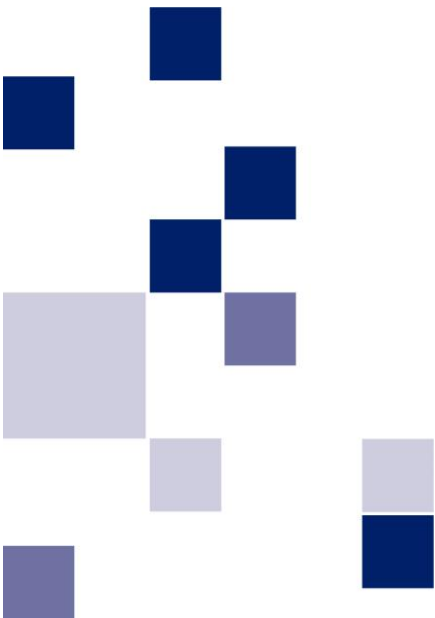




Mental Health Officers Report 2022

A National Statistics Publication for Scotland

Published 15 August 2023



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1 Executive summary

This report presents data on Mental Health Officers (MHOs) primarily at a Scotland level and local authority level. The tables and charts in this report are also available for separate download from the SSSC's Workforce Data website (data.sssc.uk.com).

The key points from this year's MHO report are set out below.

- There were 707 filled MHO posts in 2022, which is 13 more than the 694 in 2021.
- The number of individuals working as an MHO rose from 660 in 2021 to 670 in 2022.
- The overall hours estimated to be spent on MHO duties each week in 2022 was 12,752 the highest since 2016 when we started reporting this figure, the next highest was in 2016 when it was 12,388.
- Between 2021 and 2022 there was a rise of over 9% in the overall hours estimated to be spent on MHO duties each week.
- There was a rise of over 7% in the weekly average hours worked per MHO post.
- Filled exclusive MHO posts rose by 32 (13.7%) whereas the filled cover MHO posts fell by 21 (31.8%) and there was a rise of 24 non-exclusive posts (5.7%).
- Reported shortfall decreased by 8.2% from 2,840 to 2,606 hours per week.
- Between December 2021 and December 2022, 92 staff left 95 MHO posts.
- There is a long-term trend which has been seen since records began in 2005 of increasing proportions of MHOs located in mental health teams and reducing proportions in non-mental health teams. Two-thirds of MHOs are now based in MHTs compared to roughly two-fifths in 2005.

2 Terminology and definitions

An MHO is someone who:

- is a qualified social worker registered with the SSSC
- has successfully completed an approved MHO training course and
- is employed by a Scottish local authority.

A 'practising MHO' is defined as someone who meets the three criteria identified above and who has worked as an MHO in the 12 months before the survey census date.

'Filled MHO posts' is a count of the contracted posts in which qualified social workers practising as MHOs are employed. In most local authorities practising MHOs hold only one contracted post, so the count of filled posts is the same as the count of people. However, in five local authorities some MHOs hold two or even three separately contracted posts for MHO work, so the number of filled posts is greater than the number of people. As with previous reports, data analysis in this report focuses mainly on counts of filled MHO posts, not MHO headcount (which is the count of individuals practising as MHOs). Differences between the number of filled MHO posts and MHO headcount are indicated where relevant.

The 'contracted whole time equivalent' (WTE) is defined as an individual's total contracted weekly working hours expressed as a proportion of their local authority's standard weekly working hours. So, a full-time contract has a WTE of 1.00 and someone who works half time has a WTE of 0.50. The standard weekly working hours of most local authorities falls between 35 and 37 hours per week.

In order to understand what proportion of contracted hours are spent on MHO work we ask the MHO manager(s) within each authority to estimate the average hours each week an MHO spends on MHO work. As this is estimated data which must allow for the fluctuations that occur in MHO workloads, readers should treat these estimates as approximations of the resources spent on MHO work. They are not a definitive measure.

An 'unavailable MHO' is an MHO who is 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.

3 Introduction

2022 report

This is the eleventh annual report on the Mental Health Officer (MHO) workforce published by the Scottish Social Services Council (SSSC). The report is based on administrative data collected by the SSSC directly from local authorities as part of the annual local authority social work services survey (LASWS). The report gives a picture of the following.

- The number of qualified social workers practising as MHOs in post on Monday 5 December 2022, excluding long term absentees (unavailable MHOs).
- The estimated hours spent on MHO work by practising MHOs.
- The type of MHOs (cover, exclusive or non-exclusive) and the number of each type practising in each local authority area.
- Estimated weekly hours spent on MHO work per 10,000 population for each local authority area.
- MHO trainees, leavers, vacancies, unavailable MHOs and staffing shortfalls.
- Age, gender and ethnicity data on MHOs.
- Information on MHOs working in mental health teams and non-mental health teams.
- The number of MHOs based in Health and Social Care Partnerships (HSCPs).

Some changes have been made to the structure of the MHO report this year to streamline the information within it. Some tables and figures have been removed and some added. For further information on these changes and on the report's background, history, data sources, data quality and where to find previous copies of the reports please refer to Appendix C.

Please note the totals in some tables may not equal the sum of the individual parts and the percentages shown in the tables may not always add up to exactly 100% because of rounding.

Please note that we have used the 2021 mid-year population estimates (National Records of Scotland, 2022) in our geographical reporting this year. This is because the mid-year population estimates for 2022 are not expected to be published by National Records of Scotland until the autumn of 2023.

4 Mental Health Officers - national overview

In this report the workforce figures for December 2022 are presented in most cases alongside previously published data for the period 2018-2021. The time series data from 2005 onwards is available online (on the SSSC workforce data website at data.sssc.uk.com) and will be updated to include the latest 2022 data in autumn 2023. This chapter focuses on data at the Scotland (national) level.

4.1 Filled MHO posts, headcount, WTE and estimated hours worked.

The first row in table 1 looks at the headcount of practising MHOs. This is the number of separate individuals working as MHOs. This can be different from the number of filled MHO posts as in a small number of authorities some MHOs work in more than one post as an MHO. The number of individuals grew from 660 to 670 individuals (an increase of 1.5%).

Table 1 also shows that in December 2022 there were 707 active MHO posts, an increase of 1.9% from 694 in 2021.

The contracted WTE of the filled posts increased from 2021. However, it is important to remember that the WTE figure relates to the contracted hours for each post and that in most of these posts only a proportion of the contracted time is expected to be spent on MHO work.

Table 1: MHO headcount, filled posts and contracted WTE – 2018-2022

	2018	2019	2020	2021	2022
MHO headcount	699	671	677	660	670
Filled MHO posts	730	703	704	694	707
Contracted WTE	637	612	611	591	608
Average WTE/MHO	0.87	0.87	0.87	0.85	0.86

As already explained we ask MHO managers to provide estimates for the number of hours worked by each MHO in their authority. Table 2 below shows a sharp increase of over 9% in the estimated number of weekly hours worked by MHOs between 2021 and 2022 along with a rise of over 7% of the estimated weekly average hours worked per MHO post.

Table 2: Estimated hours spent on MHO duties and weekly average per MHO post 2018-2022

	2018	2019 ¹	2020 ²	2021	2022
Estimated hours worked by MHOs per week	11,490	11,222	11,617	11,677	12,752
Average estimated hours worked per week per post	15.7	16.0	16.6	16.8	18.0

1, 2 In 2019 and 2020 one local authority did not provide this data (though not the same local authority in each year). The estimated average hours per MHO post for those years were calculated by discounting the MHOs from the authorities that didn't provide data.

4.2 Types of MHO posts

Not all individuals working as MHOs spend similar amounts of time engaged in MHO work. For most MHOs only a small proportion of their working week will involve MHO activity. In order to help understand the MHO workforce we classify the posts that MHOs are employed in, in three ways.

- 'Exclusive' MHOs whose main job is MHO work and who may have the job title Mental Health Officer.
- 'Non-exclusive' MHOs who undertake both MHO work and non-MHO work (e.g., another statutory social work role). These workers are unlikely to have the job title Mental Health Officer and the amount of MHO work they do varies from week to week.
- 'Cover' MHOs who step in to provide services when required, e.g., to cover sickness absence. Their normal work is not MHO work and the amount of MHO work they do per week can be very small. They are very unlikely to have the job title Mental Health Officer.

Table 3 below shows the changes since 2018 in the numbers of each type of MHO post (exclusive, non-exclusive and cover). Table 4 shows the percentage share of these three types during the same period.

Table 3: MHOs posts by type – 2018-2022

Type of MHO	2018	2019	2020	2021	2022
Exclusive	223	218	232	233	265
Non-exclusive	436	427	419	395	397
Cover	71	58	53	66	45
Total	730	703	704	694	707

Between December 2021 and December 2022 filled exclusive MHO posts rose by 32 (13.7%), the filled cover MHO posts fell by 21 (31.8%) and there was a rise of two in non-exclusive posts (0.5%).

Table 4: Percentage MHOs posts by type – 2018-2022

Type of MHO	2018	2019	2020	2021	2022
Exclusive %	30.5	31.0	33.0	33.6	37.5
Non-exclusive %	59.7	60.7	59.5	56.9	56.2
Cover %	9.7	8.3	7.5	9.5	6.4
Total¹	100.0	100.0	100.0	100.0	100.0

Does not always add up to 100 % due to statistical rounding.

In order to better understand the hours worked by these three MHO types and their contribution to the estimated weekly hours worked by all MHOs, we have created tables 5 and 6 below.

Table 5: Estimated hours worked by each MHO post type – 2018-2022

Type of MHO	2018	2019	2020	2021	2022
Exclusive	7,002	6,968	7,209	7,386	8,313
Non-exclusive	4,184	4,033	4,239	4,066	4,243
Cover	304	221	169	225	196
Total	11,490	11,222	11,617	11,677	12,752

Table 6: Average estimated hours worked by each MHO post type.

Type of MHO	2018	2019	2020	2021	2022
Exclusive	31.4	32.0	31.1	31.7	31.4
Non-exclusive	9.6	9.4	10.1	10.3	10.7
Cover	4.3	3.8	3.2	3.4	4.4
Total	15.7	16.0	16.5	16.8	18.0

Table 5 shows us that although the number of non-exclusive MHO's increased by only two posts during 2022, the total amount of hours worked by non-exclusive MHOs increased by over 4% (177 hours). The average hours of non-exclusive MHOs were shown to have increased by a similar amount.

Table 6 clearly shows that the amount of time spent on MHO activity varies considerably across the three types of MHOs. As one might expect, cover MHO's spend the least hours on MHO activity.

Table 6 also tells us that although the total estimated average weekly hours worked by all MHOs has risen yearly from 2018 the rise has not been seen in all 3 MHO types. The most marked change over the last five years has been the change in non-exclusive MHO's average weekly hours, rising over 11% from 9.6 hours in 2018 to 10.7 in 2022.

To further explore the employment of MHOs, we include table 7 which gives a breakdown of the type of MHO post by the type of employment contract that they have. This table was published for the first time in last year's report and at that time 2 MHOs on agency contracts were identified, this year it is 6 (<1%).

