

## Recruitment and Retention in CAMHS – A Summary

This paper attempts to provide a basis for comments and further discussion with regard to the complex and dynamic problems facing CAMHS in terms of recruitment and retention.

### Introduction

Workforce issues remain the most significant challenge to the implementation of the changes and developments outlined in the National Service Framework for Children and as identified in Every Child Matters, Children's Workforce Strategy.

Child and adolescent mental health services are in the midst of an exciting and challenging process of change to implement the National Service Framework for Children (NSF), Every Child Matters and the NHS Plan (DH 2000a). The aspirations of key guidance however, cannot be delivered without attention being given to a number of over arching themes including: -

- to improve **workforce design and planning** so as to root it in local service planning and delivery;
- to identify and use creative means of to **recruit and retain** people in the workforce;
- to facilitate **new ways of working** across professional boundaries;
- to create **new roles** to tap into a new recruitment pool and so complement existing staff types;
- to develop the workforce through revised **education and training** at both pre-and post-qualification levels;
- to develop **leadership** and change management skills.

### Summary

If the demands of the NSF for Children and Every Child Matters are to be met, there remains a need to increase the number of core professions and professionals working in CAMHS. The current recruitment and retention problems facing CAMHS however will not be tackled simply by increasing the numbers available for recruitment. Research offers little evidence or support for radical configurations of current professional boundaries and has argued that there is a great value in diversity and each of the current mental health professions has strengths and skills to offer the services of the future, "It is right that the diversity of service users' needs is matched by a diversity of professional backgrounds and skills" (SCHM 2003). There are however significant problems in attracting sufficient numbers of people to work within Child and adolescent mental health services.

### Recommendations

- Awareness of child and adolescent mental health problems and the services provided needs to be raised. It is important that the images portrayed are accurate and informative.
- Opportunities to work with children and young people within generic and specialist mental health care need to be expanded. Efforts need to be made to maximise interest in child and adolescent mental health amongst a wide audience by inclusion of Child and adolescent mental health into pre reg' curriculum. Mental health nursing, continues to be represented highly within CAMHS, however continues to suffer from an 'institutional, middle-aged' image, and needs to be marketed as an autonomous, varied and dynamic occupation'.

- Strategic Health Authorities and Workforce Development Confederations, working with Trusts should consider ways of increasing the numbers of staff to undertake their mental health training.

In order to address these problems there is a need to investigate the mechanisms for attracting and recruiting people into CAMHS, the reasons for failing to recruit sufficient numbers of staff and to highlight examples of good practice.

### **Action**

Further research needs to be undertaken to gather accurate figures and information on recruitment and retention to child and adolescent mental health services.

### **Such research could include the following considerations: -**

1. To review existing published information about the recruitment and retention of NHS, social care and education staff across services and a range of disciplines.
2. To identify the mechanisms for attracting and recruiting pre-registration and post-qualifying mental health staff. This will include an exploration of national variations and the identification of good practice.
3. To elicit a range of views from key informants on the problems of recruitment and retention; the key elements of a cohesive and comprehensive strategy towards improving recruitment; the perceived organisational, structural and/or cultural barriers to recruitment; and examples of good practice that they were either involved with or were aware of.
4. To translate these findings into pertinent and realistic recommendations for the future recruitment of child and adolescent mental health staff.

**Barry Nixon**

**Recruitment and Retention in CAMHS**

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## **Introduction**

The National Service Framework for Children, Young People and Maternity Services and Every Child Matters establishes, for the first time clear standards for promoting the health and well being of children and young people and for providing high quality services which meet their needs.

The guidance presents us all with exciting opportunities and challenges to enable us to deliver high quality, effective services for children and young people who represent our future. In staffing a modern mental health service for children and young people that is equipped to deliver the National Service Framework and Every Child Matters across agencies and disciplines, we need to develop new ways of working, which will continue to value the contribution of our most important resource, our staff. One of the key factors in ensuring the successful delivery of services will be the workforce on whom we depend to deliver care and services which children have a right to expect.

## **Current Challenge**

Workforce issues remain the most significant challenge to the implementation of the changes and developments outlined in the National Service Framework for Children and as identified in Every Child Matters, Children's Workforce Strategy. There are key concerns regarding the recruitment and retention of staff, and creating a workforce representative of the community served. Whilst there is some progress in CAMHS thinking with regard to the development of new roles for and types of Child and Adolescent mental health workers, there continues to be difficulties in recruiting and retaining qualified professionals such as nurses, psychiatrists, occupational therapists, social workers and clinical psychologists. In addition, there are problems in attracting sufficient numbers of people to train as mental health professionals generally.

