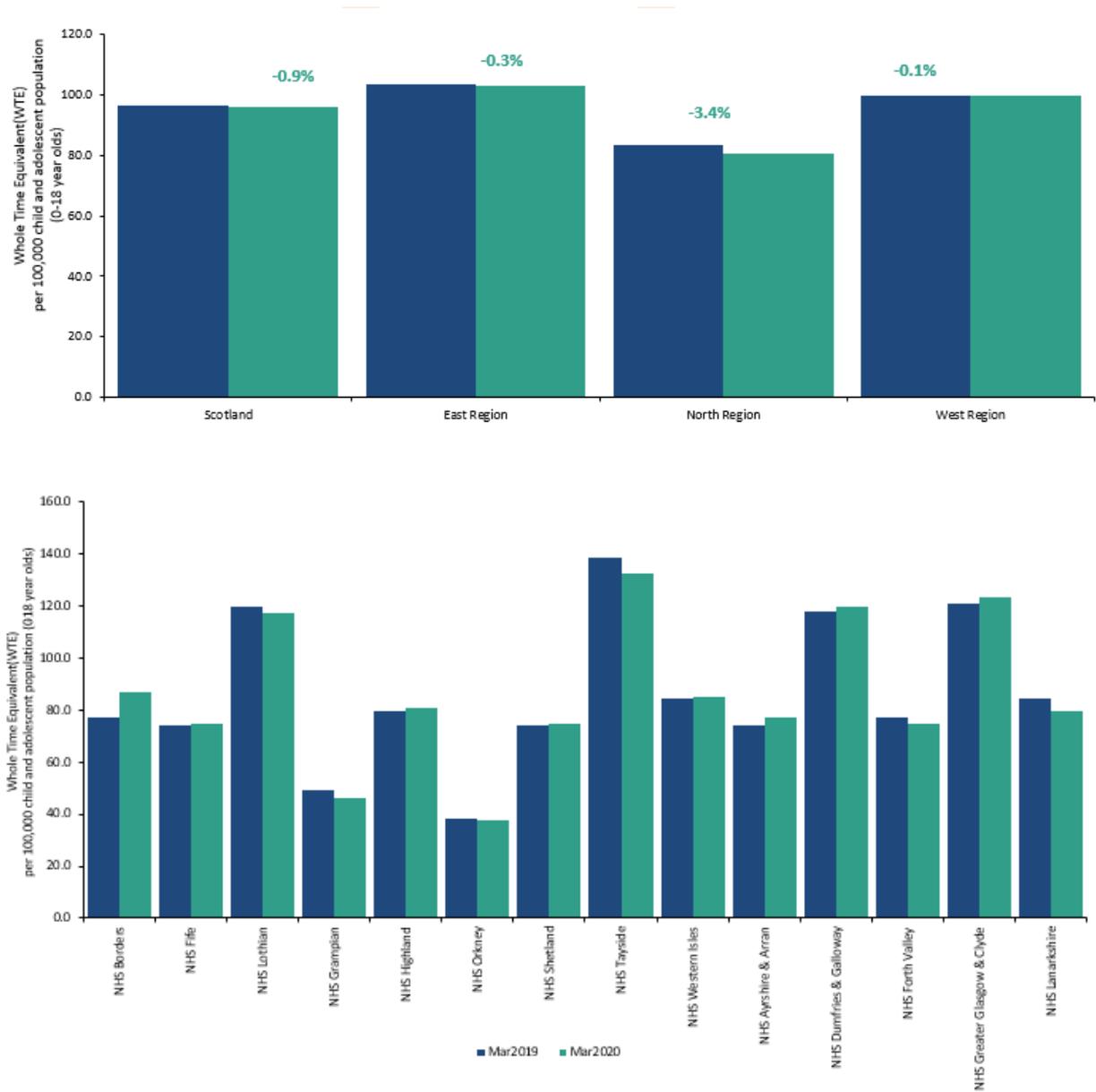


3.3 NHSScotland CAMHS Workforce per 100,000 of the Child and Adolescent Population (0-18 years old)

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](#) and treatment 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 5](#) illustrates the number of CAMHS staff employed per 100,000 child and adolescent population (0-18 years) by region and Health Board as at 31 March 2020 compared to 31 March 2019. Between March 2019 and March 2020, there was a decrease of 0.9 WTE per 100,000 child and adolescent population (0-18 years) in NHSScotland. While there was a slight decrease (-0.3%) within the East region, there was an increase of 12.2% in NHS Borders and a decrease of 1.6% in NHS Lothian. Within the North region, there was a decrease of 3.4% with the largest decreases in NHS Grampian (-6.1%) and NHS Tayside (-4.0%). There was a decrease of 0.1% within the West region with a decrease of 5.8% in NHS Lanarkshire and 3.1% in NHS Forth Valley. An increase of 4.7% was seen in NHS Ayrshire and Arran, 1.7% in NHS Dumfries and Galloway and 1.5% in NHS Greater Glasgow and Clyde.

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 March 2019 and 31 March 2020. ¹



1. Three Boards host regional inpatient units: NHS Greater Glasgow and Clyde, NHS Lothian and NHS Tayside

4. Characteristics of the Workforce

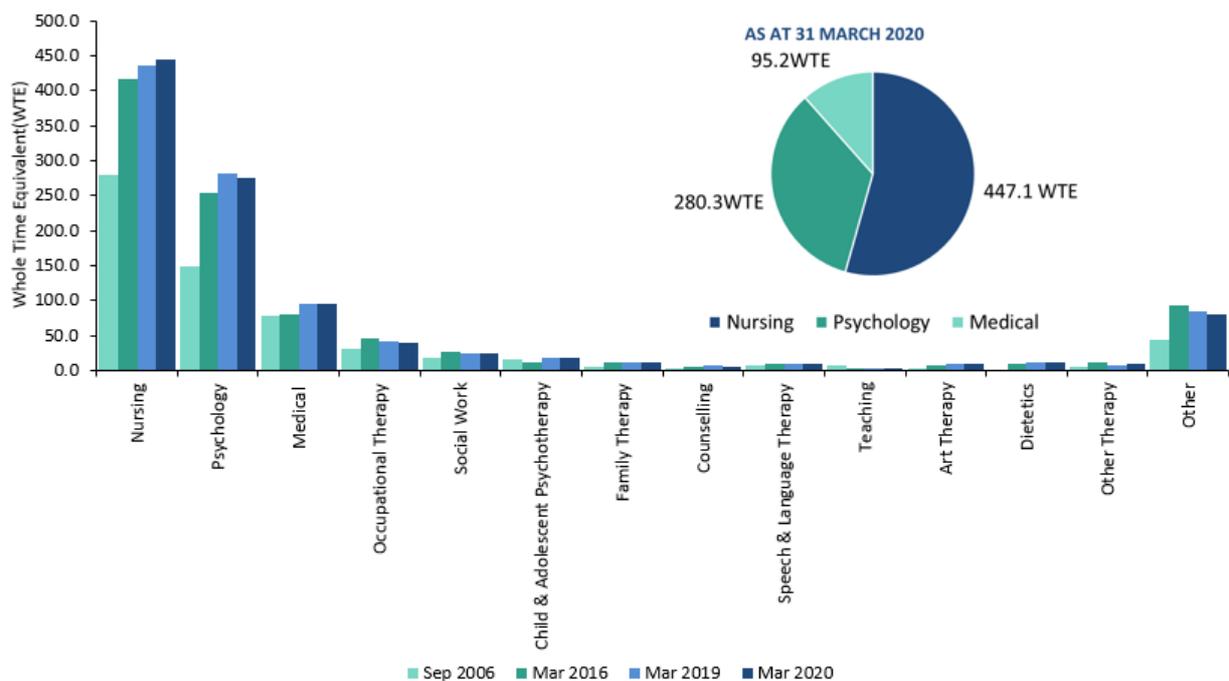
This section provides information about the characteristics of the workforce. For more detailed information on workforce characteristics please refer to the [background tables](#) and [dashboards](#).