However, we can see from table 7 that the majority of MHOs are on a permanent contract (85%). The largest of the remaining contract types is casual/relief. There are 47 MHOs with this contract type, just over half of whom (24) are cover MHOs. Fewer than half of the cover MHO posts had permanent contracts. Non-exclusive MHOs had the highest proportion of permanent contracts at 91%, while 81% of exclusive MHOs had a permanent contract.

Table 7: Number of MHOs by post type and contract type 2022

Contract Type	Exclusive MHOs	Non-Exclusive MHOs	Cover MHOs	Total
Permanent (GH)	215	363	20	598
Temporary (including secondment GH)	8	12	0	20
Agency	0	5	1	6
Bank	0	0	0	0
Fixed term (GH)	4	0	0	4
Sessional (GH)	0	0	0	0
Casual/relief	11	12	24	47
Trainee (GH)	3	0	0	3
Permanent (NGH)	0	0	0	0
Temporary (including secondment NGH)	0	0	0	0
Fixed term (NGH)	0	0	0	0
Sessional (NGH)	4	2	0	6
Trainee (NGH)	0	0	0	0
Other	2	0	0	2
Not known	18	3	0	21
Total	265	397	45	707

GH – guaranteed hours, NGH – non guaranteed hours

5 MHOs in Local Authorities.

5.1 MHO workforce in local authorities

The previous chapter looked at data at the Scotland level and this chapter will now look at the local authority level. It will consider the headcount, post count and coverage of the MHO workforce in each of Scotland's 32 local authorities. It will also look at how exclusive, non-exclusive and cover MHOs are employed by the different authorities.

Table 8 (next page) shows us the headcount, the number of filled posts and estimated weekly hours spent on MHO work across Scotland (including the estimated hours per 10,000 population) all at the level of individual local authorities. Data is also available in Appendix A at the individual health board level. As previously mentioned, the weekly hours data are based on estimates from the MHO manager in each local authority, and as such should be treated with a degree of caution.

The population estimates that we have used in calculating the hours worked per 10,000 people are those published by the National Records of Scotland. We have used the NRS data for 2021 as the population estimates for 2022 were not available at the time of publication.

As we would expect, given the differing sizes of local authority workforces and populations, the number of weekly hours spent on MHO work vary considerably across authorities. From table 8 we can see that Na h-Eileanan Siar (Western Isles) estimated 21 hours per week, while at the other end of the scale at over 70 times more that that is Glasgow with 1,596 hours per week.

In order to provide a comparative figure, the final column on the right shows the weekly hours spent on MHO work in terms of the local population. The average across all authorities is 23.3 hours per 10,000 population. However, this ranges from 8 hours per week (per 10,000 population) in Na h-Eileanan Siar to 48.6 hours per week in Inverclyde (six times greater than Na h-Eileanan Siar).

In the four largest cities we can see from table 8 that the number of MHO hours per 10,000 they undertake are all approximately plus or minus two hours of the national average. For example Aberdeen is 25.4, Dundee is 21.0, Edinburgh is 21.8 and Glasgow 25.1. However, if we look at primarily rural areas we see greater diversity in the hours worked per 10,000. For example Dumfries and Galloway has 46.0 hours per week while neighbouring Scottish Borders has just 11.5 and as already noted Na h-Eileanan has the lowest hours at 8.0. In the other two island authorities Orkney has 15.5 hours and Shetland 21.4. Highland which with the exception of Inverness is fairly rural estimated 34.6 hours per 10,000 and Argyll and Bute 21.0. The reasons for this diversity within rural local authorities is not clear from the data available to us.

Table 8: Headcount, filled MHO posts, estimated hours on MHO work and estimated hours per 10,000 population by local authority 2022.

Local authority	Headcount	Filled MHO posts	Weekly hours on MHO work	Hours on MHO work per 10,000
Aberdeen City	40	44	578	25.4
Aberdeenshire	40	40	745	28.4
Angus	15	15	253	21.8
Argyll and Bute	11	13	181	21.0
Clackmannanshire	5	5	161	31.2
Dumfries and Galloway	18	18	684	46.0
Dundee City	14	14	310	21.0
East Ayrshire	24	25	333	27.2
East Dunbartonshire	11	11	208	19.1
East Lothian	10	11	293	26.7
East Renfrewshire	8	9	158	16.4
Edinburgh, City of	48	68	1,146	21.8
Falkirk	13	13	246	15.3
Fife	39	39	680	18.1
Glasgow City	87	87	1,596	25.1
Highland	30	31	825	34.6
Inverclyde	11	11	373	48.6
Midlothian	10	10	317	33.5
Moray	17	17	124	12.9
Na h-Eileanan Siar	5	5	21	8.0
North Ayrshire	20	22	250	18.6
North Lanarkshire	43	44	437	12.8
Orkney Islands	4	4	35	15.5
Perth and Kinross	17	18	289	18.8
Renfrewshire	22	23	384	21.3
Scottish Borders	17	17	133	11.5
Shetland Islands	5	5	49	21.4
South Ayrshire	14	14	266	23.7
South Lanarkshire	36	36	765	23.7
Stirling	9	10	246	26.3
West Dunbartonshire	9	10	285	32.5
West Lothian	18	18	384	20.7
Scotland	670	707	12,752	23.3

Source of population data: (Scotland, 2022) National Records of Scotland mid-year population estimates 2021.

The data from the final column on the right of table 8 has been converted into a map in figure 1 (below) and a column chart (figure 2) which ranks the local

authorities (from left to right) in terms of the numbers of hours per week per 10,000 population (from lowest to highest).

Figure 1: MHO hours per week per 10,000 population Scotland – 2021

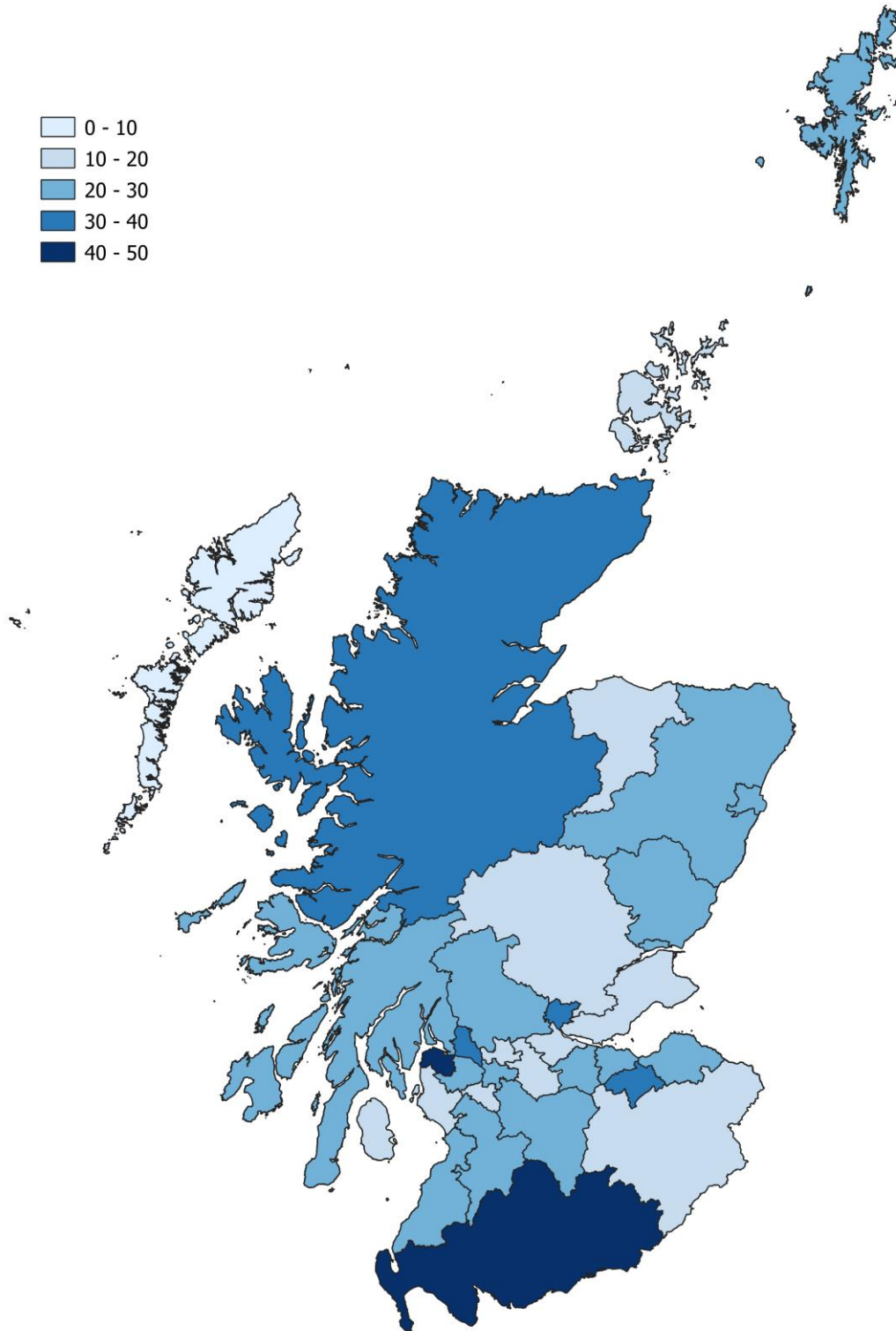
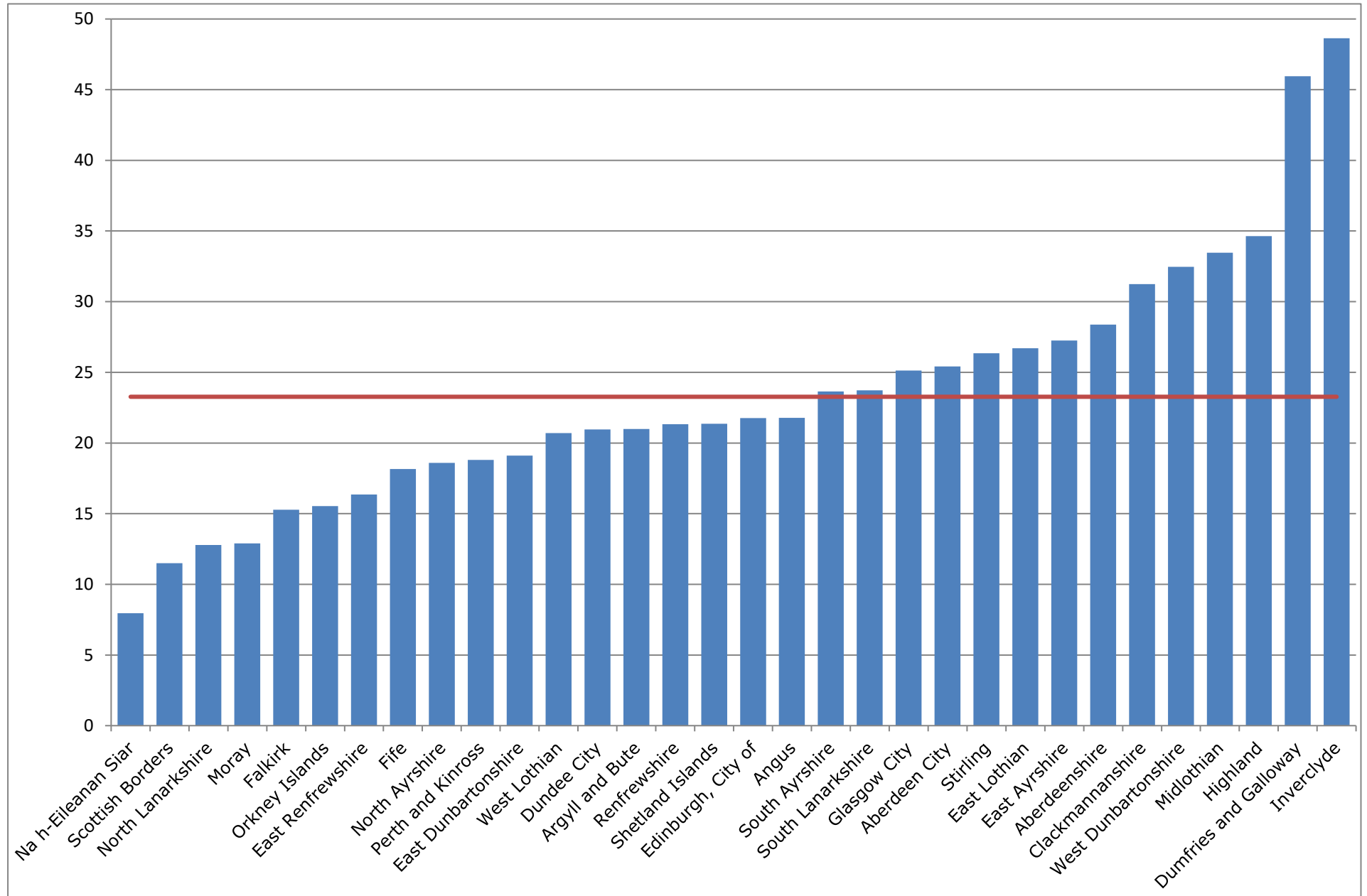


