



# **Child and Adolescent Mental Health Services in Scotland: Waiting Times, Service Demand, and Workforce**

**Quarter ending 31 March 2018**

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### Introduction

It has been estimated that 10% of children and young people have a clinically diagnosable mental health problem<sup>1</sup> and 20% of adolescents may experience a mental health problem in any given year<sup>2</sup>. The majority of adult mental health problems begin in childhood with 50% of mental health problems established by age 14<sup>3</sup>, therefore timely access to Child and Adolescent Mental Health Services (CAMHS) is extremely important.

CAMHS comprise of multidisciplinary teams with expertise in the assessment, care and treatment of children and young people experiencing mental health problems. The wider multidisciplinary and multi-agency team around the child also has a key role in supporting children and young people with any mental health problems they may be experiencing.

The main function of CAMHS is to develop and deliver services for those children and young people (and their parents/carers) who are experiencing mental health problems. They also have an important role in supporting the mental health capability of the wider network of children's services. CAMHS are usually delivered by multi-disciplinary teams including psychiatrists, psychologists, nurses, social workers, child and adolescent therapists and others (see the [glossary](#) for definitions of each). Significant funding has been invested in CAMHS since 2009 for workforce and trainee expansion. Further information on CAMHS can be found in the [background information](#).

### This Publication

This publication is a collaboration between Information Services Division (ISD) and NHS Education for Scotland (NES) and presents Child and Adolescent Mental Health Services (CAMHS) activity, waiting times and workforce information at 31 March 2018.

#### Revisions statement

##### Revisions relevant to this publication

The average (median) wait in weeks for Table 1 and Table 2 of the publication and Table 1c and Table 2a of the excel spreadsheet has been revised (the 90<sup>th</sup> percentiles have also been revised in the excel spreadsheets) due to a technical date error in the data tables. The previous quarter medians for the current quarter were used due to this issue. The text has been updated to reflect a median of children and young people seen within 11 weeks from a previous median of 10 weeks in NHSScotland. There was also an issue with the median and 90<sup>th</sup> percentile for NHS Highland for September 2017 which has been revised in Table 2a of the excel spreadsheets.

The Scottish Government has set a standard for the NHS in Scotland to deliver a maximum wait of 18 weeks from a patient's referral to treatment for specialist CAMHS from December

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<sup>1</sup> [WHO 2003 Caring for children and adolescents with mental disorders](#)

<sup>2</sup> Green, H., McGinnity, A., Meltzer, Ford, T., Goodman, R. (2005) Mental Health of Children and Young People in Great Britain: 2004. Office for National Statistics.

<sup>3</sup>Kessler RC, Berglund P, Demler O, Jin R, Merikangas KR, Walters EE. (2005). Lifetime Prevalence and Age-of-Onset Distributions of DSM-IV Disorders in the National Comorbidity Survey Replication. Archives of General Psychiatry, 62 (6) pp. 593-602. doi:10.1001/archpsyc.62.6.593.

2014. The Scottish Government has determined that this standard should be delivered for at least 90% of patients.

The information presented in this publication relates to CAMHS:

- Waiting Times (including the 18 week standard)
- Referrals
- Distribution of patients seen and waiting
- Non-attendances
- Inpatient activity
- Clinical Staff in post and vacancies
- Staff in training and graduate retention
- Workforce characteristics
- Supplementary information

In order to present information about CAMHS in a clear, open and transparent way, ISD and NES have brought together statistics on how long children and young people are waiting to access services and the clinical workforce within NHS Scotland CAMHS, as well as information on numbers of referrals and inpatient activity. The data is presented in a way that allows the user to understand the demand, the activity that takes place and the workforce capacity to help children and young people.

**Note that the data for waiting times and workforce cover different time periods and the services included in each set of statistics may differ in some NHS Boards. Therefore, please bear this in mind when making comparisons between the two. See the [Data Quality](#) document for further information.**

### Waiting times data

All waiting times data is sourced from regional NHS Boards' monthly aggregated CAMHS waiting times submissions to ISD. Waiting times information has been published quarterly since August 2012. The information in this publication covers the period January to March 2018 with figures for at least the last four months for reference. Five quarters worth of data is included in the Excel data tables. Waiting times figures are presented as whole numbers, percentages, or crude rates. There are differences in the measures used and collection methods of CAMHS waiting times statistics between NHS boards as well as differences in the way services are structured. Therefore, the reader needs to carefully consult the notes in the publication if making comparisons between them. More information can be found in the [data quality document](#).

### Workforce data

All workforce data is sourced from the NES-ISD National CAMHS Workforce Information Database. The data are collected and verified by CAMHS lead clinicians, and ISD work closely with these lead clinicians to ensure a high level of data 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. Background Excel data tables show all available data back to 2006, as well as data from an initial pilot collection in 2005. 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.

### **Activity data**

Mental health inpatients admissions and bed days data are sourced from the Scottish Morbidity Record 04 (SMR04) which contains information on mental health inpatients in psychiatric hospitals in Scotland. SMR04 records are produced by NHS Boards and submitted to ISD for collation and analysis at Scotland level.

The information collected and presented is used by NHS Boards, the Scottish Government, and NES to support local, regional, and national service delivery, workforce and education planning, and to track the Scottish Government's investment in expansion of CAMHS delivery.

### Main Points

#### Waiting Times and Service Demand

**NHS Borders has not been able to provide waiting times data for March 2018 due to staff shortages and following the implementation of a new patient management system, they anticipate being able to submit this data for the next publication.**

Based on the available data for the quarter ending March 2018:

- 3,979 children and young people started treatment at Child and Adolescent Mental Health Services (CAMHS) in 14 NHS Boards.
- Over seven out of 10 (71.2%) children and young people were seen within 18 weeks and half started their treatment within **eleven** weeks.
- The 18 week standard was met by three NHS Boards (NHS Ayrshire & Arran, NHS Shetland and NHS Western Isles).
- Across Scotland, over one in nine (11.5%) patients referred to CAMHS did not attend their first appointment.

#### Workforce

At 31 March 2018:

- The CAMHS workforce increased by 2.6% in the last year, from 988.6 WTE at March 2017 to 1014.4 WTE at March 2018.
- At 31 March 2018, 72 posts (62.1 WTE) were vacant and in the process of being advertised. Of these, 30.7% were for new posts. Nursing vacancies made up 42.4% (26.3 WTE) of the total vacancies.

## Results and Commentary

### 1. CAMHS Waiting Times

This section shows waiting times for patients who started their treatment during the period January to March 2018.

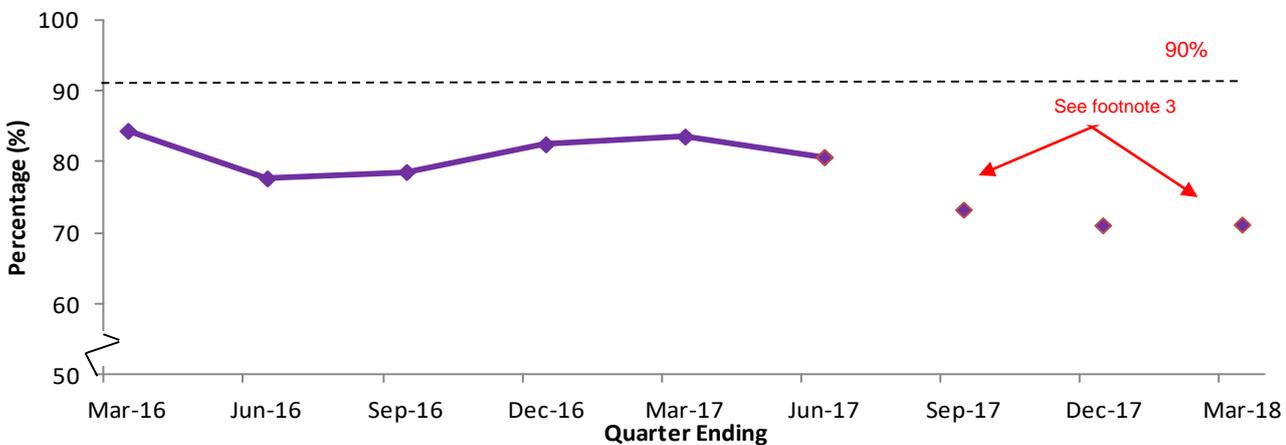
The [Data Quality document](#) provides NHS Board level information on the completeness of the data and any data quality issues to be aware of.

During January to March 2018 (see Table 1a in the [background tables](#))

- 3,979 children and young people started treatment at Child and Adolescent Mental Health Services (CAMHS) in 14 NHS Boards.
- Using adjusted waits where available, half of children and young people start their treatment within 11 weeks. Approximately seven out of ten children and young people (71.2%) were seen within 18 weeks.

The trend was relatively stable for the percentage of children and young people seen within 18 weeks between March 2016 and June 2017. Performance has dipped in the last three quarters but remains above 70%.

**Figure 1: Percentage (%) of patients seen for CAMHS within 18 weeks by quarter, NHS Scotland.**



The y-axis range has been adjusted in order to display the trend in more detail

Notes:

1. NHSScotland level data include unadjusted waits for NHS Boards where adjusted waits are not available. For details of adjustments see Table 2 (page 7).
2. NHS Borders has been unable to submit data for March 2018 due to staff shortages and data extraction issues.
3. The points for quarter ending September 2017 through to March 2018 indicate data completeness issues. This is due to NHS Tayside and NHS Borders impacting on the total numbers for NHSScotland. Caution should be taken when comparing quarter ending December 2017 and March 2018 with previous quarters. ISD estimates 71.2% of children and young people may have been seen within 18 weeks if complete data were included for NHS Borders quarter ending March 2018. Furthermore, ISD estimates that 71.6% children and young people may have been seen if complete data were included for missing Tayside October 2017 data for quarter ending December 2017.
4. NHS Highland resubmitted for September 2017.

Information by NHS Board is shown in Table 2 and Figure 2.

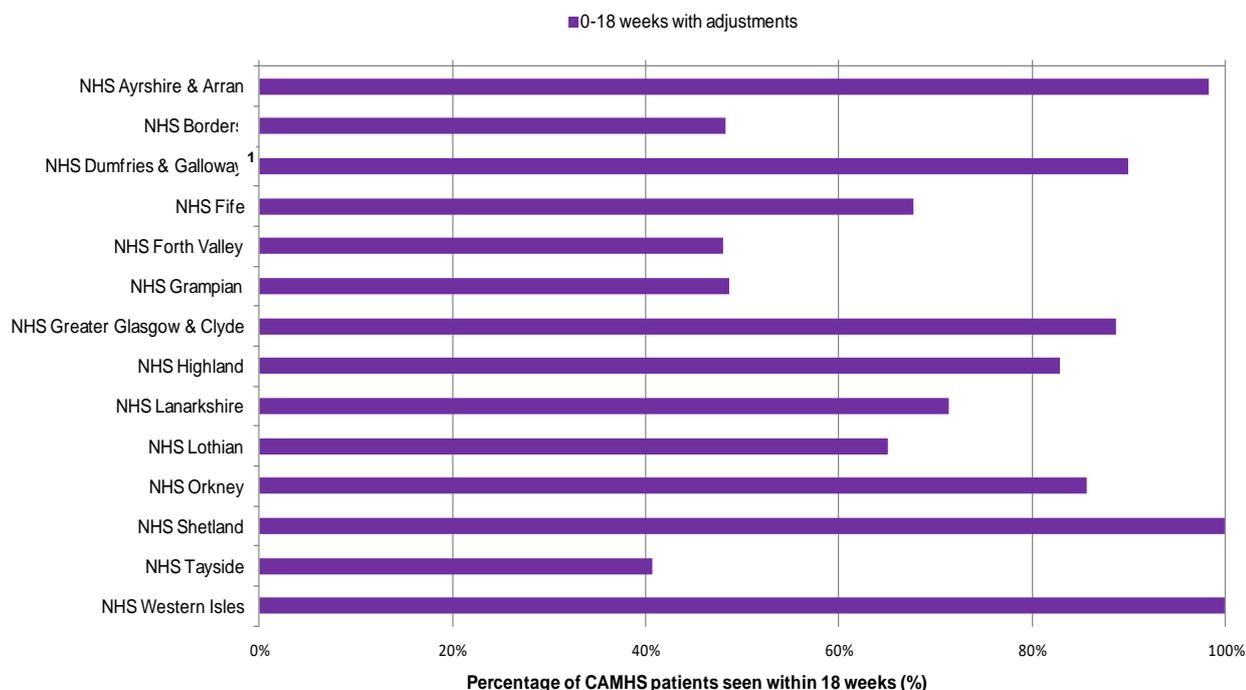
**Table 1: Waiting times for people who started their treatment between January 2017 and March 2018 by quarter, NHS Scotland.**

Quarter	People Seen	With Adjustments <sup>1</sup> Seen within 18 weeks (%)	Average (median) wait in weeks
Jan to Mar 2017	4,333	83.6	10
Apr to Jun 2017	4,092	80.7	11
Jul to Sep 2017 <sup>3,4</sup>	3,412	73.2	12
Oct to Dec 2017 <sup>3</sup>	4,027	71.1	10
Jan to Mar 2018 <sup>2</sup>	3,979	71.2	11

Notes:

1. NHSScotland level data include unadjusted waits for NHS Boards where adjusted waits are not available. For details of adjustments see Table 2 (page 7).
2. NHS Borders has been unable to submit data for March 2018 due to staff shortages and data extraction issues.
3. NHS Tayside data is incomplete from 22 June to 31 October 2017 due to migration to a new patient management system.
4. NHS Highland resubmitted for September 2017.

**Figure 2: Percentage of people who started their treatment within 18 weeks, January to March 2018, by NHS Board of Treatment.**



Notes:

1. NHS Borders has been unable to submit data for March 2018 due to staff shortages and data extraction issues.

**Table 2: Waiting times (with adjustments) for people who started their treatment in January to March 2018, by NHS Board of Treatment.**

NHS Board of Treatment	Total number of people seen	People seen with 18 weeks (%)	Average (median) wait (weeks)	Waiting time adjustments <sup>1</sup>
<b>NHS Scotland<sup>2</sup></b>	<b>3,979</b>	<b>71.2</b>	<b>11</b>	-
NHS Ayrshire & Arran	342	98.3	10	NA, U
NHS Borders <sup>4</sup>	56	48.2	20	NA, U, RO
NHS Dumfries & Galloway	159	89.9	10	NA, U, RO
NHS Fife	393	67.7	11	Unadjusted
NHS Forth Valley	306	48.0	19	NA, U
NHS Grampian	304	48.7	19	Unadjusted
NHS Greater Glasgow & Clyde	849	88.7	9	NA, U, RO
NHS Highland	105	82.9	5	NA, U, RO
NHS Lanarkshire	405	71.4	11	NA, U, RO
NHS Lothian	673	65.1	11	NA, U, RO
NHS Tayside	312	40.7	24	NA, U, RO
NHS Island Boards <sup>3</sup>	75	94.7	7	..

