

Linda Reid, Senior Liaison Officer and Social Work Adviser to the Mental Health Division of the Scottish Government reports on the numbers and characteristics as well as the practising patterns of the MHO Workforce in Scotland

Analysis of Workforce Survey

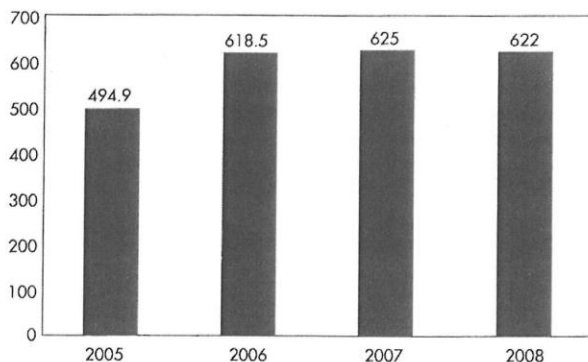
Whenever MHOs and their managers are gathered together, the workload pressures are paramount and, with the MWC rightly raising the issue of appropriate and timely delivery of SCRs, it is clear that LAs need to review whether they have allocated sufficient resources to fulfil their statutory duties. However, it does seem that in many areas reorganised services are aiming to get the maximum specialist service from their MHOs: such that our calculations imply that with a smaller workforce there may be a slight increase in the actual time MHO services were delivered.

This is the fourth annual survey of the MHO Workforce and was undertaken, with the assistance of Ellen Lynch, Felix Asamoah and Timothy Timothy from the Scottish Government's Community Care Statistics branch. It provides comparable data to assess the Scottish position and assists local services to address workforce planning. This year we also asked about the ethnic background of the MHOs for the first time.

All the data relates to the workforce on 31st March 2008 and only MHOs currently practising have been included.

In summary the survey found that there were **674 (622 WTE)** social workers practising as MHOs and this compares with **691 (625 WTE)**, **663 (619 WTE)** and **553 (495 WTE)** at the same point in 2007, 2006 and 2005 respectively. Managers working as MHOs may not have been included in the 2005 survey so some of the increase between 2005 and 2006 may be due to undercounting managers.

Chart 1 – Number of WTE MHOs March 2005-March 2008



Questions were also asked about location revealing that there had been another slight increase in the number of MHOs working in field teams specialising in mental health from 50 to 52%.

Managers were asked to estimate the time spent by the non specialist team MHOs on MHO work. This again proved challenging and accuracy cannot be guaranteed. However, from the returns and estimates given it seems likely that these MHOs spent approximately 6 hours a week on MHO work. Interestingly this is within 0.3 hours of last year's estimate

It is with some concern that this year I report a slight decrease in the actual number of MHOs in Scotland, after several years of significant and sustained increase. This set against the considerable and growing workload and the age profile of MHOs means that managers and local authorities need to be proactive in their work force planning for this specialist group of staff.

28% of MHOs worked exclusively in that role, an increase in 2.4% and those working in specialist mental health teams were counted as full time, as they spent all their time on mental health work.

Based on these calculations it would seem operationally Scotland now has 377 WTE compared to 376 WTE available at the same time last year (and some of 71 manager's time.)

In terms of characteristics of the workforce this year a further 4%, that is 70% of MHOs are aged 45 or over and two thirds are female, meaning many of these individuals will be able to retire at 60. 99% of the MHO workforce, excluding Glasgow who made no return, is ethnically white and at this time there is little comparative data for this information.

Encouragingly there were 105 social workers undertaking training on 31st March 2008, but this may be insufficient to significantly increase the workforce as many MHOs are lost to the service each year due to retirement, promotion, starting families, changing post or moving out of Scotland. Interestingly there is some evidence that the new requirements to undertake practice, CPD, and be mentored mean that some current MHOs, who are unable or unwilling to comply, are withdrawing from practice. Next year we plan to ask about reasons for loss of MHOs so we will be able to advise on this topic more accurately. Some areas are proactively promoting MHO work to encourage worker's interest but others, especially where there is great pressure on MHOs, are finding social workers reluctant to put themselves forward for training.