Figure 2 (on the next page) further represents the data on estimated hours spent on MHO work by local authority. Please note that the red horizontal line running across the middle of the chart represents that average hours per 10,000 across the whole of Scotland.

Figure 2: Hours per week spent on MHO duties per 10,000 population by local authority 2022



5.2 Distribution of MHO types by local authority.

Table 9 provides a breakdown of the number of exclusive, non-exclusive and cover MHO filled posts reported by each local authority.

Table 9: MHO post types in each local authority 2022.

Local authority	Cover MHO	Exclusive MHO	Non-exclusive MHO	Total MHOs
Aberdeen City	12	17	15	44
Aberdeenshire		15	25	40
Angus		5	10	15
Argyll and Bute			13	13
Clackmannanshire		5		5
Dumfries and Galloway	1	17		18
Dundee City	7	7		14
East Ayrshire		3	22	25
East Dunbartonshire	3		8	11
East Lothian	1	9	1	11
East Renfrewshire			9	9
Edinburgh, City of	11	28	29	68
Falkirk	1	7	5	13
Fife		19	20	39
Glasgow City			87	87
Highland		26	5	31
Inverclyde	1	10		11
Midlothian		10		10
Moray		2	15	17
Na h-Eileanan Siar			5	5
North Ayrshire		8	14	22
North Lanarkshire		5	39	44
Orkney Islands			4	4
Perth and Kinross	5	1	12	18
Renfrewshire		13	10	23
Scottish Borders		3	14	17
Shetland Islands	3		2	5
South Ayrshire		6	8	14
South Lanarkshire		21	15	36
Stirling		7	3	10
West Dunbartonshire		9	1	10
West Lothian		12	6	18
Scotland	45	265	397	707

Figure 3 gives a visual representation of the profile of MHO types (cover, exclusive and non-exclusive) within each local authority. At the top of the figure are the authorities with fewest MHO posts and the authorities with the most are at the bottom of the figure.

Figure 3: Filled MHO post types in each local authority 2022.

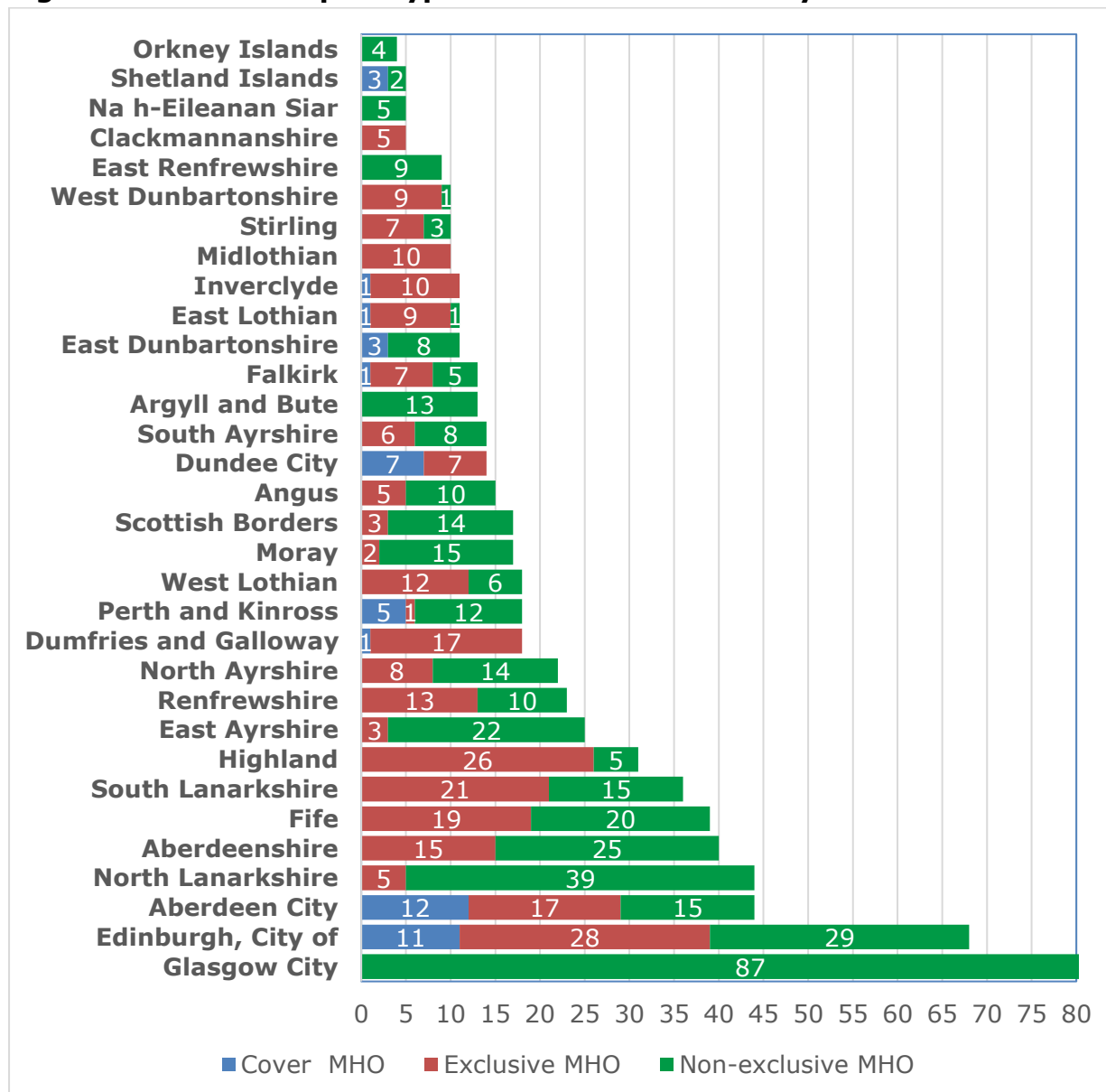


Figure 3 shows that the structure of the MHO workforce across Scotland varies considerably between different authorities. For example, Glasgow only employs non-exclusive MHOs whereas Dundee’s MHOs are split equally across cover and exclusive. Clackmannanshire and Midlothian remain the only local authorities which employ only exclusive MHOs.

Both table 9 and figure 3 show that fewer than one-third of authorities (10) made use of cover MHOs in 2021/22. Table 10 looks at how many authorities have employed cover MHOs during each year of the period 2018-22. As can be seen

this has varied between 8 and 12 and in most years the majority of authorities employing cover MHOs employed fewer than 4.

Table 10: Local authorities with cover MHOs by number and year 2018-2022

No of cover MHOs	2018	2019	2020	2021	2022
1-3	7	3	5	7	6
4-6	2	1	3	2	1
7-9	0	3	0	1	1
10+	3	1	2	2	2
Total	12	8	10	12	10

6 MHOs in mental health and non-mental health teams

6.1 Definitions

In the report so far we have looked at data at a Scotland and local authority level on the numbers and different types of MHOs. In this chapter we look at the types of teams that different types of MHOs operate in.

MHOs are employed in teams specialising in various areas of mental health as well as in teams which specialise in other areas of social work (e.g. children's social work). This section of the report looks in more detail at the distribution of Scotland's MHOs amongst these teams.

• **Mental health teams (MHTs)** provide mental health services, for example old age psychiatry or community mental health.

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

Table 11 shows that most active MHO posts continue to be in MHTs (67%) rather than NMHTs (33%), with the former increasing by 2.2 percentage points in 2022. The percentage of MHOs in mental health teams in 2005 was 40.5% (SSSC, MHO time series, 2022).

Table 11: MHO posts and percentage (%) in mental and non-mental health teams 2018-2022

	2018	2019	2020	2021	2022
Mental health	440	426	445	450	474
Non-mental health	290	277	259	244	233
% Mental health	60.3	60.6	63.2	64.8	67.0
% non-mental health	39.7	39.4	36.8	35.2	33.0
Total	730	703	704	694	707

Table 12 (below) shows that 2022 saw an overall increase in estimated hours worked by MHOs. The post count of MHOs in NMHTs decreased by 11, but the total estimated hours worked increased by 177 (9.5%). There were 24 more filled posts in MHTs in 2022 than 2021. MHOs in these teams were estimated to work 898 (9.2%) more hours in 2022 than 2021.

Table 12: Total estimated hours worked, and percentage (%) in mental and non-mental health teams 2018-2022

Total Hours Worked	2018	2019	2020	2021	2022
Mental health	9,774	9,467	9,839	9,806	10,704
Non-mental health	1,717	1,754	1,778	1,871	2,048
Total hours worked*	11,490	11,222	11,617	11,677	12,752
% Mental health	85.1	84.4	84.7	84.0	83.9
% Non-mental health	14.9	15.6	15.3	16.0	16.1

* Total hours worked is the sum of the two rows immediately above but the figures may not sum due to rounding.

