



Scottish **Social**
Services Council



Mental Health Officers (Scotland) Report 2013

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MENTAL HEALTH OFFICERS (SCOTLAND) REPORT

2013

Published: 25 September 2014

The UK Statistics Authority has designated these statistics as National Statistics, in accordance with the Statistics and Registration Service Act 2007 and signifying compliance with the Code of Practice for Official Statistics.

Designation can be broadly interpreted to mean that the statistics:

- meet identified user needs;
- are well explained and readily accessible;
- are produced according to sound methods; and
- are managed impartially and objectively in the public interest.

Once statistics have been designated as National Statistics, it is a statutory requirement that the Code of Practice shall continue to be observed.

1 INTRODUCTION

1.1 Background

This report presents the results of the latest Mental Health Officers' (MHOs) survey in Scotland which gives a picture of:

- the number of practising MHOs in post at 2 December 2013, excluding long-term absentees;
- MHO trainees, leavers, vacancies and staffing shortfalls;
- some key aspects of the work carried out by MHOs in Scotland.

This report can be used to support workforce planning and for benchmarking purposes.

This is the second MHO publication to be produced by the Scottish Social Services Council (SSSC). Until November 2012, this report was collated and published by the Scottish Government whose 2010/11 and 2011/12 editions were designated by the UK Statistics Authority (UKSA) as National Statistics publications.

The first SSSC MHO Report, published in May 2013 and presenting the results of the survey conducted in December 2012, carried over the designation as National Statistics from the Scottish Government. The UKSA carried out an assessment of the SSSC's MHO publication for compliance with the Code of Practice for Official Statistics during the second half of 2013. This assessment was considered at a meeting of the UKSA's Assessment Committee in March 2014, and the ensuing report identified six requirements to be met by the SSSC to ensure that its MHO publication retained National Statistics status. The SSSC responded to these requirements in June 2014, and in July 2014 the UKSA announced that their Assessment Committee had approved the recommendation that the SSSC's MHO report should retain its National Statistics status.

The six UKSA requirements, the SSSC's response to them and the official UKSA confirmation of National Statistics status are available from the SSSC Workforce Data Site at:

<http://data.sssc.uk.com/what-we-do/mental-health-officer-survey>

1.2 Report evolution

The survey data used in this report has been collected annually from Scottish local authorities in the form of a "snapshot" census since 2005. The survey has developed each year with new questions being added when a need for further information has been identified. The SSSC data collection methodology for December 2012 mirrored that of the March 2012 Scottish Government MHO census. However, for December 2013, although the content of the data collected remained largely the same, the collection methodology was modified – see section 8.3 Survey Methodology for further details.

Below is a chronology of additions to the content of the MHO Report:

Year	Data content additions
2006	Exclusive MHO positions
2007	Age and gender Vacancies MHOs doing work with mentally disordered offenders (MDO)
2008	Ethnicity Average hours of MHO work per week for members of non-mental health specialist teams
2009	MHO leavers and reason for leaving
2013	MHOs doing work with Adults with Incapacity (AWI)

2 DEFINITIONS AND CONTEXT

2.1 Definitions

A Mental Health Officer (MHO) is someone who:

- is a qualified social worker; **and**
- has successfully completed an approved MHO training course; **and**
- is employed as a social worker by a Scottish local authority.

The role of MHOs was originally set out in the Mental Health (Scotland) Act 1984. However, the most recent relevant legislation governing their role today is:

- the Adults with Incapacity (Scotland) Act 2000;
- the Mental Health (Care and Treatment) (Scotland) Act 2003;
- the Adult Support and Protection (Scotland) Act 2007.

A Mental Health Officer:

- can either work as part of a specialist mental health team, or be integrated into a multidisciplinary specialist team whose primary focus is not mental health (non-mental health specialist team);
- is responsible for making decisions about compulsory admissions to hospital for people who, in their judgement, pose a risk to themselves or others.

A practising MHO is defined as one who is registered with the Scottish Social Services Council to practise as a social worker, and has been using legislation directly in relation to working with clients, or potentially using legislation directly in relation to clients (e.g. serving on rotas), during the 12 months prior to the survey census date.

An exclusive MHO position is defined as a position held by an MHO whose contract specifies that they are appointed to primarily undertake statutory Mental Health Officer work.

2.2 Rest of UK

The remit and nature of social work services has differed significantly across the four nations of the UK since at least the 1960s. The definition and role of the MHO in Scotland was broadly equivalent with that of an approved social worker (ASW) in England and Wales, which was created there under the Mental Health Act 1983. As with MHOs, ASWs had to be qualified social workers who had undergone approved training and had to be employees of a local authority. However, in 2007 this role was abolished in England and Wales and replaced with that of the Approved Mental Health Practitioner (AMHP). To practise as an AMHP people still have to undergo approved training, but they are no longer required to be qualified social workers or employees of a local authority. At the time of this report's publication, the SSSC had been unable to locate any workforce data published on AMHPs in England or Wales.

In Northern Ireland social work services have been combined with NHS Health Boards since the early 1970s. These combined services employ Approved Social Workers (ASWs) who require to be qualified social workers and to have undergone approved specialist training. While the SSSC has been unable to locate any published workforce data on ASWs in Northern Ireland, it has been confirmed that this data is gathered annually and is available from the Department of Health, Social Services and Public Safety.

2.3 MHO training

A trainee MHO is defined as a registered social worker training to be an MHO on the survey census date.

In order to practise as an MHO currently, social workers must successfully complete one of the three approved training courses in Scotland. These courses run at different points in the year and for differing lengths of time. In addition, they do not necessarily run every year but are dependent on their neighbouring local authorities having sufficient staff to be trained. As a result, newly approved MHOs can and do join the workforce at various times of the year.

3 UNDERSTANDING THE STATISTICS IN THIS REPORT

- a. Data presented in this report is based on “snapshots” of the workforce taken on 31 March (2008 – 2012), and in early December 2012 and 2013. The NRS mid-year population estimates are based on a year from 1 April to 31 March.
- b. All staffing grades have been included as long as they relate to practising MHOs. These grades include basic grade staff, senior practitioner posts and team leaders or managers.
- c. The change in timing of the MHO survey may create some uncertainty when considering data collected in December alongside that gathered previously in March. It is possible for example that employment of MHOs may be affected by seasonal factors which could undermine comparisons of data across the years. It will be seen that the crossover point (March – December 2012) is highlighted in the relevant tables and charts with a dotted line to remind readers that comparisons of data across the years should be made with caution.
- d. **Whole Time Equivalent (WTE)** is the number of whole-time staff (those working a full standard working week) plus the aggregated proportions of a full standard working week worked by part-time staff. It should be noted that a full standard working week can range between 35 and 39 hours per week. This can have the effect of WTE figures being slightly higher in Local Authorities which have a shorter full standard working week. For example, a person who works 15 hours a week in an authority with a full standard working week of 35 hours will have a WTE of $15 \div 35 = \mathbf{0.43}$, whereas a person who works the same weekly hours in an authority with a full standard working week of 39 hours will have a WTE of $15 \div 39 = \mathbf{0.38}$.
- e. **Data presentation conventions:** Numbers of MHOs (headcounts) are presented as integers (whole numbers). MHO WTE figures are presented to one decimal place. Most percentages are presented to one decimal place. Other statistics are presented to a level of detail appropriate for the item being measured.
- f. **The rounding convention** used for the data in this report is the “round half up” convention (e.g. 1.44 would be rounded down to 1.4 to one decimal place, and 1.45 would be rounded up to 1.5). Some column totals in the tables in this document may not exactly equal the sum of their component parts due to the effects of rounding. For example, the percentages shown in the tables have been rounded to one decimal place, which means that they may not always add up to exactly 100%.

4 SUMMARY

Key “headline” points are highlighted in bold.

4.1 MHO workforce

- **The number of practising MHOs has decreased by 3.4 percent.** The decrease is from **698** on 3 December 2012 to **674** on 2 December 2013, the same number as in 2008. The staffing whole time equivalent (WTE) has decreased by 1.8%, from 643.2 on 3 December 2012 to 631.7 on 2 December 2013.
- **A greater proportion of MHOs are working in specialist mental health teams.** MHOs in specialist mental health teams have increased from 359 in December 2012 to 378 in 2013, a rise of 5.3%. The number of MHOs in non-mental health specialist teams has decreased by 12.9% from 340 to 296, the lowest number of non-mental health specialist team members ever recorded in this publication.
- **There is a large increase in the number of exclusive MHO positions which now form nearly a third of the overall workforce.** They have increased by 22.2% from 176 in December 2012 to 215 in 2013, which is the highest number of exclusive MHO positions ever recorded in this publication. The number of unfilled exclusive MHO vacancies has increased by one from 14 to 15. See Appendix 5 for the definition of an “exclusive” MHO.
- **Around two-thirds of Scottish Local Authorities report a shortfall in their MHO staff resources.** The number of Local Authorities reporting a shortfall has increased by 6 to 20 in 2013. The overall additional hours per week required have increased slightly by about 21 hours to 915.5 hours in 2013.
- **Women make up over two-thirds of the workforce, and the workforce is ageing. About three-quarters of MHOs are over 44 years old, and one in three MHOs is 55 or older.** In 2013, 69.3% of the MHO workforce were female, a rise of 1.3% over December 2012. 74.8% of MHOs were aged 45 or over, an increase of 2.4%. Male MHOs were on average older with 79.7% aged 45 or over, compared to 72.6% of females. 35.8% of MHOs were aged 55 or over in 2013.
- The number of admissions to MHO Award Programmes in 2013-14 was 57, an increase of 16 over 2012-13, and a return to the level of trainee admissions seen in 2010-11 and 2011-12.
- A total of 58 MHOs left the workforce between 3 December 2012 and 2 December 2013, of which about a fifth had a change of post and nearly a quarter resigned.

4.2 Work carried out by MHOs

- **The number of MHOs on out-of-hours rota duty is at an all-time low.** They have decreased by 12.3% from 106 in December 2012 to 93 in 2013, continuing a steady decline since 2011 when the number was 137.
- The work area category of Adults with Incapacity (AWI) was introduced for the December 2013 census. There were 427 MHOs involved in AWI work in the year up to 2 December 2013, nearly two-thirds of the total workforce.

5 MHO WORKFORCE

The figures for December 2013 are presented alongside the previously published data throughout this report

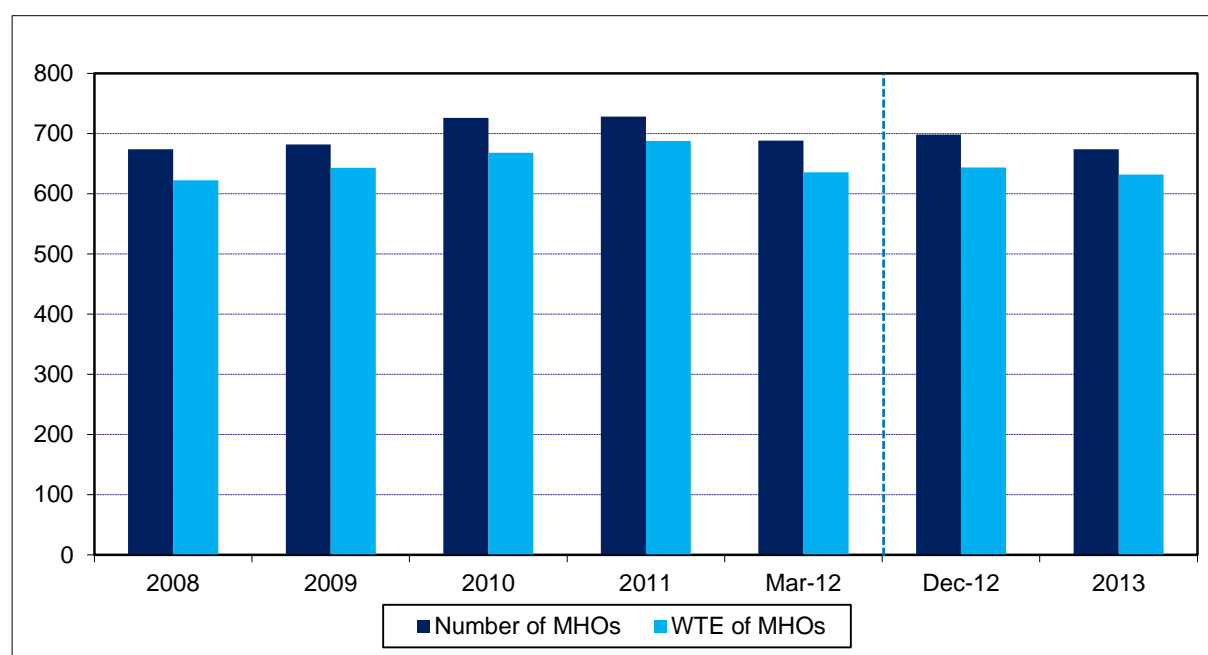
5.1 MHO numbers over time

Table 1 shows that on 2 December 2013 there were 674 practising MHOs, a decrease of 3.4% from December 2012. The staffing Whole Time Equivalent (WTE) has decreased by 1.8%, from 643.2 in December 2012 to 631.7 in 2013. The average WTE per MHO has gone up slightly from 0.92 in December 2012 to 0.94 in 2013. The headcount and WTE information is also presented graphically in Figure 1.

Table 1: Number and WTE of practising MHOs – 2008 to 2013

	2008	2009	2010	2011	Mar-12	Dec-12	2013
Number of MHOs	674	682	726	728	688	698	674
WTE of MHOs	622.2	643.0	667.8	687.8	635.4	643.2	631.7
Average WTE/person	0.92	0.94	0.92	0.94	0.92	0.92	0.94

Figure 1: Number and WTE of MHOs – 2008 to 2013



It can be seen from Figure 1 that although the overall number of practising MHOs in 2013 is back to the 2008 level, the overall WTE is slightly higher than the 2008 level.

The reasons for fluctuations in the number of practising MHOs are not clear. Data on all MHO activity is not readily available that would allow a full analysis of the variations in workload over time.

The MHO workforce is split between specialist mental health (MH) teams and non-mental health specialist teams. Table 2 shows that after a low of 51% in December 2012, the proportion of MHOs working in specialist mental health teams has increased to 56% in 2013. The number of MHOs working in non-mental health specialist teams in 2013 is the lowest ever recorded in this publication. There is more detail about the teams in which MHOs work in Section 6 of this report.