A critical mass of staffing is required for services to be safe, timely and effective and able to respond to the wide range of needs which include: specialist and multi-disciplinary services (Tiers 2, 3 and 4), support, consultation and face-to-face work within primary care settings (Tier 1), teaching, training, consultation and liaison, research and audit. We require people with the necessary skills and competencies to deliver a comprehensive CAMHS including child psychiatrists, clinical child psychologists, CAMHS trained nurses, occupational therapists and other allied health professionals, social workers, child and adolescent mental health workers, child psychotherapists, family therapists and specialist teachers. Community paediatricians also make a significant contribution to the service.

The Children's NSF clearly acknowledges difficulties in estimating the numbers of staff required to provide services that can meet all the demands and provide sustainable services. It recognises that the precise level of staffing will vary according to indices of deprivation, whether the service is in a rural or urban setting, and has teaching responsibilities, it does however offer guidance on staffing at tier 3. As services take on the new responsibilities determined by the NSF, additional staffing may be required locally.

Demographic factors including an ageing population, fewer school leavers and a healthy economy all indicate a need to be more imaginative in how we expand our workforce. In mental health, whilst training more psychiatrists, nurses, social workers, clinical psychologists, occupational therapists and other professions is critical, it is recognised that there will still be difficulties in producing the numbers required to staff services. The challenge then within CAMHS is to use our highly trained professionals, both currently and in the future, in a way which maximises the positive impact they have on the service user experience.

Current guidance poses a serious challenge to create a workforce of sufficient numbers with the right capabilities across all professional and non-professionally affiliated groups. The modest 3% growth per annum in workforce as suggested would produce demand for 305,000 new staff. This needs to be seen within the context of the overall national workforce. There are record employment levels (27.9m in April 2003) and by 2010, there will be 700,000 fewer people of working age. Vacancies in the NHS, Education and Social Care are running at a very high level and legislation, such as the European Working Time Directive, adds additional pressure to reduce hours and recruit more staff to compensate. It is vital that we recognise that the Child and Adolescent mental health workforce spans the health, social care and education sectors, including the voluntary and independent sectors. To date, workforce planning processes have been separate for each sector. For the NHS, based on new service models, a modest estimate of staffing demand, submitted to the Workforce Numbers Advisory Board (WNAB) in 2003, indicated the need for increases by 2006 of 500 psychiatrists, 3,000 nurses, 1200 social workers and 600 occupational therapists for employment in mental health services and a 15% annual increase in clinical psychology training places. Additional capacity is also required for other groups, including pharmacists, physiotherapists, child and adolescent psychotherapists, art therapists and dieticians.

### **National Context**

Child and adolescent mental health services are in the midst of an exciting and challenging process of change to implement the National Service Framework for Children (NSF), Every Child Matters and the NHS Plan (DoH 2000a). The aspirations of key guidance however, cannot be delivered without attention being given to a number of over arching themes including: -

- to improve **workforce design and planning** so as to root it in local service planning and delivery;
- to identify and use creative means of to **recruit and retain** people in the workforce;
- to facilitate **new ways of working** across professional boundaries;
- to create **new roles** to tap into a new recruitment pool and so complement existing staff types;
- to develop the workforce through revised **education and training** at both pre- and post-qualification levels;
- to develop **leadership** and change management skills.

### **Future Challenges**

For Child and Adolescent mental health services to develop it is vital to recruit and retain good quality staff. Children's services in general are not currently seen as an attractive place to work. There are problems with recruitment and retention within CAMHS and a number of causes and challenges are suggested:

- **Image and status.** Those working with children particularly social workers have suffered from a poor public image, and childcare is often seen as low status
- **Variable management and supervision.** This is a problem across the public sector which is identified in the Audit Commission's *Recruitment and Retention* report (2002).
- **Workload and bureaucracy.** High vacancy rates contribute to pressure on those in post, and requirements designed to secure accountability impose increasing demands for information.
- **Expansion.** New initiatives and increasing investment run the risk of competing for a limited pool of staff
- **Complex pay issues** may play a part in recruitment and retention difficulties in some areas, and need further exploration. For many groups including social workers, nurses etc. the flexibilities in working conditions may not be enough to ensure employers attract the workforce they require.
- **Vacancy factors.** CAMHS Mapping 2003 reported vacancy factors across all services & all services report issues with Recruitment and Retention.
- **Vacancies for professional staff** are currently running at 11.5% for consultant psychiatrists, 2.9% for nurses, 6% for clinical psychologists and 6% for occupational therapists. This is much worse in some geographic and in some service settings
- **Ethnicity and diversity.** Challenges exist in building a workforce that reflects local cultural diversity and promotes cultural capability
- **Innovative solutions** across agencies that take in the whole of the potential labour market second careers are few and far between.
- **There is a tendency towards competition** for staff between employers rather than collaboration to address common problems.