Notes:

- Waiting time adjustments:  
 NA: Non Attendance. Waiting time may be reset if a person misses or rearranges an appointment.  
 U: Unavailability. Time a person is unavailable may be subtracted from the waiting time.  
 RO: Refuses Reasonable Offer. Waiting time may be reset if a person declines 2 or more dates.  
 For further information see page 61.
- Scotland level data include unadjusted waits for NHS Boards where adjusted waits are not available. NHS Grampian advised that the difference between their adjusted and unadjusted waits is minimal.
- NHS Shetland, NHS Western Isles and NHS Orkney are combined due to small numbers and disclosure reasons.
- NHS Borders has been unable to submit data for March 2018 due to staff shortages and data extraction issues.

In the quarter January to March 2018, at least 90% of children and young people met the standard and were seen within 18 weeks in three NHS Boards.

The following did not meet the standard: NHS Borders (48.2%), NHS Dumfries & Galloway (89.9%), NHS Fife (67.7%), NHS Forth Valley (48%), NHS Grampian (48.7%), NHS Greater Glasgow & Clyde (88.7%), NHS Highland (82.9%), NHS Lanarkshire (71.4%), NHS Lothian (65.1%), NHS Orkney (85.7%), and NHS Tayside (40.7%).

Further information by NHS Board and for the last 5 quarters can be found in Table 1a in the [background tables](#)

## 2. Service Demand

### 2.1 Number of Referrals to CAMHS

This section has information on how many children and young people are referred to CAMHS. Waiting lists can build up where demand for services exceeds the capacity of that service, so the number of referrals is a key measure for managing waiting times. The numbers of referrals by NHS Board are shown in Table 3.

**Table 3: Referrals to CAMHS by NHS Board of Treatment, January to March 2018.**

NHS Board of Treatment	All referrals		Referrals excluding rejected referrals	
	Number of referrals	Referrals per 1,000 people under 18	Number of referrals	Referrals per 1,000 people under 18
<b>NHS Scotland</b>	<b>8,691</b>	<b>8.4</b>	<b>6,920</b>	<b>6.7</b>
NHS Ayrshire & Arran	647	9.1	518	7.3
NHS Borders <sup>1</sup>	108	5.0	77	3.6
NHS Dumfries & Galloway	320	11.7	263	9.6
NHS Fife	711	9.8	622	8.6
NHS Forth Valley	536	8.9	463	7.7
NHS Grampian	833	7.5	739	6.6
NHS Greater Glasgow & Clyde	1,691	7.8	1,252	5.7
NHS Highland	374	6.1	373	6.1
NHS Lanarkshire	1,010	7.5	773	5.8
NHS Lothian	1,645	10.0	1,263	7.7
NHS Orkney	26	6.5	26	6.5
NHS Shetland	42	8.6	40	8.2
NHS Tayside	718	9.2	491	6.3
NHS Western Isles	30	6.0	20	4.0

Notes:

1. NHS Borders has been unable to submit data for March 2018 due to staff shortages and data extraction issues.

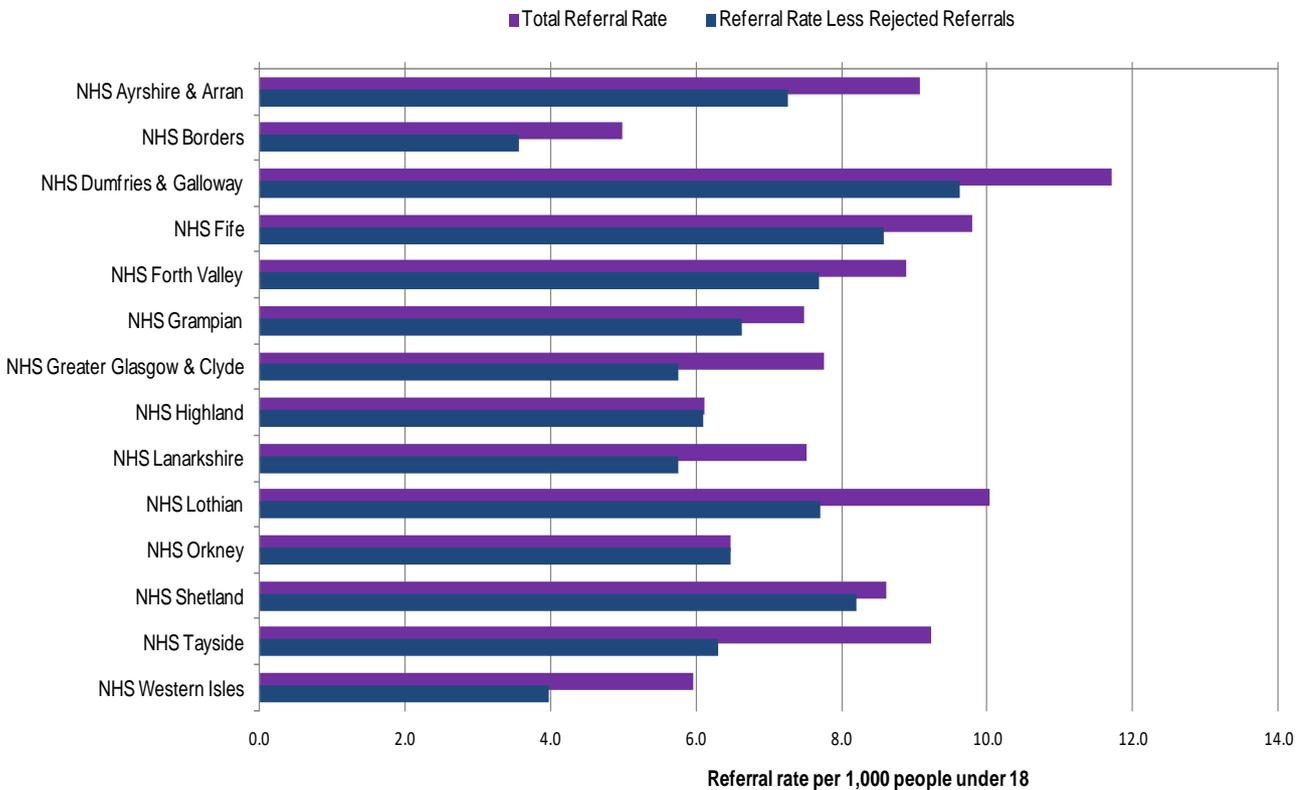
It is not possible to give a direct comparison of referral rates across NHS Boards as CAMHS vary in the age of population served. Some areas provide services for all those under 18, while others offer services to those over 16 only if they are in full time education (for more detail see the 'Age of Service Provision' section in the [data quality document](#)). The

‘referrals per 1,000 people under 18’ gives an indication of the relative differences in demand (see Figure 3).

During the period January to March 2018, 8,691 children and young people were referred to CAMHS with 6,920 accepted. Further information on referrals for the last 5 quarters can be found in Table 4 of the [background tables](#).

**Rejected referrals are where the CAMHS reviews the referral and sign posts the young person to another service or back to their GP.**

**Figure 3: CAMHS referral rates in January to March 2018, by NHS Board of Treatment.**



Notes:

1. NHS Borders has been unable to submit data for March 2018 due to staff shortages and data extraction issues.

## 2.2 People Waiting at End of Quarter

This section presents a summary of waiting times information for CAMHS for children and young people who are waiting at the end of each quarter. This is a useful measure for managers of these services as it can help them take early action to ensure that patient waits do not exceed the standard. However, this measure does not show how long people actually wait before they received care.

The [data quality](#) document provides NHS Board level information on the completeness of the data and any data quality issues to be aware of.

At the end of March 2018 (see Table 4):

- 8,145 children and young people were waiting to start treatment at CAMHS in Scotland.
- Using adjusted waits where available, 76.4% of children and young people had been waiting for less than 18 weeks (1,923 people were waiting over 18 weeks).

**Table 4: Waiting times for people waiting at quarter end in Scotland.**

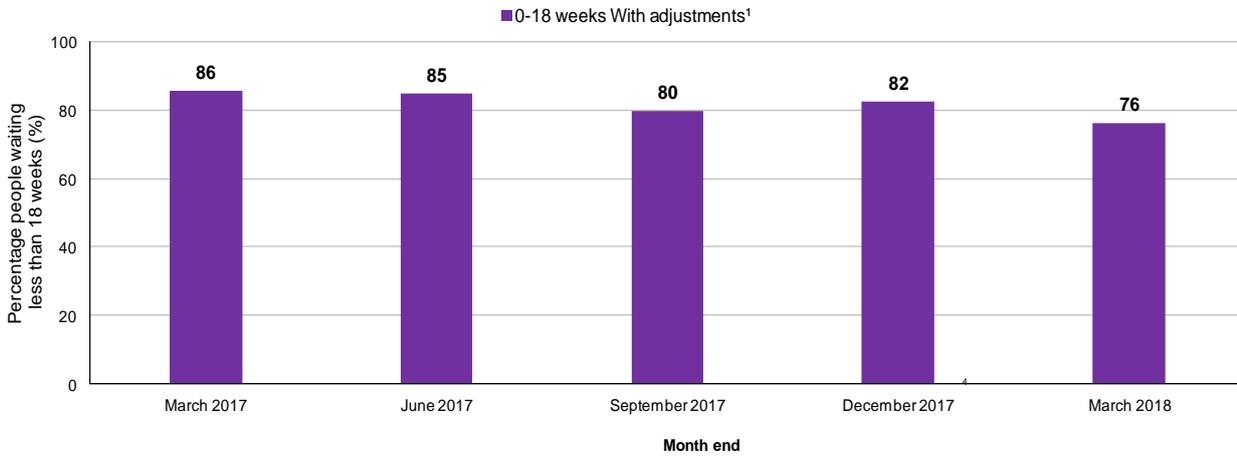
Quarter End	Total People Waiting	With adjustments <sup>1</sup>
		Less than 18 weeks (%)
March 2017	6,932	85.9%
June 2017 <sup>2</sup>	6,964	84.8%
September 2017 <sup>2</sup>	5,939	79.8%
December 2017	7,620	82.5%
March 2018 <sup>3</sup>	8,145	76.4%

Notes

1. Scotland level data include unadjusted waits for NHS Boards where adjusted waits are not available. For details of adjustments see Table 2 (page 10).
2. NHS Tayside data is incomplete from 22 June to 31 October 2017 due to migration to a new patient management system.
3. NHS Borders has been unable to submit data for March 2018 due to staff shortages and data extraction issues.

Information on data quality and data completeness at NHS Board level is available in the [data quality](#) document.

**Figure 4: Percentage of children and young people waiting less than 18 weeks at quarter end, NHS Scotland<sup>1,2,3</sup>, March 2017 to March 2018.**

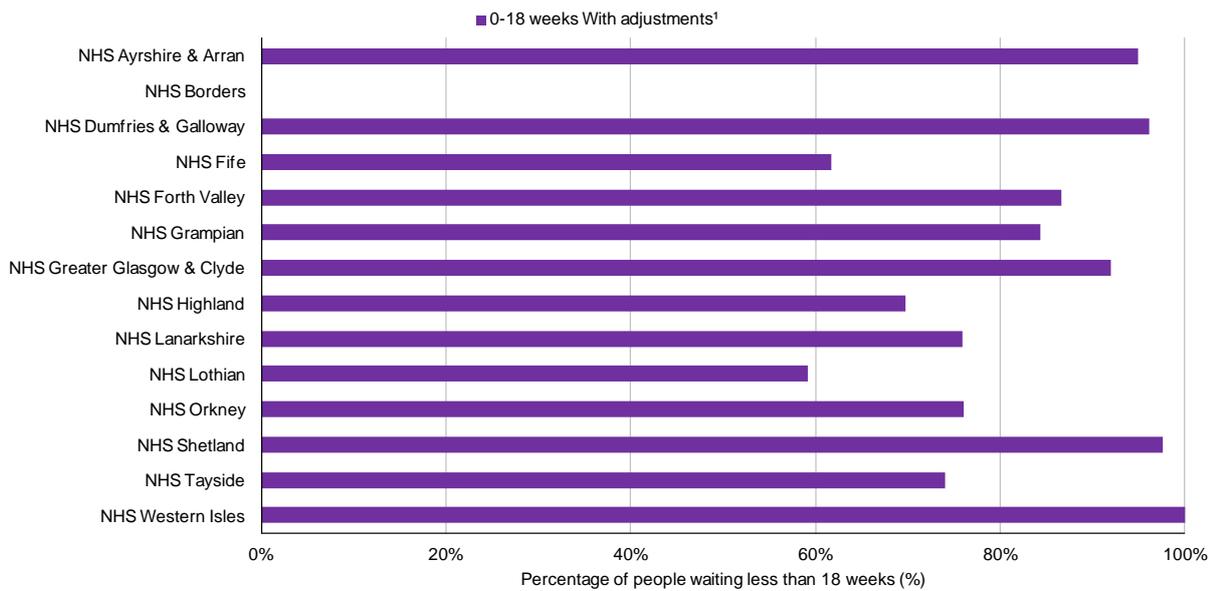


Notes:

1. Scotland level data include unadjusted waits for NHS Boards where adjusted waits are not available. For details of adjustments see Table 2 (page 7).
2. NHS Borders has been unable to submit data for March 2018 due to staff shortages and data extraction issues.
3. NHS Tayside data is incomplete from 22 June to 31 October 2017 due to migration to a new patient management system

Information by NHS Board is shown in Figure 5 and Table 5. Further information by NHS Board and for the last 5 quarters can be found in Table 1b of the [background tables](#).

**Figure 5: Percentage of people waiting less than 18 weeks by NHS Board of Treatment, as at 31 March 2018.**



Notes:

1. NHS Borders has been unable to submit data for March 2018 due to staff shortages and data extraction issues.

**Table 5: Waiting times (with adjustments<sup>1</sup>) for people waiting as at 31 March 2018 by NHS Board of Treatment.**

NHS Board of Treatment	Total People Waiting	Less than 18 weeks (%)	Waiting time adjustments <sup>1</sup>
<b>NHS Scotland<sup>2</sup></b>	<b>8,145</b>	<b>76.4%</b>	-
NHS Ayrshire and Arran	353	94.9%	NA, U
NHS Borders <sup>4</sup>	..	..	..
NHS Dumfries & Galloway	182	96.2%	NA, U, RO
NHS Fife	872	61.7%	NA
NHS Forth Valley	577	86.7%	NA, U
NHS Grampian	921	84.4%	Unadjusted
NHS Greater Glasgow & Clyde	1,460	92.1%	NA, U, RO
NHS Highland	314	69.8%	NA, U, RO
NHS Lanarkshire	894	76.0%	NA, U, RO
NHS Lothian	1,764	59.2%	NA, U, RO
NHS Tayside	733	74.1%	NA, U, RO
NHS Island Boards <sup>3</sup>	75	90.7%	..