4.1 Professional Group

As at 31 March 2020, three professional groups accounted for 78.3% of the WTE CAMHS workforce: Nursing (443.5 WTE, 42.6%), Psychology (275.5 WTE, 26.5%) and Medical (95.6 WTE, 9.2%). For descriptions of each professional group and the training required to enter these professions please refer to the [Summary of Professional Groups within CAMHS](#).

The WTE of these and the other professional groups are shown in [Figure 6](#). Over the last year, the Nursing group increased by 7.9 WTE (+1.8%), while the Psychology group decreased by 6.7 WTE (-2.4%) and the Medical group decreased by 0.1 WTE (-0.1%).

Figure 6. WTE of NHSScotland CAMHS staff in post by Professional Group as at September 2006, March 2016, March 2019 and March 2020 census.^{1,2}



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 7 shows the change in WTE and headcount of staff in the Nursing, Medical and Psychology groups by region and Health Boards. The WTE of the Nursing group increased by 63.3% in the East region, 58.0% in the West region and 53.8% in the North region between September 2006 and March 2020. There was an increase of 98.7% in the East region, 94.8% in the North region and 75% in the West region in the Psychology group between September 2006 and March 2020. In the Medical group, there was an increase of 35.7% in the East region and 24.8% in the West region but a decrease of -4.0% in the North region.

Figure 7. WTE and Headcount of Nursing, Psychology and Medical Professional Groups in NHSScotland CAMHS services by Region as at September 2006 and March 2020 census

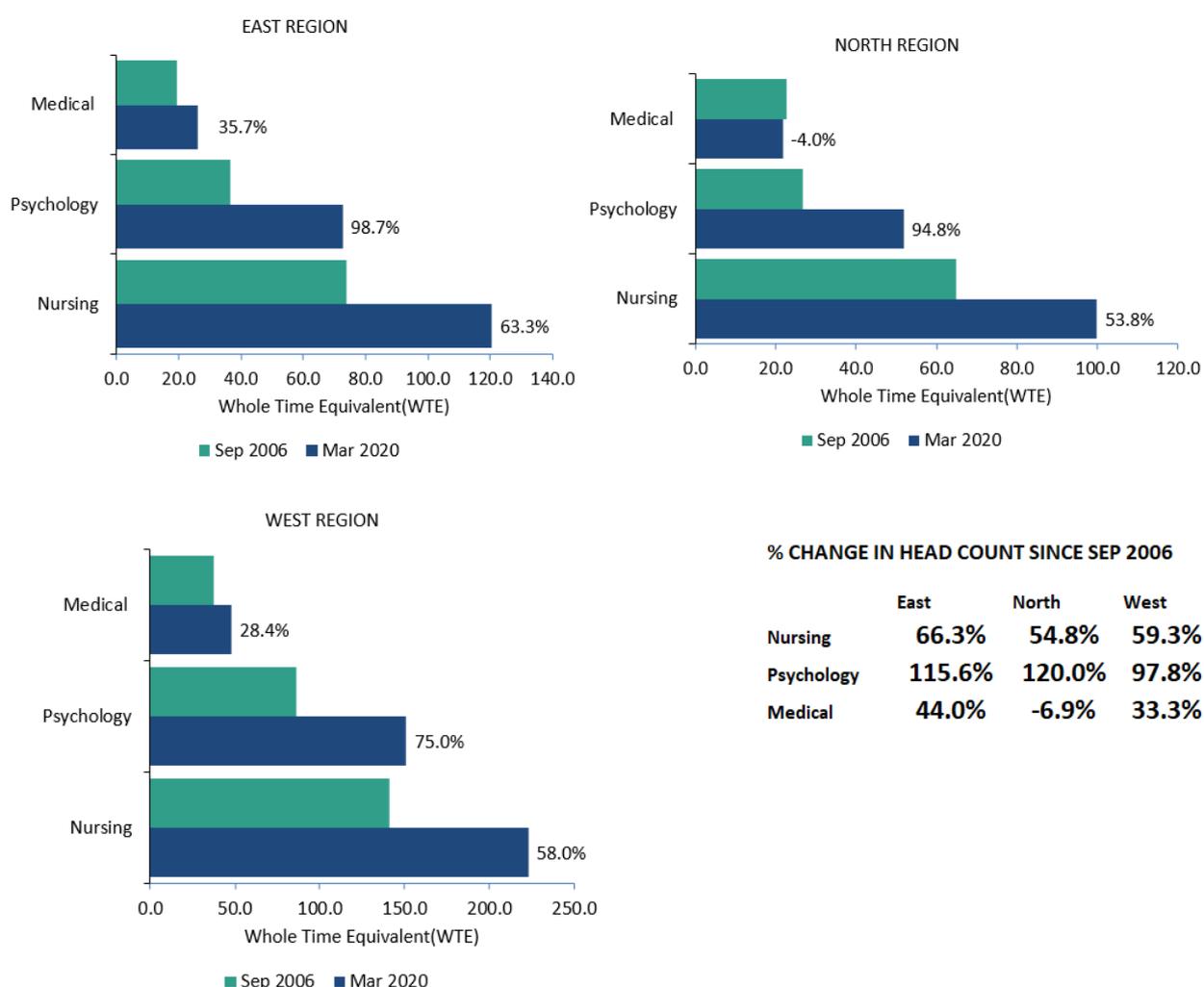
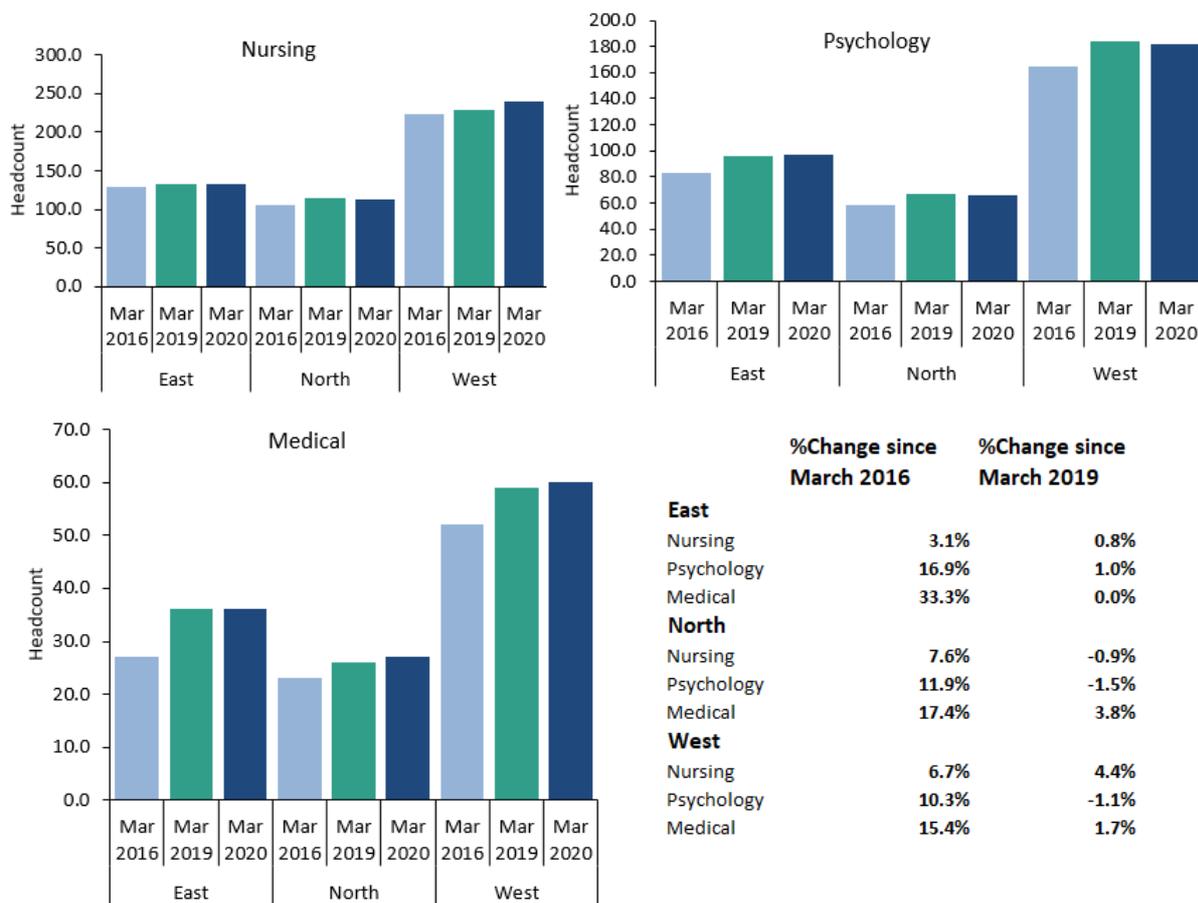