6.2 MHOs in mental health teams

This section looks at the 474 MHO posts identified in table 11 that are in MHTs. Table 13 shows that dedicated MHO teams had the largest share of filled posts among MHTs. 2022 is the first year (since we started recording this data in 2016) that multidisciplinary community mental health teams did not have the largest share of the filled posts.

Table 13: Percentage (%) of MHO posts by MHT types – 2018-2022

	2018	2019	2020	2021	2022
Dedicated MHO teams	31.1	31.9	30.1	34.9	38.6
Community mental health (multidisciplinary)	40.5	35.7	38.9	36.2	34.6
Specialist social work mental health teams	14.8	17.1	17.8	14.0	13.1
Old age psychiatry/dementia teams¹	1.1	*	*	*	*
Managerial across several teams	4.1	5.4	4.0	7.1	6.8
Other mental health teams²	8.4	9.9	9.2	7.8	7.0
Total	100.0	100.0	100.0	100.0	100.0

1. Data suppressed to avoid disclosure due to small numbers.

2. Includes child and adolescent mental health teams, forensic teams and old age psychiatry/dementia teams (2019 -2022), aggregated to hide small numbers.

Table 14 shows the estimated average number of hours per week spent on MHO work in mental health teams. It is estimated that, on average, those in MHTs spent 22.6 hours a week on MHO work, this is a rise of 3.7% from 2021. Looking in more detail at different types of MHTs we can see that an MHO in a dedicated MHO team spent the most hours per week on MHO work, while an MHO managing staff across several MHTs spent the least.

Table 14: Estimated average weekly hours MHOs spend on MHO work by type of MHT – 2018-2022

	2018	2019	2020	2021	2022
Dedicated MHO teams	31.8	32.4	32.1	30.8	30.2
Community mental health (multidisciplinary)	18.7	18.8	19.4	19.4	20.1
Specialist social work mental health teams	19.5	19.4	18.0	16.9	18.9
Old age psychiatry/dementia teams¹	18.2	*	*	*	*
Managerial across several teams	7.5	7.6	8.0	5.1	6.3
Other mental health teams²	15.8	16.2	15.0	16.8	15.6
All mental health teams	22.2	22.2	22.1	21.8	22.6

1. Data suppressed to avoid disclosure due to small numbers.

2. Includes child and adolescent mental health teams, forensic teams and old age psychiatry/dementia teams (2019 -2022), aggregated to hide small numbers.

Table 15 shows the percentage share by team type of the estimated total hours spent on MHO work by members of all MHTs. As expected, the teams spending the most time on MHO work were dedicated MHO teams and community mental health teams as they have by far the most filled MHO posts (table 13) and spend the highest average weekly hours on MHO work (table 14).

Table 15: Percentage share (%) of estimated hours spent on MHO work by MHOs in MHT by team type – 2018-2022

	2018	2019	2020	2021	2022
Dedicated MHO teams	44.6	46.6	43.7	49.3	51.6
Community mental health (multidisciplinary)	34.1	29.8	34.1	32.2	30.7
Specialist social work mental health teams	13.0	15.0	14.4	10.8	11.0
Old age psychiatry/dementia teams¹	0.9	*	*	*	*
Managerial across several teams	1.4	1.7	1.5	1.7	1.9
Other mental health teams²	6.0	7.0	6.3	6.0	4.8
All mental health teams	100	100	100	100	100

1. Data suppressed to avoid disclosure due to small numbers.

2. Includes child and adolescent mental health teams, forensic teams and old age psychiatry/dementia teams (2019 -2022), aggregated to hide small numbers.

6.3 MHOs in non-mental health teams

This section looks at MHOs employed in non-mental health teams (NMHTs). These teams' primary concern is not mental health but other areas of work such as child protection or looked after children.

Table 11 told us that there were 233 MHOs in NMHTs in 2021, a fall of 4.5% from 244 in 2020. Table 16 shows that community care teams remain the largest employers of MHOs working in NMHTs, and emergency social work (out of hours) teams have the second highest proportion of filled MHO posts.

Table 16: Percentage (%) of filled MHO posts by NMHT types – 2018-2022

	2018	2019	2020	2021	2022
Generic	1.7	0.4	1.5	1.2	2.1
Community care	34.1	35.7	35.1	33.6	32.2
Learning disability	9.3	7.6	12.0	11.9	9.9
Criminal justice	9.3	9.0	6.9	9.4	7.7
Children and family	4.5	4.0	4.6	3.3	2.6
Emergency (out of hours)	28.3	27.1	25.5	28.7	30.0
Managerial across several teams	7.2	9.4	7.3	4.1	4.7
Other non-mental health teams¹	5.5	7.2	6.9	7.8	10.7
Total	100.0	100.0	100.0	100.0	100.0

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

Table 17 shows the estimated average hours spent on MHO work by MHOs in NMHTs.

Table 17: Estimated average weekly hours each MHO spent on MHO work by type of NMHT – 2018-2022

	2018	2019	2020	2021	2022
Generic	8.1	5.0	10.4	3.7	6.9
Community care	7.7	7.9	9.6	11.4	11.2
Learning disability	7.7	11.6	10.4	13.7	14.4
Criminal justice	3.8	2.7	2.5	4.6	5.5
Children and family	7.3	7.4	10.0	6.3	7.0
Emergency (out-of-hours)	5.2	5.4	4.1	3.2	6.5
Managerial across several teams	3.8	3.2	1.4	6.3	4.1
Other non-mental health teams¹	2.4	5.4	7.0	5.5	8.9
Overall average hours per MHO	5.9	6.4	6.9	7.7	8.8

1. Includes intake teams, physical and sensory disability teams (2019 onwards). These are combined to hide small numbers.

We can see from table 17 that the overall estimated average hours spent has risen every year since 2018. The highest rise in this timeframe was between 2021 and 2022 with a rise of just over one hour per week.

Table 18 shows the percentage share of the estimated total hours spent on MHO work for each type of NMHT. Emergency out of hours teams had 30% of the MHO posts (table 16) and worked just over 22% of the hours that NMHTs delivered. This may be due to the nature of the work within out of hours teams.

Table 18: Estimated percentage share (%) of hours spent on MHO work by MHOs in NMHT by team type – 2018-2022

	2018	2019	2020	2021	2022
Generic	2.4	0.3	2.3	0.6	1.7
Community care	44.4	44.5	47.2	49.8	41.1
Learning disability	12.1	13.8	18.1	20.5	15.5
Criminal justice	5.7	3.9	2.4	5.4	4.9
Children and family	5.1	3.8	6.2	2.7	2.0
Emergency (out of hours)	24.6	23.1	15.3	12.0	22.2
Managerial across several teams	3.5	4.7	1.5	3.4	1.8
Other non-mental health teams²	2.2	5.9	7.1	5.6	10.9
Total	100.0	100.0	100.0	100.0	100.0

1. Includes intake teams, physical and sensory disability to hide small numbers.

7 MHO trainees, leavers, vacancies and shortfalls

This chapter of the report looks at movement into and out of the MHO workforce. It considers the numbers of people in training to become MHOs, those leaving as well as vacancies and estimated shortfalls.

7.1 Trainee MHOs

Mental Health Officers (MHOs) are social workers with a minimum of two years post-qualifying experience. To practise as an MHO, they are required to achieve the Mental Health Officer Award (MHOA) run by one of the three approved programmes in Scotland. Courses may not run every year as they depend on there being enough trainees to warrant the course. However, in the last eight years all three have run annually. They run at different points in the year and for differing lengths of time. As a result newly approved MHOs can, and do, join the workforce at various times throughout the year.

The SSSC has a statutory responsibility for regulating MHO training and this section of the report provides information on trainee MHOs from the SSSC Annual Monitoring Review of MHOA programmes. The programmes are run by Robert Gordon University, the University of Edinburgh and University of Strathclyde. Please note that completions in table 19 may not be in the same year as admissions.

Table 19: Admissions to and completions (%) of MHO Award Programmes – 2018-19 to 2022-23

	18-19	19-20	20-21	21-22	22-23 ¹
Admissions	62	54	52	66	60
Completions	49	51	45	63	
% Completions	79.0	94.4	86.5	95.5	

Note: Years refer to academic years – eg, 22-23 = September 2022 to August 2023.

1. Information on the numbers who successfully completed the MHO award this year are not currently available.

7.2 MHOs leaving the workforce.

Between December 2021 and December 2022, a total of 92 MHOs left 95 posts. This is the same as 2021 and is the equal highest number of vacated posts since we started recording them in 2012, the next highest was 94 in 2019. Identifying MHO post leavers can be problematic – see the discussion in Appendix C, section 9, Survey weaknesses (page 43).

Figure 4 shows the number of MHO posts where the post-holder left the post, as a percentage of the total number of filled MHO posts. Though the number of leavers was the same in 2022 as 2021, the percentage fell slightly as there were more filled posts. As can be seen, the percentage leaving an MHO post has stayed relatively constant in recent years fluctuating between 11.9% and 13.7%.

Figure 4: MHO leavers 2018-2022 as a percentage (%) of MHO filled posts.

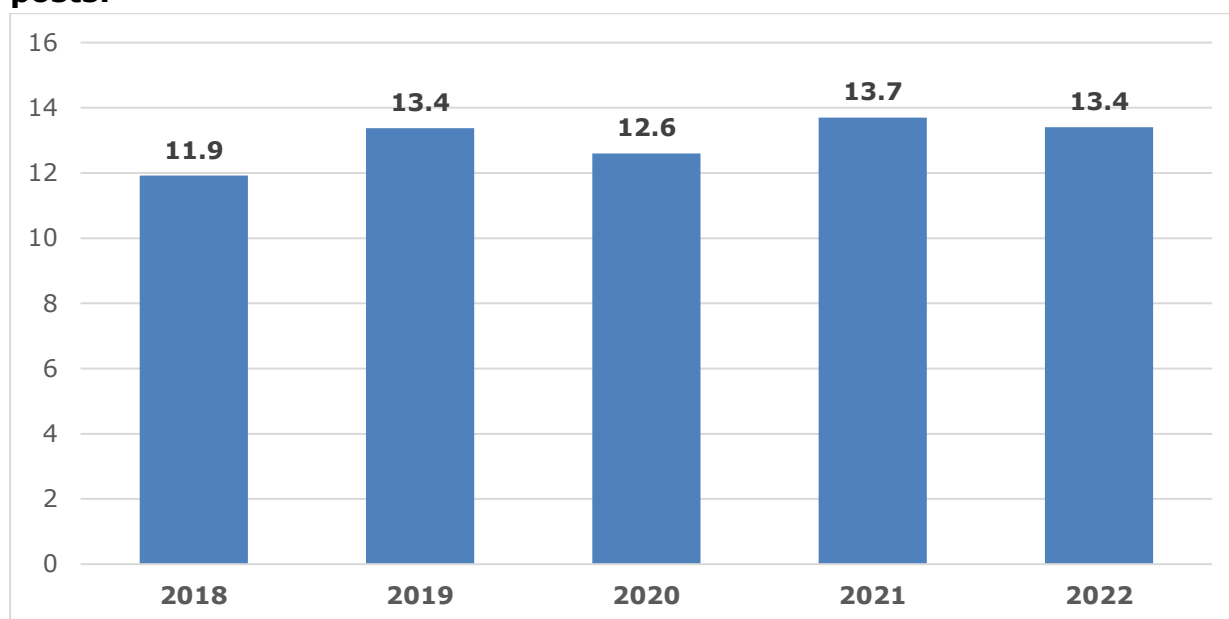


Table 20 shows the number of MHOs leaving by reason given and table 21, shows these as a percentage. They show that almost three-quarters of leavers either resigned (47.4%) or retired (27.4%). The number resigning is the highest proportion since these records began in 2007 with the next highest being 40.4% in 2017. However, this figure should be treated with some caution as in previous years the proportion of 'Other/not knowns' has been higher.