Notes:

.. Data not available

1. Waiting time adjustments:

NA: Non Attendance. Waiting time may be reset if a person misses or rearranges an appointment.

U: Unavailability. Time a person is unavailable may be subtracted from the waiting time.

RO: Refuses Reasonable Offer. Waiting time may be reset if a person declines 2 or more dates.

2. Scotland level data include unadjusted waits for NHS Boards where adjusted waits are not available.

3. NHS Shetland, NHS Western Isles and NHS Orkney are combined due to small numbers and disclosure reasons.

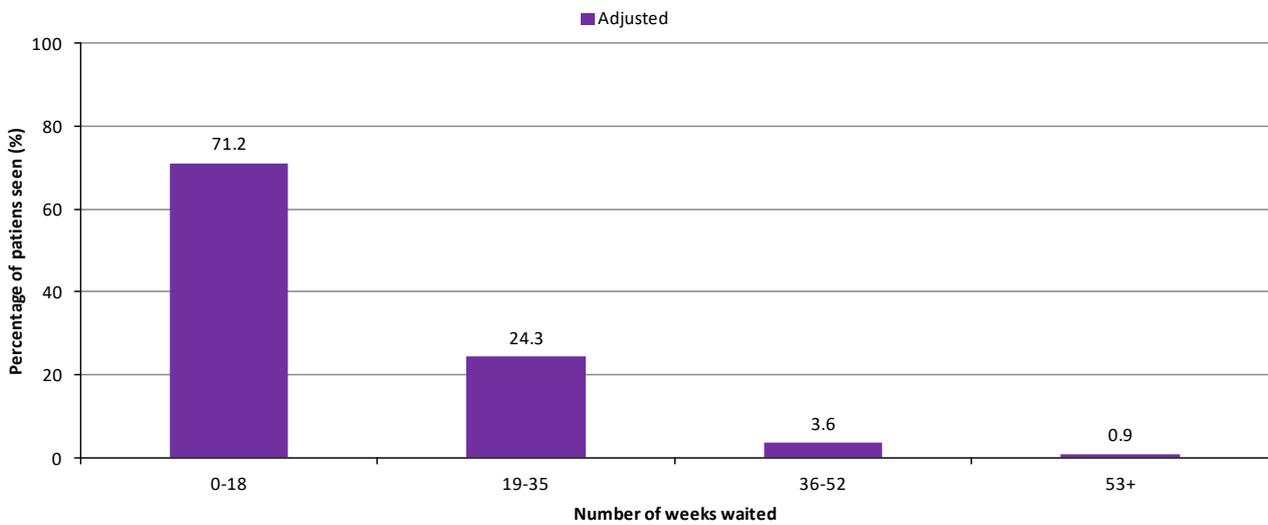
4. NHS Borders has been unable to submit data for March 2018 due to staff shortages and data extraction issues.

Information on data quality and data completeness at NHS Board level is available in the [data quality](#) document.

### 2.3 Distribution of Waiting Times

Figure 6 and Table 6 presents distribution information for patients who started their treatment during the quarter January to March 2018. Health Boards have informed us that they do endeavour to see patients within 18 weeks, however due to circumstances out with their control this is not always possible. These include capacity issues and where cases are complex.

**Figure 6: NHS Scotland<sup>1</sup>: Distribution of completed waits (with adjustments<sup>2</sup>) during the quarter January to March<sup>3</sup> 2018.**



**Notes**

1. Scotland level adjusted information includes unadjusted waits for NHS Boards where adjusted waits are not available.
2. For details of adjustments see Table 2.
3. NHS Borders has been unable to submit data for March 2018 due to staff shortages and data extraction issues.

Figure 6 comprises adjusted data and shows the percentage of patients in relation to the number of weeks waited for treatment. Table 6 is adjusted data and shows the percentage of patients in wait time bands by NHS Board.

The latest quarter shows a decrease in the number of patients who waited over a year to be seen, 35 (0.9%) compared to the previous quarter of 40 (1.0%) and same period in 2017, 74 (1.7%).

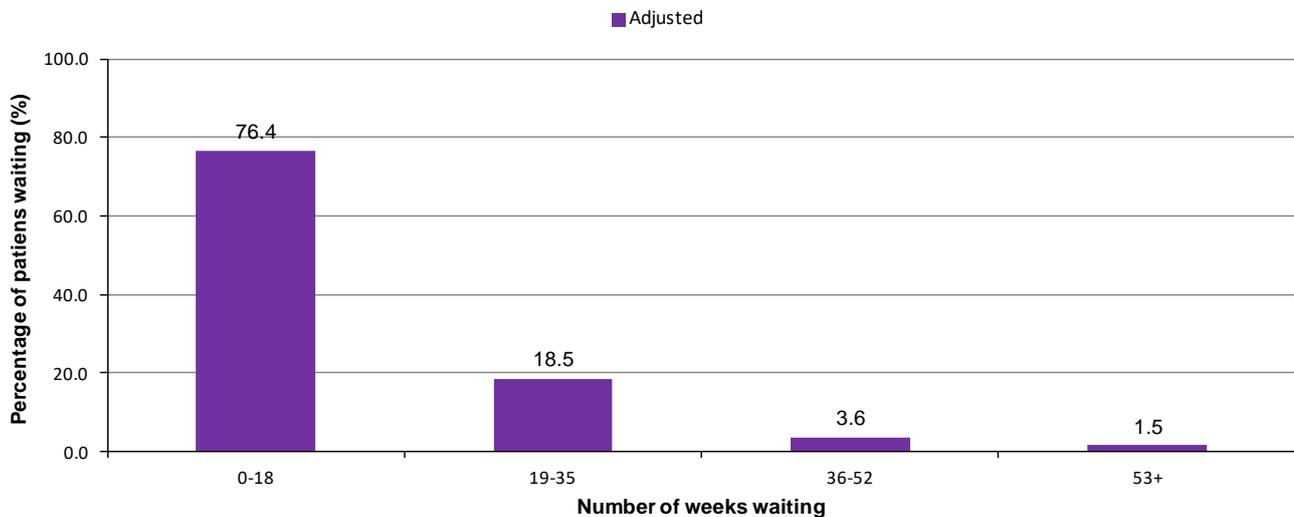
**Table 6: Distribution of wait (adjusted) for people who started their treatment in January to March 2018, by NHS Board of Treatment.**

NHS Board of Treatment	Wait time band (adjusted wait)			
	0-18 weeks (%) <sup>2</sup>	19-35 weeks (%) <sup>2</sup>	36-52 weeks (%) <sup>2</sup>	53+ weeks (%) <sup>2</sup>
<b>NHS Scotland<sup>1</sup></b>	<b>71.2</b>	<b>24.3</b>	<b>3.6</b>	<b>0.9</b>
NHS Ayrshire & Arran	98.3	1.2	0.6	-
NHS Borders <sup>3</sup>	48.2	51.8	-	-
NHS Dumfries & Galloway	89.9	8.8	1.3	-
NHS Fife	67.7	17.6	13.7	1.0
NHS Forth Valley	48.0	52.0	-	-
NHS Grampian	48.7	46.7	4.6	-
NHS Greater Glasgow & Clyde	88.7	11.2	0.1	-
NHS Highland	82.9	13.3	2.9	1.0
NHS Lanarkshire	71.4	28.6	-	-
NHS Lothian	65.1	20.2	10.3	4.5
NHS Orkney	85.7	14.3	-	-
NHS Shetland	100.0	-	-	-
NHS Tayside	40.7	59.3	-	-
NHS Western Isles	100.0	-	-	-

Notes

- '-' denotes zero
- 1. Scotland level data include unadjusted waits for NHS Boards where adjusted waits are not available.
- 2. Due to rounding totals might not add up to 100.
- 3. NHS Borders has been unable to submit data for March 2018 due to staff shortages and data extraction issues.

**Figure 7: NHS Scotland<sup>1</sup>: Distribution of patients waiting for treatment (with adjustments<sup>2</sup>) at quarter end March 2018<sup>3</sup>.**



Notes

1. Scotland level adjusted information includes unadjusted waits for NHS Boards where adjusted waits are not available.
2. For details of adjustments see Table 2.
3. NHS Borders has been unable to submit data for March 2018 due to staff shortages and data extraction issues.

Figure 7 and Table 7 present distribution information for patients who are waiting to start their treatment as at the end of March 2018. Figure 7 incorporates adjusted data and shows the percentage of patients in relation to the number of weeks they have been waiting for treatment.

Table 7 is adjusted data and shows the percentage of patients in wait time bands by NHS Board.

**Table 7: Distribution of wait (adjusted) for people waiting as at 31 March 2018, by NHS Board of Treatment.**

NHS Board of Treatment	Wait time band (adjusted wait)			
	0-18 weeks (%) <sup>2</sup>	19-35 weeks (%) <sup>2</sup>	36-52 weeks (%) <sup>2</sup>	53+ weeks (%) <sup>2</sup>
<b>NHS Scotland<sup>1</sup></b>	<b>76.4</b>	<b>18.5</b>	<b>3.6</b>	<b>1.5</b>
NHS Ayrshire & Arran	94.9	4.5	0.6	-
NHS Borders <sup>3</sup>	..	..	..	..
NHS Dumfries & Galloway	96.2	2.8	1.1	-
NHS Fife	61.7	27.3	7.6	3.4
NHS Forth Valley	86.7	13.2	0.2	-
NHS Grampian	84.4	14.9	0.8	-
NHS Greater Glasgow & Clyde	92.1	8.0	-	-
NHS Highland	69.8	20.4	6.7	3.2
NHS Lanarkshire	76.0	24.1	-	-
NHS Lothian	59.2	25.5	10.6	4.7
NHS Orkney	76.0	8.0	16.0	-
NHS Shetland	97.6	2.4	-	-
NHS Tayside	74.1	25.7	0.3	-
NHS Western Isles	100.0	-	-	-

Notes

'-' denotes zero

1. NHSScotland level adjusted information includes unadjusted waits for NHS Boards where adjusted waits are not available. ISD estimates 71.2% of children and young people may have been seen within 18 weeks if complete data were included for NHS Borders quarter ending March 2018. For details of adjustments see Table 5.
2. Due to rounding totals may not add up to 100.
3. NHS Borders has been unable to submit data for March 2018 due to staff shortages and data extraction issues.

## 2.4 Non-attendances for CAMHS

Table 8 shows the percentage of children and young people who did not attend (DNA) their first contact appointment for CAMHS. Health Boards have advised us that there are many contributing factors to non-attendance such as holidays and personal family issues. Some Health Boards have also advised us that they would have to do additional analysis of their data to investigate whether younger people find it harder to fulfil appointments but they do not believe that the longer waiters contribute significantly to non-attendance.

During the quarter January to March 2018 the 'did not attend rate' was 11.5%. This compares to 11.8% in the previous quarter and 11.8% in the same period in 2017.

**Table 8: Non-attendance for CAMHS by NHS Board of Treatment, January to March 2018.**

NHS Board of Treatment	Number of first contact appointments	Number of DNAs	Total of first contact appointments and DNAs	Percentage of DNAs for first contact appointments
<b>NHS Scotland</b>	<b>4,301</b>	<b>557</b>	<b>4,858</b>	11.5%
NHS Ayrshire & Arran	399	31	430	7.2%
NHS Borders <sup>1</sup>	61	3	64	4.7%
NHS Dumfries & Galloway	220	19	239	7.9%
NHS Fife	452	88	540	16.3%
NHS Forth Valley	316	46	362	12.7%
NHS Grampian <sup>2</sup>	..	..	..	..
NHS Greater Glasgow & Clyde	1,021	151	1,172	12.9%
NHS Highland	158	10	168	6.0%
NHS Lanarkshire	498	41	539	7.6%
NHS Lothian	782	129	911	14.2%
NHS Tayside	312	23	335	6.9%
NHS Island Boards <sup>3</sup>	82	16	98	16.3%

Notes

DNA – Did not attend  
 .. Data not available

1. NHS Borders have not submitted data for March 2018 due to migration to a new patient management system and staff issues which impacts on the total numbers for NHS Scotland.
2. NHS Grampian is unable to provide this data at present.
3. NHS Shetland, NHS Western Isles and NHS Orkney are combined for disclosure reasons.

### 3. Inpatient Activity

The data within Section 3 has not yet been assessed by the Office for Statistics Regulation of the UK Statistics Authority for National Statistics status and as such, the data remains as management information only.

#### Inpatient admissions and occupied bed days

This section has information on the number of mental health admissions and occupied bed days in adult wards and child and adolescent units for under 18s by NHS board (sourced from SMR04 inpatient record). The numbers of admissions by NHS board are shown in Table 9. Fifty-five percent of the total admissions were to child and adolescent units. The rate for CAMHS admissions to adult psychiatric wards in Scotland during financial year 2016/17 was 17.4 per 100,000 people under 18.

Ongoing efforts to improve the data quality of SMR04 may result in future differences to previously published data.

**Table 9: Mental Health Admissions<sup>1, 2</sup> to Adult Wards and Child & Adolescent Units<sup>3</sup> for Under 18s by NHS Board of Residence, Financial Year 2016/17.**

NHS Board of Residence	Adult Ward	Child & Adolescent Unit <sup>3</sup>	Total Admissions	Adult ward admissions per 100,000 <sup>4</sup>	Child & Adolescent unit <sup>3</sup> admissions per 100,000 <sup>4</sup>	Total admissions per 100,000 <sup>4</sup>
<b>NHS Scotland</b>	<b>180</b>	<b>220</b>	<b>400</b>	<b>17.4</b>	<b>21.3</b>	<b>38.8</b>
NHS Ayrshire & Arran	10	17	27	14.2	24.2	38.4
NHS Borders	-	11	11	-	51.1	51.1
NHS Dumfries & Galloway	10	11	21	37.4	41.2	78.6
NHS Fife	12	10	22	16.6	13.8	30.4
NHS Forth Valley	16	11	27	26.7	18.4	45.1
NHS Grampian	22	-	22	19.7	-	19.7
NHS Greater Glasgow & Clyde	14	58	72	6.4	26.5	32.9
NHS Highland	14	-	14	23.2	-	23.2
NHS Island Boards <sup>5</sup>	-	-	-	-	-	-
NHS Lanarkshire	35	22	57	26.2	16.5	42.7
NHS Lothian	10	80	90	6.0	48.2	54.2
NHS Tayside	37	-	37	48.1	-	48.1

Child and Adolescent Unit bed days in Scotland reduced from 1743 days per 100,000 people under 18 discharged in 2015/16 to 1109 days per 100,000 people under 18 discharged in 2016/17. Adult Ward bed days increased from 498 days per 100,000 people under 18 in 2015/16 to 599 days per 100,000 people under 18 discharged in 2016/17.