Table 2: MHOs by type of mental health (MH) team – 2008 to 2013

	2008	2009	2010	2011	Mar-12	Dec-12	2013
Specialist MH teams	352	366	381	383	384	359	378
Non-MH specialist teams	322	316	345	345	304	340	296
Percentage in specialist MH teams	52%	54%	52%	53%	56%	51%	56%
Percentage in non-MH specialist teams	48%	46%	48%	47%	44%	49%	44%

5.2 MHO WTE rates per 100,000 of the Scottish population

This year's report presents MHO WTE rates per population in a slightly different format which it is hoped will facilitate comparisons over time. Previously, the rates were expressed as the MHO WTE per 1,000 population to two decimal places (e.g. 0.12 in December 2012). Now the rates are expressed per 100,000 population to one decimal place, which provides a greater level of detail (e.g. 0.12 for December 2012 becomes 12.1).

Table 3 and Figure 3 below show that the overall rate of MHO WTE per 100,000 population rose steadily from 2008 to 2011, after which it has declined to a low of 11.9 in 2013. The decline since 2011 is due to an overall declining trend in MHO WTE against slight but steady year-on-year increases in Scotland's population.

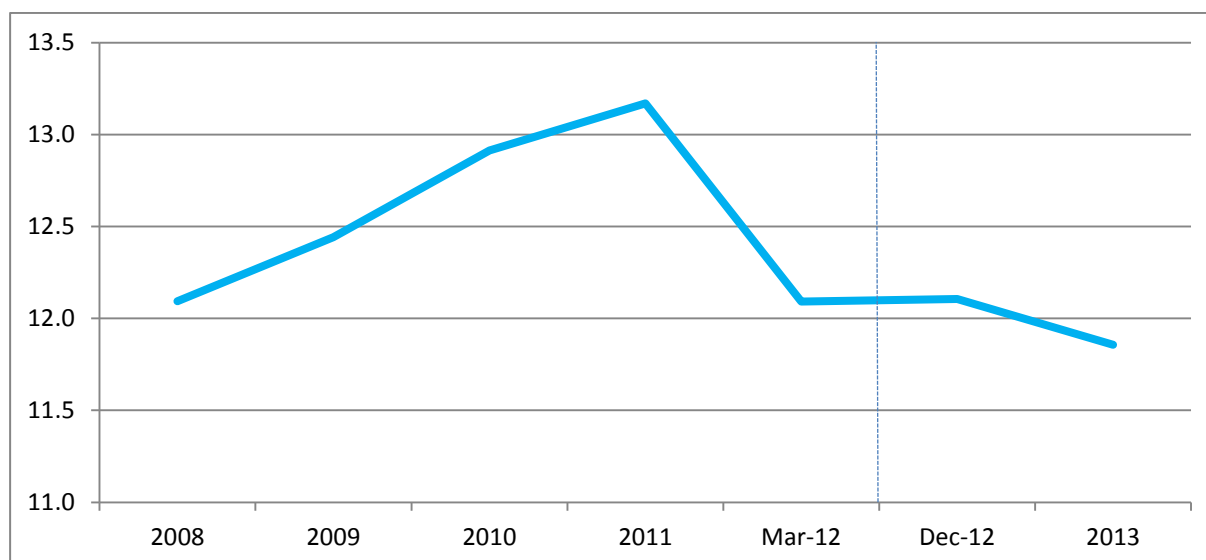
Table 3: MHO WTE rates per 100,000 of the population – 2008 to 2013

	2008	2009	2010	2011	Mar-12	Dec-12	2013
MHO WTE rate per 100,000 population	12.1	12.4	12.9	13.2	12.1	12.1	11.9

Source: National Records of Scotland mid-year population estimates 2008 to 2013. Please note that the rate for December 2012 has been updated here using the 2012 mid-year estimates.

Details of MHO WTE rates per population by local authority can be found in **Appendices 1 – 3**.

Figure 3: MHO WTE rates per 100,000 of the population – 2008 to 2013



5.3 Age and gender of the MHO workforce

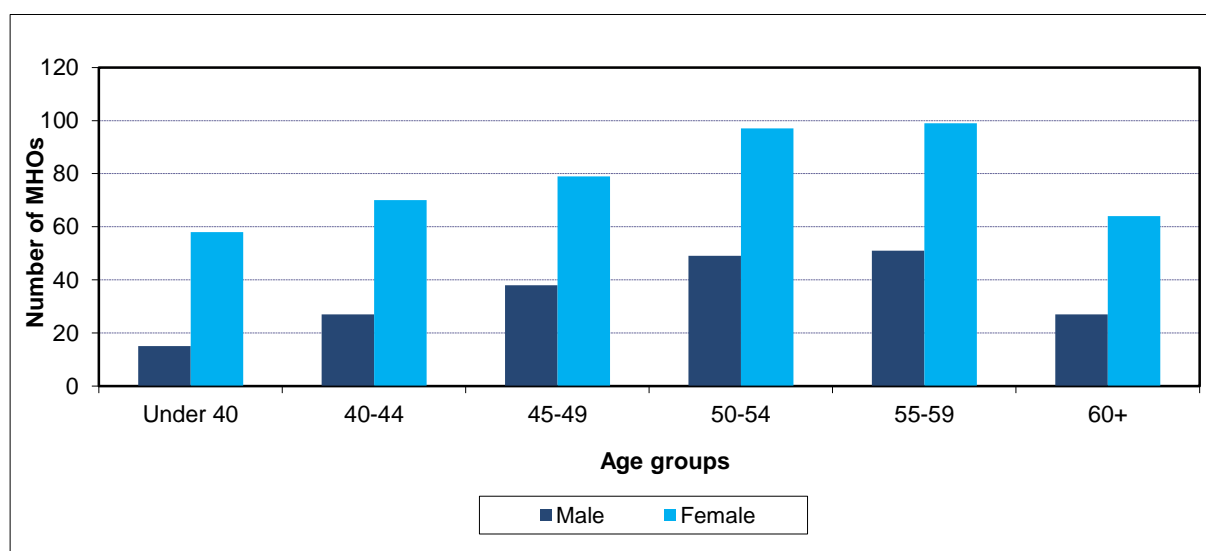
There have often been incomplete returns with respect to the age and gender of MHOs, which means that the figures cannot be compared consistently across the years. Furthermore, where there is missing information, the figures will not add up to the total number of MHOs. However, Table 4 shows that there was no undisclosed data for 2013.

Table 4: Undisclosed MHO age and gender data – 2008 to 2013

	2008	2009	2010	2011	Mar-12	Dec-12	2013
Instances of undisclosed data	3	102	0	28	94	2	0

Figure 4 shows the age and gender profile of the MHO workforce in 2013.

Figure 4: Age and gender of MHO workforce – December 2013



The MHO workforce on 2 December 2013 had 207 males (31%) and 467 females (69%), approximately the same picture as for December 2012 (see Tables 5a & 6a). Provisional data from the 2013 Local Authority Social Work Services (LASWS) survey indicates that the gender split for all social workers employed by Scottish local authorities is 21% males and 79% females. Thus the MHO workforce has a greater proportion of males than the total social worker workforce.

A higher proportion of male MHOs (80%) were aged 45 and over compared to females (73%). For males, the proportions of all age groups under 50 have reduced from December 2012, with corresponding increases in all age groups 50 and over (see Table 5b). For females, the proportions of all age groups under 55 have reduced from December 2012, with corresponding increases in the 55-59 age group and especially in the 60+ age group whose proportion has trebled since 2008 (see Table 6b).

Table 5a: Number of male MHOs by age group – 2008 to 2013

Age group	Male MHOs - Numbers						
	2008	2009	2010	2011	Mar-12	Dec-12	2013
Under 40	26	16	15	15	12	18	15
40-44	35	28	37	44	27	35	27
45-49	39	36	46	48	41	48	38
50-54	65	47	54	51	43	46	49
55-59	46	39	49	42	35	52	51
60+	13	14	27	28	18	24	27
Totals	224	180	228	228	176	223	207

Figures are not comparable across years.

Table 5b: Percentage of male MHOs by age group – 2008 to 2013

Age group	Male MHOs - Percentages						
	2008	2009	2010	2011	Mar-12	Dec-12	2013
Under 40	11.6%	8.9%	6.6%	6.6%	6.8%	8.1%	7.2%
40-44	15.6%	15.6%	16.2%	19.3%	15.3%	15.7%	13.0%
45-49	17.4%	20.0%	20.2%	21.1%	23.3%	21.5%	18.4%
50-54	29.0%	26.1%	23.7%	22.4%	24.4%	20.6%	23.7%
55-59	20.5%	21.7%	21.5%	18.4%	19.9%	23.3%	24.6%
60+	5.8%	7.8%	11.8%	12.3%	10.2%	10.8%	13.0%
Totals	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Figures are not comparable across years.

Table 6a: Number of female MHOs by age group – 2008 to 2013

Age group	Female MHOs - Numbers						
	2008	2009	2010	2011	Mar-12	Dec-12	2013
Under 40	82	55	79	77	61	65	58
40-44	60	57	69	79	63	74	70
45-49	88	77	89	82	73	86	79
50-54	100	83	120	113	85	105	97
55-59	97	102	101	107	96	97	99
60+	20	26	40	42	40	46	64
Totals	447	400	498	500	418	473	467

Figures are not comparable across years.

Table 6b: Percentage of female MHOs by age group – 2008 to 2013

Age group	Female MHOs - Percentages						
	2008	2009	2010	2011	Mar-12	Dec-12	2013
Under 40	18.3%	13.8%	15.9%	15.4%	14.6%	13.7%	12.4%
40-44	13.4%	14.3%	13.9%	15.8%	15.1%	15.6%	15.0%
45-49	19.7%	19.3%	17.9%	16.4%	17.5%	18.2%	16.9%
50-54	22.4%	20.8%	24.1%	22.6%	20.3%	22.2%	20.8%
55-59	21.7%	25.5%	20.3%	21.4%	23.0%	20.5%	21.2%
60+	4.5%	6.5%	8.0%	8.4%	9.6%	9.7%	13.7%
Totals	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Figures are not comparable across years.

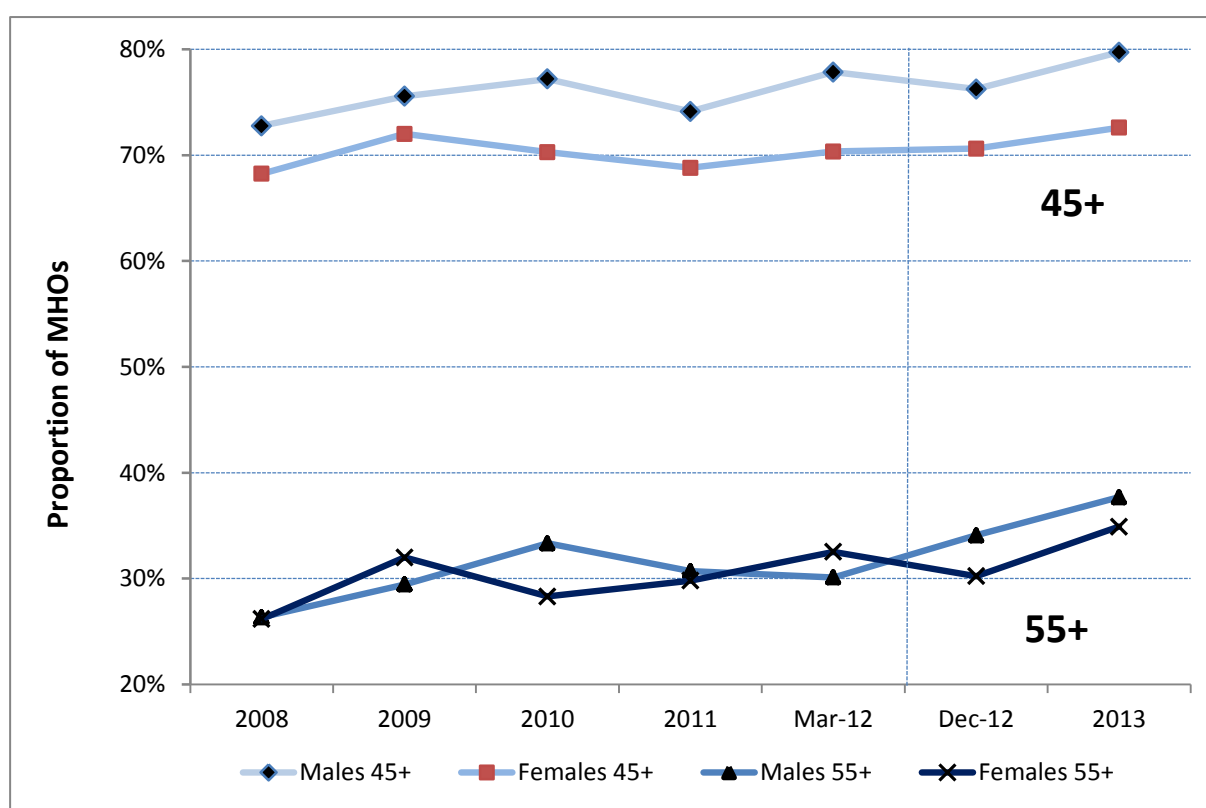
Table 7 and Figure 5 below highlight the older MHO age groups, showing the proportions of MHOs aged 45 or over, and 55 or over, in each gender cohort. It can be seen that three-quarters of the total workforce were aged 45 or over in 2013, a slight increase over December 2012 (see Table 7). Provisional data from the 2013 LASWS survey indicates that a smaller proportion (50%) of the total social worker workforce were 45 years old or over.

Over the five-year period the proportion of male MHOs aged 45+ has increased from 73% to 80%, and the proportion of MHOs aged 55 years or over has increased from 26% to around 36% for both males and females. In other words, MHOs aged 55+ have increased from one in four to one in three since 2008. Provisional data from the 2013 LASWS survey indicates that 18% of the total social worker workforce were 55 years old or over (less than one in five).