Table 20: MHO leaver numbers by reason for leaving 2018-2022

	2018	2019	2020	2021	2022
Change of post (promotion)	3	11	2	11	6
Change of post (sideways)	4	9	6	4	3
Resigned	32	28	35	34	45
Retired	25	22	18	18	26
Other/not known	23	24	28	28	15
Total	87	94	89	95	95

1 One authority did not return a completed MHO census in these years (not the same authority each year), so the leaver numbers are from 31 of the 32 Scottish local authorities.

2 One authority had a change of policy and informed us that two posts which had been counted as MHOs in previous year's returns were no longer considered MHO's, so the post count will have decreased yet these were not counted leavers in the above table. One Local Authority had one post which was amalgamated from two posts (with the same postholder, and the same overall hours worked as an MHO), and this was not counted as a leaver in the above table.

Table 21: MHO leaver percentages (%) by reason for leaving – 2018-2022

	2018	2019	2020	2021	2022
Change of post (promotion)	3.4	11.7	2.2	11.6	6.3
Change of post (sideways)	4.6	9.6	6.7	4.2	3.2
Resigned	36.8	29.8	39.3	35.8	47.4
Retired	28.7	23.4	20.2	18.9	27.4
Other/not known	26.4	25.5	31.5	29.5	15.8
Total	100.0	100.0	100.0	100.0	100.0

1. Does not always add up to 100 % due to statistical rounding.

As well as career break leavers, 'Other' includes MHOs going on secondment (outwith the authority) or whose leaving reason or destination is not included in the category list or is not known.

It is notable that table 20 above tells us that, since 2018, there have been at least 87 leavers every year while the maximum number of completed MHO awards (table 19) is 63. This appears inconsistent with the increase in headcount this year as shown in table 1. From advice we have previously received we understand that MHOs who have left an MHO post can and do return to MHO work in the future. We assume that these account for the differences between the numbers of MHOs, those leaving and those successfully completing the MHOA. We plan to investigate this issue over the coming year and report on it in next year's report (due for publication in August 2024).

Our annual data collection from local authorities also collects data for individuals who leave an MHO post (table 22) and move to another Scottish local authority to work as an MHO. Please note this data is separate from the data in tables 20 and 21 and not included in the yearly leaver data as these MHOs did not actually leave the overall MHO workforce.

Table 22: MHOs moving to another local authority as an MHO – 2018-2022

	2018	2019	2020	2021	2022
Number of MHOs	12	8	13	11	5

7.3 Vacancies and unavailable MHOs

Due to the nature of the posts that most MHOs are employed in, vacancy data is only available for those in exclusive MHO posts. Please note that this year there were two authorities that we did not receive vacancy data from.

In addition to vacancies, MHOs can sometimes be classed as unavailable. This includes when an MHO is on maternity/paternity leave, adoption leave, a career break, secondment, long-term sick leave or compassionate leave, for a period of three months or more.

Table 23 shows that the number of vacant exclusive MHO posts as of December 2022 rose to 33.5, while the number of unavailable MHOs fell to 19. (Please note that unavailable MHOs are not included in the filled MHO posts or headcount data elsewhere in this report.)

Table 23: Unfilled MHO posts and unavailable MHOs – 2018-2022

	2018	2019	2020	2021 ¹	2022 ²
Vacant exclusive MHO posts	22	6	6	19	33.5
MHOs currently unavailable	18	30	27	31	19
Total	40	36	33	50	52.5

1 One local authority was unable to provide vacancy data.

2 Two local authorities were unable to provide vacancy data.

7.4 MHO estimated shortfall

The number of vacancies and the vacancy rate is a known way of estimating staffing shortfalls in a workforce. However, as explained above, vacancy data on MHOs is only available for exclusive MHO posts. As a result, vacancy data is of limited value in understanding the MHO shortfall, especially as there are presently just two authorities who employ only exclusive MHOs. As with the MHO capacity issue discussed earlier, we ask the MHO manager in each local authority to estimate the size of the shortfall in terms of the number of additional MHO hours that would be required to meet it.

In calculating shortfall, we ask MHO managers to estimate the additional hours their local authority requires over and above the combined estimated weekly hours worked plus the estimate of the hours that the non-available staff would have worked if present. Given the degree of estimation involved the data need to be treated with caution but they are the main way we currently have to estimate gaps in MHO capacity.

Last year, for the first time, we published the estimated shortfall for each local authority. We intend to continue to publish this annually. This is set out in table 24 below. It shows there was not a uniform drop in shortfall across all authorities

between 2021 and 2022. Twelve authorities saw a drop in shortfall, eight saw no change, one could not report on shortfall and the remaining 11 saw a rise.

Table 24: Estimated shortfall (hours per week) 2021 and 2022 by local authority

Local authority	Shortfall 2021	Shortfall 2022	Change 2021 to 2022
Aberdeen City	100	74	-26
Aberdeenshire	3	109	106
Angus	0	36	36
Argyll and Bute	140	0	-140
Clackmannanshire	0	0	0
Dumfries and Galloway	0	0	0
Dundee City	37	37	0
East Ayrshire	35	14	-21
East Dunbartonshire	140	139	-1
East Lothian	105	0	-105
East Renfrewshire	120	120	0
Edinburgh, City of	162	266	104
Falkirk	89	56	-33
Fife	172	190	18
Glasgow City	700	595	-105
Highland	175	140	-35
Inverclyde	74	74	0
Midlothian	0	0	0
Moray	34	36	2
Na h-Eileanan Siar	18	29	11
North Ayrshire	116	56	-60
North Lanarkshire	322	336	14
Orkney Islands	12	18	6
Perth and Kinross	17	33	16
Renfrewshire	70	N/A	N/A
Scottish Borders	70	0	-70
Shetland Islands	25	74	49
South Ayrshire	35	14	-21
South Lanarkshire	0	105	105
Stirling	35	21	-14
West Dunbartonshire	0	0	0
West Lothian	36	36	0
Scotland^{1,2}	2,840	2,606	-164

1.Shortfall figures rounded to the nearest whole hour. For this reason the total does not equal the sum of the individual parts.

2.In calculating the change of shortfall we have disregarded Renfrewshire, therefore the change is not achieved by subtracting 2021 shortfall from 2022.

A drop or a rise in shortfall may be related to a number of factors including; a change in the number of MHOs employed by an authority; a change in the average hours that the MHOs can give to MHO work; a change in the demand for MHO work. It also needs to be borne in mind that the shortfall figure is an estimate based on the judgement of the MHO manager.

Table 25 shows the estimated staffing shortfalls in Scotland in each of the last five years. In 2021 the estimated additional hours required (shortfall) decreased from 2,840 to 2,606 a drop of 8.2%.

Table 25: MHO estimated staffing shortfalls – 2018-2022

	2018	2019	2020	2021	2022
Number of LAs reporting a staffing shortfall	24	27	23	26	24
Total number of weekly additional hours required	1,965	1,777	1,911	2,840	2,606
Approximate number of WTEs	54.6	49.4	53.1	78.9	72.4
Average LA shortfall in hours	81.9	65.8	83.1	109.2	108.6

If we assume an average full time working week is 36 hours, then about 72 extra full-time exclusive MHOs would be required across Scotland to fully address the reported shortfall. If the shortfall was distributed evenly across the 24 authorities that report having one then the average shortfall would be just below 109 hours per week.

7.4.1 MHO estimated shortfall rate – 2018-2022.

As MHO vacancy data is only available for exclusive MHO posts it is not possible to calculate a vacancy rate for the whole MHO workforce. As an alternative we have created a statistic we call the estimated shortfall rate. It is calculated by dividing the estimated shortfall by the sum of the shortfall and the estimated number of hours spent on MHO work (and then multiplying by 100 to obtain the percentage or rate).

This statistic should also be treated with caution as it is itself based on two separate estimates (the number of hours spent on MHO work by each MHO and the size of the shortfall expressed in MHO hours). Despite this caveat we believe the data to be of some value as it is the closest we have to estimating the size of the gap (shortfall) in the workforce.

Table 26 (below) sets out the shortfall rate in each of the last five years. It shows that the estimated shortfall percentage decreased between 2021 and 2022 from 19.6% to 17.4%.

Table 26: Estimated shortfall rate – 2018-2022

	2018	2019	2020	2021	2022
Total number of weekly additional hours required (shortfall)	1,965	1,777	1,911	2,840	2,606
Sum of hours spent on MHO work	11,490	11,201 ¹	11,436 ²	11,677	12,369 ³
Shortfall hours + sum of hours spent on MHO work	13,455	12,978	13,347	14,517	14,975
Shortfall rate (%)	14.6	13.7	14.3	19.6	17.4

¹ This total excludes hours worked for Orkney.

² This total excludes hours worked for Na h-Eileanan Siar.

³ This total excludes hours worked for Renfrewshire.

7.4.2 Groups of people who use services – specific MHO shortfalls.

Since 2014, we have asked local authorities to report any shortfalls in relation to particular groups of people who use services. In 2022 the 24 authorities that reported a shortfall identified groups of people specifically affected. Table 27 shows the number of authorities reporting shortfalls for specific groups of people who use services, including a breakdown of the 'other' groups reported.

Table 27: Staffing shortfalls for specific groups of service users - 2018-2022

	2018	2019	2020	2021	2022
Number of authorities reporting one or more specific shortfall	20	21	22	26	24
Shortfall areas:					
Adults with Incapacity (AWI)	14	16	19	21	17
Children and young people's services (<18)	6	7	11	16	10
Older people's services (65+)	9	11	14	18	13
Learning disability	12	10	12	17	15
Mentally disordered offenders (MDO)	3	5	7	10	7
Adult mental health (18-64)	7	12	12	15	15
Other client groups	5	2	6	4	3
Total shortfalls reported	56	63	81	101	80

Since we started reporting this, adults with incapacity (AWI) has remained the most commonly reported area experiencing a shortfall. This is possibly related to the levels of demand around AWI. In 2022 17 local authorities reported a shortfall in this area.

8 MHOs as a proportion of social workers

8.1 MHOs in the context of the social worker workforce

In Scotland, all MHOs must be qualified social workers, employed by a local authority and must register with the SSSC to allow them to practise. MHOs are usually drawn from those working as practising social workers in local authorities. However, those working as cover MHOs are often working in managerial roles.