**Table 10: Mental Health Bed Days<sup>1,2</sup> for under 18's to Adult Wards and Child & Adolescent Units<sup>3</sup> by NHS Board of Residence, for discharges Financial Year 2016/17.**

NHS Board	Adult Ward	Child & Adolescent Unit <sup>3</sup>	Total Bed Days	Adult ward bed days per 100,000 <sup>4</sup>	Child & Adolescent unit <sup>3</sup> bed days per 100,000 <sup>4</sup>	Total bed days per 100,000 <sup>4</sup>
<b>NHSScotland</b>	<b>6,180</b>	<b>11,450</b>	<b>17,630</b>	<b>599.0</b>	<b>1109.8</b>	<b>1708.7</b>
NHS Ayrshire & Arran	128	734	862	182.1	1044.4	1226.5
NHS Borders	29	429	458	134.8	1994.7	2129.5
NHS Dumfries & Galloway	13	524	537	48.7	1962.0	2010.7
NHS Fife	64	282	346	88.5	389.9	478.4
NHS Forth Valley	42	1,242	1,284	70.1	2073.9	2144.0
NHS Grampian	2,364	-	2,364	2115.5	-	2115.5
NHS Greater Glasgow & Clyde	268	2,606	2,874	122.4	1190.4	1312.9
NHS Highland	189	134	323	312.8	221.8	534.6
NHS Island	108	21	129	790.5	153.7	944.2
NHS Orkney & Shetland	347	2,292	2,639	259.9	1717.0	1976.9
NHS Lothian	1,093	3,064	4,157	658.6	1846.1	2504.7
NHS Tayside	1,533	124	1,657	1994.9	161.4	2156.3

Notes for tables 9 and 10:

1. SMR04 data completeness for the financial year 2016/17 is 99%, NHS Highland 99%, NHS Grampian 96%, Dumfries & Galloway 99% and all the other boards in Scotland are 100%. Therefore data are provisional and subject to change.
2. To help maintain patient confidentiality, statistical disclosure methods have been applied to some cells in the table.
3. A Child & Adolescent Unit is defined as admissions to specialty G2 (Child & Adolescent Psychiatry) at RHSC (Royal Hospital for Sick Children), Skye House, Royal Edinburgh Hospital, & Dudhope House (Young Persons Unit). An Adult Ward is defined as all other admissions.
4. National Records of Scotland Population Estimates 2016.
5. For the purposes of the report NHS Shetland, Orkney and Western Isles have been grouped in to "NHS Island Boards" due to small numbers. Individual board information may be available on request.

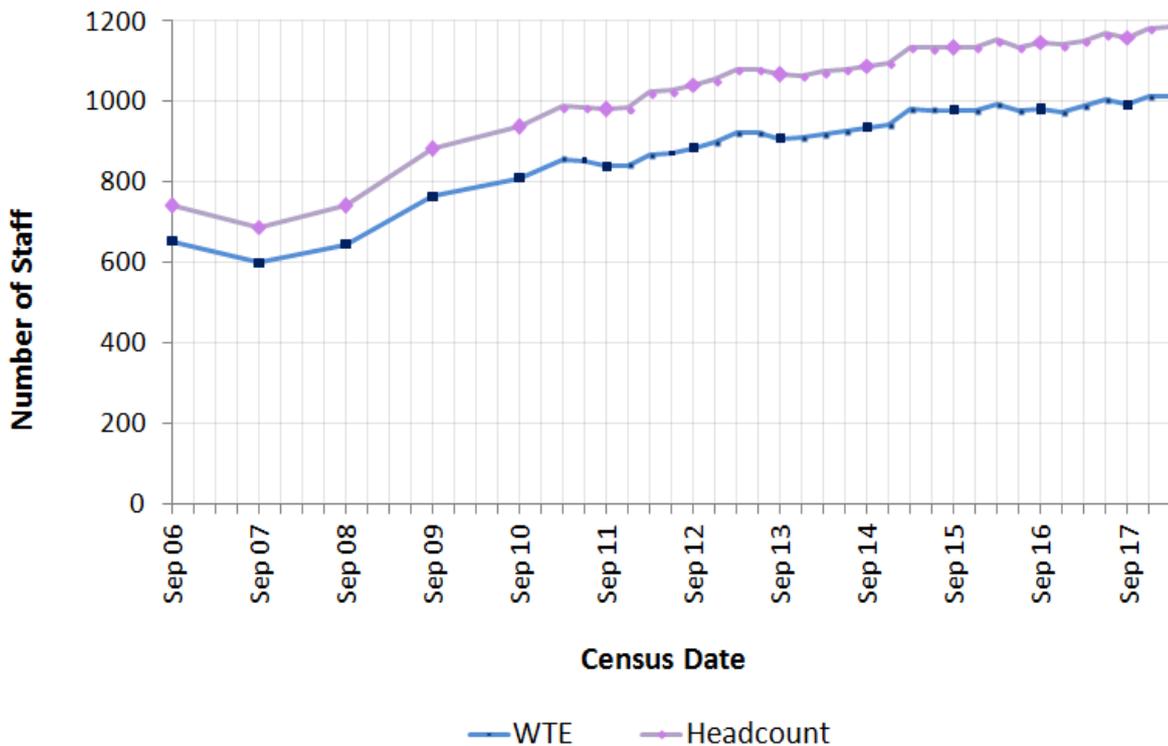
## 4. Workforce Capacity

### 4.1 Staff in Post

This section provides a summary of the CAMHS workforce within NHSScotland as at 31 March 2018 and illustrates how the workforce has changed over time. Workforce statistics are routinely reported as headcount and whole time equivalent (WTE), which adjusts the headcount figure to take account of part-time working.

Figure 8 shows that since 2006, when data collection began, there has been a 55.2% increase overall in the Scotland CAMHS workforce from 653.7 WTE to 1014.4 WTE as at 31 March 2018. Since an initial large increase from September 2006 to September 2009, the annual increase in WTE has varied from 0.3% to 6.0%. The WTE has increased by 2.6% since March 2017.

**Figure 8: Headcount and WTE of CAMHS staff in NHSScotland from 30 September 2006 to 31 March 2018.**



- At 31 March 2018 33.9 WTE (3.3%) of the 1014.4 WTE total staff in post were on maternity leave and 17.3 WTE (1.7%) on long term sick leave.

The Scottish Government’s NHSScotland workforce target was 20 WTE per 100,000 of the total population to be reached by the end of 2016. Further information on this target can be found within the [Background Information](#).

Table 11 outlines the latest position for NHSScotland in terms of staff in post and vacant posts. Since September 2006, the WTE of staff in post per 100,000 of the total population has increased overall from 12.8 to 18.8 WTE. However, Table 11 also shows that if all vacancies had been filled, the WTE per 100,000 population would be very close to this target.

**Table 11: NHSScotland CAMHS workforce by Staff in Post, Vacancies, Establishment Figures and Target Figures, as at 31 March 2018.**

	Whole Time Equivalent	WTE per 100,000 total population	WTE per 100,000 0-18 year old population
Staff in Post (Total)	1014.4	18.7	93.1
Staff in Post (excluding NHS Boards with inpatient units)	201.2	3.7	18.5
Vacancies	62.1	1.1	5.7
Establishment Figures	1076.5	19.8	98.8

## 4.2 Staff in NHS Boards

Over the next ten years, the child and adolescent (0-18 year olds) population is expected to increase by 2.1% overall in Scotland. Despite this, the proportion of the total population consisting of child and adolescents is expected to change little over the same period (from 20.1% of the population in 2017 to 19.9% in 2027). However, at NHS Board level there is significant variation in respect of these projections, for example, both NHS Grampian and NHS Lothian's 0-18 populations are projected to increase the most by over 6.0% each<sup>4</sup>. In contrast, the Island Boards' child and adolescent populations are all expected to decrease, with NHS Western Isles predicted to decrease by as much as 9.0% from its current mid-2017 child and adolescent population estimate.

In response to these ongoing changes to the population targeted by CAMHS, Figure 9a and 9b illustrate the change in the NHS Board rates of WTE CAMHS staff per 100,000 child and adolescent population graphically between September 2006 and March 2018. The graphics distinguish between those NHS Boards with inpatient units and those without, due to the additional staffing requirements involved.

Inpatient units require an intense level of staffing and the NHS Boards providing this type of service will take patients from across NHSScotland in addition to their own Board area<sup>5</sup>. Inpatient services are for the small number of children and young people who are deemed to be at greatest risk of rapidly declining mental health or serious self harm and/or who require a period of intensive input for the purposes of assessment and/or treatment - see Tiers of Service Provision within the [Glossary](#) for a more detailed description of services provided in inpatient units.

The three NHS Boards with the highest rates of CAMHS staff per population at the current census date are NHS Dumfries and Galloway, NHS Greater Glasgow and Clyde and NHS

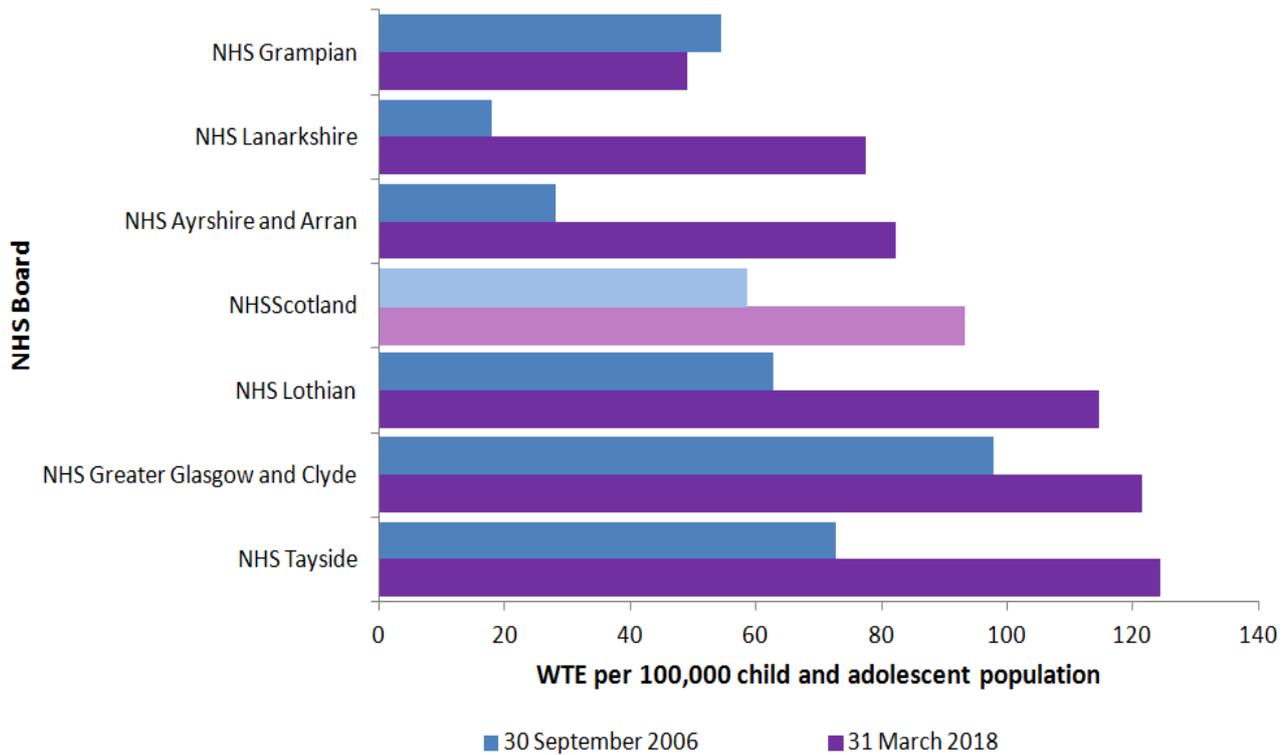
4. National Records of Scotland Population Projections (2016-based) - <https://www.nrscotland.gov.uk/statistics-anddata/statistics/statistics-by-theme/population/population-projections>

5. It has been recognised that CAMH 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.

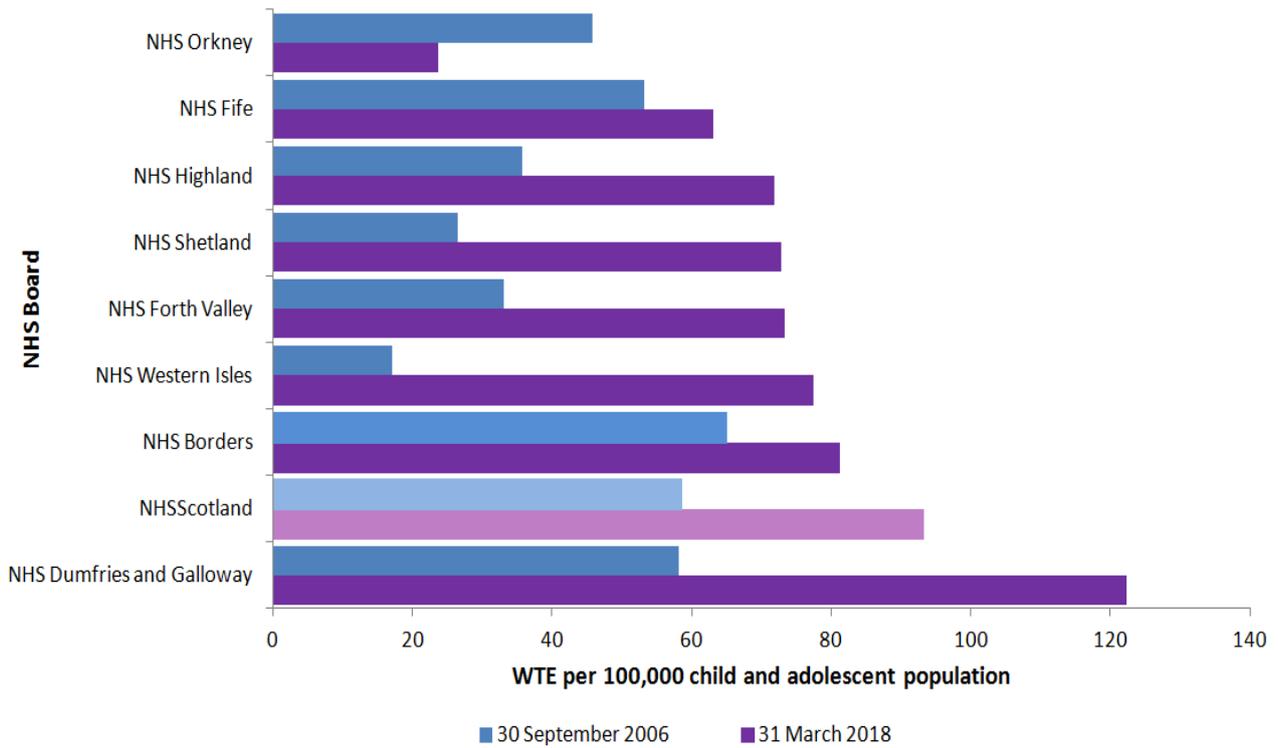
Tayside. Further comparison of the staffing rates per population and WTE at Board level can be found within Table 9 of the [background tables](#).