Table 7: Proportions of MHOs aged 45+ and 55+ – 2008 to 2013

	Percentage in each Gender cohort						
	2008	2009	2010	2011	Mar-12	Dec-12	2013
Males 45+	72.8%	75.6%	77.2%	74.1%	77.8%	76.2%	79.7%
Females 45+	68.2%	72.0%	70.3%	68.8%	70.3%	70.6%	72.6%
45+ TOTAL	69.7%	73.1%	72.5%	70.5%	72.6%	72.4%	74.8%
Males 55+	26.3%	29.4%	33.3%	30.7%	30.1%	34.1%	37.7%
Females 55+	26.2%	32.0%	28.3%	29.8%	32.5%	30.2%	34.9%
55+ TOTAL	26.2%	31.2%	29.9%	30.1%	31.8%	31.5%	35.8%

Figure 5: Proportions of MHOs aged 45+ and 55+ – 2008 to 2013



Thus it can be seen that the MHO workforce is ageing and contains significantly higher proportions of older workers than the local authority social worker workforce at large.

5.4 Ethnicity of the MHO workforce

There have always been incomplete returns with respect to the ethnicity of MHOs, which means that the figures cannot be compared consistently across the years. Furthermore, where there is missing information, the figures will not add up to the total number of MHOs. Table 8a shows that there were 73 instances of undisclosed ethnicity in 2013.

Tables 8a and 8b show that in 2013 the ethnic mix of the MHO workforce has not changed significantly from previous years; the majority are white, with around 1% from an ethnic minority. However, as around 11% of staff had either not known or not wanted to disclose their ethnic group, all interpretations of this data, and that for previous years, should be treated with caution. Provisional data from the 2013 LASWS survey provides no evidence that the ethnic mix of MHOs differs from that of the total social worker workforce.

Table 8a: Ethnicity of MHOs by headcount – 2008 to 2013

Ethnicity	Number of MHOs						
	2008	2009	2010	2011	Mar-12	Dec-12	2013
White	550	598	700	656	596	656	596
Minority	5	6	7	5	4	10	5
Not known/not disclosed	119	78	19	67	88	32	73
Totals	674	682	726	728	688	698	674

Figures are not comparable across years.

Table 8b: Ethnicity of MHOs by percentage – 2008 to 2013

Ethnicity	Category percentages						
	2008	2009	2010	2011	Mar-12	Dec-12	2013
White	81.6%	87.7%	96.4%	90.1%	86.6%	94.0%	88.4%
Minority	0.7%	0.9%	1.0%	0.7%	0.6%	1.4%	0.7%
Not known/not disclosed	17.7%	11.4%	2.6%	9.2%	12.8%	4.6%	10.8%
Totals	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Figures are not comparable across years.

5.5 Trainee MHOs

This year it has been decided to present information on trainee MHOs from the SSSC Annual Monitoring Review of MHO Award programmes, as it is deemed to be more accurate than the data on trainee MHOs submitted in the LASWS survey.

Table 9 and Figure 6 below show that the number of MHO trainees admitted to MHO training courses across Scotland rose steadily to a peak of 61 in 2011-12. After that they fell to 41 in 2012-13 before recovering to 57 in 2013-14. The trend in numbers of trainees completing their course is similar to the trend in admissions up to 2012-13.

The low number of admissions in 2008-09 was because only Robert Gordon University (RGU) of the three training institutions in Scotland ran a course. In 2009-10, Edinburgh and Strathclyde ran courses, but RGU did not. In 2010-11 and 2011-12, all three institutions ran courses, and the significant drop in trainee admissions in 2012-13 was because RGU again did not run a course. In 2013-14, the number of admissions recovered because all three institutions ran courses.

Further investigation would be necessary to determine whether the supply of MHOs from the available training programmes is sufficient to meet demand.

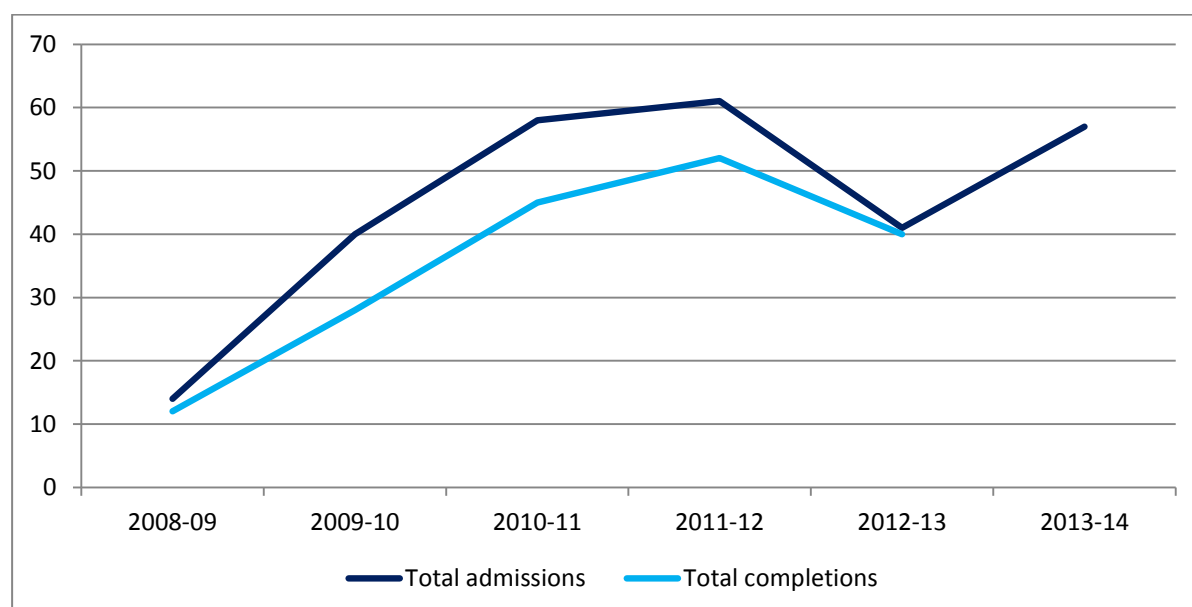
Table 9: Admissions to and completions of MHO Award Programmes – 2008-09 to 2013-14

	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14
Admissions	14	40	58	61	41	57
Completions	12	28	45	52	40	n/a ¹

Note: Years refer to academic years – for example, 2008-09 = September 2008 to August 2009.

¹ Completions for the year 2013-14 were not available at the time of this report's publication.

Figure 6: Admissions to and completions of MHO Award Programmes – 2008-09 to 2013-14



5.6 MHOs leaving the workforce

Data on numbers of leavers and their reasons for leaving is available from 2009. As the count of leavers pertains to the 12 months prior to the census date, it is possible that the change in timing of the MHO survey from March to December may have given rise to an element of double-counting between the March and December 2012 data collections. Accordingly, comparisons of leavers' data between March and December 2012 should be made with caution.

Between 3 December 2012 and 2 December 2013, a total of 58 MHOs left the workforce, two fewer than the previous year (see Table 10a). Please note that due to the way the 2013 data was collected, the "Career break" category is now subsumed within the "Other" category.

The most noteworthy changes in the profile of reasons for leaving from December 2012 are decreases in the proportions of sideways moves and retirements, and a large increase in the "other" category (see Table 10b and Figure 7).

The annual survey collects data for MHOs who move to another Scottish local authority and continue to do MHO work. Please note this data is featured separately in Table 10c and not included in the yearly totals, because such MHOs did not actually leave the Scottish MHO workforce.

Table 10a: MHO leaver numbers by reason for leaving – 2009 to 2013

Reason for leaving	Number of MHOs					
	2009	2010	2011	Mar-12	Dec-12	2013
Change of post (promotion)	10	3	6	4	4	5
Change of post (sideways move)	9	3	2	20	14	6
Resigned	9	15	14	17	12	13
Retired	8	18	22	30	14	10
Other (career break, secondments etc)	15	12	7	20	16 ¹	24
Total	51	51	51	91	60²	58

¹ This figure has been revised from the December 2012 report, in which the "Career break" plus "Other" figure was 12.

² This figure has been revised from the December 2012 report, in which 56 total leavers were recorded.

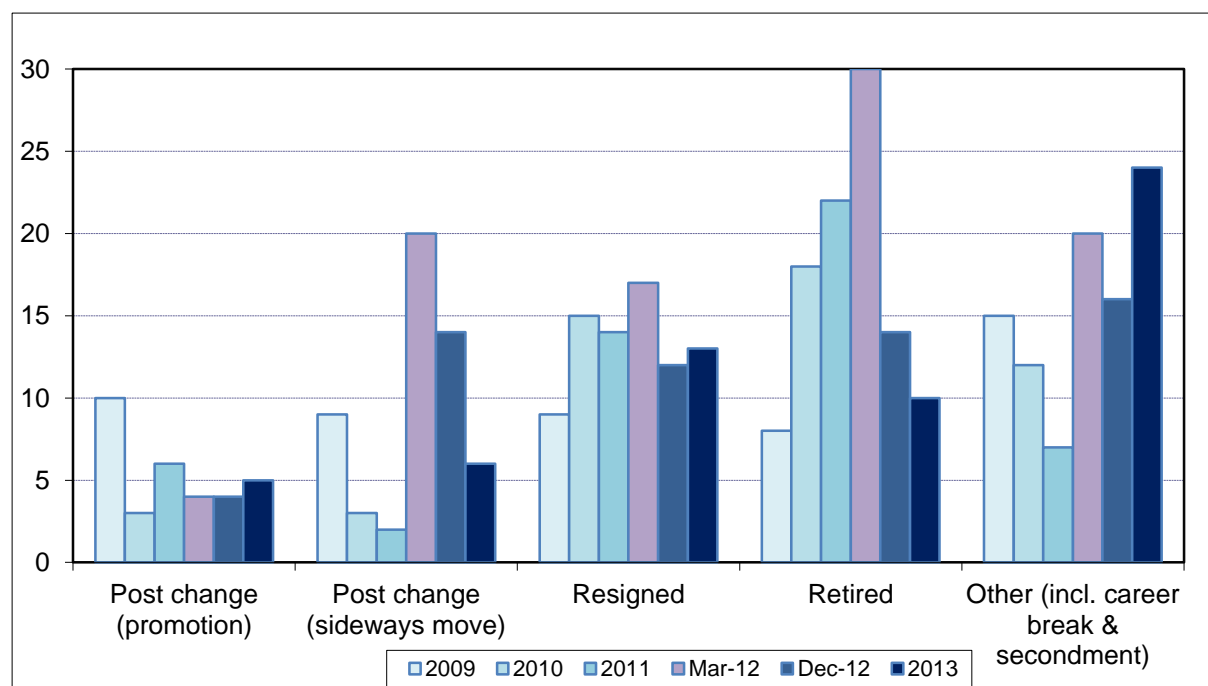
Table 10b: MHO leaver percentages by reason for leaving – 2009 to 2013

Reason for leaving	Category percentages					
	2009	2010	2011	Mar-12	Dec-12 ¹	2013
Change of post (promotion)	19.6%	5.9%	11.8%	4.4%	6.7%	8.6%
Change of post (sideways move)	17.6%	5.9%	3.9%	22.0%	23.3%	10.3%
Resigned	17.6%	29.4%	27.5%	18.7%	20.0%	22.4%
Retired	15.7%	35.3%	43.1%	33.0%	23.3%	17.2%
Other (career break, secondments etc)	29.4%	23.5%	13.7%	22.0%	26.7%	41.4%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

¹ Percentages for December 2012 differ from those in the December 2012 report as the figures have been revised.

Table 10c: MHOs moving to another LA as an MHO – 2009 to 2013

	2009	2010	2011	Mar-12	Dec-12	2013
Number of MHOs	13	15	N/A	N/A	5	9

Figure 7: MHO leaver numbers by reason for leaving – 2009 to 2013

Please note that five authorities reported fewer leavers than would be expected from the drop in their headcount between December 2012 and 2013. The shortfall in these five authorities ranged from 1 to 9. In view of this anomaly, it is recommended that the leavers' data presented here is interpreted cautiously.

5.7 MHO vacancies and staffing shortfalls

An "exclusive" MHO contract specifies that the staff member is appointed to primarily undertake statutory Mental Health Officer work. Table 11 shows that the number of unfilled exclusive MHO vacancies has remained steady at around 15 over the period March 2012 to December 2013.

An MHO is classed as unavailable when they are on maternity/paternity leave, adoption leave, a career break, long-term sick leave or compassionate leave, for a period of three months or more. Table 11 shows the number of MHOs unavailable has halved from December 2012 to reach a five-year low of 15 in December 2013.

Table 11: Unfilled exclusive MHO posts – 2008 to 2013

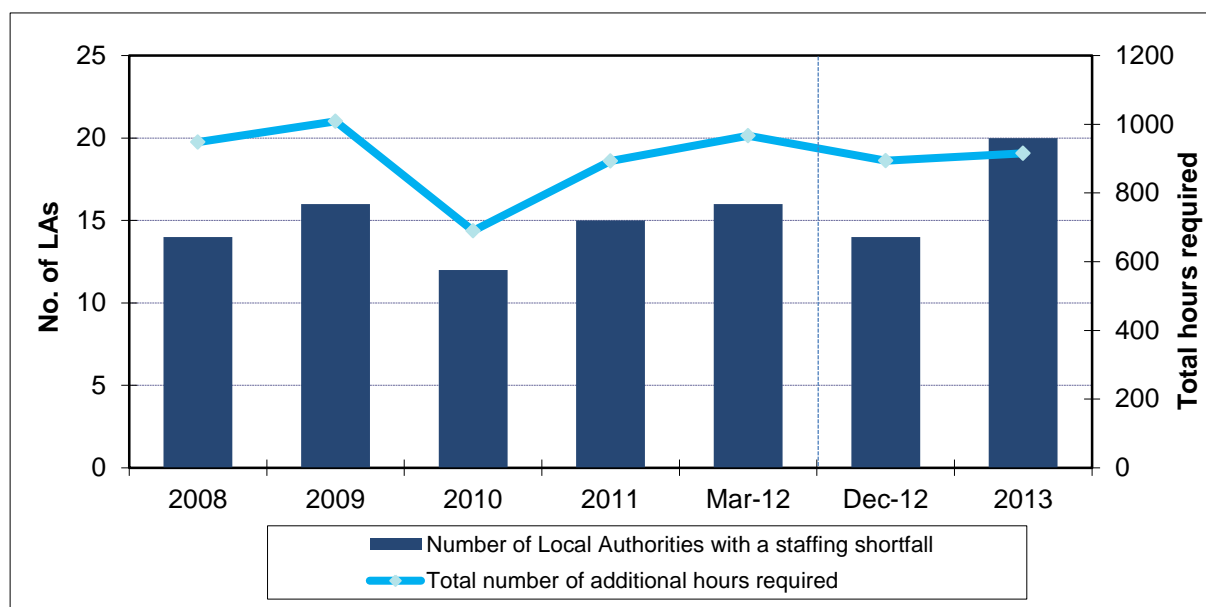
	2008	2009	2010	2011	Mar-12	Dec-12	2013
Unfilled "exclusive" MHO vacancies	21	13	10	12	16	14	15
MHOs currently unavailable	26	18	26	21	25	30	15

Table 12 and Figure 8 present data on the total shortfall of MHO staff in Scotland. Local Authorities were asked to report any gap between real available staff time and the staff time they felt was needed within the Authority in a typical week. After remaining reasonably steady at around 15 up to December 2012, the number of Local Authorities reporting a shortfall has increased significantly to 20 in 2013. At the same time, the total additional hours per week required have increased only slightly by about 21 hours to 915.5 hours in 2013. This means that the average shortfall per authority has reduced significantly to 45.8 hours per week in 2013, after a slight but steady rising trend between 2010 and December 2012 (see Table 12).