Figure 8 illustrates the change in headcount in the Nursing, Psychology and Medical groups by region as at 31 March 2016, 31 March 2019 and 31 March 2020 census. In the Nursing professional group, the biggest increase in headcount of staff in post was in the North region (7.9%) when compared to March

2016 census, however there was a decrease of 0.9% when compared against the previous year's census. Within the Psychology professional group, there was an increase of 16.9% in the East region, 11.9% in the North region and 10.3% in the West region between March 2016 and March 2020. However, there was a decrease of 1.5% in North region and 1.1% in West region between March 2019 and March 2020 in the Psychology professional group. Within the Medical professional group, there was an increase of 33.3% in the East, 17.4% in the North and 15.4% in the West regions between March 2016 and March 2020. There was no change in the East, a 3.8% increase in the North and a 1.7% increase in the West between March 2019 and March 2020.

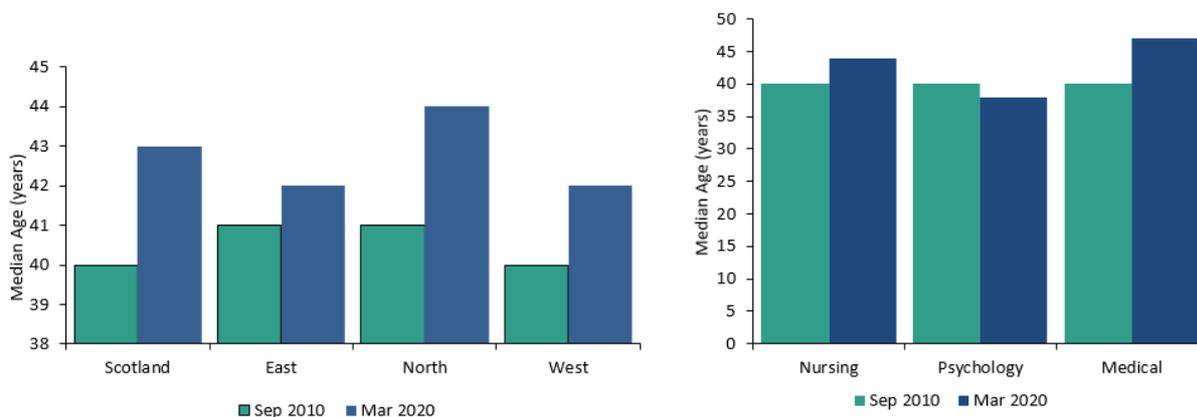
Figure 8. WTE and Headcount of Nursing, Psychology and Medical Professional Groups in NHSScotland CAMHS services by Region as at September 2006 and March 2020 census



4.2 Age Group

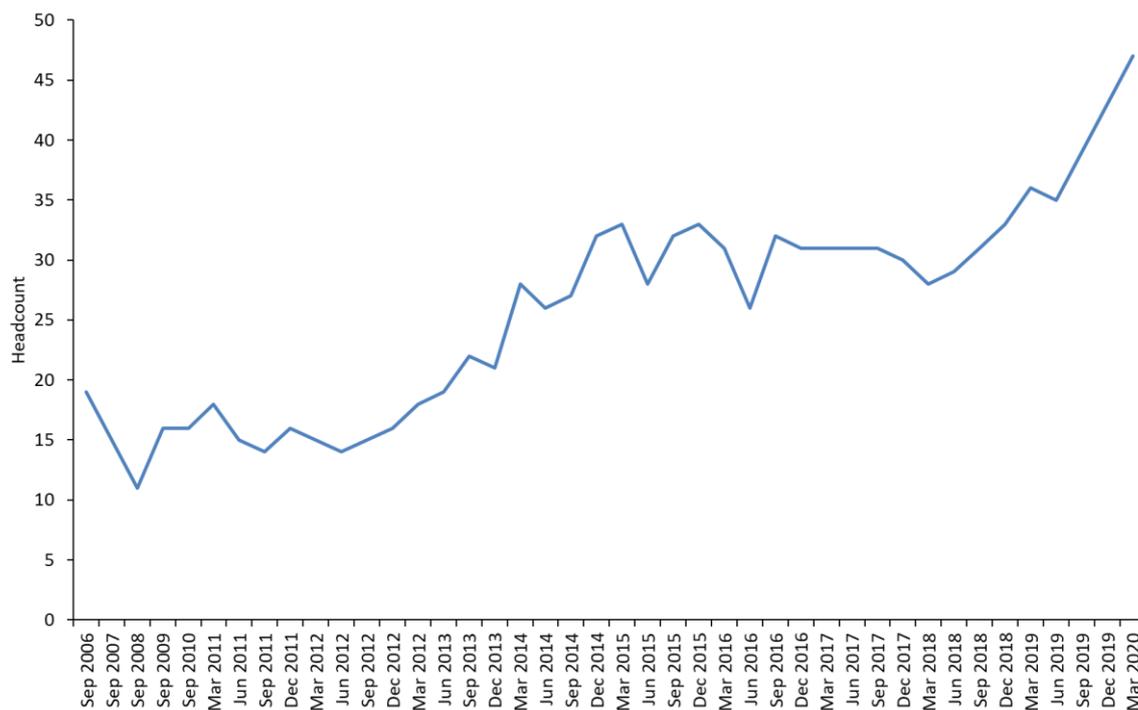
The median age of staff in March 2020 was 43, compared with 40 in September 2010 census. The biggest increase in the median age of staff was in the North region where it was 41 in September 2010 and 44 in March 2020. The median age for East region increased to 42 in March 2020 from 41 in September 2010. In the West region, the median age was 40 in September 2010 and 42 in March 2020. Within the Nursing, Medical and Psychology professional groups, the median age changed as well. For the Nursing professional group, the median age increased from 40 in September 2010 to 44 in March 2020. The median age decreased for the Psychology professional group from 40 in September 2010 census to 38 in March 2020. Within the Medical professional group, however, the median age increased from 40 at September 2010 to 47 in March 2020. This is illustrated in [Figure 9](#).