**Figure 9: WTE per 100,000 of the child and adolescent population for CAMHS staff in NHSScotland by NHS Board at 30 September 2006 and 31 March 2018.**

**(a) Boards with Inpatient Units**



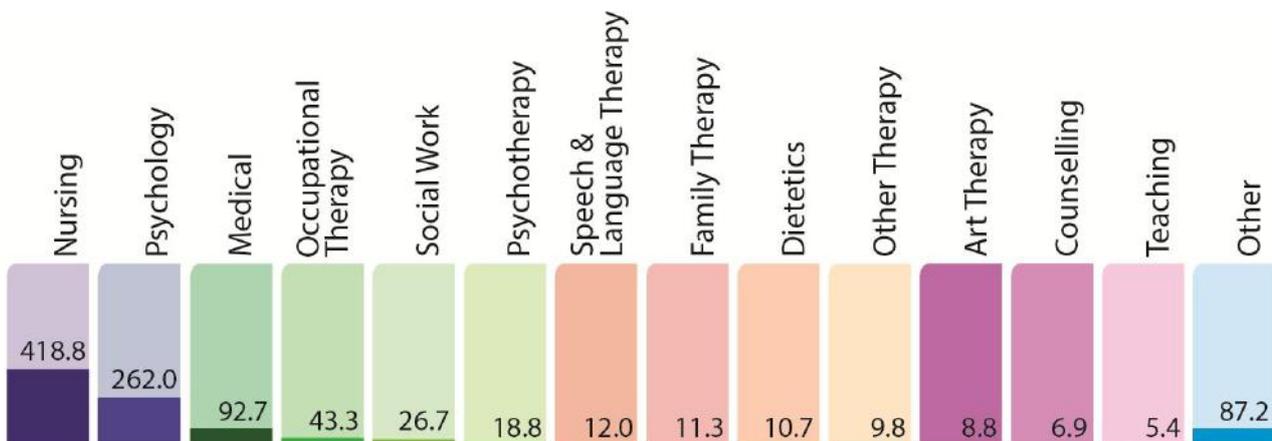
(b) Boards without inpatient units



4.3 Staff by Professional Group

A range of different professional groups form the CAMHS workforce. The distribution of these is illustrated in Figure 10 for the 31 March 2018 census. For definitions of each profession please refer to the [Summary of Professional Groups within CAMHS](#). Three professions, Nursing (41.3%), Psychology (25.8%) and Medicine (Psychiatry, 9.1%), make up three quarters of this workforce. For further information on the training required to enter these professions please refer to the [Summary of CAMHS Training Courses](#).

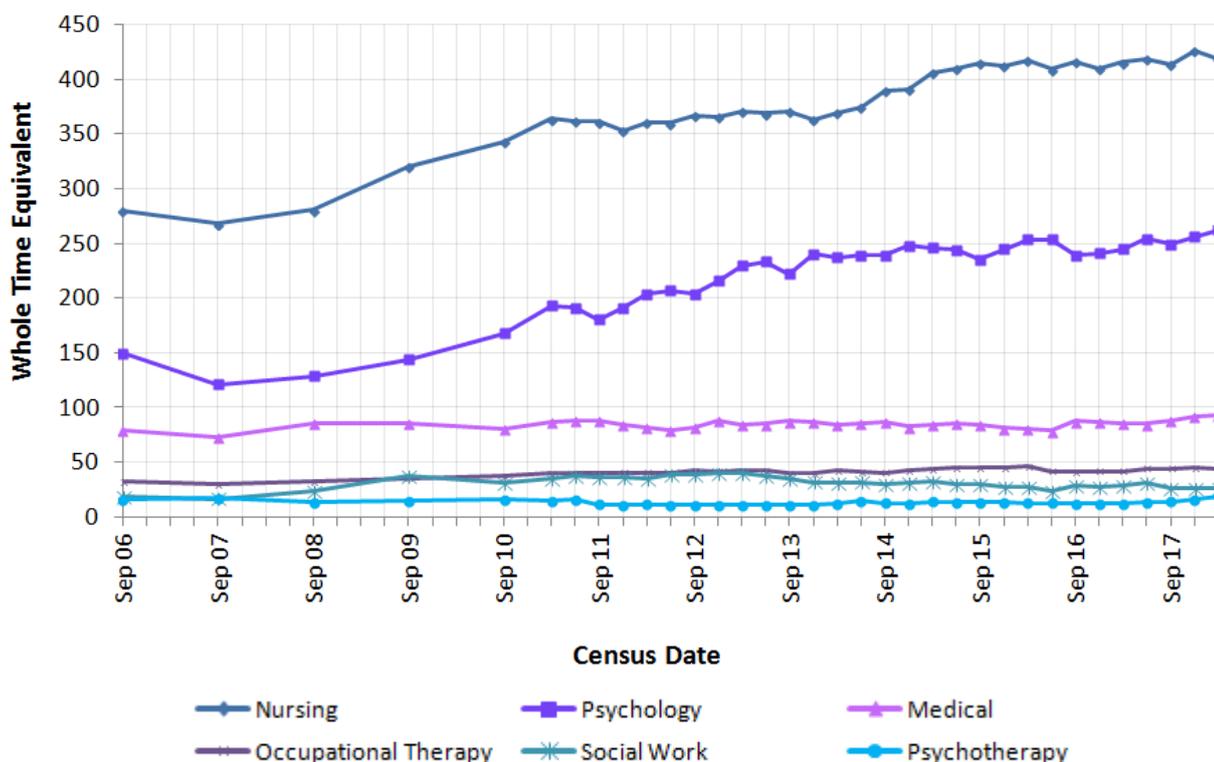
Figure 10: WTE of CAMHS staff by professional group at 31 March 2018.



Please note that physiotherapy, music therapy and educational psychology are included within the 'other' professional group.

Figure 11 displays the long-term trend in WTE for each of the largest of these professional groups. Since 2006, the WTE for nursing staff within CAMHS has increased by 49.6% (from 279.9 to 418.8 WTE) and the WTE for psychology staff has increased by 75.3% in the same time period (from 149.5 to 262.0 WTE). Since March 2017 there has been an overall increase in the CAMHS workforce of 25.8 WTE (2.6%). This is largely accounted for by a 17.2 WTE (7.0%) increase in the Psychology professional group and a 6.9 WTE (8.0%) increase in Medical staff (Psychiatry).

**Figure 11: Trend of the WTE for the main professional groups within NHSScotland CAMHS from 30 September 2006 to 31 March 2018.**



Please note that from September 2009 staff working at Agenda for Change Band 2, 3 and 4 are excluded from the professional group 'Nursing'.

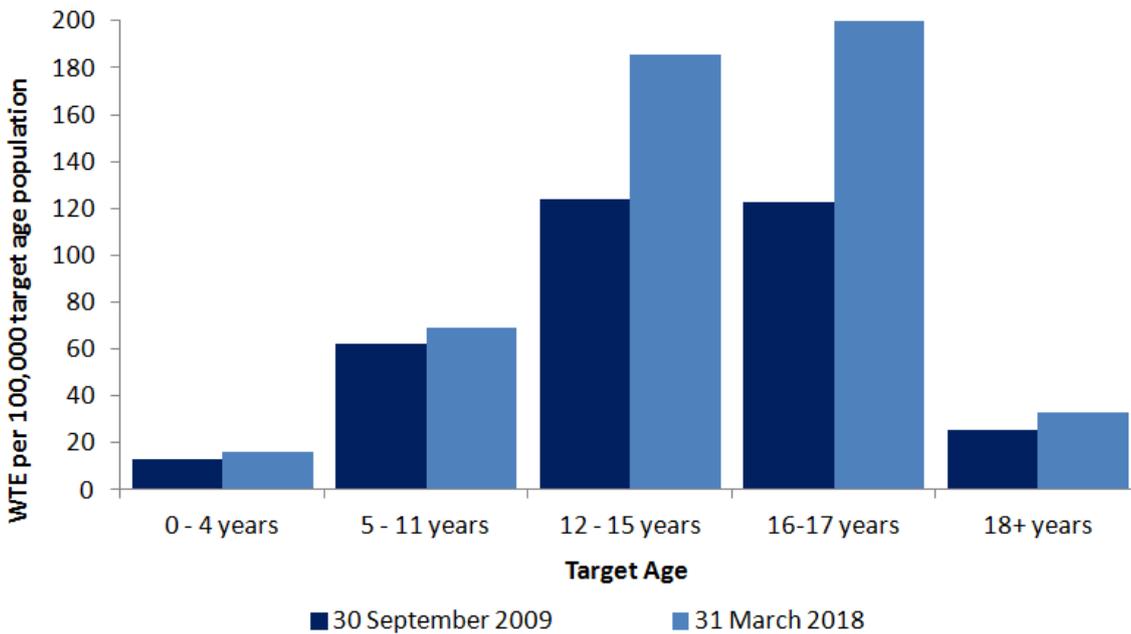
Note that there is some regular seasonal variation in the quarterly trend in staff numbers due to graduates entering the workforce at certain times of year. For instance, graduates of the Doctorate in Clinical Psychology (DClinPsych) have traditionally graduated in September and so the number of Psychology staff in post at December increases as the majority of these individuals join the workforce following qualification. This pattern may change slightly from 2017 onwards as some trainees from the DClinPsych course may graduate each April. This is because those studying at the University of Edinburgh and University of Glasgow have now been given recognition of prior learning from their earlier completion of the MSc Applied Psychology in Children and Young People or the MSc Psychological Therapy in Primary Care, and so can complete the course in 2.5 years as opposed to 3 years (please refer to the [Summary of Training Courses](#) for more information).

### 4.4 Target Age

Within each professional group, individual staff members may work across different age groups of patients. In addition, NHSScotland CAMHS vary in the age of population served. In some NHS Board areas, services are provided to individuals aged up to 16 only, whilst other areas offer services to those aged up to 18 years. This has significant implications for workforce requirements. For detailed information about the age of the population served in each NHS Board, see the Age of Service Provision table within the [Data Quality](#) document.

Figure 12 displays the WTE of CAMHS staff per 100,000 population for each age group. Since the first data became available in 2009, there has been an increase in staff working with all target age groups. However, the largest increases have been within target ages from 12-17 year olds. For 0-4 early years there are a number of projects such as the NES Psychology of Parenting Project (PoPP)<sup>6</sup> which was rolled out in 2014 and is being expanded to improve early intervention. Staff involved in these services come from a range of backgrounds, mainly outwith CAMHS, and are predominantly employed by local authorities.

**Figure 12: Comparison between the WTE of CAMHS staff per 100,000 population of each target age at 30 September 2009 and 31 March 2018.**



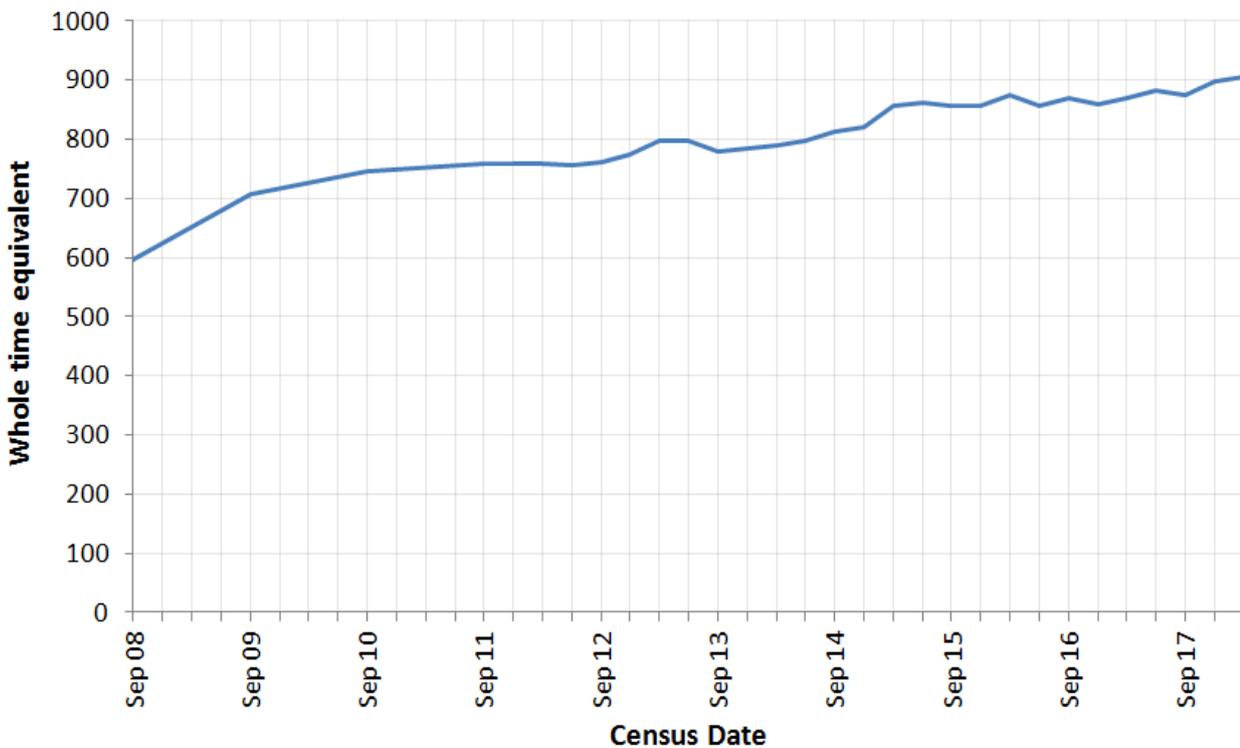
1. Please note the target age 18+ years figures are based on the population of 18 year olds alone at both the 2009 and 2018 census dates.