Table 12: MHO staffing shortfalls – 2008 to 2013

	2008	2009	2010	2011	Mar-12	Dec-12	2013
Number of Local Authorities with a staffing shortfall	14	16	12	15	16	14	20
Total number of additional hours required	948.4	1008.6	690.0	893.5	967.0	894.3	915.5
Average shortfall in hours	67.7	63.0	57.5	59.6	60.4	63.9	45.8

Figure 8: MHO staffing shortfalls – 2008 to 2013



Authorities were also asked to report any shortfalls in relation to particular client group areas. 12 authorities reported a total of 22 shortfall areas; therefore, some authorities reported two or more areas. The greatest number of areas reported by a single authority was four. Shortfall areas reported include learning disability, older people's services, children & young people's services, community care, Adults with Incapacity (AWI), adult mental health, private guardianships, forensic service and eating disorders.

6 SPECIALIST MENTAL HEALTH AND NON-MENTAL HEALTH SPECIALIST TEAMS

As already mentioned in Section 5, the MHO workforce is split between specialist mental health teams and non-mental health specialist teams.

Specialist mental health teams provide specialist mental health services with a primary focus on mental health, for example old age psychiatry or community mental health.

Non-mental health specialist teams provide services whose primary focus is not mental health. Although such teams are “non-specialist” in terms of mental health, they may specialise in other areas of work, for example criminal justice social work or social work with children and families.

This section of the report looks in more detail at the distribution of Scotland’s MHOs amongst these teams.

6.1 MHOs in specialist mental health (MH) teams

These are the teams whose primary focus is mental health. Table 13a shows that the number of MHOs working in specialist mental health teams has increased modestly from 359 in December 2012 to 378 in 2013, a return to the levels seen between 2010 and March 2012. Table 13b shows that the proportion of MHOs belonging to specialist social work mental health teams has increased to around a third of all specialist mental health team members (a high of 33.6%), while the proportions for all other team categories have reduced.

Table 13a: Headcount of MHOs by specialist mental health (MH) teams – 2008 to 2013

	MHO headcount						
	2008	2009	2010	2011	Mar-12	Dec-12	2013
Community MH teams (multidisciplinary)^{2,3,4}	182	198	205	201	173	175	177
Specialist social work MH teams^{3,4}	76	74	107	77	90	95	127
Old age psychiatry teams / dementia teams^{2,3}	12	18	17	21	19	11	8
Managerial across several teams	15	29	25	28	33	17	14
Other specialist MH teams^{1,3,4}	67	48	27	57	69	62	52
Total	352	366	381	383	384	359	378

¹ Includes child & adolescent mental health teams and forensic teams to conceal small numbers.

² In 2009, one MHO split their working between teams.

³ In 2010, a number of MHOs split their working between teams.

⁴ In Dec 2012, a number of MHOs split their working between teams.

Table 13b: Percentage of MHO headcount by specialist mental health (MH) teams – 2008 to 2013

	Percentage of MHO headcount						
	2008	2009	2010	2011	Mar-12	Dec-12	2013
Community MH teams (multidisciplinary)^{2,3,4}	51.7%	54.0%	53.9%	52.5%	45.1%	48.7%	46.8%
Specialist social work MH teams^{3,4}	21.6%	20.2%	28.0%	20.1%	23.4%	26.4%	33.6%
Old age psychiatry teams / dementia teams^{2,3}	3.4%	4.8%	4.6%	5.4%	4.9%	3.1%	2.1%
Managerial across several teams	4.3%	7.9%	6.6%	7.3%	8.6%	4.6%	3.7%
Other specialist MH teams^{1,3,4}	19.0%	13.1%	7.0%	14.8%	18.0%	17.3%	13.8%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.00%	100.0%

¹ Includes child & adolescent mental health teams and forensic teams to conceal small numbers.

² In 2009, one MHO split their working between teams.

³ In 2010, a number of MHOs split their working between teams.

⁴ In Dec 2012, a number of MHOs split their working between teams.

Table 14a shows the WTEs of the MHOs working in specialist mental health teams. The overall increase in WTE of 15.6 from December 2012 to 2013 is slightly less than that seen in the headcount of specialist mental health team members (19), producing a slight reduction in the average WTE per person from 0.94 in December 2012 to 0.93 in 2013. Table 14b shows that the WTE proportions across the teams are similar to the headcount proportions in Table 13b.

Table 14a: WTE of MHOs by specialist mental health (MH) teams – 2008 to 2013

	MHO WTE						
	2008	2009	2010	2011	Mar-12	Dec-12	2013 ³
Community MH teams (multidisciplinary)	167.8	186.5	192.4	186.8	158.3	167.1	167.8
Specialist social work MH teams	70.4	68.1	102.1	71.7	80.8	88.5	117.3
Old age psychiatry teams / dementia teams	10.8	17.0	16.1	18.3	16.9	10.4	7.4
Managerial across several teams	14.6	28.8	24.8	27.5	32.2	16.5	14.0
Other specialist MH teams¹	61.4	46.0	23.4	52.5	62.0	55.2 ²	46.8
Total	325.0	346.4	358.9	356.8	350.1	337.7	353.3
Average WTE/person	0.92	0.95	0.94	0.93	0.91	0.94	0.93

¹ Includes child & adolescent mental health teams and forensic teams to conceal small numbers.

² This figure differs slightly from that in the December 2012 report as the calculation has been amended.

³ WTE for Stirling imputed for 2013 because they were unable to supply the information.

Table 14b: Percentage of MHO WTE by specialist mental health (MH) teams – 2008 to 2013

	Percentage of MHO WTE						
	2008	2009	2010	2011	Mar-12	Dec-12	2013 ³
Community MH teams (multidisciplinary)	51.6%	53.8%	53.6%	52.4%	45.2%	49.5%	47.5%
Specialist social work MH teams	21.7%	19.7%	28.5%	20.1%	23.1%	26.2%	33.2%
Old age psychiatry teams / dementia teams	3.3%	4.9%	4.5%	5.1%	4.8%	3.1%	2.1%
Managerial across several teams	4.5%	8.3%	6.9%	7.7%	9.2%	4.9%	4.0%
Other specialist MH teams¹	18.9%	13.3%	6.5%	14.7%	17.7%	16.4% ²	13.2%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.00%	100.0%

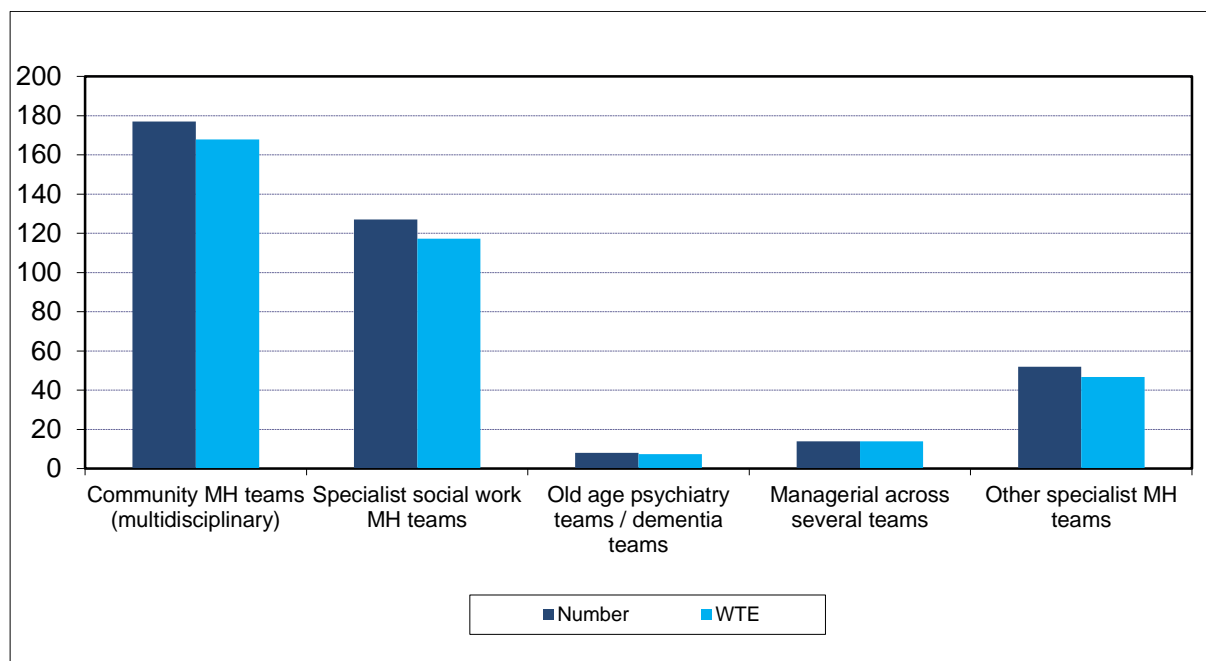
¹ Includes child & adolescent mental health teams and forensic teams to conceal small numbers.

² This figure differs slightly from that in the December 2012 report as the calculation has been amended.

³ WTE for Stirling imputed for 2013 because they were unable to supply the information.

Figure 9 shows the headcount and WTE data by specialist MH team category for 2013.

Figure 9: MHOs by specialist mental health (MH) teams – 2013



Other specialist mental health teams include child and adolescent mental health teams and forensic teams to conceal small numbers – see Appendix 5 for the definition of “concealment”.

6.2 MHOs in non-mental health (MH) specialist teams

These are the teams whose primary focus is not mental health (e.g. community care, criminal justice). Table 15a shows that the number of MHOs in non-mental health specialist teams stood steady at 345 in 2010 and 2011, then dropped substantially to 304 in March 2012. In December 2012 it rose to 340, back to the level seen in 2010 and 2011. However, in 2013, the number of non-mental health specialist team members has dropped to a low of 296, around the level seen in March 2012.

Table 15b shows the proportions of MHOs working as team members in non-mental health specialist teams. It can be seen that the share of such MHOs working in community care teams has increased to a high of around 37% in 2013, an increase of 10 percentage points since 2008. The proportions for all other team categories have reduced from December 2012, apart from learning disability teams which have increased slightly to 15.2% of the total, nearly double the proportion seen in 2008. Generic teams now account for only 1% of team members, a five-year low having reduced from around 9% in 2008. Another noteworthy reduction over the five-year period is in emergency out-of-hours teams which have reached a low of around 14% in 2013, a decrease of around 7 percentage points since 2008.

Table 15a: Headcount of MHOs by non-mental health (MH) specialist teams – 2008 to 2013

	MHO headcount						
	2008	2009	2010	2011	Mar-12	Dec-12	2013
Generic teams	28	10	8	20	12	4	3
Community care teams	87	101	98	86	101	117	109
Learning disability teams	28	30	44	39	43	46	45
Criminal justice teams	37	35	30	29	28	27	23
Children & family teams	25	23	27	29	22	25	20
Emergency social work (out of hours) teams	66	61	69	64	48	51	41
Managerial across several teams	19	17	25	34	20	30	23
Other non-MH specialist teams^{1,2}	32	39	46	44	31	40	32
Total	322	316	345	345	304	340	296

¹ Includes intake teams and physical & sensory disability teams to conceal small numbers.

² In 2010, a number of MHOs split their working between teams.

Table 15b: Percentage of MHO headcount by non-mental health (MH) specialist teams – 2008 to 2013

	Percentage of MHO headcount						
	2008	2009	2010	2011	Mar-12	Dec-12	2013
Generic teams	8.7%	3.2%	2.3%	5.8%	3.9%	1.2%	1.0%
Community care teams	27.0%	32.0%	28.4%	24.9%	33.1%	34.5%	36.8%
Learning disability teams	8.7%	9.5%	12.6%	11.3%	14.0%	13.5%	15.2%
Criminal justice teams	11.5%	11.1%	8.6%	8.4%	9.2%	8.0%	7.8%
Children & family teams	7.8%	7.3%	7.8%	8.4%	7.2%	7.4%	6.8%
Emergency social work (out of hours) teams	20.5%	19.3%	19.9%	18.6%	15.8%	14.9%	13.9%
Managerial across several teams	5.9%	5.4%	7.2%	9.9%	6.6%	8.8%	7.8%
Other non-MH specialist teams^{1,2}	9.9%	12.3%	13.2%	12.8%	10.2%	11.8%	10.8%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

¹ Includes intake teams and physical & sensory disability teams to conceal small numbers.

² In 2010, a number of MHOs split their working between teams.

Table 16a shows the WTEs of the MHOs working in non-mental health specialist teams. The overall decrease of 27.1 from December 2012 to 2013 is much less than that seen in the overall number of non-mental health specialist team members (44), producing a noteworthy increase in the average WTE per person from 0.90 in December 2012 to 0.94 in 2013. Table 16b shows that the WTE proportions across the teams are similar to the headcount proportions in Table 15b.