14 of the 32 local authorities identified a shortfall of MHOs in their area, down from 23 last year, amounting nationally to 25.6 WTE, a significant fall on last year's 54 WTE. They also identified 21 unfilled MHO vacancies, an increase on 0.5 from last year, which while of concern is almost stable against last year.

There was a wide variation in the numbers of WTE MHOs per 1 000 population from 0.05 in Angus and 0.06 in East Lothian to 0.20 in Orkney Islands with Dundee at 0.18., but this calculation has not factored in proportions of exclusive or generic workers.

Below there follows more detailed data from our survey.

The first tables refer to the location of MHOs in Scotland.

chart 2 & 3

352 Social Workers were practising as MHOs in specialist mental health field teams on the 31st March 2008. This compares to 347/319/224 MHOs in 2007/6/5. Of these 352 MHOs, 15 were in managerial positions across several teams, this figure is half that for last year. 182 MHOs in specialist mental health teams worked in multidisciplinary Community Mental Health Teams. This equates to more than half of the 352 MHOs in specialist teams. Sadly the decrease in MHOs in OAP/Dementia teams reported last year has accelerated and the actual numbers more than halved this year. There were still only 2 MHOs in Child and Adolescent Mental Health Teams. Most of the "Other Specialist MH Teams" were dedicated MHO teams, hence the marked increase in that group.

Chart 2 - MHOs by specialist mental health team

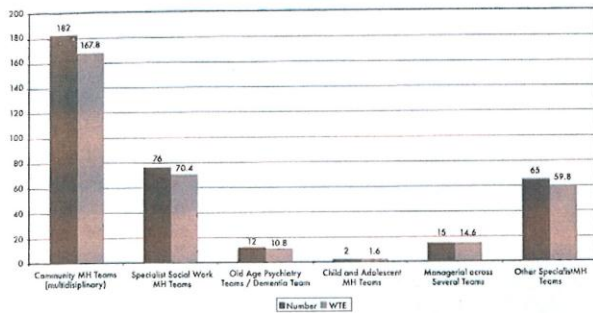


Chart 3 - WTE MHOs working in specialist mental health teams, 2005-20

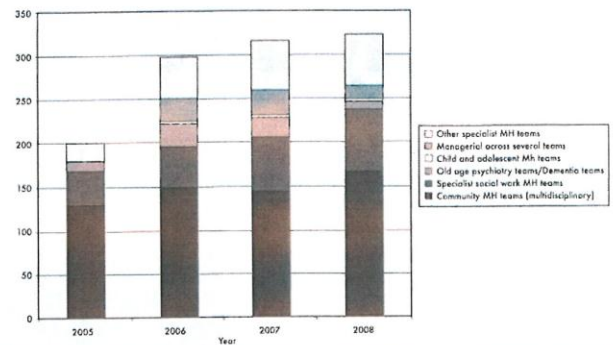


Chart 4 & 5

322 Social Workers were working as practising MHOs in other non-specialist field teams on the 31st March 2008 compared to 347/344/329 at the same point in 2007/6/5. Of these 322 MHOs, 19 were managers across several teams. As last year 27% of MHOs in non mental health specialist teams worked in Community Care Teams, encouragingly there had been a slight increase in MHOs in

Learning Disability and Children and families teams although the number of MHOs in Criminal Justice was stable after a small rise last year.

A very rough estimate shows these 322 MHOs work an average of 6 hours each per week, a decrease from 6.3 last year. The average number of hours spent on MHO work varied between teams.

Chart 4 - MHOs working in other non-mental health specialist teams

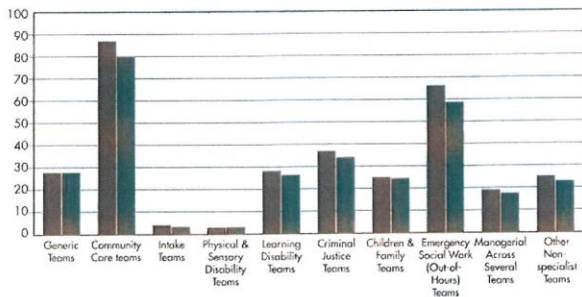


Chart 5 - WTE MHOs working in other non-mental health specialist teams, 2005 - 2008