<sup>6</sup> <http://www.nes.scot.nhs.uk/education-and-training/by-discipline/psychology/multiprofessional-psychology/psychology-of-parenting-project.aspx>

### 4.5 Area of Work

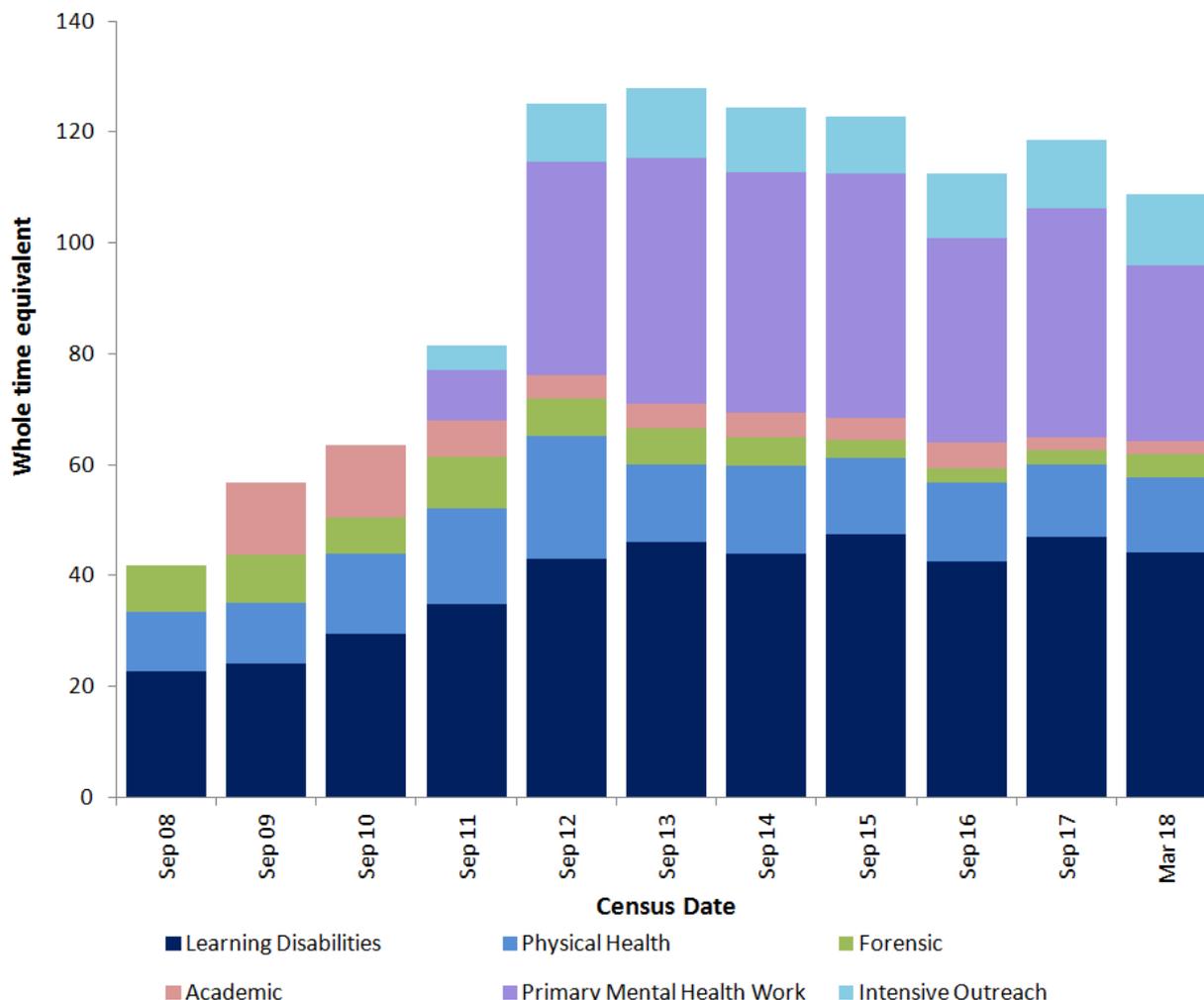
Across all the professional groups CAMHS can also be categorised into several distinct areas of work. Area of Work refers to the broad specialty area that a clinician works in – the areas being Mental Health, Learning Disabilities, Physical Health, Forensic, Academic, Primary Mental Health Work and Intensive Outreach. Definitions of each can be found within the [Glossary](#). The largest of the areas has consistently been Mental Health, with 89.3% of the CAMHS workforce working in this area as at 31 March 2018, and the remaining workforce is divided across a number of smaller specialty areas of work. The trend in WTE CAMHS staff working in Mental Health is shown in Figure 13.

**Figure 13: Trend to show the WTE of NHSScotland CAMHS staff with a Mental Health area of work.**



The distribution of staff across the remaining six areas of work is displayed in Figure 14. The largest of these is Learning Disabilities which has doubled between September 2008 and September 2013 and has remained steady since then. For further information on area of work by professional group please see Table 11 within the [background tables](#).

**Figure 14: Trend to show the WTE of NHSScotland CAMHS staff by area of work (excluding mental health) from 30 September 2008 to 31 March 2018.**



Please note that the areas of work recorded in the NES-ISD CAMHS Database have been added to over the years. Academic was added as a new area of work category for the September 2009 census date and Intensive Outreach and Primary Mental Health Work were added as area of work categories for the September 2011 census date. Staff working in the Academic area of work focus on research and/or teaching and supervision of training in multidisciplinary CAMHS professional groups, for definitions of each area of work, see the [Glossary](#).

#### 4.6 Staff Vacancies

At 31 March 2018, 72 posts were vacant and in the process of being advertised, of which 57 were permanent positions, 12 were fixed-term for less than two years and 3 were fixed-term for two years or more. Taking into account the number of contracted hours required in these posts, the WTE of these posts was 62.1, of which 48 WTE related to whole-time posts and 14.1 WTE to part-time posts. A further set of posts equating to 14.6 WTE were approved for recruitment but not yet advertised.

Table 12 shows the distribution of vacancies across professional groups at this census date, distinguishing, where possible, vacancies which are related to new posts or replacement

posts (arising as a consequence of staff leaving their post or reducing their working hours). Nearly two thirds of all vacancies advertised related to replacement posts with 31% were for new posts. Statistics on the vacancies in each NHS Health Board are available in Table 14a of the [background tables](#).

At 31 March 2018, 92% of the vacancies advertised were for Nursing (26.3 WTE), Psychology (24.0 WTE), or Medical (7.0 WTE) professionals, and the remaining 4.8 WTE were for Dietetics, Speech and Language Therapy, Other Therapy, and Other professionals.

Although the number of vacancies across these smaller professional groups is only 4.8 WTE in total, this can have a significant impact upon the workforce, for example, there were 2.0 WTE vacancies for Other Therapists but this accounts for 16.9% of the Other Therapist workforce. For further information about the vacancy rates for each professional group refer to table 12 below.

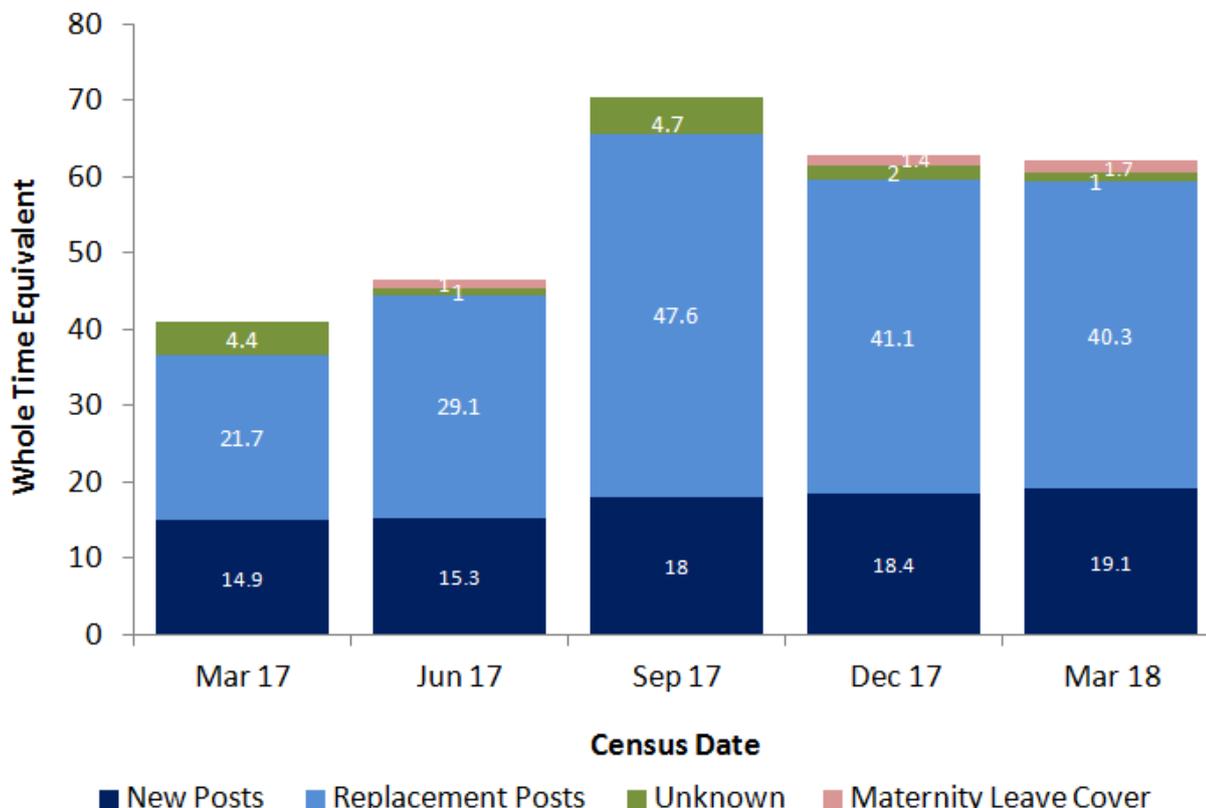
**Table 12: NHSScotland CAMHS workforce vacancies being advertised by Professional Group as at 31 March 2018.**

Professional Group	New Posts (WTE)	Replacement Posts (WTE)	Maternity Leave cover Posts (WTE)	Unknown Posts (WTE) <sup>1</sup>	Total Vacancies (WTE) <sup>2</sup>	Establishment WTE (total vacancies plus staff in post)	Vacancy rate (% establishment vacant)
Nursing	9.6	16.7	-	-	26.3	445.1	5.9%
Psychology	7.1	14.6	1.3	1.0	24.0	286.0	8.4%
Medical	1.0	6.0	-	-	7.0	99.7	7.0%
Dietetics	-	1.0	-	-	1.0	11.7	8.5%
Speech and Language Therapy	0.4	-	0.4	-	0.8	12.8	6.3%
Other Therapy	1.0	1.0	-	-	2.0	11.8	16.9%
Other	-	1.0	-	-	1.0	86.7	1.2%
<b>Total: All Professional Groups</b>	<b>19.1</b>	<b>40.3</b>	<b>1.7</b>	<b>1.0</b>	<b>62.1</b>	<b>1076.5</b>	<b>5.8%</b>

- Due to missing data it is unknown whether these vacancies are for new or replacement posts.
- For the 31 March 2018 census the following services did not provide the necessary vacancy data: NHS Ayrshire and Arran, NHS Orkney, NHS Greater Glasgow and Clyde: Academic Team. Therefore there may be additional vacancies that were being advertised at the census date not included in the data shown.

Figure 15 shows a recent trend in new and replacement vacancies. The higher number of vacancies reported in recent quarters is largely a consequence of an increase in the number of replacement posts being advertised.

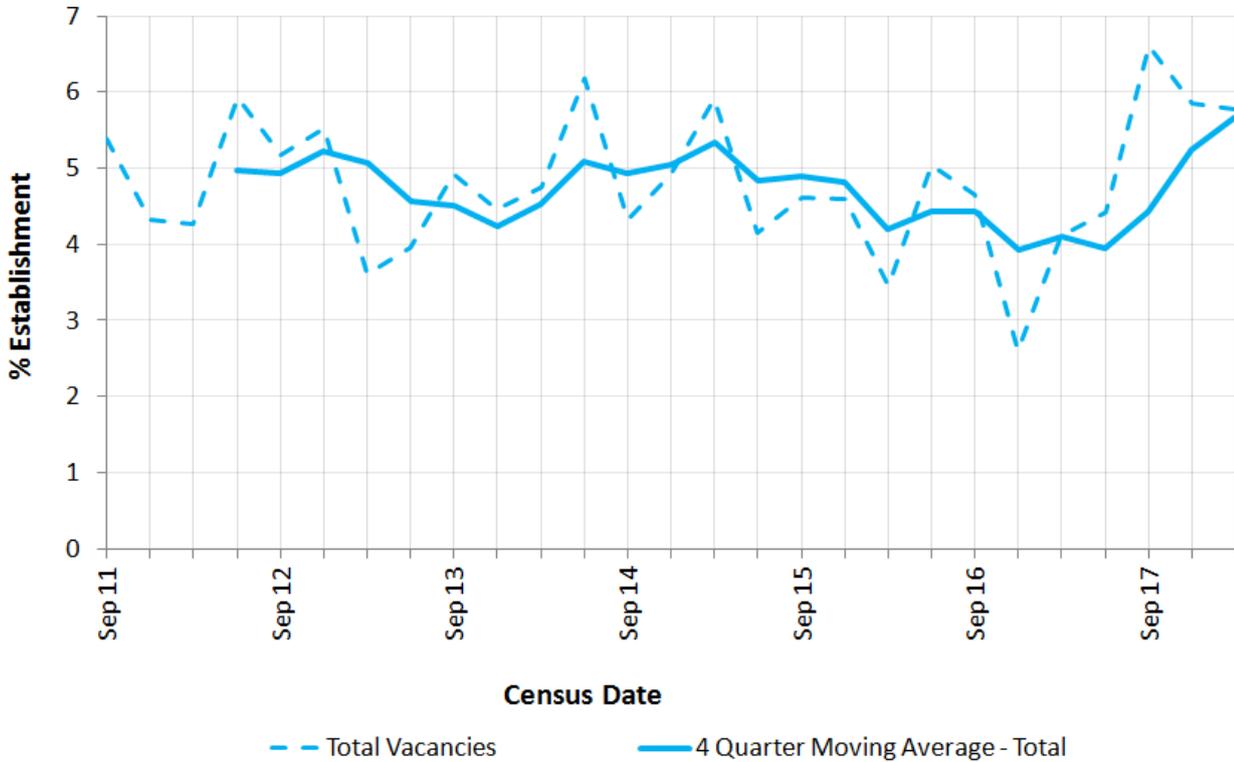
**Figure 15: Trend in the WTE of vacancies split by new and replacement posts from 31 March 2017 to 31 March 2018.**



1. Please note that not all services provided vacancy information each quarter. Therefore there may be additional vacancies that were being advertised at the census date not included in the data shown.
2. For the 31 March 2018 census the following services did not provide the necessary vacancy data: NHS Ayrshire and Arran, NHS Orkney, NHS Greater Glasgow and Clyde: Academic Team. For specific information on which services and boards responded for all other quarters please refer to previous publications.
3. Prior to the data as at 30 June 2017, replacement posts will include any vacancies to cover maternity leave.

Figure 16 shows a trend for the vacancy rates observed at each quarterly census since data collection began. A separate trend line shows the average rate for the previous four censuses (moving average) to adjust for any regular seasonality. Both trends have experienced considerable fluctuation. Overall the average vacancy rate observed over the period was 4.8%. However, the rates observed in last three quarters were all above average, ranging between 5.8% at the current census and 6.6% at 30 September 2017.