Table 16a: WTE of MHOs by non-mental health (MH) specialist teams – 2008 to 2013

	MHO WTE						
	2008	2009	2010	2011	Mar-12	Dec-12	2013 ²
Generic teams	27.3	10.0	7.5	20.0	12.0	4.0	3.0
Community care teams	80.1	94.5	93.1	82.1	94.0	105.3	101.5
Learning disability teams	26.1	28.4	41.1	37.2	41.1	42.2	43.7
Criminal justice teams	34.1	32.9	29.0	26.8	27.5	24.5	22.9
Children & family teams	24.5	22.1	26.5	29.0	21.2	22.5	20.0
Emergency social work (out of hours) teams	58.5	53.7	60.5	61.3	40.5	43.1	35.0
Managerial across several teams	17.5	17.0	25.0	33.0	19.0	27.0	22.6
Other non-MH specialist teams¹	29.1	38.0	26.3	41.7	30.1	37.0	29.7
Total	297.2	296.6	308.9	331.0	285.3	305.5	278.4
Average WTE/person	0.92	0.94	0.90	0.96	0.94	0.90	0.94

¹ Includes intake teams and physical & sensory disability teams to conceal small numbers.

² WTE for Dundee City and Stirling imputed for 2013 because they were unable to supply the information.

Table 16b: Percentage of MHO WTE by non-mental health (MH) specialist teams – 2008 to 2013

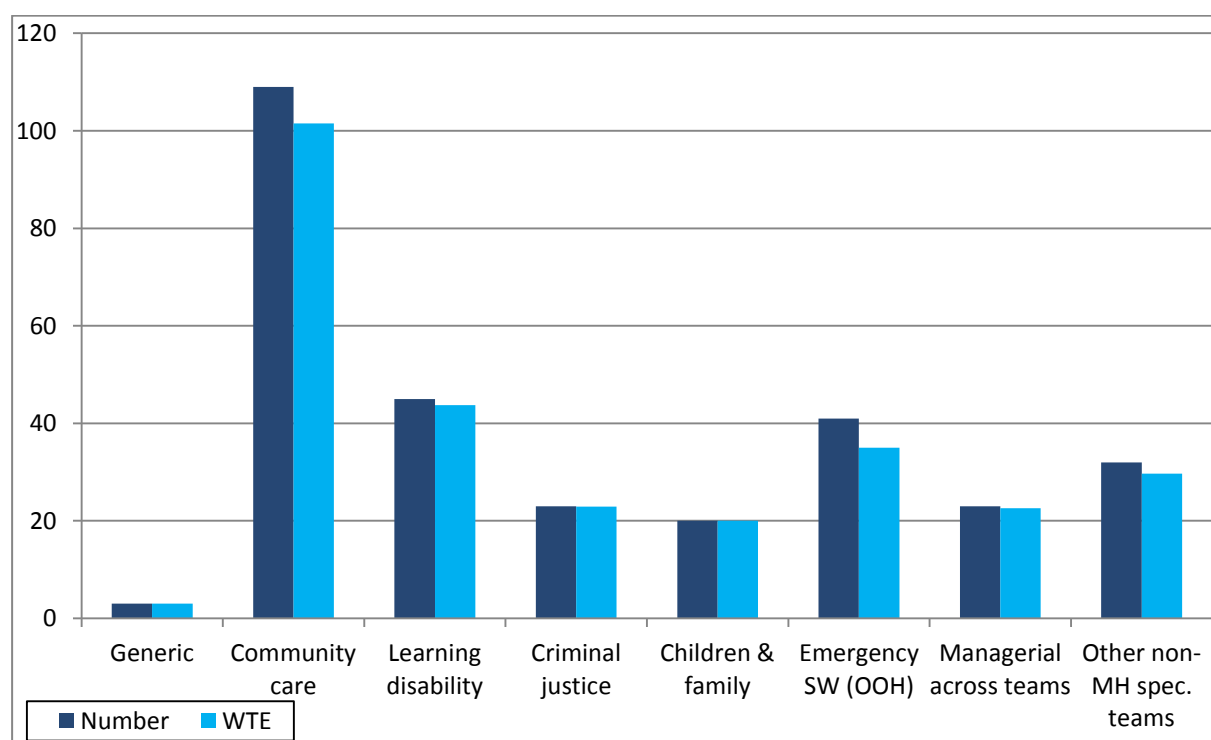
	Percentage of MHO WTE						
	2008	2009	2010	2011	Mar-12	Dec-12	2013 ²
Generic teams	9.2%	3.4%	2.4%	6.0%	4.2%	1.3%	1.1%
Community care teams	27.0%	31.9%	30.1%	24.8%	32.9%	34.5%	36.5%
Learning disability teams	8.8%	9.6%	13.3%	11.2%	14.4%	13.8%	15.7%
Criminal justice teams	11.5%	11.1%	9.4%	8.1%	9.6%	8.0%	8.2%
Children & family teams	8.2%	7.5%	8.6%	8.8%	7.4%	7.4%	7.2%
Emergency social work (out of hours) teams	19.7%	18.1%	19.6%	18.5%	14.2%	14.1%	12.6%
Managerial across several teams	5.9%	5.7%	8.1%	10.0%	6.7%	8.8%	8.1%
Other non-MH specialist teams¹	9.8%	12.8%	8.5%	12.6%	10.6%	12.1%	10.7%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

¹ Includes intake teams and physical & sensory disability teams to conceal small numbers.

² WTE for Dundee City and Stirling imputed for 2013 because they were unable to supply the information.

Figure 10 shows the headcount and WTE data by non-MH specialist team category for 2013.

Figure 10: MHOs by non-mental health (MH) specialist teams – 2013



Other non-MH spec. teams include intake and physical & sensory disability teams to conceal small numbers.

An estimate of the average number of hours per week MHOs working in non-mental health specialist teams spend on MHO work is shown in Table 17. It can be seen that the overall average hours per week have risen slightly from 7.1 in December 2012 to 7.4 in 2013. However, not all Local Authorities provide this data; 10 authorities did not provide it for 2013. It is recommended that all interpretations of this data should be treated with caution.

Table 17: Average hours per week spent on MHO work by MHOs in non-mental health (MH) specialist teams – 2008 to 2013

	Hours per week						
	2008	2009	2010	2011	Mar-12	Dec-12	2013
Generic teams	8.7	7.9	20.1	5.0	5.0	2.8	2.0
Community care teams	7.3	6.5	10.0	9.1	15.0	13.4	7.0
Learning disability teams	14.2	12.2	11.7	7.5	13.4	12.3	10.7
Criminal justice teams	5.9	5.8	8.6	8.0	4.9	4.1	4.7
Children & family teams	4.2	5.6	8.0	4.6	4.0	4.1	3.0
Emergency social work (out of hours) teams	3.7	5.3	6.5	3.6	4.0	4.1	9.0
Managerial across several teams	3.9	2.9	6.0	4.9	5.3	4.0	3.0
Other non-MH specialist teams¹	4.4	6.1	4.8	4.7	5.6	6.0 ²	5.0
Total	6.0	7.4	8.3	6.6	5.6	7.1	7.4

Based on figures from 24 Local Authorities in 2008, 28 in 2009, 23 in 2010 and 2011, 21 in March 2012, 24 in December 2012 and 22 in 2013.

¹ Includes intake teams and physical & sensory disability teams to conceal small numbers.

² This figure differs from that in the December 2012 report as the calculation has been amended.

6.3 Exclusive MHO positions

An “exclusive” MHO contract specifies that the staff member is appointed to primarily undertake statutory Mental Health Officer work. The MHOs counted in this section are also included in the specialist mental health and non-mental health specialist team data in sections 6.1 and 6.2.

The team categories used to present data on exclusive MHO positions are summary categories. Table 18a shows that the number of exclusive MHOs has increased substantially from 176 in December 2012 to 215 in 2013, the highest level ever recorded in this publication. The number of exclusive MHOs working in other teams has more than doubled to a high of 35 in 2013, whereas those working across all sectors have reduced by 14 to 38. Table 18b shows an increase in the proportions of exclusive MHOs in community or adult social work mental health teams and other teams, with a corresponding decrease in the proportion of exclusive MHOs working across all sectors.

Table 18a: Number of exclusive MHO positions by summary team category – 2008 to 2013

	MHO numbers						
	2008	2009	2010	2011	Mar-12	Dec-12	2013
Community or adult social work MH teams	64	82	102	75	98	108	142
Other teams¹	21	12	25	30	22	16	35
Across all sectors²	45	45	28	26	47	52	38
Total	130	139	155	131	167	176	215

¹ Includes staff from learning disability teams, old age psychiatry/dementia teams and forensic teams to conceal small numbers.

² For definition of "Across all sectors", see Appendix 5.

Table 18b: Percentage of exclusive MHO positions by summary team category – 2008 to 2013

	MHO percentages						
	2008	2009	2010	2011	Mar-12	Dec-12	2013
Community or adult social work MH teams	49.2%	59.0%	65.8%	57.3%	58.7%	61.4%	66.0%
Other teams¹	16.2%	8.6%	16.1%	22.9%	13.2%	9.1%	16.3%
Across all sectors²	34.6%	32.4%	18.1%	19.8%	28.1%	29.5%	17.7%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

¹ Includes staff from learning disability teams, old age psychiatry/dementia teams and forensic teams to conceal small numbers.

² For definition of "Across all sectors", see Appendix 5.

Table 19a shows that the overall WTE of exclusive MHOs has increased even more substantially than the headcount, by 47.6 from December 2012 to 2013. The 2013 WTE total of 201.9 is more than double that of 2008 (95.6); over the five-year period the community or adult social work mental health teams category has increased by about 100, and the other teams category has nearly doubled to around 33. Conversely, the across all sectors category has decreased by around 9. Table 19b shows that the WTE proportions across the teams in 2013 are similar to the headcount proportions in Table 18b.

Table 19a: WTE of exclusive MHO positions by summary team category – 2008 to 2013

	MHO WTEs						
	2008 ²	2009	2010	2011	Mar-12	Dec-12	2013 ⁴
Community or adult social work MH teams	37.7	79.6	97.0	73.0	94.1	99.9	136.9
Other teams¹	16.9	11.6	22.0	29.5	20.5	15.1	33.3
Across all sectors³	41.0	43.4	27.0	24.9	41.7	46.4	31.7
Total	95.6	134.6	146.0	127.4	156.3	154.3	201.9

¹ Includes staff from learning disability teams, old age psychiatry/dementia teams and forensic teams to conceal small numbers.

² WTE figures for 2008 incomplete because 3 Local Authorities were unable to provide WTE for exclusive staff.

³ For definition of "Across all sectors" please see Appendix 5.

⁴ WTE for Stirling imputed for 2013 because they were unable to supply the information.

Table 19b: Percentage WTE of exclusive MHO positions by summary team category – 2008 to 2013

	MHO WTE percentages						
	2008 ²	2009	2010	2011	Mar-12	Dec-12	2013 ⁴
Community or adult social work MH teams	39.5%	59.1%	66.4%	57.3%	60.2%	64.7%	67.8%
Other teams¹	17.7%	8.6%	15.1%	23.2%	13.1%	9.8%	16.5%
Across all sectors³	42.9%	32.2%	18.5%	19.6%	26.7%	30.1%	15.7%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

¹ Includes staff from learning disability teams, old age psychiatry/dementia teams and forensic teams to conceal small numbers.

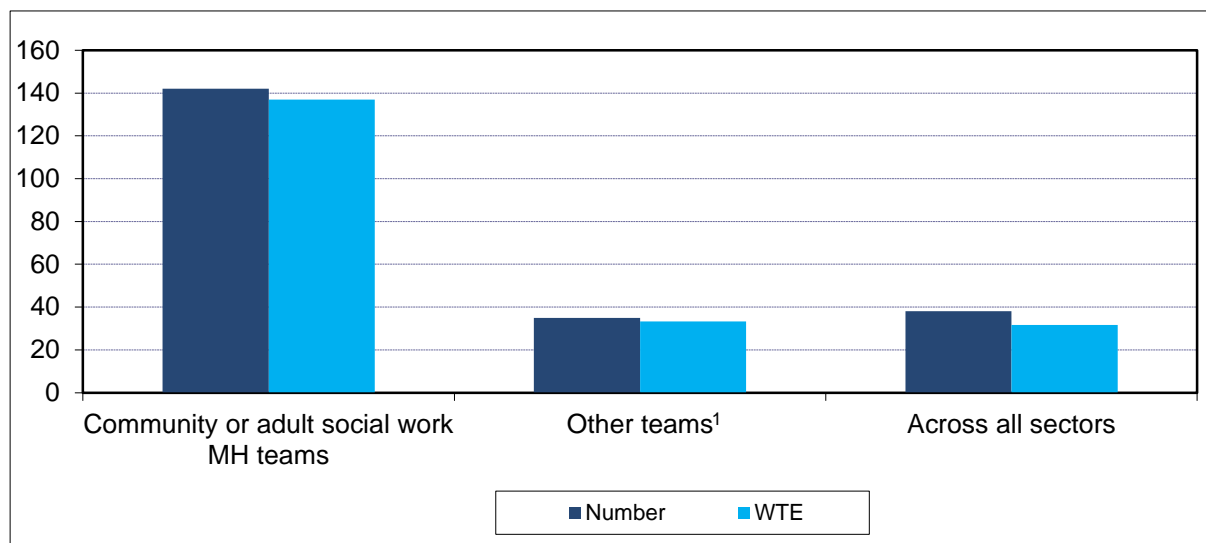
² WTE figures for 2008 incomplete because 3 Local Authorities were unable to provide WTE for exclusive staff.

³ For definition of "Across all sectors", see Appendix 5.

⁴ WTE for Stirling imputed for 2013 because they were unable to supply the information.

Figure 11 shows the headcount and WTE data by summary team category for exclusive MHOs for 2013.