Figure 9. Median of age at NHSScotland CAMHS by Region and Professional Group at September 2010 census and March 2020 census.



[Figure 10](#) illustrates the headcount of staff in post in NHSScotland CAMHS aged 60 and over. There was an increase of 147.4% between September 2006 and March 2020.

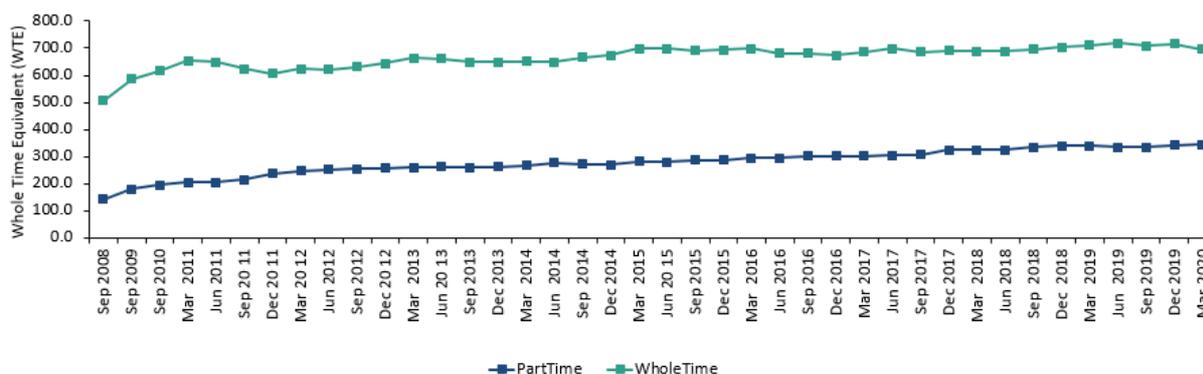
Figure 10. Staff in Post in NHSScotland CAMHS aged 60 and over



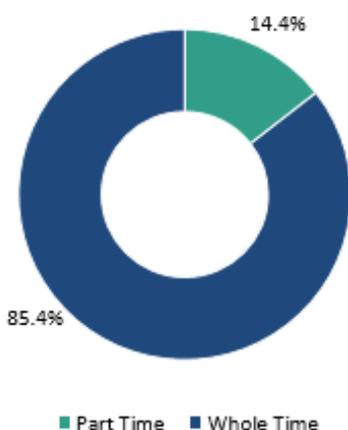
4.3 Contract Type

At 31 March 2020, 85.4% of staff worked whole-time and 14.4% worked part-time. This represents an increase of 144.4% in staff working part-time compared to a 37.9% increase in staff working whole-time since September 2008. [Figure 11](#) illustrates the WTE of staff working in whole-time and part-time posts since September 2008.

Figure 11. NHSScotland CAMHS Staff in Post (WTE) by Contract Type since September 2008.



As at 31 March 2020 Census :NHSScotland



CHANGE SINCE SEPTEMBER 2008 CENSUS

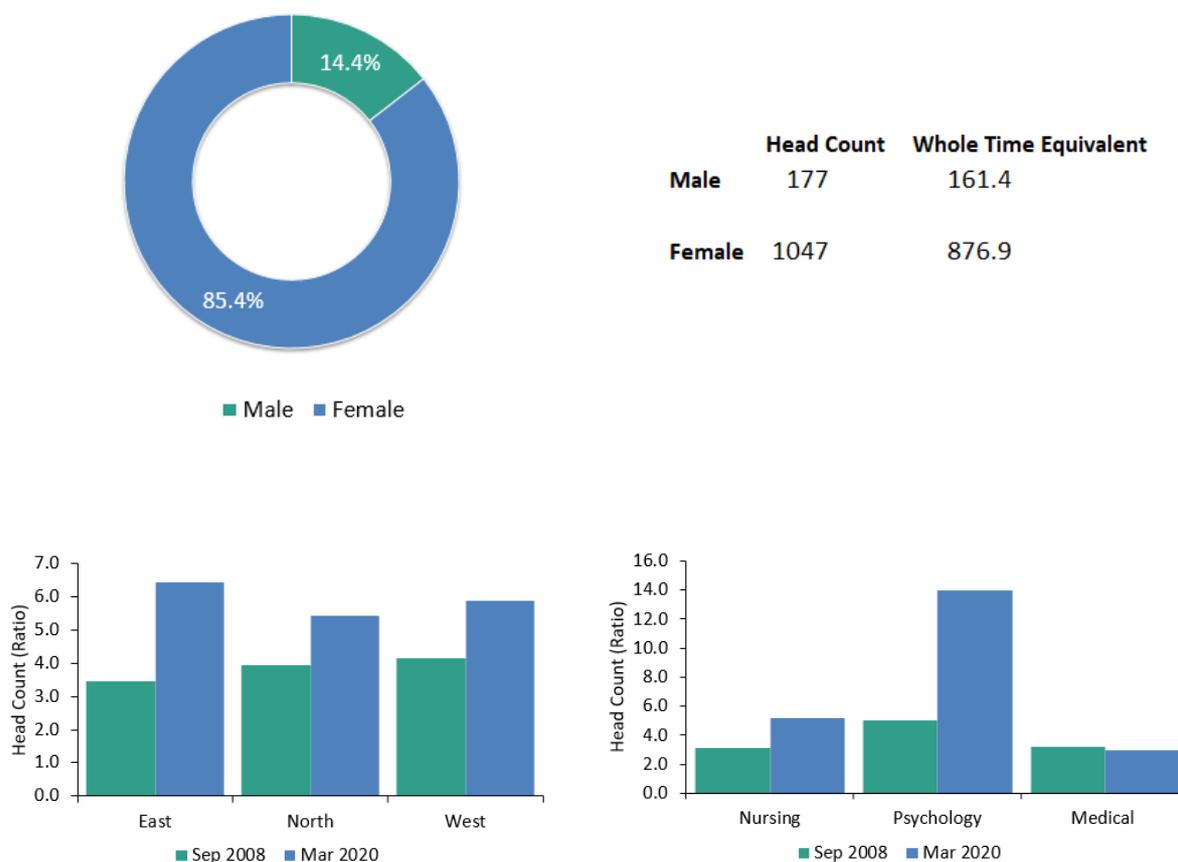
WHOLE TIME **+37.9%**
 PART TIME **+144.0%**