The definition we use of 'practising social workers' is longstanding and includes all those in senior social worker and main grade social worker posts. This section of the report looks at how many MHOs are employed as practising social workers (table 28) and what proportion of practising social workers are working as MHOs (table 29).

In table 28 (next page) we can see that for ten local authorities all the MHOs they employ are in practising social worker roles (this is an increase from six authorities in 2020 and zero in 2021). On average across Scotland 84.8% of MHOs are practising social workers, (in 2021 this figure was 84.1%). There are three local authorities that have fewer than 50% of MHOs in practising social worker posts. In the case of Na h-Eileanan Siar three of the five MHOs are in managerial roles. In Aberdeenshire and Angus a number of their MHOs are in 'case manager' posts. These posts can be filled by a number of different types of workers including occupational therapists but only those qualified as social workers can practise as MHOs.

Table 29 shows the proportion of practising social workers who are working as MHOs within each authority (note the data on social workers is provisional as the annual workforce data report containing social worker numbers is not due for publication until after the MHO report). MHOs not working as social workers (for example, those employed as team leaders, team managers, care managers etc) were excluded from the data in Table 29 (column 2).

As table 29 shows, on average across Scotland almost 10% of practising social workers within local authorities are working as MHOs. Highland appears to have the highest percentage at just over 20%. However, this is due to Highland's unique approach to the integration of social work and health services, whereby all adult social workers (other than MHOs) transferred to Highland Health Board in 2012 and they are not included in this analysis as they are not local authority employees. Leaving Highland to one side we can see that the percentage of MHOs who are practising social workers ranges from 5.2% in Aberdeenshire and Dundee to 19.4% in Argyll and Bute.

Table 28: The proportion of MHOs practising as social workers - 2022

Local authority	MHOs in SW posts	MHO posts that are not PSW posts	Total number of filled MHO posts	MHO posts that are SW posts (%)
Aberdeen City	41	3	44	93.2
Aberdeenshire	13	27	40	32.5
Angus	7	8	15	46.7
Argyll and Bute	13	0	13	100.0
Clackmannanshire	5	0	5	100.0
Dumfries and Galloway	18	0	18	100.0
Dundee City	11	3	14	78.6
East Ayrshire	24	1	25	96.0
East Dunbartonshire	10	1	11	90.9
East Lothian	10	1	11	90.9
East Renfrewshire	7	2	9	77.8
Edinburgh, City of	67	1	68	98.5
Falkirk	13	0	13	100.0
Fife	34	5	39	87.2
Glasgow City	78	9	87	89.7
Highland	26	5	31	83.9
Inverclyde	11	0	11	100.0
Midlothian	9	1	10	90.0
Moray	13	4	17	76.5
Na h-Eileanan Siar	2	3	5	40.0
North Ayrshire	19	3	22	86.4
North Lanarkshire	35	9	44	79.5
Orkney Islands	3	1	4	75.0
Perth and Kinross	13	5	18	72.2
Renfrewshire¹				
Scottish Borders	17	0	17	100.0
Shetland Islands	5	0	5	100.0
South Ayrshire	10	4	14	71.4
South Lanarkshire	28	8	36	77.8
Stirling	10	0	10	100.0
West Dunbartonshire	10	0	10	100.0
West Lothian	18	0	18	100.0
Scotland*	580	104	684	84.8

1 The post type data from Renfrewshire are incomplete and not able to be included in this table which is why the overall total of 684 is different from that set out in table 1.

Table 29: Proportion of practising social workers who are MHOs 2022

Local authority	MHO posts that are SW posts	Total number of social workers ²	Percentage (%) of SWs that are MHOs
Aberdeen City	41	356	11.5
Aberdeenshire	13	248	5.2
Angus	7	122	5.7
Argyll and Bute	13	67	19.4
Clackmannanshire	5	59	8.5
Dumfries and Galloway	18	171	10.5
Dundee City	11	213	5.2
East Ayrshire	24	202	11.9
East Dunbartonshire	10	82	12.2
East Lothian	10	110	9.1
East Renfrewshire	7	95	7.4
Edinburgh, City of	67	522	12.8
Falkirk	13	172	7.6
Fife	34	414	8.2
Glasgow City	78	963	8.1
Highland¹	26	129	20.2
Inverclyde	11	113	9.7
Midlothian	9	84	10.7
Moray	13	140	9.3
Na h-Eileanan Siar	2	18	11.1
North Ayrshire	19	200	9.5
North Lanarkshire	35	358	9.8
Orkney Islands	3	34	8.8
Perth and Kinross	13	155	8.4
Renfrewshire³			
Scottish Borders	17	128	13.3
Shetland Islands	5	38	13.2
South Ayrshire	10	106	9.4
South Lanarkshire	28	298	9.4
Stirling	10	81	12.3
West Dunbartonshire	10	142	7.0
West Lothian	18	199	9.0
Scotland	580	6019	9.6

1 In 2012 Highland Council's adult social workers transferred to NHS Highland. The reduced overall pool of social workers gives Highland Council a relatively high proportion of social workers who are MHOs.

2 Provisional figure that may change in the future Scottish Social Service Sector: Report on 2022 Workforce Data (due for publication in late autumn 2023).

3 The post type data from Renfrewshire are incomplete and not able to be included in this table.

8.2 MHOs in Health and Social Care Partnerships (HSCPs)

We also asked local authorities to tell us how many of their MHO posts are part of the local Health and Social Care Partnership (HSCP). Over 98% (634 of the 707) of MHOs employed by 31 local authorities were based in their local HSCP (note that Highland, with 31 MHOs, does not have an HSCP and all MHOs are employed by Highland Council). Appendix B (page 38) provides a detailed breakdown of MHOs in HSCPs by local authority.

9 Gender, age and ethnicity of MHOs

9.1 Gender of the MHO workforce

Table 30 sets out the numbers and percentages of men and women working in filled MHO posts during the period 2018-2022. To put the gender split into perspective the data we have for our [2022 workforce data report](#) shows that the male to female percentage split across the workforce is male 15%, female 83%, and across social workers male 18% and female 81%. In addition the Scottish Government population survey (Government, 2021) tells us that the in-work male to female split is 51% male to 49% female.

Table 30: Numbers and percentage (%) of males and females in filled MHO posts 2018-2022

	2018	2019	2020	2021	2022 ¹
Male	215	209	204	190	172
Female	515	494	500	504	534
% male	29.5	29.7	29.0	27.4	24.4
% female	70.5	70.3	71.0	72.6	75.6

¹ Gender data was not provided for one MHO.

9.2 Age of the MHO workforce

Table 31 provides a breakdown of the percentage of the MHO workforce by age categories. The percentage under 45 increased from 26.8% in 2018 to 32.3% in 2022, and the increase in the 60+ age group was 30%. In those aged 45-60 we have seen a 10% drop. The median age of all MHOs in 2022 was 51 and the mean age was 50.3.

Table 31: Percentage (%) of all MHOs by age group – 2018-2022

	2018	2019	2020	2021	2022 ¹
Under 40	18.2	17.2	17.6	18.7	18.2
40-44	8.6	12.7	13.2	14.7	14.1
45-49	16.4	14.2	13.1	11.7	10.7
50-54	18.5	18.8	16.5	15.7	17.4
55-59	22.6	22.5	22.4	21.0	19.4
60+	15.6	14.7	17.2	18.2	20.2
Total	100.0	100.0	100.0	100.0	100.0

Tables 31 and 32 provide breakdowns of MHOs by age group and gender and figure 5 provides a visual representation of the distribution of MHOs by age and gender.

From table 32 we can see that the proportion of MHO posts filled by men under 45 was similar in 2022 to 2018 (19.5% in 2018 and 20.0% in 2022). During the

same period there was a 9.6 pp increase in the proportion of posts filled by men over 55 (42.8% and 52.4%).

Table 32: Percentage (%) of men by age group – 2018-2022

	2018	2019	2020	2021	2022
Under 40	12.1	10.0	9.3	11.6	9.4
40-44	7.4	12.4	12.3	14.2	10.6
45-49	15.8	9.6	8.8	8.4	8.2
50-54	21.9	24.4	19.1	13.7	19.4
55-59	26.5	26.3	31.9	32.1	27.1
60+	16.3	17.2	18.6	20.0	25.3
Total	100.0	100.0	100.0	100.0	100.0

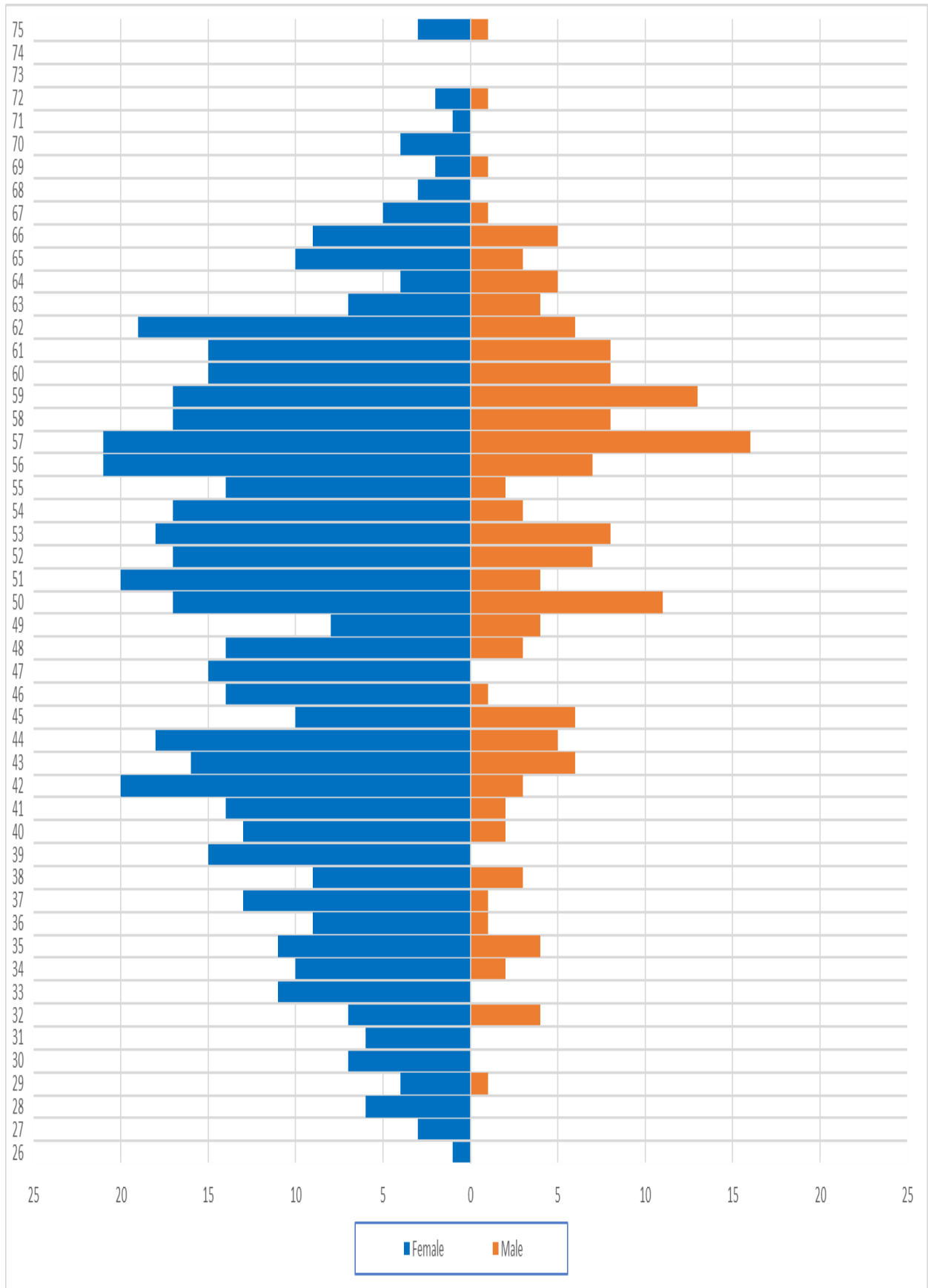
The median age for MHO posts filled by women was 50 and the mean (average) age was 49.5. Posts filled by men had a slighter older age profile with a mean of 53.7 and median of 56.