Figure 11: Exclusive MHO positions by summary team category – 2013

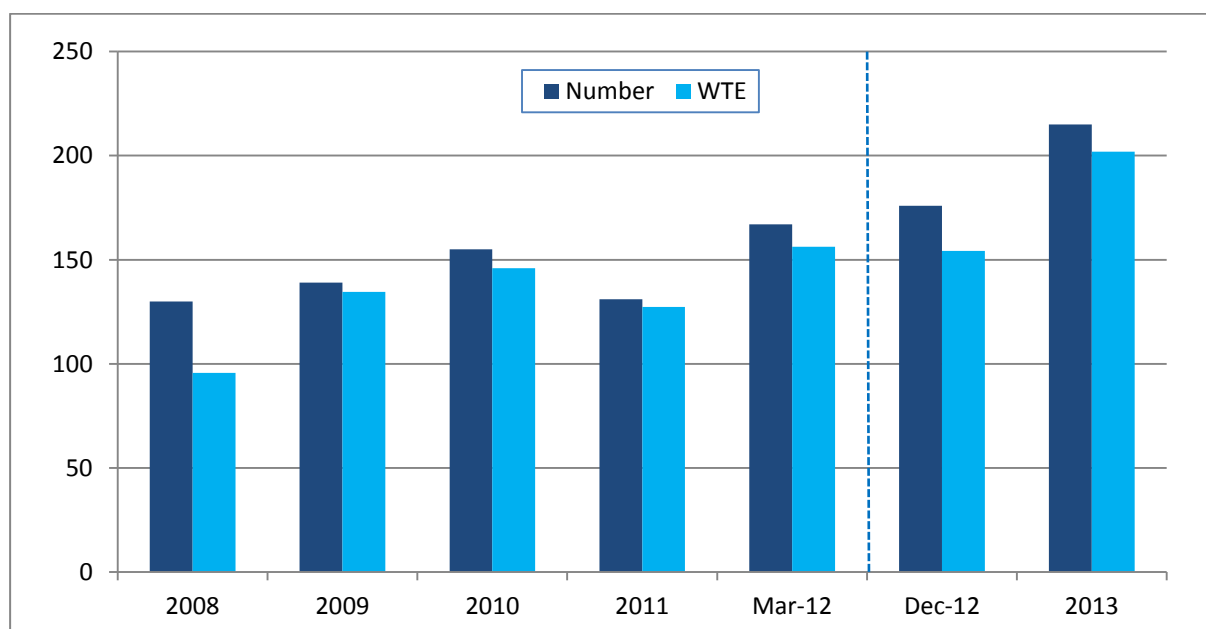


¹ Includes staff from learning disability teams, old age psychiatry/dementia teams and forensic teams to conceal small numbers.

For definition of "Across all sectors" please see Appendix 5.

Figure 12 shows the trends in headcount and WTE for exclusive MHOs from 2008 to 2013, highlighting the large increases seen in 2013 from December 2012 and the overall rising trend since 2008.

Figure 12: Exclusive MHO numbers and WTE – 2008 to 2013



7 WORK CARRIED OUT BY MHOs

This section of the report looks at three particular areas of MHO work: rota duty, Adults with Incapacity (AWI) and mentally disordered offenders. Further information on the activity of MHOs is available from the Mental Welfare Commission (www.mwc.org.uk) which publishes annual reports on mental health services.

7.1 Rota duty

Table 20 and Figure 13 show the numbers of MHOs performing three different types of rota duty. Overall, it can be seen that the levels of all three categories were highest in 2011. The number of MHOs on daytime rota duty has increased slightly by 12 (2.4%) between December 2012 (494) and 2013 (506). This is the second-highest level seen during the five-year period after a high of 529 in 2011, and is 11% more than in 2008.

The number of MHOs on out-of-hours rota duty increased slightly but steadily between 2008 and 2011 when it reached a high of 137. Since then it has decreased steadily to reach a five-year low of 93 in 2013, 20% fewer than in 2008.

After increasing to a high of 108 in 2011, the number of daytime MHOs working out-of-hours reduced to 94 in December 2012, but has increased to 106 in 2013, around the same level as in 2011 and 66% higher than in 2008.

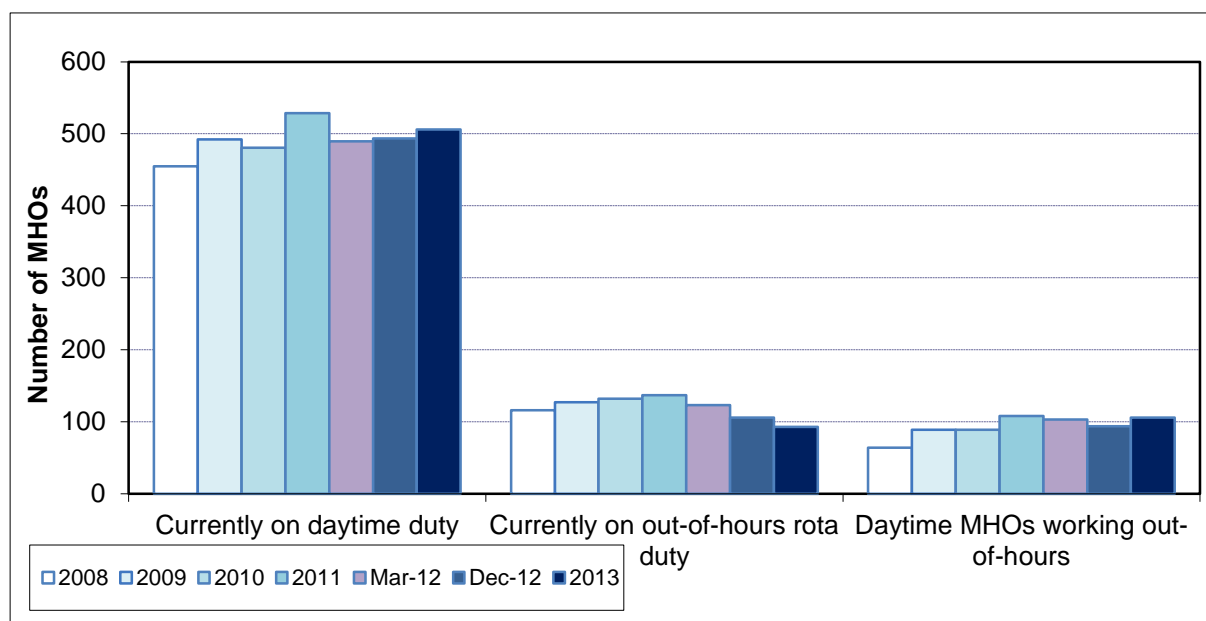
In 2013, for the first time in the five-year period, the number of daytime MHOs working out of hours exceeds the number of MHOs currently on out-of-hours rota duty. This suggests that there are daytime MHOs who do out-of-hours work other than on out-of-hours rota duty. This will be explored and reported on at a later date.

Falkirk, Stirling and Clackmannanshire share an out of hours service. North, South and East Ayrshire run one joint Ayrshire-wide out of hours service which is based in East Ayrshire.

Table 20: Number of MHOs on rota duties – 2008 to 2013

	2008	2009	2010	2011	Mar-12	Dec-12	2013
Currently on daytime duty	455	492	481	529	490	494	506
Currently on out-of-hours rota duty	116	127	132	137	123	106	93
Daytime MHOs working out-of-hours	64	89	89	108	103	94	106

Figure 13: Number of MHOs on rota duties – 2008 to 2013



7.2 Adults with Incapacity (AWI)

The category of work with Adults with Incapacity (AWI) was introduced for the December 2013 census. There were 427 MHOs involved in AWI work in 2013, constituting 63.4% of the total MHO workforce.

7.3 Mentally disordered offender (MDO) work carried out by MHOs

This section of the report examines the types of work carried out by MHOs specifically relating to mentally disordered offenders (MDO). Three specific types of MDO work are reported:

- Assessment and treatment orders
- Compulsion orders
- Designated MHO for a restricted patient

It is possible that an MHO will not be involved in any of these work areas, or that they work in more than one area during the year. This is likely to depend on the size of the Local Authority and the number of such offenders encountered in a year.

Table 21 and Figure 14 show the numbers of MHOs by work area by year. The number of MHOs carrying out assessment & treatment orders increased steadily from 146 in 2010 to a peak of 258 in December 2012, but has reduced substantially to 182 in 2013.

In 2013 there were 140 MHOs working on compulsion orders, a slight decrease of 3.4% from December 2012. In general, the number of MHOs in this work area has fluctuated between 2008 and 2013, with a peak of 161 in 2011.

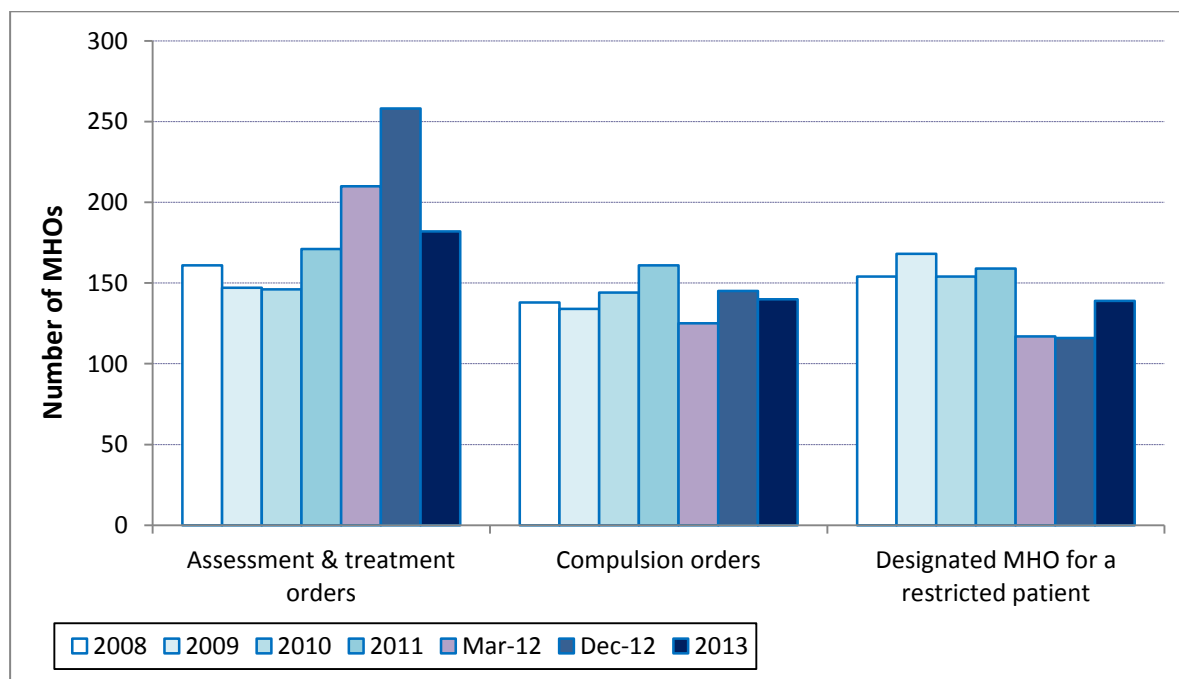
After significantly lower numbers of designated MHOs for a restricted patient in March and December 2012 compared to previous years, the number has increased substantially in 2013 to 139, an increase of 20% over December 2012.

Table 21: MHOs undertaking MDO work by work type – 2008 to 2013

Work areas undertaken	Number of MHOs undertaking work						
	2008 ¹	2009	2010	2011	Mar-12	Dec-12	2013
Assessment & treatment orders	161	147	146	171	210	258	182
Compulsion orders	138	134	144	161	125	145	140
Designated MHO for a restricted patient	154	168	154	159	117	116	139

¹ In 2008 not every Local Authority was able to provide a response by specific work types.

Figure 14: MHOs undertaking MDO work by work type – 2008 to 2013



Note: In 2008 not every Local Authority was able to provide a response by specific work types.

8 BACKGROUND INFORMATION ON THE DATA COLLECTION AND ITS USE

8.1 Data sources

8.1.1 Mental Health Officers' (MHOs) survey

The information about the number of qualified MHOs who are practising within Scotland comes from administrative data held by Scottish local authorities. As this information is used to monitor and manage services locally, it is deemed to be robust and accurate.

8.1.2 National Records for Scotland (NRS) population estimates

The NRS mid-year population estimates are used to calculate the MHO WTE rate per 100,000 of the Scottish population in section 5.2, and in Appendices 1, 2 and 3 to the report.

The NRS is the devolved Government department in Scotland responsible for the registration of births, marriages, civil partnerships, deaths, divorces and adoptions in Scotland. The population estimates are produced using the demographic cohort component method. Full details are available from:

<http://www.gro-scotland.gov.uk/statistics/theme/population/estimates/mid-year/index.html>

8.2 Data quality and use

8.2.1 Survey strengths

One key strength of the MHO survey is that it does not attempt to sample the MHO workforce, but rather comprises a comprehensive annual census and so avoids problems with sampling errors etc.

Other strengths are related to the use of administrative data held by Scottish local authorities. As stated in the definition on page 6, the focus of the survey is MHOs who have practised as such within that authority during the year prior to the survey census date. To complete the survey, local authorities are expected to use existing staff records (i.e. administrative data) to provide them with the necessary information. There are a number of reasons that the SSSC believes that this administrative data can be used with confidence.

The first is that the role of the MHO is one which is well understood. It was both created and defined under the Mental Health (Scotland) Act 1984 and that definition has remained unchanged since. MHOs must: (a) be qualified social workers; (b) be employees of a local authority; and (c) have completed an approved MHO training course. In addition, to practise as a qualified social worker (and therefore as an MHO), it is legally required that the individual be registered as a social worker with the SSSC and that their application must be supported by their employer. This combined with the statutory duties that only MHOs may undertake means that the definition of a Mental Health Officer (MHO)

has been, is and will continue to be well understood by Scottish local authority social work services. It is also one for which they need to be able to account to both the Care Inspectorate and the Mental Welfare Commission who themselves make use of the published MHO workforce data.

A second reason is that the survey is now long established, having been conducted by Scottish Government from 2005 to 2012 and involving local authority representatives (usually from authorities' mental health services) who they met with once or twice per year. The SSSC continues to meet regularly with these representatives. In addition, as outlined in the Survey Methodology section (8.3 below), a standardised template was developed which provides guidance as well as logic checks.

Thirdly, the MHO workforce is not just well-defined but is also quite compact relative to the size of other staff groups within the sector. Numbers of MHOs per authority range from 5 to 94. The 674 practising MHOs employed by local authorities in Scotland in December 2013 constitute about 11% of the total number of 5,900 or so practising social workers in local authorities (see Appendix 4b).

One prominent concern in relation to the use of administrative data is the extent to which it may be open to mis-representation as a result of organisations' preoccupation with evidencing key performance indicators. This is sometimes referred to as "gaming". This is not thought to be a significant risk with the MHO statistics. There are currently few National Outcome measures for mental health services and the four mental health HEAT performance targets (Health Improvement, Efficiency, Access to Services and Treatment) cannot be easily applied to social work services such as the work performed by MHOs. There are no national Key Performance Indicators for the provision of an MHO service or for the numbers of MHOs to be employed.