Figure 12 illustrates the WTE of NHSScotland CAMHS staff working in whole-time working patterns and part-time working patterns by region. There was an increasing trend of staff working in part-time posts compared to whole-time posts. In East region, there was an increase of 154.7% in part-time posts and 30.1% in whole-time posts since September 2008. There was an increase of 130.5% in part-time posts in North region while there was a decrease of 0.1% of staff working in whole-time posts since September 2008 census. In West region, there was an increase of 144.8% in staff working in part-time posts compared to an increase of 63.9% of staff working in whole-time posts since September 2008.

4.4 Gender

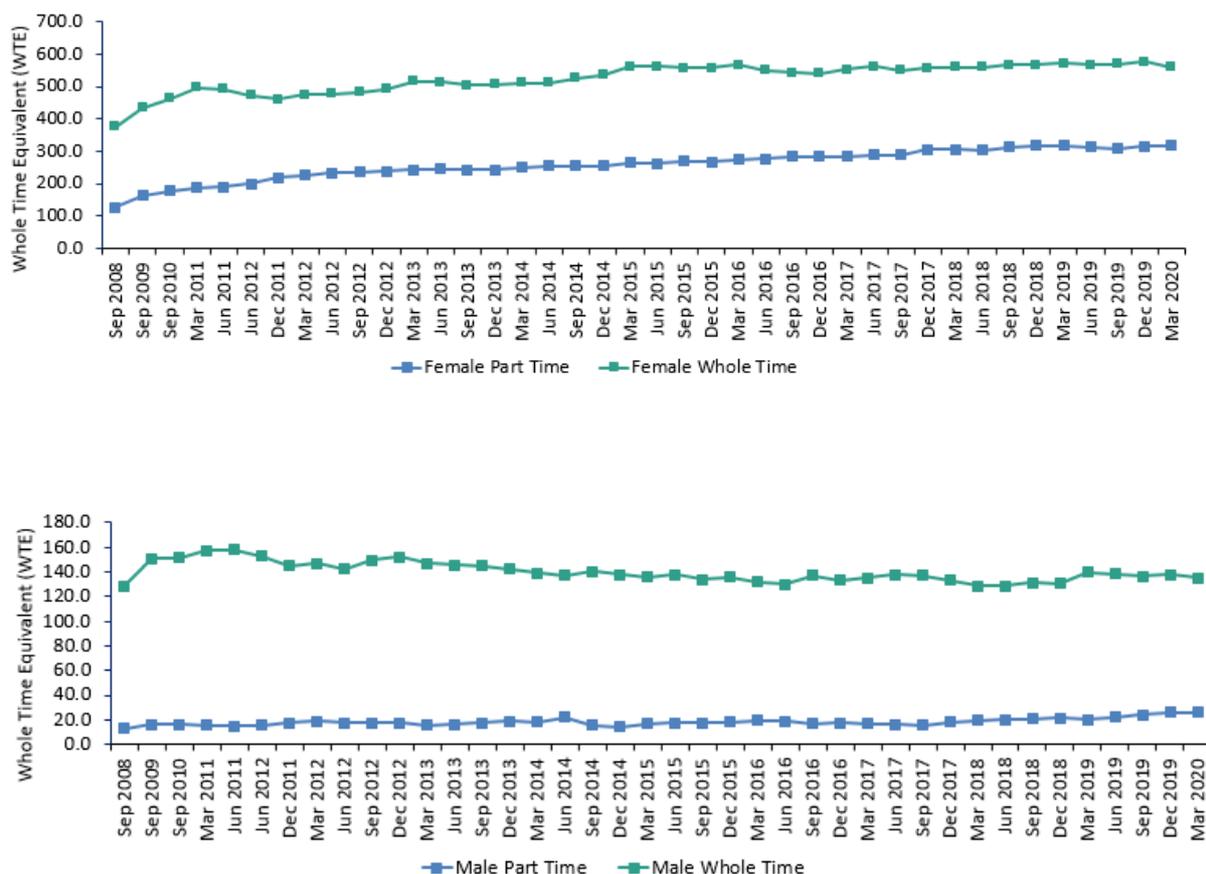
As at 31 March 2020 census, there were 177 male staff and 1047 female staff working in NHSScotland CAMHS. Since the September 2008 census, the female to male ratio increased most within the East region compared to North and West regions, from 3.4 in September 2008 to 6.4 in March 2020. Within the Psychology professional groups, the female to male ratio increased from 5.0 in September 2008 census to 14.0 in March 2020. [Figure 14](#) contains information about the gender of the CAMHS workforce.

Figure 14. Headcount and WTE in NHSScotland CAMHS services by gender at 31 March 2020 census and ratio of female to male headcount by region at 2008 census and 31 March 2020 census.



[Figure 15](#) shows NHSScotland CAMHS staff by gender working in part-time and whole-time posts. There was an increase of 95.0% of male staff working in part-time posts while male staff working in whole-time posts increased by 5.2% since the September 2008 census. Female staff working in part-time posts increased by 149.1% compared to an increase of 48.5% in whole-time posts since the September 2008 census.

Figure 15: NHSScotland CAMHS staff in post (WTE) by gender and whole-time and part-time posts from September 2008 to March 2020.



4.5 Grade

At the 31 March 2020 census, there were more staff in AfC Band 6 (308.7 WTE, 32.7%) and AfC Band 7(195.4 WTE, 20.7%) than any other bands. [Figure 16](#) shows the percentage of WTE of NHSScotland CAMHS staff by AfC Band for the Nursing and Psychology professional groups at September 2008 and March 2020. The majority of staff working in the Psychology professional group were in AfC Band 8a (105.2WTE, 38.2%), while the majority of the staff working in the Nursing professional group were in AfC Band 6 (216.6WTE, 48.9%) and the majority of staff in the Medical professional group were Consultants (71.5WTE, 74.8%). This is an increase of 4.5% in AfC Band 8a for the Psychology professional group compared to the previous year’s census, 4.1% in AfC Band 6 for the Nursing professional group and a 0.4% decrease for Consultants in the Medical professional group.