Table 33: Percentage (%) of women by age group – 2018-2022

	2018	2019	2020	2021	2022
Under 40	20.8	20.2	21.0	21.4	21.1
40-44	9.1	12.8	13.6	14.9	15.2
45-49	16.7	16.2	14.8	12.9	11.5
50-54	17.1	16.4	15.4	16.5	16.7
55-59	21.0	20.9	18.6	16.9	16.9
60+	15.3	13.6	16.6	17.5	18.6
Total	100.0	100.0	100.0	100.0	100.0

Figure 5 below provides a more detailed breakdown of the age profile of the workforce as it looks at individual years rather than 10 year cohorts. As can be seen in the figure, there is only one peak (mode) in the age distribution for male MHOs and it is at 57 years. However, for female MHOs there are two modes one at 56 and one at 57. There are relatively few MHOs in their twenties as to work as an MHO, you need at least two years post-qualifying experience as a social worker and to be a social worker you need an honours or postgraduate degree in social work. You must also successfully complete the MHO Award which usually takes one year.

Figure 5: Number of MHOs by age (years) and gender 2022



9.3 Ethnicity of the MHO workforce

Table 34 provides a breakdown of the ethnicity of the MHO workforce between 2018 and 2022. The incomplete returns on the ethnicity of MHOs mean that the figures across the years must be treated with caution. As a result, it is difficult to comment on the proportions of white and ethnic minority MHOs. We can only say that the proportion of staff from an ethnic minority in an MHO post is at least 1.1%.

Table 34: Ethnicity of MHOs by percentage (%) – 2018-2022

	2018	2019	2020	2021	2022
White	74.0	73.5	75.4	74.2	75.4
Ethnic minority	1.0	1.4	1.6	1.3	1.1
Not known/not disclosed	25.1	25.0	23.0	24.5	23.5
Total	100.00	100.0	100.0	100.00	100.0

10 Summary and Conclusion

The number of filled MHO posts in December 2022 was 707, which is a rise of 13 from the 694 in 2021. A rise was also seen in the number of individuals working as an MHO, from 677 to 660. The estimated hours spent each week on MHO duties also rose by over 9 %.

There was a rise in both the exclusive and non-exclusive filled MHO posts, and a fall in cover MHO posts. On average, exclusive MHO's work 31.4 hours per week, non-exclusive 10.7 and cover 4.4. Therefore, it is both the increase in post count, along with the change of the makeup of the workforce in 2022 which has led to the significant rise in hours worked by the whole workforce.

The trend for MHOs to be increasingly located in mental health teams (MHTs) rather than non-mental health teams (NMHTs) continues. This is borne out when we look at the MHO data from 2005 onwards (SSSC, MHO time series, 2021).

The number of local authorities reporting an estimated shortfall decreased from 26 in 2021 to 24 in 2021. The total reported shortfall across those 24 local authorities was 2,606 hours per week a decrease of 8.2%.

There was a slight change in composition in the MHO workforce in 2022, with a higher proportion being exclusive MHOs 37.5% compared with 33.6% in 2021. In 2018 this percentage was 30.5%.

On average, in 2022, exclusive MHO's worked 31.4 MHO hours per week, whereas non-exclusive and cover MHOs worked 10.7 and 4.4 hours respectively. 257 of the 265 (97%) exclusive MHOs worked in mental health teams 2022.

Appendix A – Filled MHO posts, hours on MHO work and hours on MHO work per 10,000 population by health board area.

We created a standardised measure so we can compare between health board areas. The table below shows total weekly hours on MHO work for each health board (an aggregation of the estimated weekly hours spent by all the MHOs in each health board area). In the last column that data is converted into the standardised measure of weekly hours on MHO work per 10,000 population.

Table A1 – Filled MHO posts, hours on MHO work and hours on MHO work per 10,000 population by health board area – 2022.

Health board	Number of MHOs	Weekly hours spent on MHO work	Weekly hours spent on MHO work per 10,000 population
Ayrshire and Arran	61	848	23.0
Borders	17	133	11.5
Dumfries and Galloway	18	684	46.0
Fife	39	680	18.1
Forth Valley	28	653	21.4
Grampian	101	1447	24.7
Greater Glasgow and Clyde	151	3003	25.3
Highland	44	1006	31.0
Lanarkshire	80	1202	18.1
Lothian	107	2140	23.4
Orkney	4	35	15.5
Shetland	5	49	21.4
Tayside	47	852	20.4
Western Isles	5	21	8.0
Scotland	707	12752	23.3

This is based on the population within each health board area.

Source of population data: National Records of Scotland mid-year population estimates 2021.

Appendix B - MHOs by local authority and HSCP status

The table below sets out the numbers of MHOs in each local authority and the number and percentage who are based in their local HSCP.

Table B1 – HSCP status of MHOs by local authority 2022

Local authority	Number of MHOs	Number of MHOs in HSCP	Percentage (%) of MHOs in HSCP
Aberdeen City	44	44	100.0
Aberdeenshire	40	39	97.5
Angus	15	15	100.0
Argyll and Bute	13	13	100.0
Clackmannanshire	5	5	100.0
Dumfries and Galloway	18	8	44.4
Dundee City	14	13	92.9
East Ayrshire	25	25	100.0
East Dunbartonshire	11	11	100.0
East Lothian	11	11	100.0
East Renfrewshire	9	9	100.0
Edinburgh, City of	68	66	97.1
Falkirk	13	13	100.0
Fife	39	38	97.4
Glasgow City	87	87	100.0
Highland	NA	NA	NA
Inverclyde	11	11	100.0
Midlothian	10	10	100.0
Moray	17	14	82.4
Na h-Eileanan Siar	5	5	100.0
North Ayrshire	22	22	100.0
North Lanarkshire	44	44	100.0
Orkney Islands	4	0	0.0
Perth and Kinross	18	18	100.0
Renfrewshire	23	20	87.0
Scottish Borders	17	0	0.0
Shetland Islands	5	5	100.0
South Ayrshire	14	14	100.0
South Lanarkshire	36	36	100.0
Stirling	10	10	100.0
West Dunbartonshire	10	10	100.0
West Lothian	18	18	100.0
Scotland	676	634	93.8

¹ Not applicable as the integration of Highland's local authority social work services and NHS Highland (31 MHO posts) did not follow the HSCP model.

Appendix C – Background notes

1. National Statistics status

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

Broadly speaking this means that the statistics:

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

Once statistics are designated as National Statistics, it is a statutory requirement that the report is produced in line with the Code of Practice for Statistics (UKSA, 2018)

2. Previous MHO publications

Details of previous publications can be found on the SSSC Workforce data website here: <https://data.sssc.uk.com/MHO>

3. Next MHO report

We aim to publish the next MHO report in August 2024 with data collected from December 2023.

4. UK context

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 originally set out in the Mental Health (Scotland) Act 1984 broadly equivalent to that of an Approved Social Worker (ASW) in England and Wales under the Mental Health Act 1983. Like MHOs, ASWs had to be qualified social workers who had undergone approved training and be employees of a local authority. However, in 2007 this role was replaced in England and Wales with the Approved Mental Health Professional (AMHP). To practise as an AMHP people still must carry out approved training but they are no longer required to be qualified social workers or employees of a local authority. In England, Skills for Care, on behalf of the Department of Health and Social Care, have previously produced reports on the AMHP workforce. We are not aware of anything similar for Wales.

In Northern Ireland social work services and NHS health boards were combined in the early 1970s. These combined services employ ASWs who require to be qualified social workers and to have undergone approved specialist training. Workforce data on ASWs in Northern Ireland is gathered annually and is available from the Department of Health, Social Services and Public Safety.

5. Respondent burden (cost of gathering and providing information)

The UK Statistics Authority requires producers of National Statistics to calculate the cost to organisations of gathering and providing the information that is necessary to produce the report. To calculate the overall cost of responding to this survey, we asked each local authority to provide an estimate of the time taken in hours to extract the information and complete the survey. In 2023, 32 authorities provided this figure and the median time taken was 5.0 hours. A rate of £14.60 was applied, which is the mean hourly rate for (Statistics, 2023)

No additional costs (apart from staff time) were reported. Using these figures in the calculation below, the total cost of responding to this survey for Scotland’s local authorities in 2022 was approximately £2,345.

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

6. History of MHO report

The survey data used in this report have been collected from local authorities in the form of a snapshot census every year since 2005. Up to and including the March 2012 census the Scottish Government carried out this work but since then responsibility for collecting the data and publishing the report passed to the SSSC. The Scottish Government obtained National Statistics status from the UK Statistics Authority for their 2010-11 and 2011-12 MHO reports and the SSSC maintained this following assessment by the UKSA in 2014.

The survey has developed over time with new questions added when a need for further information is identified. Below is a timeline that shows the history of additions and changes to the content or timing of the MHO report.

Year	Data content additions/changes
2006	Exclusive MHO positions.
2007	Age and gender. Vacancies. MHOs working 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.
2010	No changes.
2011	No changes.