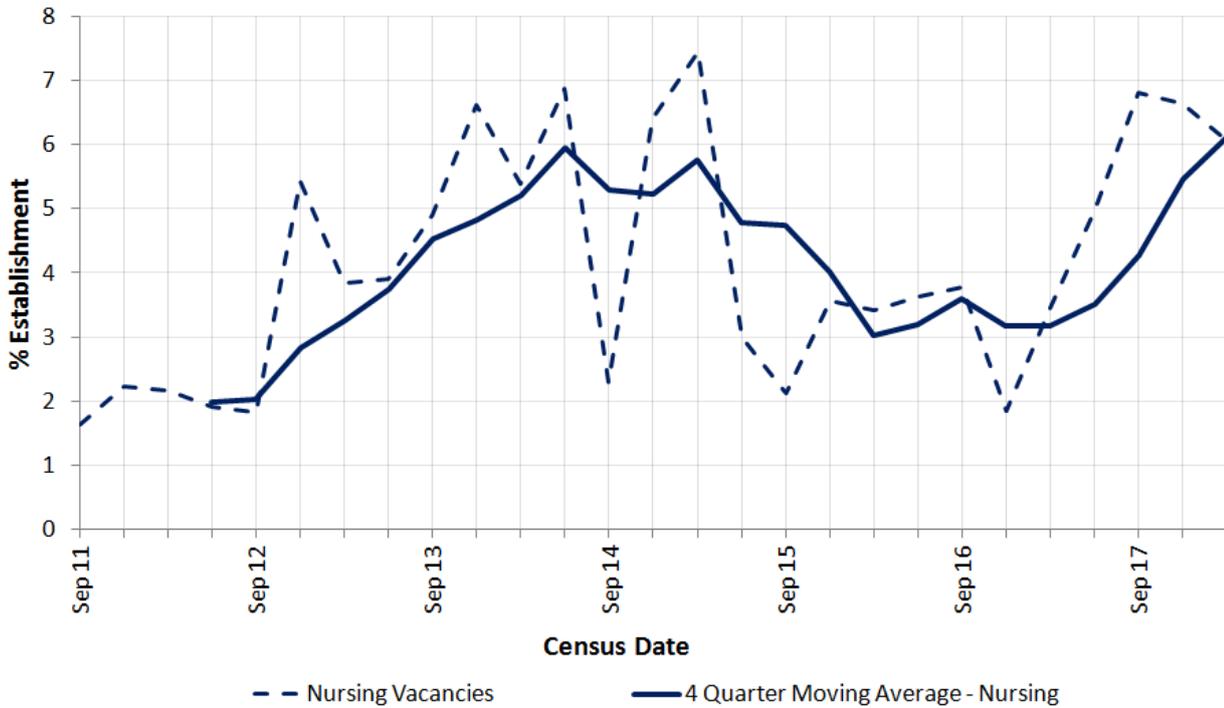
**Figure 16: Trend in vacancy rates (the percentage WTE of Establishment vacant) within NHSScotland CAMHS from 30 September 2011 to 31 March 2018.**



1. Please note that vacancy information can only be provided from September 2011 onwards as prior to this data quality was not of a standard that could be published.

Figures 17 and 18 show the vacancy rates within the largest professional groups; nursing and psychology. Nursing vacancy rates gradually increased to reach a peak at March 2015 and since then have decreased overall to a moving average of 4.1%. However, the last 4 quarters have shown an increase in the vacancy rate from 5.0% at 30 June 2017 to 6.1% at 31 March 2018. The moving average has also indicated an increase in this period from 3.5% to 6.1%.

**Figure 17: Trend in nursing vacancy rates (the percentage WTE of Establishment that is vacant) within NHSScotland CAMHS from 30 September 2011 to 31 March 2018.**



1. Please note that vacancy information can only be provided from September 2011 onwards as prior to this data quality was not of a standard that could be published.

Psychology vacancy rates are shown to have decreased from September 2011 and have remained fairly constant since December 2013 at a moving average of approximately 7.1%. Note that Psychology vacancies often peak each September corresponding with the completion of the Doctorate in Clinical Psychology postgraduate training course (3 year course running from September). For information on the intake and output of trainees on the Doctorate in Clinical Psychology course see section 4.2 in the [Psychology Workforce Publication](#).

Figure 18: Trend in Psychology vacancy rates (the percentage WTE of Establishment that is vacant) within NHSScotland CAMHS from 30 September 2011 to 31 March 2018.

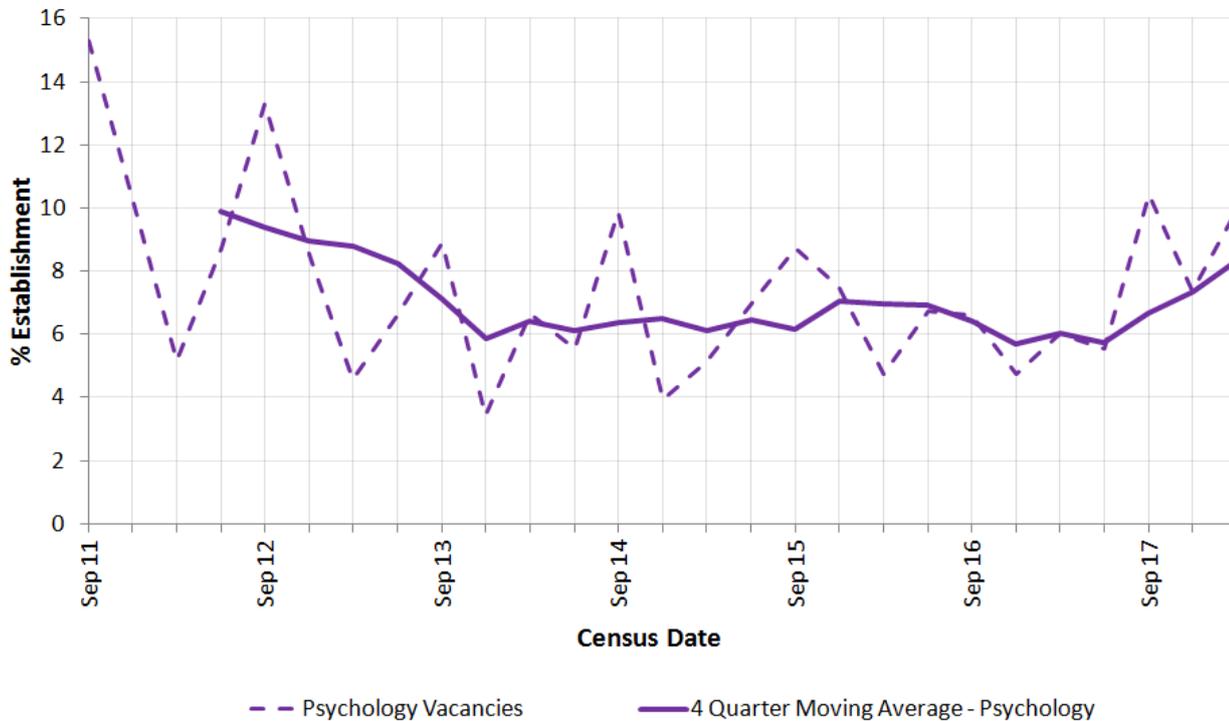


Table 13 below shows how long advertised vacancies at 31 March 2018 had been vacant from when first advertised. Excluding vacancies of unknown duration, 78.8% had been advertised for less than 3 months, and 21.2% had been advertised for 3 months or longer. Of the 8.0 WTE advertised for more than 3 months, 7.0 WTE were for permanent positions at Band 6 and above. Information on duration of vacancies by NHS Board can be found in the [background tables](#).

**Table 13: Length of NHSScotland CAMHS vacancies being advertised by professional group as at 31 March 2018.**

Professional Group	0 - 3 months (WTE)	3 - 6 months (WTE)	6+ months (WTE)	Unknown (WTE)	Total Vacancies (WTE)
Nursing	12.7	1.0	-	12.6	26.3
Psychology	12.0	5.0	-	7.0	24.0
Medical	3.0	1.0	-	3.0	7.0
Speech and Language Therapy	-	-	-	0.8	0.8
Dietetics	-	-	-	1.0	1.0
Other Therapy	2.0	-	-	-	2.0
Other	-	-	1.0	-	1.0
<b>Total</b>	<b>29.7</b>	<b>7.0</b>	<b>1.0</b>	<b>24.4</b>	<b>62.1</b>

## 4.7 Staff in Training

### 4.7.1 Current Trainees

CAMHS are delivered by multi-disciplinary teams of professionals. Data is available on trainees in the CAMHS Aligned Doctorate in Clinical Psychology and the MSc Applied Psychology for Children and Young People. Information on these and training in other professional groups such as nursing and medical is available in the [Summary of training courses](#).

Table 14 shows there were a total of 77 trainees in NHSScotland CAMHS as at 31 March 2018 (see [Summary of Training Courses](#) for information on each course and the [Psychology Workforce Publication](#) for a timeline of the start and end dates of each psychology training course). Thirty-four of these trainees are currently on a CAMHS Aligned Doctorate in Clinical Psychology course. Specific CAMHS aligned trainee pathways on the Doctorate courses are government-funded places which give trainees greater experience working with CAMHS populations in addition to their main trainee workload. Aligned pathways have been introduced for several clinical populations since 2009 with the aim of increasing workforce capacity within those areas.

The MSc in Applied Psychology for Children and Young People is a one-year course that was introduced in 2007 and is funded by NHS Education for Scotland at the University of Edinburgh. The course was introduced to expand the professional skill mix working within CAMHS and other child services. Following completion of the course graduates might work, for example, as a child and adolescent therapist or mental health clinician under the supervision of an applied clinical psychologist.

**Table 14: NHSScotland CAMHS Trainees as at 31 March 2018.**

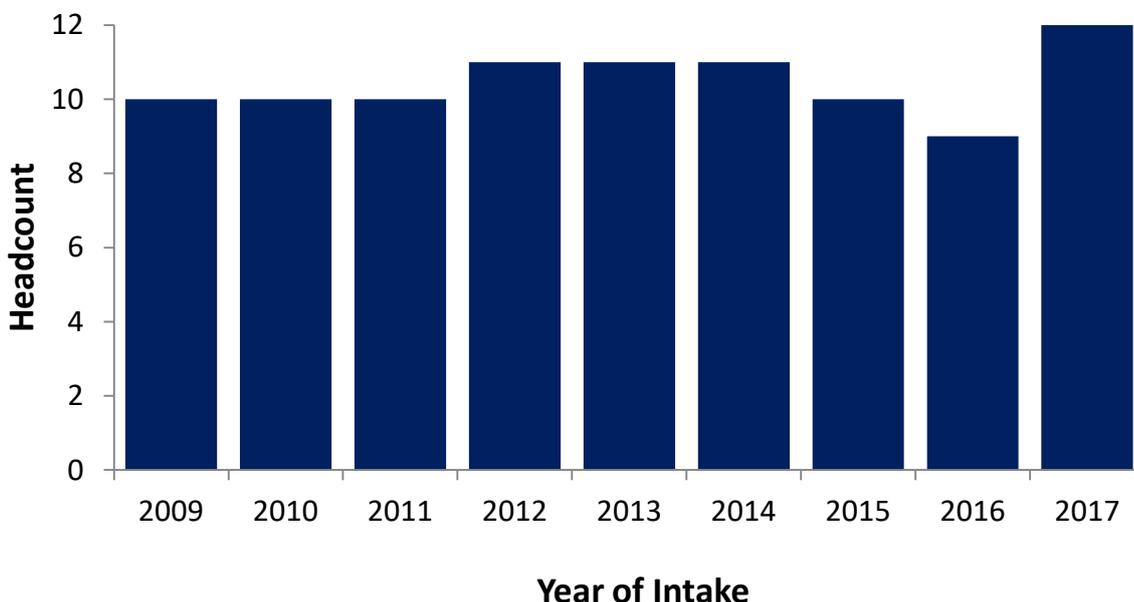
	Headcount
Medical Psychiatry Level 4 <sup>1</sup>	19
CAMHS Aligned Doctorate in Clinical Psychology <sup>1</sup>	34
MSc in Applied Psychology for Children and Young People <sup>1</sup>	18
Child and Adolescent Psychodynamic Psychotherapists	6
<b>Total Trainees</b>	<b>77</b>

1. These headcount figures are sourced directly from NES and are a count of all people currently in training. They differ from those reported as ‘all trainees employed’ in the background Excel tables, which are sourced from the CAMHS workforce database. Some trainees may have gaps in their employment recorded in the ISD database when moving between placements or when granted an extension, but will still have been in training and are therefore not counted in the CAMHS workforce database during this time.

### 4.7.2 Course Intakes and Completion Rates

Figures 19 and 20 display trends in the number of students starting (intake) the CAMHS Aligned Doctorate in Clinical Psychology and the MSc Applied Psychology for Children and Young People courses. Since the first intake in 2009, there has been an average intake of 10 trainees on the CAMHS Aligned Doctorate course each year. These courses take 2.5 years, 3 years, 4 years or 5 years to complete (for further information see the [Psychology Workforce Publication](#)). Of the trainees that have left the CAMHS Aligned Doctorate, 95.0% have successfully achieved Health and Care Professions Council (HCPC) registration which is the requirement for employment as a Clinical Psychologist within the UK.

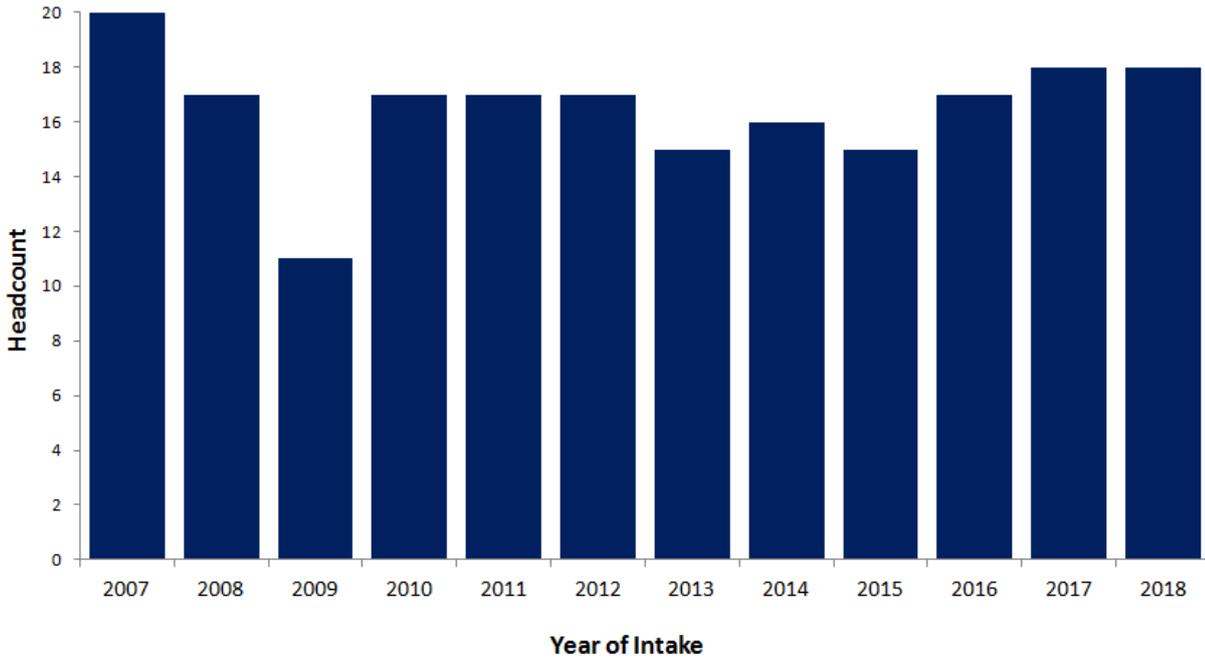
**Figure 19: The intake of trainees to a CAMHS Aligned Doctorate in Clinical Psychology course from 2009 to 2017.**



1. Data is sourced directly from NES.

The MSc Applied Psychology for Children and Young People course has had a total intake of 198 trainees since it started in 2007, with an average intake of 18 trainees each year. Excluding the trainees from the 2018 intake who are due to complete in 2019, there have been 174 graduates from the course. This indicates a successful completion rate of 96.7%.