Figure 16: Percentage of WTE of NHSScotland CAMHS staff by AfC Band for Nursing and Psychology professional groups at September 2008 and March 2020

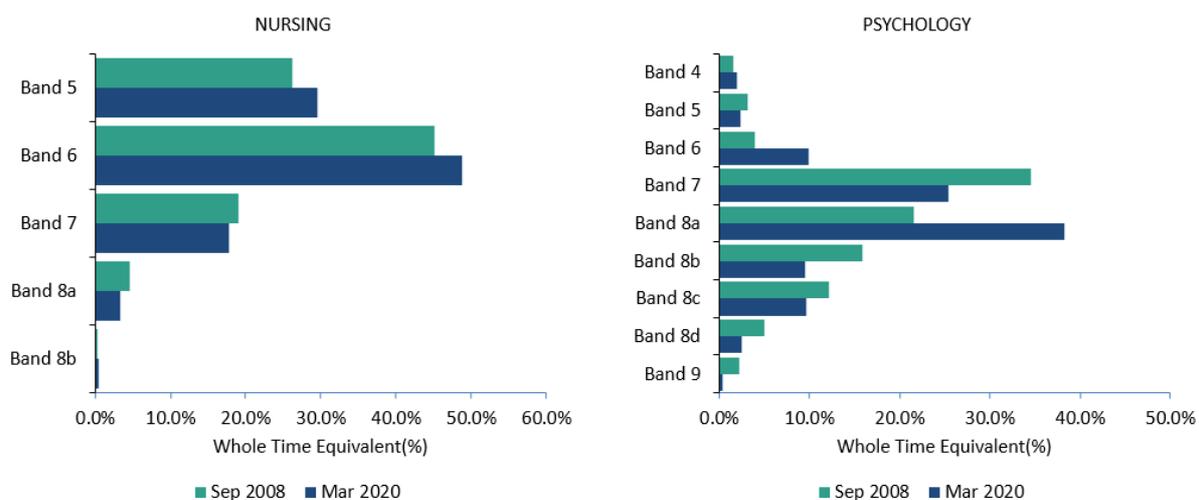
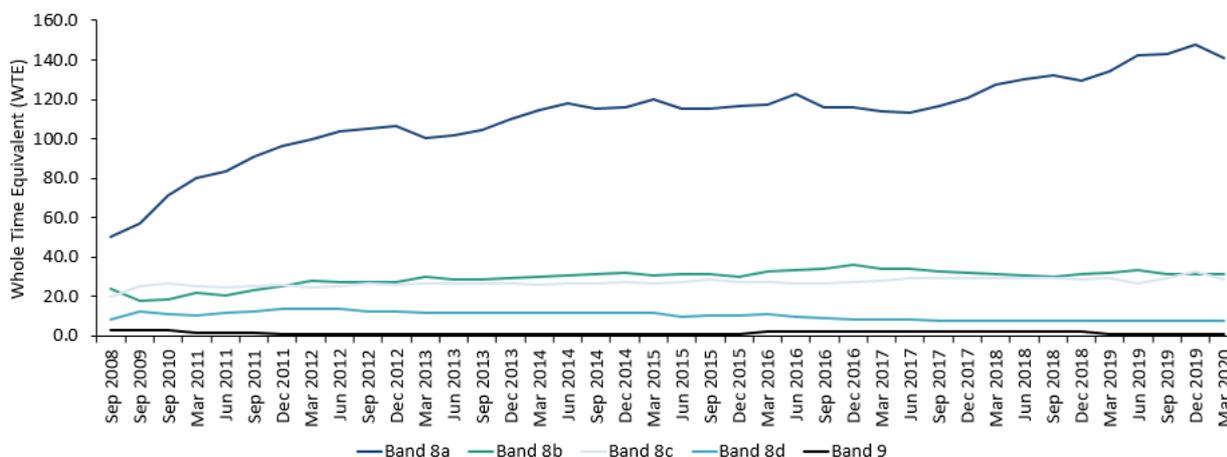


Figure 17 shows the trend of WTE of NHSScotland CAMHS Staff in Post for AfC Band 8a and over, since September 2008. There was an increase of 180.6% WTE of staff working in AfC Band 8a, 29.8% WTE in AfC Band 8b and 47.3 % WTE in AfC Band 8c between September 2008 and March 2020. There was a decrease of 61.9% WTE in AfC Band 9 and 7.6% WTE in Band 8d between September 2008 and March 2020.

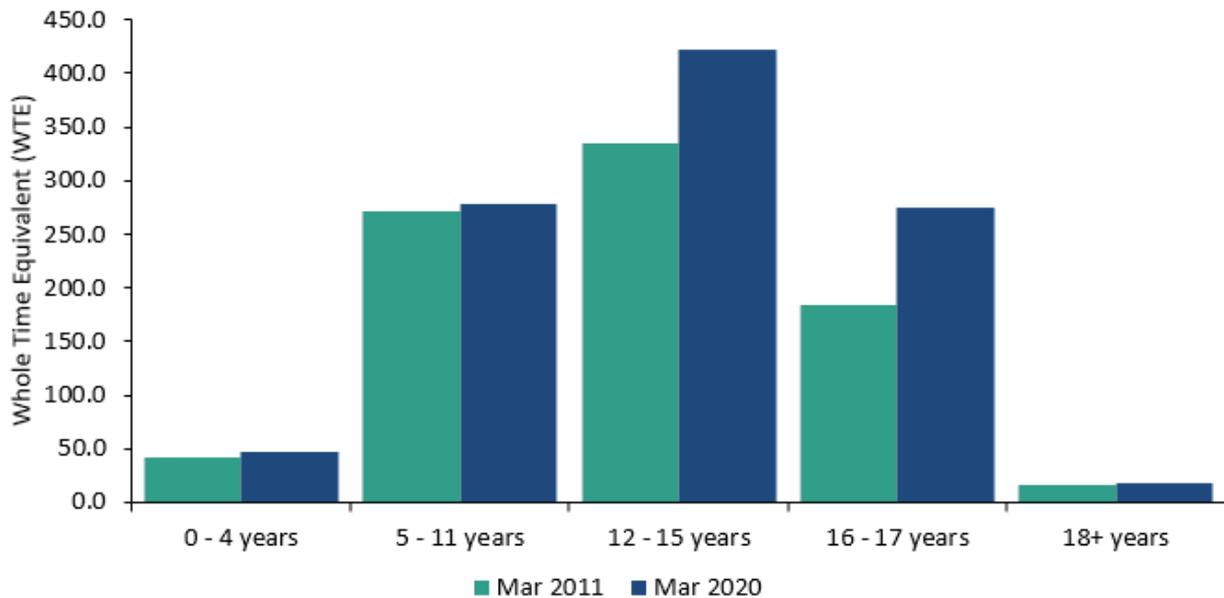
Figure 17: NHSScotland CAMHS staff in post (WTE) by selected AfC Bands