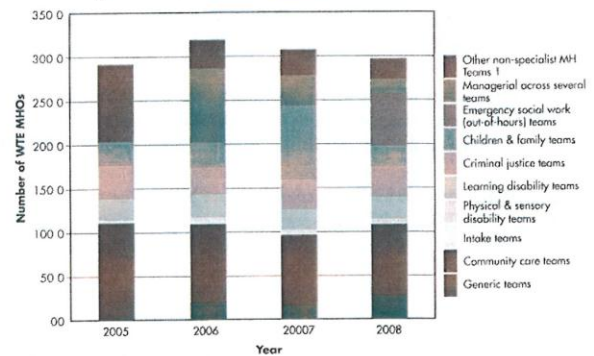


Chart 6 & 7

Some areas of Scotland have decided to have teams or individual MHOs who only undertake statutory work. These were called "exclusive MHOs" for the survey, and have been included already in the first two tables.

in Community Mental Health Teams or Adult Social Work Mental Health Teams

The increase in exclusive posts working across all sectors first reported last year does seem to suggest a growth in the new role of generic specialist MHO and may be a pragmatic way to provide a service in some of the more under resourced areas such as learning disability and older people's services.

There were 186 Social Workers who worked as "exclusive MHOs", 17 more than last year, 61% of these exclusive MHOs work

Chart 6 - Exclusive MHO positions, 2008

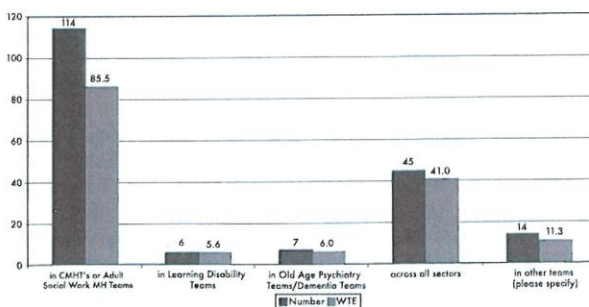


Chart 7 - Exclusive WTE MHO positions 2006-2008

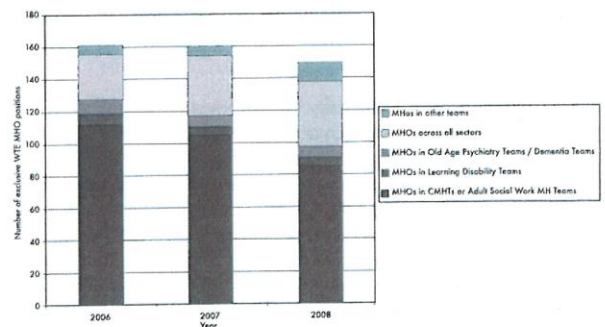


Chart 8

Data was collected on MHOs undertaking work on duty rotas. There were a total of 116 MHOs on out of hour's rota duty, 9 less than last year, and 455 on daytime rota duty, 6 less than last year. 14% of those on daytime rota duty were also on out of hour's rota duty.

Interestingly there has been a significant decrease in those undertaking both daytime and out of hours work from 95.5 last year to 64 this year.

Chart 8 - MHOs on rota duty, 2005-2008

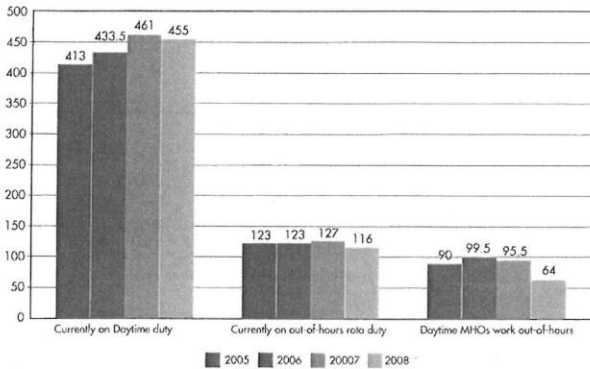


Chart 9, 10 & 11

The graphs below demonstrate the areas of MDO work undertaken by the MHOs and the teams in which they work. In 2008, there were 161 MHOs working with individuals on Assessment and Treatment Orders, double the number in 2007, 138 working with individuals on Compulsion Orders, a slight reduction, and 154 MHOs were acting as a designated MHO for a restricted patient, a similar slight reduction. Some MHOs were undertaking several activities with individual MDOs or were engaged with several MDOs. In all 280 MHOs worked with mentally disordered offenders.