For all of the above reasons the SSSC has confidence in the quality of the data provided by local authorities on practising MHOs. Accordingly, the quality assurance approach adopted by the SSSC is one which emphasises sanity and logic checks and is the same approach as that used by the Scottish Government when they undertook the survey.

8.2.2 Survey weaknesses

One previously perceived weakness of the MHO survey was that the data was gathered at an aggregate level as opposed to the individual level data collected in the Scottish Local Authority Social Work Services (LASWS) survey and in the Care Inspectorate's annual returns (CIARs). As detailed in the Survey Methodology section below, this was changed for the December 2013 survey by merging the MHO and LASWS surveys so that much of the MHO data was collected at an individual level.

While there is activity data provided in Section 7 of the report, this is by no means an exhaustive analysis of the work that MHOs do and therefore cannot be used in conjunction with the workforce data to estimate trends in productivity. The tasks considered in Section 7 are ones previously identified by data users in local and central government as being of particular interest to them.

A further area of weakness is in relation to the data available on the age, gender and ethnicity of the workforce. Response rates for these data items have varied considerably in recent years making meaningful analysis of the data problematic.

8.3 Survey Methodology

Up to March 2012, the survey collected information about the number of qualified MHOs who were practising within Scotland on 31 March. Later in 2012, after the transfer of responsibility for the report from the Scottish Government to the SSSC, the timing of the MHO survey was changed to December to bring it into line with the two main workforce data gathering systems within the sector:

- The Survey of Scottish Local Authority Social Work Services (LASWS) staff
- The Care Inspectorate's annual returns (CIARs) from all registered care services

These data gathering systems cover between them approximately 190,000 people working in the social services sector in Scotland. Conducting the MHO survey at the same time as these collections means that the MHO data can be compared meaningfully with the data on the rest of the sector. The benefits of bringing the MHO survey into line with these major data gathering exercises and so creating continuities with them were judged greater than the costs in terms of the discontinuities with previous MHO surveys. Accordingly, the MHO data for December 2012 and 2013 is not directly comparable with that of previous MHO reports, but it is comparable with the corresponding annual LASWS census data.

8.3.1 December 2013 data collection methodology

The data content of the December 2013 survey matched that of previous surveys, with the following enhancements:

- An Overall Summary drawing together total headcount and WTE for normal complement MHOs, temporary cover MHOs and MHO trainees
- The addition of a further work area category: Adults with Incapacity (AWI)

The collection method was radically revised in that the MHO data template was integrated into the LASWS survey return which gathers data at an individual staff member level. An MHO flag was added to the templates for current staff, leavers and vacancies in the LASWS return. Thus the Overall Summary, Age, Gender, Ethnicity, overall Leavers and Vacancies sections of the MHO template were automatically populated from the corresponding sections of the LASWS return for each authority. The remaining MHO data was entered directly into the MHO

template in numerical form, as before. The template contains a set of logic checks which highlight basic computational or inputting errors that the data providers could then correct prior to submission. Local authorities were asked to return their submissions by mid-March 2014.

An initial manual check of submissions was made by the SSSC data analyst before extracting the data into a separate spreadsheet, including checking that the data from the LASWS templates had transferred correctly to the appropriate sections of the MHO template. The spreadsheet has checks built in to ensure the internal consistency of the data provided by each LA and identify inconsistencies between responses. Contextual checks were also carried out on the data including comparison with responses in previous years and comparison between LAs of headcount numbers of MHOs. Problems identified in the data checking and cleaning process were raised with individual authorities in order to ensure the correct data had been obtained. For the writing of the report, all the graphs and charts were automatically created in the spreadsheet. For the WTE rates per population, the mid-year population estimates are updated annually from the National Records of Scotland website.

For information, the 2013 MHO data collection template (which formed part of the 2013 LASWS survey return) is available from the SSSC's workforce data site: <http://data.sssc.uk.com>

8.4 Changes to and anomalies in previously published figures

a. MHO WTE rates per 100,000 population (Section 5.2, page 12; Appendices 1, 2 & 3, pages 44-46):

The December 2012 rates have been updated in this report with the NRS 2012 mid-year estimates (2011 estimates were used in the 2012 MHO Report because the report was published in May 2013 before the 2012 MYE were available).

b. MHO leaver numbers (Table 10a, page 19):

Certain figures for December 2012 have been revised from the 2012 MHO report: "Career break" plus "Other" figure from 12 to 16, and the total from 56 to 60.

c. MHO leaver percentages (Table 10b, page 20):

The percentage figures for December 2012 have all been revised from the 2012 report.

d. WTE of MHOs in specialist MH teams (Table 14a, page 25):

The figure for "Other specialist MH teams" for December 2012 has been revised from 55.83 to 55.2.

e. Percentage WTE of MHOs in specialist MH teams (Table 14b, page 25):

The figure for "Other specialist MH teams" for December 2012 has been revised from 16.5% to 16.4%.

f. Average hours per week on MHO work by members of non-mental health specialist teams (Table 17, page 30):

The figure for "Other non-MH specialist teams" for December 2012 has been revised from 4.79 to 6.0.

g. "Old" Tables 21a and 21b on page 22 of the 2012 MHO Report:

These tables presented data on MHOs doing MDO work by specialist and non-specialist teams, and are not included in this report. This is because the addition of the Adults with Incapacity work area to the 2013 survey template rendered the 2013 data for these tables incomparable with previous years. This anomaly will be rectified for the 2014 MHO survey.

h. "Old" Appendix 2 on page 28 of the 2012 MHO Report:

Appendix 4a in this report is an update of Appendix 2 in the 2012 MHO Report, replacing data on social workers from the 2011 LASWS survey with data from the 2012 LASWS survey.

i. Dumfries & Galloway change in MHO numbers between 1 April 2011 and 31 March 2012 (see Appendix 1, page 44):

This change is due in part to a group of eight staff, who provided supervision, no longer being recorded as active practitioners. This group consisted of 3 senior social workers and 5 managers of MHO practitioners.

j. Highland Integration of Health and Social Care:

On 1 April 2012, 11 qualified MHOs transferred to NHS employment from Highland Council and therefore can no longer practise as MHOs. This accounts for 19.6% of leavers between 4 December 2011 and 3 December 2012. An additional 14 members of staff who were already working for the local authority were given a more defined mental health role and were included in the return.

8.5 Respondent burden

The UK Statistics Authority requires producers of National Statistics reports to calculate the costs to the organisations of gathering and providing the information that is necessary to produce the report. To calculate the cost of respondent burden to this survey, each Local Authority was asked to provide an estimate of the time taken in hours to extract the requested information and complete the survey form. Twenty-eight Local Authorities were able to provide this figure and the median time taken was 3.8 hours. A rate of £11.51 was applied, which is the mean hourly rate for "Scotland: Administrative Occupations" from the Annual Survey of Hours and Earnings (ASHE) 2013 provisional results, available at:

<http://www.ons.gov.uk/ons/rel/ashe/annual-survey-of-hours-and-earnings/2013-provisional-results/2013-provisional-table-3.zip>

Using these figures in the calculation below, the total cost of responding to this survey is approximately **£1,380**.

$$\text{Cost of Responding (£)} = \frac{(\text{number of responses} \times \text{median time it takes to respond in hours} \times \text{hourly rate of typical respondent})}{\text{X}} + \text{any additional costs experienced by data provider}$$

The estimated time taken varied considerably across the 28 authorities which responded to this question; estimates from some authorities were in double figures, reflected by a mean time taken of 7.5 hours, twice the median time taken. These variations are deemed to be due in some part to the different people involved in different authorities in collating the data and completing the survey return. For example, in some authorities an HR assistant collates the MHO data received from mental health team leaders, in other authorities the LASWS contact collates it and in yet other authorities, a nominated mental health team leader collates it. Another factor is likely to be the widely-varying volumes of data submitted by different authorities. In view of this variability, it is suggested that the total cost figure presented in this report is treated with caution.

8.6 Previous publications

The **2007/08** survey results (produced by Scottish Government) were published in issue 19 of the Mental Health Officers in Scotland newsletter in the winter of 2008/09. The newsletter section containing the 2007/08 survey results can be found on the SSSC's workforce data site: <http://data.sssc.uk.com>

The reports from **2008/09 to 2011/12** (produced by Scottish Government) can be found at: <http://www.scotland.gov.uk/Topics/Statistics/Browse/Health/Data/MHOfficers>

The report from **December 2012** (produced by SSSC) can be found at: <http://data.sssc.uk.com/data-publications/23-mental-health-officers-report/69-2012-mental-health-officers-report>

8.7 Future MHO reports

The 2014 MHO survey census will be conducted in early December 2014 and the 2014 MHO Report will be published in the summer of 2015.

8.8 Further information

This report is available at: <http://data.sssc.uk.com/data-publications/23-mental-health-officers-reports/89-mental-health-officers-scotland-report-2013>

MHO numbers, WTEs and WTE rates per 100,000 population by Scottish Local Authority are shown in Appendices 1 – 3 of this report. MHO numbers as a proportion of all practising social workers by Local Authority are shown in Appendix 4. Please note that Appendix 4a is an update of Appendix 2 in the 2012 MHO Report, replacing data on social workers from the 2011 LASWS survey with data from the 2012 LASWS survey.

Further details and analysis of the data presented in this report are available on request from:

Email: phil.mcnicol@sssc.uk.com, tel: 01382 346424

You can also write to us at:

Phil McNicol
Workforce Intelligence Team
Scottish Social Services Council
Compass House
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All the SSSC's workforce data, information and intelligence has been brought together in one easily accessible data website which includes our workforce data publications, data by area and customisable interactive data visualisations. The data site is available at: <http://data.sssc.uk.com/>

If you would like to be consulted about new or existing statistical collections or receive notification of forthcoming statistical publications, please register your interest on the Scottish Government Scotstat website at: www.scotland.gov.uk/Topics/Statistics/scotstat

For more information about the Scottish Social Services Council, please go to our website at: www.sssc.uk.com

This report was published on 25 September 2014.

9 APPENDICES

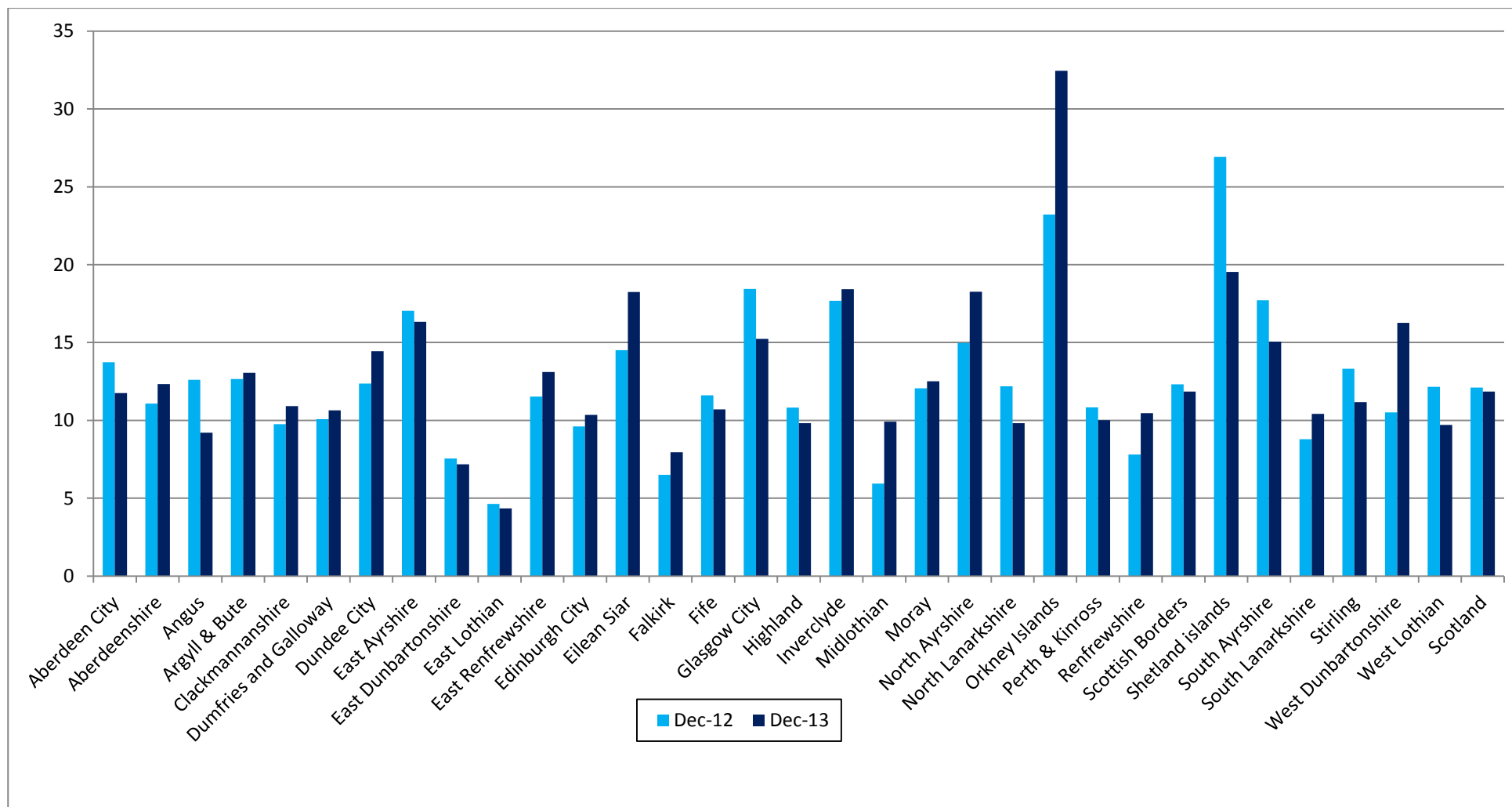
9.1 Appendix 1 - Mental Health Officer numbers, WTEs and WTE rates per 100,000 population by local authority – 2008 to 2013