4.6 Target Age

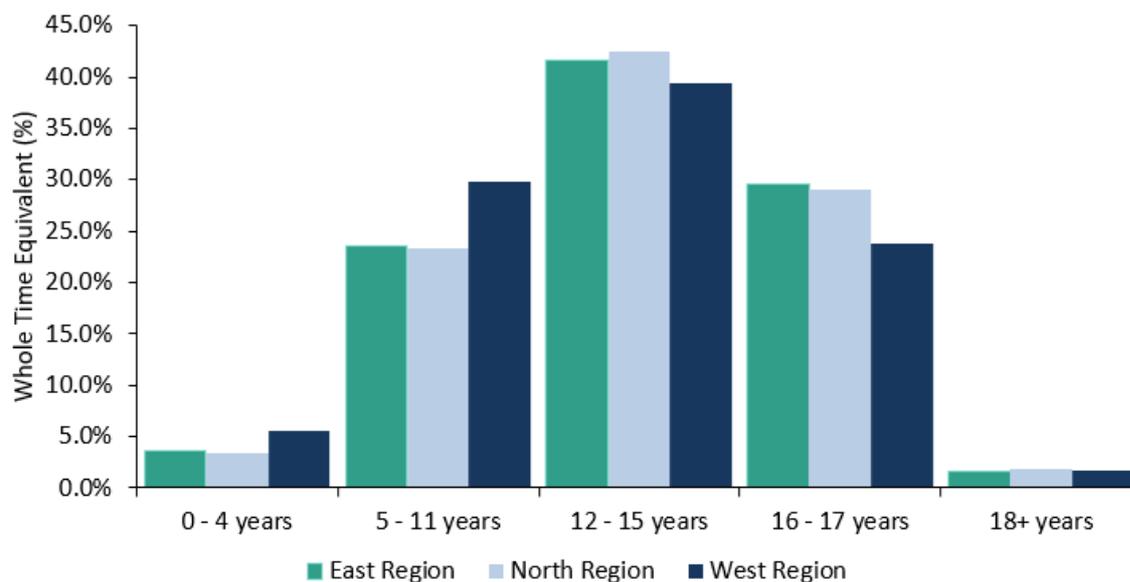
As at 31 March 2020 census, more people worked in the 12-15year olds target age category (422.6WTE, 40.6%) than any other category. Since March 2011 census, the biggest increase (50.3%) was within the 16-17year old target age category. [Figure 18](#) shows the WTE of NHSScotland CAMHS staff in post by target age. There was an increase of 10.8% in the 0-4year old target age category, 2.0% in the 5-11year old target age category, 26.1% in the 12-15year old target age category and 13.4% in the 18years and over target age category since the March 2011 census.

Figure 18: NHSScotland CAMHS Staff in Post (WTE) by Target age category at March 2011 census and March 2020 census.



[Figure 19](#) illustrates the percentage of WTE by target age category and region in NHSScotland CAMHS services. There were 41.5% of staff in the East region, 42.5% of staff in the North region and 39.3% of staff in the West region working within 12-15 years in March 2020.

Figure 19: Percentage of WTE of NHSScotland CAMHS Staff in Post by Target age category as at 31 March 2020 census by region.



4.7 Contract Term

At 31 March 2020, 950.2 WTE (91.3%) of NHS Scotland CAMHS staff contracts were permanent, 67.3 WTE (6.5%) were fixed-term for less than two years and 22.8 WTE (2.2%) were fixed-term for more than two years. This represents an increase of 27.0% in permanent posts, 9.9% in fixed-term posts for less than 2 years and a decrease of 40.6% in fixed-term posts for more than 2 years since March 2011. The WTE of permanent and fixed-term contracts since March 2011 is shown in [Figure 20](#).

Figure 20: NHSScotland CAMHS staff in post (WTE) by permanent and fixed term contracts.

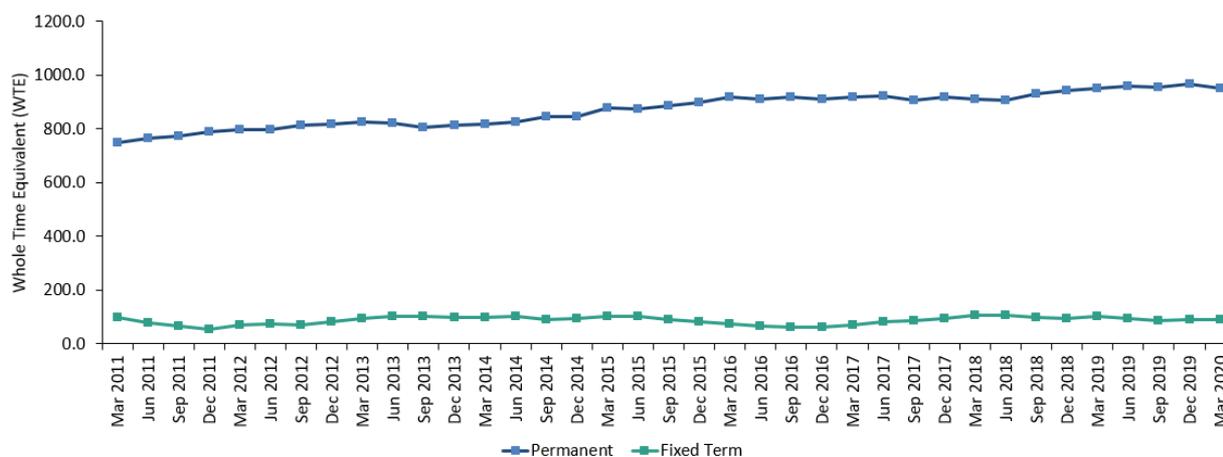
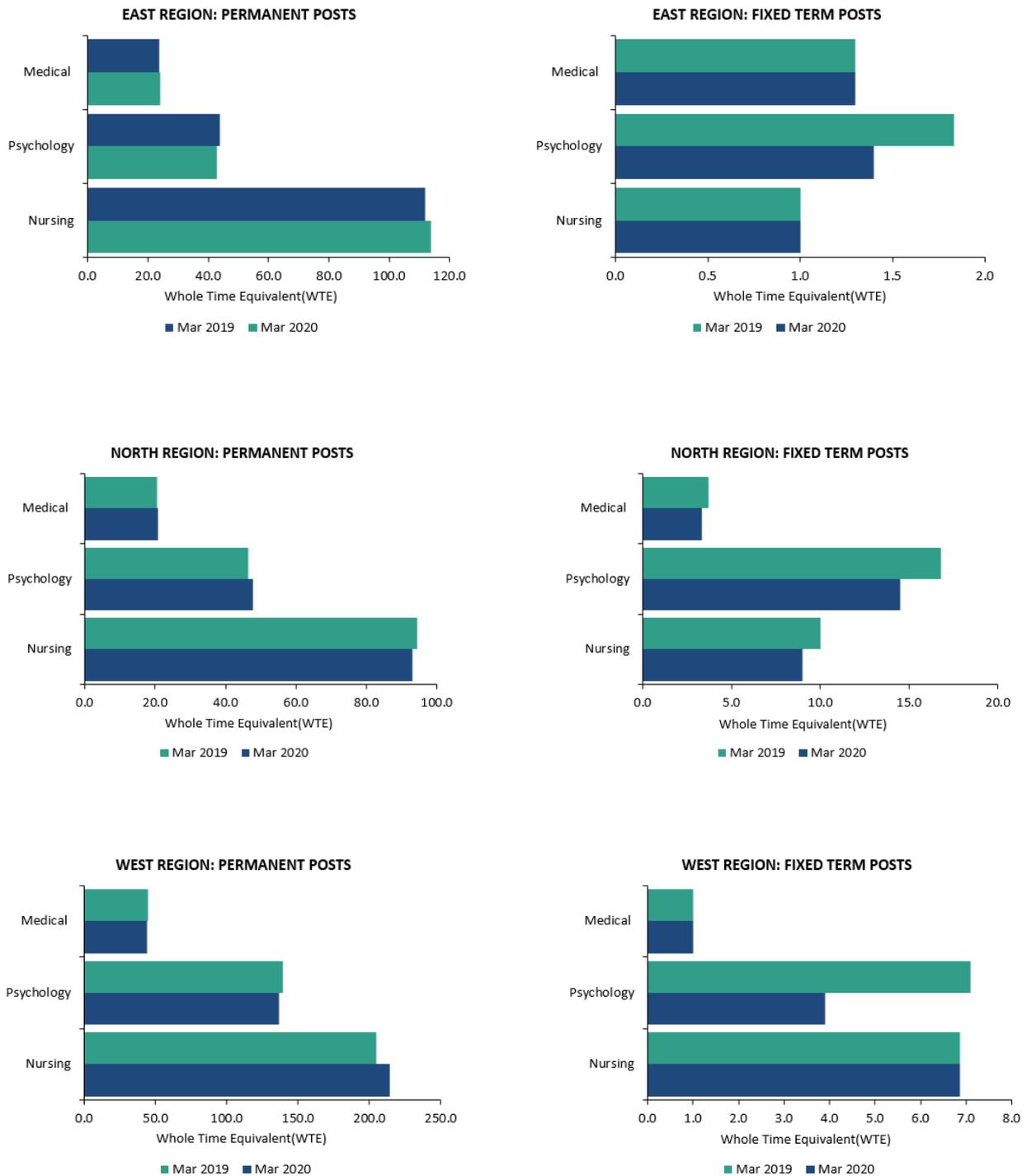