2012	Timing of survey changed from March to December and merged with the LASWS survey to bring it into line with the data collected on the rest of the social service workforce.
2014	Data provided at individual MHO level (previously data had been aggregated only). MHO work under Adults with Incapacity (AWI) legislation.
2014	Number of temporary/cover MHOs included. Team setting of MHOs work with AWI. Structured categories instead of free text for presenting people who use services group specific MHO shortfall information.
2015	Temporary/cover MHOs who are agency MHOs.
2016	MHO type, team membership and hours per week spent on MHO work for each practising MHO. Team categories for exclusive MHOs brought into line with those used for mental health and non-mental health team members. Rota duty, work with Adults with Incapacity (AWI) and work with mentally disordered offenders (MDOs) dropped from data collection and report. Data collection methodology changed to derive more data from flagged MHO records and reduce 'direct entry' numerical data.
2017	No changes.
2018	Addition of filled MHO post types by local authority.
2019	Addition of Percentage MHOs posts by type – 2015-2019. Addition of Figure: Filled MHO posts per population Scotland per 10,000 population. Addition of Figure: MHO Hrs per week per 10,000. population Scotland. Addition of Figure: Number of MHOs by gender and age group Addition of Table: The proportion of MHOs who are practising social workers.
2020	Addition of column to Table: Filled MHO posts per 10,000 population.
2021	Addition of table: Total hours worked and percentage (%) in mental and non-mental health teams 2017-2021. Addition of Table: Number of MHOS by post type and contract type. Addition of Figure: Hours per week spent on MHO duties per 10,000 population by local authority. Addition of Table: Estimated shortfall (hours per week) by local authority.
2022	Addition of table: Total hours worked by each MHO post type. Addition of table: Mean hours worked by each MHO post type. Addition of figure: Composition of the MHO workforce 2021 and 2022 Deletion of map: Filled MHO posts per 10,000 population – 2022 and column in table. Deletion of Appendix: Number of MHOs working in out-of-hours services by local authority

2023 The structure of the report was revised to provide greater coherence. Additions had been made over time in various parts of the report and an overview of the structure was needed. As part of that the following nine tables and figures that appeared in the report published in 2022 were dropped from the report published in 2023 and two were added:

2a - Exclusive MHO positions by team category

2b - Non-exclusive MHO positions by team category

2c - Cover MHO positions by team category

Fig.1 - Filled MHO posts per 10,000 population

Fig.6 - Admissions/completions of MHO Award

Fig.8 - MHO leaver percentages by reason for leaving

16c - Estimated percentage of contracted hours spent on MHO work by MHOs in MHTs

17c - Estimated percentage of contracted hours spent on MHO work by MHOs in NMHTs

D1 - Number of MHOs working in out of hours services by local authority – 2021.

Two new tables added:

5 - Estimated hours worked by each MHO post type – 2018-2022

6 - Estimated hours worked by each MHO post type – 2018-2022

7. Data sources

a. Local authority social work services (LASWS) survey

The information about the number of qualified MHOs who are practising in Scotland comes primarily from administrative data held by Scottish local authorities which the SSSC captures as part of its LASWS survey. As this information is used to monitor and manage services locally, it is deemed to be robust and accurate.

b. National Records of Scotland (NRS) population estimates

The NRS mid-year population estimates are used to calculate the estimated weekly hours spent on MHO work per 10,000 population.

<http://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/population/population-estimates/mid-year-population-estimates>

8. Data quality and use

a. Survey strengths

One key strength of the data underpinning the MHO report is that it comes from a census of local authority social work staff and is not based on a sample of the workforce, so avoiding problems such as sampling errors.

As stated in the Terminology and definitions section on page 2 the focus of the survey is staff practising as MHOs in a local authority in the 12 months before the survey 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 why the SSSC believes this administrative data can be used with confidence.

- The role of the MHO is one which is well understood and to practise as one an individual must hold both a professional social work qualification and the Mental Health Officer's Award. To practise as a qualified social worker (and as an MHO), it is also legally required that the individual be registered as a social worker with the SSSC and their application for registration must be supported by their employer. This, combined with the statutory duties that only MHOs can carry out, means the definition of an MHO is well understood by local authorities. It is also one for which they need to be able to account to both the Care Inspectorate and the Mental Welfare Commission who also make use of the published MHO workforce data.
- The survey is long established, having been conducted by the Scottish Government from 2005 to 2012 and involving local authority representatives (usually from authorities' mental health services) who they met with once or twice a year. In addition, as outlined in the survey methodology section below, we developed a standardised template which provides guidance as well as logic checks on the data submitted by authorities.
- The MHO workforce is not only well-defined but is also quite compact relative to the size of other staff groups in the sector. In December 2022, numbers of MHOs per local authority ranged from four to 87 and the 707 total practising MHOs in Scotland constitute nearly 10% (9.4%) of the total number of practising social workers in local authorities (please note this is a rough approximation because the MHO total includes workers in team leader/manager roles as well as in practising social worker roles).
- In response to the UK Statistics Authority's (UKSA) quality assurance of administrative data (QAAD) requirements, the SSSC carried out an investigation into the quality of the LASWS workforce data of which the MHO data forms part in 2017. Analysis of the results indicated that Scotland's local authorities have a robust and wide-ranging set of checks in place in the key quality areas of completeness and accuracy of source data. Furthermore, close to 90% of responding authorities were either fully confident or very confident of their conversancy with LASWS data recording rules. These findings give us confidence in the quality of the submitted data and in the ensuing published statistics.
- One important issue in relation to the use of administrative data is the extent to which it may be open to misrepresentation as a result of an organisation's concern with evidencing key performance indicators. This is not thought to be a significant risk with the MHO statistics as there are currently few national outcome measures for mental health services that can be easily applied to the work of 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 these reasons, the SSSC has confidence in the quality of the data provided by local authorities on practising MHOs. The quality assurance approach adopted by the SSSC is one which emphasises common sense and logic checks which is the same approach as that used by the Scottish Government when they carried out the survey.

9. Survey weaknesses

While MHOs are well-defined, it can be difficult to determine the precise number of people working as MHOs or precise number of filled posts. An authority's core MHO headcount is easy to quantify. However, because of the snapshot nature of the survey it can be a challenge for authorities to make sure they include all relevant cover workers in their annual data return. A varying number of additional cover MHOs can become eligible for inclusion in the practising workforce during the year as and when their services are required, for example to help with heavy workloads or to cover sick leave (see section 4.2, p6). These additional workers should be included in the headcount and count of filled posts whether they were working on the census date or not. They should also be included in future survey data provided that:

- they are available to work as an MHO on the census date
- they satisfy the minimum annual practice requirements set out in paragraph 5 of The Mental Health (Care and Treatment) (Scotland) Act 2003 (Requirements for continuing appointment as mental health officers) Direction 2006.

The inclusion of these additional workers can have the effect of increasing the size of the MHO workforce more than can be explained by the yearly numbers of people qualifying from Scotland's MHO Award Programmes. Data on those leaving the MHO role can also be compromised by the difficulty of identifying if a cover MHO has genuinely left the MHO workforce or simply stopped providing MHO services until the next time they are required.

Another issue has been in relation to the data available on the age, gender and ethnicity of the workforce. Response rates for these data items varied considerably up to December 2012, making meaningful analysis of the data problematic. From 2014, data on age and gender has been near 100% complete thanks to the merging of the MHO and LASWS surveys, although unfortunately we continue to see large proportions of 'not known/not disclosed' ethnicity data.

Finally, the data on average hours per week spent on MHO work is based on estimations made by MHO service managers which allow for the fluctuations that occur in MHO workloads. Readers should treat this data as an approximation of the resources spent on MHO work rather than a definitive measure.

10. Survey methodology

a. Background

In 2012 the timing of the MHO survey moved from March to early December to bring it into line with the two main workforce data gathering systems in the sector.

- The survey of LASWS staff.

- The Care Inspectorate's annual returns from all registered care services.

Between them these two data collections cover over 200,000 people working in the social service sector in Scotland. Conducting the MHO survey at the same time as these collections means that we can more meaningfully compare the MHO data with the data on the rest of the sector. We saw the benefits of bringing the MHO survey into line with these major data gathering exercises and creating continuities with them as being greater than the costs in terms of the discontinuities with previous MHO surveys. This means the MHO data from December 2012 onwards is not directly comparable with that of previous MHO reports, but it is comparable with the corresponding annual LASWS census data.

b. December 2022 data collection methodology

The MHO data template is part of the LASWS survey return which gathers data at an individual staff member level. A flag is used to identify MHO records in each authority's LASWS data for current staff and leavers. A similar approach is used for the vacancies data from the LASWS to identify vacant exclusive MHO posts. All flagged current staff records are pulled through to a separate MHO template where the age, gender, ethnicity and unavailable MHOs sections autocomplete. Data on MHO type, team membership and hours per week spent on MHO work is entered for each MHO record and a summary table of this data autocompletes while this is done. Other data on leavers, vacancies and shortfalls is entered directly into the MHO template in numerical form by authorities.

The flagged MHO records in the LASWS leavers and vacancies data provide useful cross-checks with the numerical data entered in those sections of the MHO template. The template also contains a set of logic checks which highlight basic inputting errors that the data providers can then correct before submission. For the December 2022 census, local authorities were asked to return their submissions by early March 2023.

The SSSC data researcher makes an initial manual check of submissions. This includes checking that the records from the LASWS templates have transferred correctly to the appropriate section of the MHO template. There are built-in checks to ensure the internal consistency of the data provided by each local authority and identify inconsistencies in responses. We also carry out contextual checks on the data including comparison with responses in previous years from individual authorities and comparison between authorities of headcount numbers of MHOs. We raise problems identified in the data checking and cleaning process with individual authorities to make sure we get the correct data.

Once all the local authority data has been cleaned, we import the finalised templates into a macro-enabled input file where some of the graphs and charts for the report are automatically created. The SSSC data researcher also checks the created graphs and charts against a copy set of data using formulae and pivot tables. For the WTE rates per population, we update the mid-year population estimates annually from the National Records of Scotland website, however in 2022 we used the 2021 data for timeous publication.

For information, the 2022 MHO data collection template (which formed part of the 2022 LASWS survey return) is available on the SSSC's workforce data website at: <https://data.sssc.uk.com>

Appendix D – Understanding the statistics in this report.

All staffing grades are included if they relate to practising MHOs. These grades include main grade social workers, senior social workers and team leaders or managers. 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. All the working hours that the staff member does for the local authority are included in this calculation, not just those hours spent on MHO work. The standard working weekly hours of most local authorities fall between 35 and 37 hours per week. Where shortfall calculations are concerned, we used a WTE of 36 hours per week.

Data presentation conventions: numbers of filled MHO posts and headcounts are presented as integers (whole numbers). Percentages are presented to one decimal place. Other statistics are presented to a level of detail appropriate for the item being measured.

The rounding convention used for the data in this report is the 'round half up' convention (for example 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 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%.

Estimated hours of MHO work per 10,000 people. These statistics provide standardised measures for the estimated hours spent on MHO work in relation to the population served by those MHOs. At local authority level and health board level, table 3, Figures 2 and 3 (pages 10, 12 and 13) and Appendix A (page 38), comparisons can be made between local authorities as the standardised population denominator creates a level playing field for that purpose. Please note that the population denominator is set at 10,000 simply to produce ratios of a magnitude suitable for analysis.

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This report is a National Statistics publication from the SSSC.

This report and reports from previous years are on the SSSC Workforce Data website at: <https://data.sssc.uk.com/MHO>

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All the SSSC's workforce data, information and intelligence have been brought together in one easily accessible data website which includes all our workforce data publications and data sets. To explore the data visit: <https://data.sssc.uk.com>

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This report was published on 15 August 2023.



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