**Figure 20: The intake of trainees to the MSc APCYP course from 2007 to 2018<sup>1</sup>.**



1. Data is sourced directly from NES.

Other courses which involve trainees completing clinical placements in a CAMHS setting include the Child and Adolescent Psychodynamic Psychotherapist (CAPT) course and the Medical Psychiatry Level 4 training course. Medical Psychiatry Level 4 is the final stage of training needed to commence work as a Consultant psychiatrist and normally takes three years to complete. The CAPT takes 4 years to complete and only has one cohort in training at any given time. The most recent cohort started in 2017. More information on each of these courses can be found in the [Summary of Training Courses](#).

## List of CAMHS Tables

Table Number	Name	Time period	File and size
1-4	<a href="#"><u>CAMHS Waiting Times tables</u></a>	Jan 2017 – Mar 2018	Excel 6,120kb
5-15	<a href="#"><u>CAMHS Workforce Tables</u></a>	2006 - March 2018	Excel 6,120kb

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.

## Contact Information

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## Further Information

Further Information can be found on the [ISD website](#).

For more information on Waiting times for Psychological Therapies see the [Psychological Therapies](#) section of our website.

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

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

The next release of this publication will be September 2018.

## Rate this publication

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

## Appendix 1: Publication Metadata

Metadata Indicator	Description
<b>Publication title</b>	Child and Adolescent Mental Health Services in Scotland: Waiting Times, Service Demand and Workforce <a href="http://www.isdscotland.org/Health-Topics/Mental-Health/Child-and-Adolescent-Mental-Health/">http://www.isdscotland.org/Health-Topics/Mental-Health/Child-and-Adolescent-Mental-Health/</a>
<b>Description</b>	Quarterly summary of waiting times, demand, activity, workforce, vacancies and training for Child and Adolescent Mental Health Services
<b>Theme</b>	Health and Social Care
<b>Topic</b>	Mental Health
<b>Format</b>	Excel workbooks
<b>Data source(s)</b>	<b>Waiting times:</b> Aggregate counts accredited and derived from individual NHS Scotland Boards are submitted monthly to ISD using a defined Excel template. <b>Workforce:</b> Child and Adolescent Mental Health Service Workforce Database <b>Activity:</b> Scottish Morbidity Record 04 (SMR04)
<b>Date that data are acquired</b>	Deadline for data submission is the 24th of each month, though files can be resubmitted up to 3 weeks before publication where the quality assurance process identifies differences with local figures.
<b>Release date</b>	5 June 2018
<b>Frequency</b>	Quarterly
<b>Timeframe of data and timeliness</b>	<b>Waiting times:</b> Data for the last five quarters are included. <b>Workforce:</b> Data from 2006 to March 2018 <b>Activity:</b> Financial year 2016/17
<b>Continuity of data</b>	<b>Waiting times:</b> Information has been collected nationally since January 2010 with a revised dataset introduced in April 2012. <b>Workforce:</b> Data prior to 2007 was presented using Whitley grades. From 2007 onwards, all non medical staff are reported under AfC.
<b>Revisions statement</b>	<b>Waiting times:</b> Previously published waiting times are revised at each publication to reflect the latest available data submitted to ISD by the NHS Boards.  The average (median) wait in weeks and 90th Percentile have been revised due to a technical date error. The previous quarter medians and 90th Percentile for the current quarter were used due to this issue. There has also been a resubmission from NHS Highland of data for September 2017 details are:  For Adjusted Waits <ul style="list-style-type: none"> <li>For quarter ending Mar 2018 the median wait for Scotland has been revised to 11 weeks (from 10 weeks)</li> <li>For quarter ending Mar 2018 the 90th percentile for Scotland has been revised to 29 weeks (from 28 weeks)</li> <li>For quarter ending Sep 2017 the 90th percentile for NHS Highland has been revised to 33 weeks (from 32 weeks)</li> <li>For the month Sep 2017 the median for NHS Highland has been revised to 14 weeks (from 12 weeks)</li> <li>For the month Sep 2017 the 90th percentile for NHS Highland has been revised to 32 weeks (from 26 weeks)</li> </ul> For Unadjusted Waits <ul style="list-style-type: none"> <li>For quarter ending Sep 2017 the 90th percentile for NHS Highland has been revised to 39 weeks (from 35 weeks)</li> <li>For quarter ending Sep 2017 the 90th percentile for Scotland has been revised to 30 weeks (from 29 weeks)</li> </ul>

- For the month Sep 2017 the Total Patients Seen for Scotland is 1078 (from 1076)
- For the month Sep 2017 the Total Patients Seen for NHS Highland is 40 (from 38)

**Revisions relevant to this publication**

All revisions below relate to waiting times data:  
 NHS Highland revised their previously published data for September 2017 for patients seen; this affects the December 2017 publication, please see table below:

**Patients Seen - 0-18 weeks (Adjusted data)**

NHS Board	Previously Published Jul-Sep 2017			
	Total Number	Number 0-18 weeks	% 0-18 weeks	Median (weeks)
NHS Scotland	3,410	2,498	73.3	12
NHS Highland	112	83	74.1	9
	Revised Figures Jul- Sep 2017			
	Total Number	Number 0-18 weeks	% 0-18 weeks	Median (weeks)
NHS Scotland	3,412	2,498	73.2	12
NHS Highland	114	83	72.8	9
	Difference			
	Total Number	Number 0-18 weeks	% 0-18 weeks	Median (weeks)
NHS Scotland	+2	=	-0.1	=
NHS Highland			-1.3	=

NHS Borders have submitted the missing data for December 2017; this affects the March 2018 publication. Please see tables below:

**Patients Seen - 0-18 weeks (Adjusted data)**

NHS Board	Previously Published Oct-Dec 2017			
	Total Number	Number 0-18 weeks	% 0-18 weeks	Median (weeks)
NHS Scotland	4,015	2,854	71.1	10
NHS Borders	54	32	59.3	12
	Revised Figures Oct- Dec 2017			
	Total Number	Number 0-18 weeks	% 0-18 weeks	Median (weeks)
NHS Scotland	4,027	2,864	71.1	12
NHS Borders	66	42	63.6	10
	Difference			
	Total Number	Number 0-18 weeks	% 0-18 weeks	Median (weeks)
NHS Scotland	+12	+10	=	+2
NHS Borders			+4.3	-2

**Patients Waiting - 0-18 weeks (Adjusted data)**

NHS Board	Previously Published as at 31 December 2017		
	Total Number	Number 0-18 weeks	% 0-18 weeks

NHS Scotland	7,426	6,117	82.4
NHS Borders	..	..	..
<b>Revised Figures for 31 December 2017</b>			
	Total Number	Number 0-18 weeks	% 0-18 weeks
NHS Scotland	7,620	6,286	82.5
NHS Borders	194	169	87.1
<b>Difference</b>			
	Total Number	Number 0-18 weeks	% 0-18 weeks
NHS Scotland	+194	+169	+0.1
NHS Borders			+87.1
<b>Referrals</b>			
<b>Previously Published Oct-Dec 2017</b>			
NHS Board	Total Number	per 1,000 people under 18	No of referrals excluding rejected per 1,000 people under 18
NHS Scotland	8,980	8.7	6,994
NHS Borders	148	6.8	118
<b>Revised Figures Oct- Dec 2017</b>			
	Total Number	per 1,000 people under 18	% 0-18 weeks per 1,000 people under 18
NHS Scotland	9,050	8.8	7046
NHS Borders	218	10.1	170
<b>Difference</b>			
	Total Number	per 1,000 people under 18	% 0-18 weeks per 1,000 people under 18
NHS Scotland	+70	+0.1	=
NHS Borders		+3.3	+2.4
<b>Non-attendance</b>			
<b>Previously Published Oct-Dec 2017</b>			
NHS Board	Number of 1st contact appointments	Number of DNA's	Total of 1st contact appointments and DNA's Percentage of DNA's for 1st contact appointments
NHS Scotland	4,422	594	5,016 11.8%
NHS Borders	54	9	63 14.3%

		<b>Revised Figures Oct- Dec 2017</b>			
		Number of 1st contact appointments	Number of DNA's	Total of 1st contact appointments and DNA's	Percentage of DNA's for 1st contact appointments
NHS Scotland		4,439	596	5,035	11.8%
NHS Borders		71	11	82	13.4%
		<b>Difference</b>			
		Number of 1st contact appointments	Number of DNA's	Total of 1st contact appointments and DNA's	Percentage of DNA's for 1st contact appointments
NHS Scotland		+17	+2	+19	=
NHS Borders					-0.9%
<b>Concepts and definitions</b>	Definitions not contained in this report are available in the <a href="#">Glossary</a> .				
<b>Relevance and key uses of the statistics</b>	<p><b>Waiting times:</b> Waiting times are important to patients and are a measure of how the NHS is responding to demands for services. Measuring and regular reporting of waiting times highlights where there are delays in the system and enables monitoring of the effectiveness of NHS performance throughout the country. The NHS in Scotland has been set a number of standards for maximum waiting times.</p> <p>Other uses of the data include information requests for a variety of customers, e.g. research charities; public companies; Freedom of Information requests; information support to Boards; health intelligence work; parliamentary questions and HEAT standards.</p> <p><b>Workforce:</b> Information published is used to support local, regional and national workforce planning.</p> <p><b>Activity:</b> Data on psychiatric inpatient numbers and bed occupancy, provides some information on</p>				
<b>Accuracy</b>	<p><b>Waiting times:</b> ISD only receives aggregate data from each NHS Board. Although aggregated data cannot be systematically validated by ISD, reported data are compared to previous figures and to expected trends. Derivation of the figures and data accuracy are matters for individual NHS Boards.</p> <p><b>Workforce:</b> The source data are collected and verified by CAMHS lead clinicians using the National CAMHS Workforce Information Database held centrally at NSS. ISD and NES work closely with these lead clinicians to ensure a high level of data accuracy. All NHS Boards are also prompted to return vacancy information. Information on which NHS boards returned vacancy information can be found in the footnote in this report under Figure 15.</p>				
<b>Completeness</b>	100% of submitted data are used for analysis and publication.				
<b>Comparability</b>	<p><b>Waiting times:</b> There will be differences in the measures used and collection methods of CAMHS waiting times statistics, as well as differences in service structures between the administrations. The different datasets will not be strictly comparable.</p> <p>Users need to carefully read the publications when making comparisons.</p> <p>Links to other CAMHS waiting time information published can be found below:</p> <p>England:  <a href="http://www.hscic.gov.uk/catalogue/PUB20943">http://www.hscic.gov.uk/catalogue/PUB20943</a></p> <p>Providers began to submit Child and Adolescent Mental Health Services (CAMHS) data as part of the new Mental Health Services Data Set (MHSDS) from 1st February 2016. The MHSDS is a new data set, the HSCIC are currently publishing Mental Health Services Monthly Statistics as experimental statistics. As data coverage and completeness improves we plan to include experimental analysis of information about children's and young people's services, including information relating to waiting times for children and young people referred to treatment for an eating disorder.</p>				

	<p>Northern Ireland: They have a Ministerial Target of 9 weeks for patients waiting. This information is not published and they do not have any referral to treatment data for CAMHS.</p> <p>Wales: <a href="http://wales.gov.uk/statistics-and-research/referral-to-treatment-times/?lang=en">http://wales.gov.uk/statistics-and-research/referral-to-treatment-times/?lang=en</a> They have a standard for patients referred to Specialist Child and Adolescent Mental Health Services (CAMHS), assessment and any intervention plans required are to be initiated within 16 weeks.</p> <p><b>Workforce:</b> CAMHS Psychologists can be compared to psychologists providing services to an age group of child and/or adolescent in the Psychology Workforce Planning Project: <a href="http://www.isdscotland.org/Health-Topics/Workforce/Psychology">http://www.isdscotland.org/Health-Topics/Workforce/Psychology</a></p>
<b>Accessibility</b>	It is the policy of ISD Scotland to make its web sites and products accessible according to <a href="#">published guidelines</a>
<b>Coherence and clarity</b>	<p>Key statistics are linked to on the main Waiting Times page <a href="http://www.isdscotland.org/Health-Topics/Waiting-Times/">www.isdscotland.org/Health-Topics/Waiting-Times/</a> and main Workforce page <a href="http://www.isdscotland.org/Health-Topics/Workforce/">http://www.isdscotland.org/Health-Topics/Workforce/</a></p> <p>Statistics are presented within Excel spreadsheets. NHS Board and national figures are presented. Further features to aid clarity:</p> <ol style="list-style-type: none"> <li>1. Tables are printer friendly.</li> <li>2. Key data presented graphically.</li> </ol>
<b>Value type and unit of measurement</b>	<p><b>Waiting times:</b> Number and percentage of patients seen, number and percentage of patients waiting, median and 90<sup>th</sup> percentile waits; by NHS Board.</p> <p>Patients who are referred and of those referrals that are accepted to CAMHS by numbers and rates of population.</p> <p>First contact appointments are also now recorded as a number of patients and those who “did not attend” – this information includes the number of people and a percentage.</p> <p><b>Workforce:</b> Number and whole time equivalent (WTE) staff, percentage WTE per population. Numbers of new and replacement vacancies. Numbers of trainees.</p>
<b>Disclosure</b>	The <a href="#">ISD protocol on Statistical Disclosure Protocol</a> is followed.
<b>Official Statistics designation</b>	Official Statistics
<b>UK Statistics Authority Assessment</b>	<p><b>Waiting times and Workforce data:</b> National Statistics</p> <p>Activity data: this has not yet been assessed by the Office for Statistics Regulation of the UK Statistics Authority for National Statistics status and as such they remain as Official Statistics</p>
<b>Last published</b>	N/A. Separate waiting times and workforce data published 6 March 2018. Activity data published 27 March 2018
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<b>Help email</b>	<a href="mailto:NSS.childmentalhealth@nhs.net">NSS.childmentalhealth@nhs.net</a>
<b>Date form completed</b>	15 May 2018