It was interesting to note that 82% of the MHOs working with MDOs, were working in specialist mental health teams with 62% in community mental health teams. This would seem to indicate that local authorities are allocating this work to their MHOs with the most expertise, experience and ready access to multi disciplinary colleagues.

Of the total number of MHOs working with MDOs fewer than 3% are based in Criminal justice teams.

Charts 9 – Number of people on specific orders worked with by MHOs, 2008

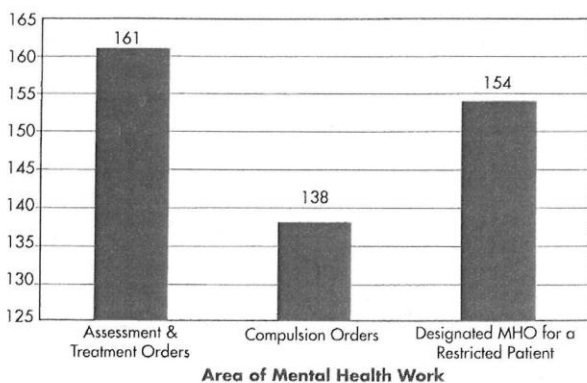


Chart 10 – Where the MHOs working with MDOs are located in 'specialist mental health teams'

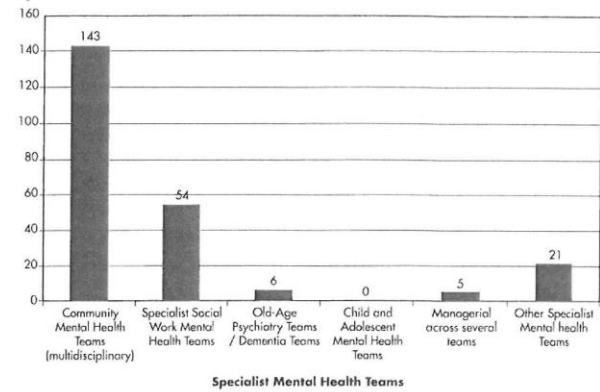


Chart 11 – Where the MHOs working with MDOs are located in non mental health specialist teams

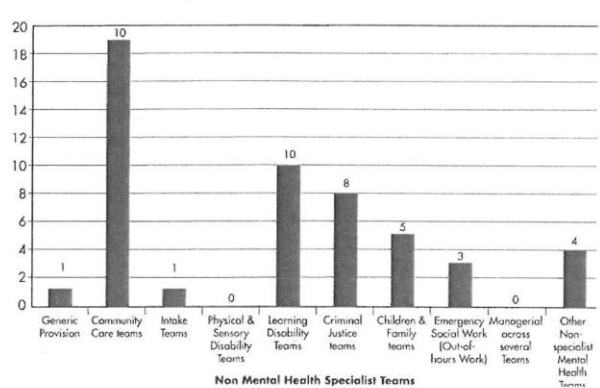


Chart 12

Data was collected again this year on MHO demographic distribution. Of the 671 MHOs where data was supplied, two thirds were female. 165 MHOs (25%) were aged 50-54, whilst only 6% of MHOs were aged 34 and under and 5% were aged 60-64. 70% of MHOs were aged 45 or over, an increase on last year of 4%.

This demographic data has serious implications if local authorities are to ensure adequate succession planning for the future.

This year we sought ethnic origin information in line with our requirements in relation to equality and diversity. Unfortunately Glasgow was unable to report on this information. For the remaining workforce 99% are from the white ethnic group. No further comparison has been undertaken at this stage but it is another issue for managers to consider in their workforce planning.

Chart 12 – Age and gender profile of MHOs, 2008