Local Authority	Number of MHOs							WTE of MHOs							MHO WTE rate per 100,000 Population						
	2008	2009	2010	2011	Mar-12	Dec-12	2013	2008	2009	2010	2011	Mar-12	Dec-12	2013	2008	2009	2010	2011	Mar-12	Dec-12	2013
Aberdeen City	28	27	29	30	29	32	28	26.5	25.8	27.8	28.6	26.6	30.9	26.7	12.7	12.3	13.0	13.2	12.1	13.7	11.8
Aberdeenshire	31	30	29	31	36	29	33	30.1	29.1	26.4	29.7	32.5	28.3	31.8	12.6	12.1	10.9	12.1	13.1	11.1	12.3
Angus	15	15	17	13	12	15	12	5.7	13.6	15.8	12.2	10.7	14.7	10.7	5.1	12.3	14.3	11.0	9.6	12.6	9.2
Argyll & Bute	12	13	14	14	13	11	13	9.1	13.0	13.5	13.5	12.5	11.0	11.5	10.0	14.4	14.9	15.1	14.0	12.7	13.1
Clackmannanshire	7	6	6	4	5	5	6	5.5	5.0	5.0	4.0	5.0	5.0	5.6	11.1	9.9	9.9	7.9	9.8	9.8	10.9
Dumfries and Galloway	20	26	28	31	21	23	17	20.2	25.6	27.2	30.6	16.6	15.2	16.0	13.6	17.2	18.3	20.6	11.2	10.1	10.6
Dundee City	27	28	24	21	21	22	24	25.7	27.8	22.1	17.9	17.7	18.3	21.4	18.1	19.5	15.5	12.4	12.2	12.4	14.4
East Ayrshire	19	18	23	23	18	21	21	19.1	18.0	23.0	21.5	17.0	20.9	20.0	16.0	15.0	19.2	17.9	14.1	17.0	16.3
East Dunbartonshire	9	7	7	5	7	8	9	7.2	6.2	6.2	5.0	7.0	8.0	7.6	6.9	5.9	5.9	4.8	6.7	7.6	7.2
East Lothian	7	7	5	9	11	10	5	5.8	6.0	4.3	8.0	10.0	4.7	4.4	6.1	6.2	4.5	8.2	10.2	4.6	4.3
East Renfrewshire	9	8	8	9	7	11	13	8.3	7.5	7.0	8.5	7.0	10.5	12.0	9.3	8.4	7.8	9.5	7.8	11.5	13.1
Edinburgh City	56	64	62	58	57	53	54	49.5	56.8	53.8	54.0	51.0	46.4	50.5	10.6	12.0	11.4	11.1	10.3	9.6	10.4
Eilean Siar	5	5	6	5	4	4	5	5.0	5.0	6.0	5.0	4.0	4.0	5.0	19.0	19.1	22.9	19.1	15.3	14.5	18.2
Falkirk	17	13	11	12	10	12	14	16.2	13.0	11.0	12.0	6.0	10.2	12.5	10.7	8.6	7.3	7.8	3.9	6.5	8.0
Fife	47	44	48	47	46	44	42	45.5	42.0	47.0	45.5	45.5	42.5	39.3	12.6	11.6	13.0	12.5	12.4	11.6	10.7
Glasgow City	88	100	113	120	115	113	94	86.6	97.0	93.8	114.3	109.8	109.7	90.9	14.9	16.6	16.1	19.3	18.3	18.4	15.2
Highland	41	43	39	36	29	28	27	37.8	39.4	38.3	35.0	26.8	25.2	22.9	17.4	18.0	17.5	15.8	12.1	10.8	9.8
Inverclyde	13	12	16	16	15	15	15	12.6	11.8	15.8	15.4	13.8	14.3	14.8	15.5	14.6	19.6	19.2	17.4	17.7	18.4
Midlothian	10	7	7	7	6	7	10	8.0	6.8	6.4	6.0	5.0	5.0	8.4	10.0	8.4	7.9	7.4	6.1	5.9	9.9
Moray	10	9	13	13	13	13	14	9.4	9.0	11.3	11.3	8.5	11.2	11.8	10.8	10.3	12.9	12.9	9.7	12.1	12.5
North Ayrshire	22	21	23	23	21	21	25	22.3	20.6	22.2	22.2	20.2	20.6	25.0	16.4	15.2	16.3	16.4	14.9	15.0	18.3
North Lanarkshire	37	40	45	43	39	42	35	36.0	39.0	45.0	43.0	38.2	41.2	33.2	11.1	12.0	13.8	13.2	11.7	12.2	9.8
Orkney Islands	4	5	5	6	6	6	7	4.0	5.0	5.0	6.0	6.0	5.0	7.0	20.1	25.1	25.1	29.8	29.8	23.2	32.5
Perth & Kinross	13	15	16	18	15	16	16	12.3	14.6	15.6	14.4	14.1	16.0	14.8	8.7	10.1	10.8	9.7	9.4	10.8	10.0
Renfrewshire	17	13	16	16	17	19	19	16.1	12.5	15.8	15.4	12.8	13.6	18.2	9.5	7.4	9.3	9.0	7.5	7.8	10.5
Scottish Borders	20	16	16	15	17	15	14	18.8	14.3	16.0	15.0	17.0	14.0	13.5	16.9	12.7	14.2	13.3	15.0	12.3	11.9
Shetland islands	5	6	7	6	7	7	6	4.3	5.0	6.0	5.5	6.3	6.3	4.5	19.6	22.7	27.3	24.6	27.8	26.9	19.5
South Ayrshire	19	17	17	17	17	20	17	18.2	16.2	16.2	16.2	17.0	20.0	17.0	16.3	14.5	14.5	14.5	15.2	17.7	15.1
South Lanarkshire	27	23	28	31	31	29	33	23.9	20.0	24.3	29.4	29.9	27.7	32.8	7.7	6.4	7.8	9.4	9.6	8.8	10.4
Stirling	7	9	12	15	13	13	11	5.7	5.9	10.0	12.0	12.1	12.1	10.2	6.5	6.7	11.3	13.4	13.4	13.3	11.2
West Dunbartonshire	10	13	11	10	8	11	16	6.8	11.0	8.3	8.5	7.0	9.5	14.6	7.5	12.1	9.1	9.4	7.7	10.5	16.3
West Lothian	24	22	25	24	22	23	19	20.0	20.5	21.8	22.3	22.0	21.4	17.1	11.9	12.1	12.9	13.0	12.7	12.2	9.7
Scotland	674	682	726	728	688	698	674	622.2	643.0	667.8	687.8	635.4	643.2	631.7	12.1	12.4	12.9	13.2	12.1	12.1	11.9

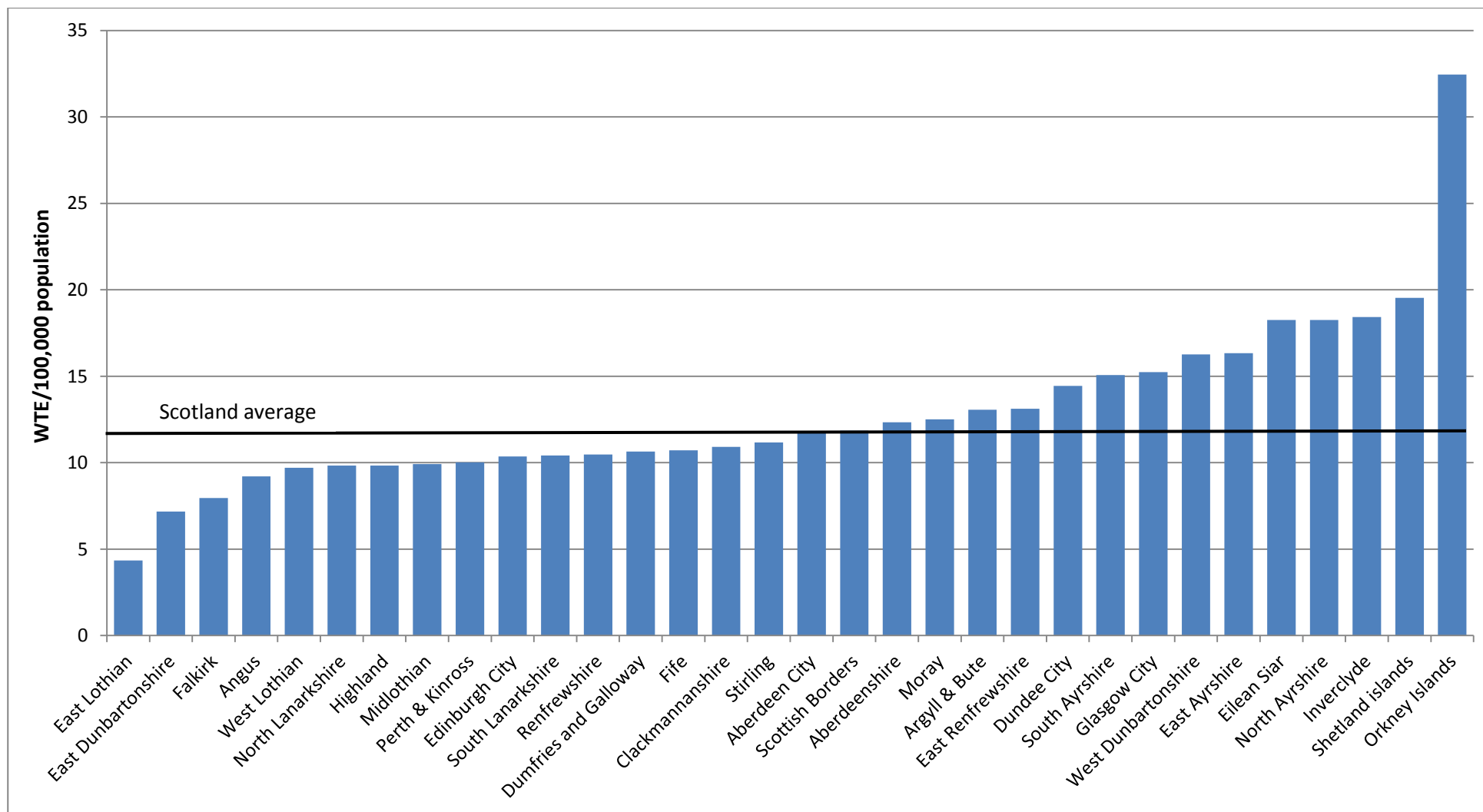
Source: National Records of Scotland mid-year population estimates 2008 to 2013

Note: The December 2012 rates updated here with the 2012 mid-year estimates (2011 estimates were used in the 2012 MHO Report because of timing of publication)

9.2 Appendix 2 - Mental Health Officer WTE rates per 100,000 population by local authority – December 2012 and December 2013



9.3 Appendix 3 - Mental Health Officer WTE rates per 100,000 population by local authority, ranked in ascending order – December 2013



9.4 Appendix 4a - Mental Health Officers as a proportion of all practising social workers – December 2012

Local Authority	Total number MHOs	Total number social workers ¹	Percentage of social workers that are MHOs
Aberdeen City	32	295	10.8%
Aberdeenshire	29	268	10.8%
Angus	15	70	21.4%
Argyll & Bute	11	70	15.7%
Clackmannanshire	5	55	9.1%
Dumfries and Galloway	23	158	14.6%
Dundee City	22	204	10.8%
East Ayrshire	21	168	12.5%
East Dunbartonshire	8	74	10.8%
East Lothian	10	100	10.0%
East Renfrewshire	11	95	11.6%
Edinburgh City	53	605	8.8%
Eilean Siar	4	20	20.0%
Falkirk	12	152	7.9%
Fife	44	304	14.5%
Glasgow City	113	835	13.5%
Highland	28	136 ²	20.6%
Inverclyde	15	120	12.5%
Midlothian	7	103	6.8%
Moray	13	131	9.9%
North Ayrshire	21	158	13.3%
North Lanarkshire	42	304	13.8%
Orkney islands	6	24	25.0%
Perth & Kinross	16	117	13.7%
Renfrewshire	19	161	11.8%
Scottish Borders	15	139	10.8%
Shetland Islands	7	27	25.9%
South Ayrshire	20	120	16.7%
South Lanarkshire	29	297	9.8%
Stirling	13	82	15.9%
West Dunbartonshire	11	122	9.0%
West Lothian	23	162	14.2%
Scotland	698	5,676	12.3%

¹ Data from 2012 annual Local Authority Social Work Services (LASWS) survey

² The large reduction in Highland's total social workers from 2011 is due to the integration of services in the Highland region which saw a number of social workers in services for adults move into health board registered services (now captured in the Care Inspectorate's annual data returns). All of Highland's MHOs continue to be employed by Highland Council.

9.5 Appendix 4b - Mental Health Officers as a proportion of all practising social workers – December 2013

Local Authority	Total number MHOs	Total number social workers ¹	Percentage of social workers that are MHOs
Aberdeen City	28	260	10.8%
Aberdeenshire	33	283	11.7%
Angus	12	69	17.4%
Argyll & Bute	13	81	16.0%
Clackmannanshire	6	58	10.3%
Dumfries and Galloway	17	164	10.4%
Dundee City	24	207	11.6%
East Ayrshire	21	162	13.0%
East Dunbartonshire	9	121	7.4%
East Lothian	5	85	5.9%
East Renfrewshire	13	101	12.9%
Edinburgh City	54	671	8.0%
Eilean Siar	5	19	26.3%
Falkirk	14	166	8.4%
Fife	42	324	13.0%
Glasgow City	94	845	11.1%
Highland	27	158	17.1%
Inverclyde	15	125	12.0%
Midlothian	10	109	9.2%
Moray	14	126	11.1%
North Ayrshire	25	164	15.2%
North Lanarkshire	35	312	11.2%
Orkney islands	7	29	24.1%
Perth & Kinross	16	123	13.0%
Renfrewshire	19	190	10.0%
Scottish Borders	14	138	10.1%
Shetland Islands	6	24	25.0%
South Ayrshire	17	122	13.9%
South Lanarkshire	33	302	10.9%
Stirling	11	71	15.5%
West Dunbartonshire	16	122	13.1%
West Lothian	19	178	10.7%
Scotland	674	5,909	11.4%

¹ Provisional data from 2013 annual Local Authority Social Work Services (LASWS) survey

9.6 Appendix 5 - Glossary

Term	Meaning
Concealment of small numbers	When a figure is too small to be seen in a graph/chart, it is added to the "Other" category. When this occurs in the report, it is made clear in a footnote.
Exclusive MHOs	"Exclusive" MHOs are those whose contract specifies that they are appointed to primarily undertake statutory Mental Health Officer work.
Unavailable MHOs	An MHO is classed as unavailable when they are on maternity leave, paternity leave, adoption leave, a career break, on long term sick leave or compassionate leave, for a period of three months or more.
Across all sectors	Involved in all aspects of MHO work, and in work across all service delivery areas.