Figure 21 shows the WTE of permanent and fixed-term contracts in the Nursing, Psychology and Medical professional groups by region at 31 March 2019 and 31 March 2020. The highest increase in permanent posts was in the East region for the Nursing Professional group (4.5%). There was a decrease of 45% for the Psychology professional groups in the North region for fixed-term posts.

Figure 21: NHSScotland CAMHS (WTE) by Region and Professional groups by Contract Term at 31 March 2019 and 31 March 2020.

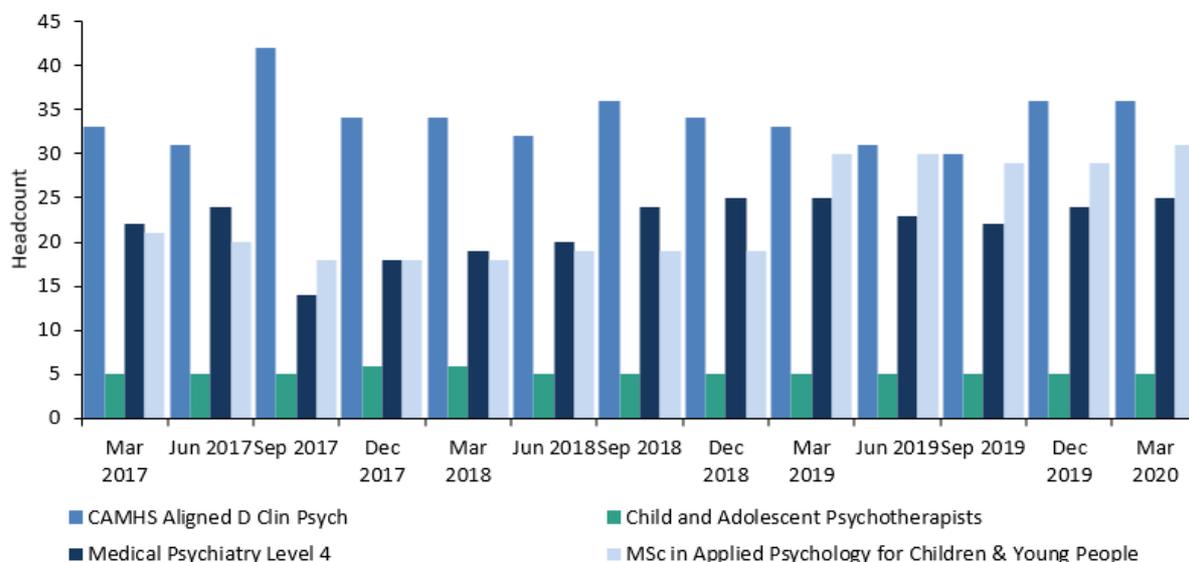


5. Staff in training

There are currently 97 staff in training in NHSScotland on CAMHS associated courses: 36 on the CAMHS Aligned DClinPsych, 31 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 22](#) below and in Table 12 in the [background tables](#) and [dashboards](#).

This was an increase of 19.8% in intakes since the March 2017 census, with an increase in intake of 47.6% for MSc Applied Psychology for Children and Young People, 13.6% in Medical Psychiatry and 9.1% in CAMHS Aligned DClinPsych.

Figure 22: Staff in training in NHSScotland on CAMHS associated courses between March 2017 and March 2020.



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.

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](#)).

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
1-11	CAMHS Workforce Tables	2006 – March 2020	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.

8. CAMHS Workforce Contacts

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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.

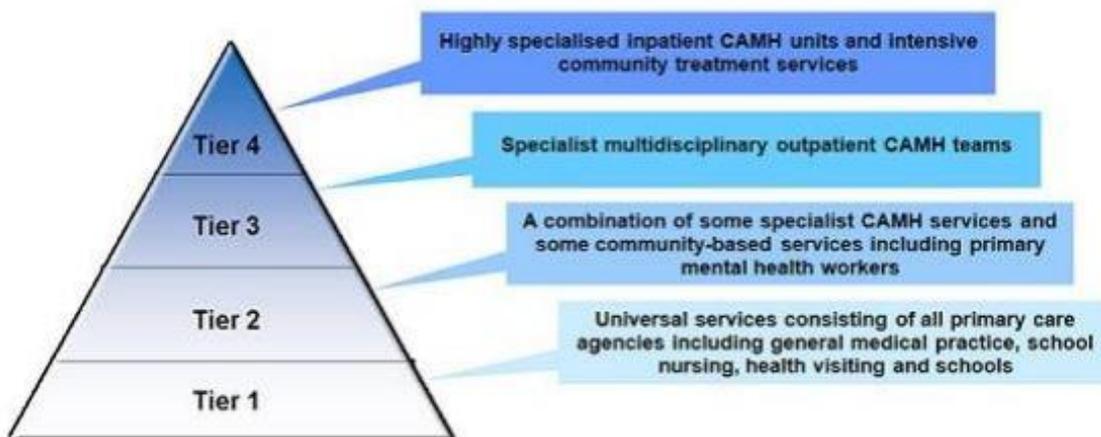
Children & Young People's Mental Health Task Force funding (2018)

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.

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](#)).

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 for Change and Impact on the Headcount
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 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.
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.

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.

This resource may be made available, in full or summary form, in alternative formats and community languages. Please contact us on **0131 656 3200** or email alformats@nes.scot.nhs.uk to discuss how we can best meet your requirements.



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