### Labour market trends

A report by the Audit Commission (Audit Commission 2002) highlights that the UK labour market is currently highly competitive with unemployment at a historically low level. This means that all employers have to compete harder to attract and retain staff. Within this context, there are widespread reports of recruitment and retention problems across local public services, in mental health and CAMHS specifically. There are concerns about shortfalls in the number of staff, with fewer younger people being attracted to work for the public sector in the first place and a potential demographic 'time bomb' with 27% of the public sector workforce now aged 50 years or over.

The scale of the challenge is reflected in targets set by the Government across key public services. The NHS Plan has set targets for the recruitment of 35,000 more nurses, midwives and health visitors, 15,000 more consultants and general practitioners (GPs) and 30,000 more therapists and scientists by 2008 (DoH 2000a). In addition the government has also set targets for teachers and the police (Audit Commission 2002). CAMHS will therefore have to compete with the rest of the public services.

International studies suggest this is not just a national problem. Feifel et al (1999) report a fall in numbers of medical students choosing to do psychiatry in the USA. There are also concerns in the USA about numbers of occupational therapists choosing to practise in mental health (Hulse et al 2000), and the dwindling numbers of mental health nurses in the face of increased demand (Oerman & Sperling 1999).

Recruitment difficulties are reported for mental health nurses in Australia too (Happell & Rushforth (2000), and Ireland has experienced a similar decline in numbers on pre-registration psychiatric nursing courses as in Britain (An Bord Altranais 1999).

As identified, the shortage of mental health service staff reflects the tight national and international labour market. The mental health disciplines have suffered particularly because training has not been expanded sufficiently to meet demand. Within the overall national picture, there are widespread geographical differences, reflecting local labour market conditions. All other things being equal, turnover is most likely to be high where there are a large number of alternative jobs available within the travel-to-work area, and to be low where a change of job involves a house move or a major alteration of travel routine. But differences from region to region also reflect local employment cultures which explain why staff, in some areas are ready to change jobs for relatively little additional reward, while elsewhere they are more inclined to stay put (Audit Commission 1997). A range of factors that have a measurable influence on turnover were identified by the Audit Commission (Audit Commission 1997), these include:

- Non NHS pay levels for comparable jobs.
- Size of private healthcare sector within the district.
- The presence in an area of more than one NHS Trust within travelling distance of where employees live.
- Local employment levels.
- Cost and availability of housing.

#### **What do people want from work?**

The Audit Commission (Audit Commission 2002) identified that the biggest single reason that people identified for joining the public sector is the opportunity to 'make a difference'. People want to make a difference, in a job that satisfies them, and with a reward package that meets their needs.

An earlier report of staff turnover (Audit Commission 1997) identified some aspects of work that were associated with satisfaction.

These included: -

- Achievement
- Recognition
- Content of work
- Responsibility
- Opportunities for advancement
- Personal growth

The reasons why people leave their jobs are many and various. Research consistently shows that most leave because they are dissatisfied with their current jobs rather than because they are attracted by others. The Audit Commission identified that some aspects of work associated with dissatisfaction included: -

- Policy and administration
- Supervision
- Physical conditions
- Pay
- Inter-personal relationships
- Status
- Security

Changing patterns of work and demography pose many challenges for CAMHS in particular. The following examples were highlighted in the report 'Finding and Keeping' (SCMH 2000): -

- Many Trusts have a high proportion of employees in their fifties who may be tempted to retire early.
- Many of these older employees have significant responsibilities for eldercare. Some of them might like to stay on in their jobs if they could reduce their working hours or change work roles, but may be dissuaded from doing so because the NHS pension scheme is based on the final three years' salary.
- There are increasing numbers of women in the workforce, and many of them still shoulder the responsibility for arranging and paying for childcare.
- Whether or not they have children, both women and men are increasingly concerned about work-life balance.

The same report also identified a range of issues that contributed to poor morale and disenchantment among mental health staff including CAMHS: -

- Heavy workload
- Inability to deliver best quality
- High turnover
- Staff shortages
- Budget problems
- Few resources for development
- No effective workforce planning
- Continuous pressure
- Worried about the risk
- Concerned about who would take the blame if things went wrong
- Anxieties about loss of role clarity and professional autonomy
- Perception that their job was low status and poorly paid

### **Image and perception**

Several studies including the Audit Commission report (2002) found that public sector staff think that their image in the eyes of the public would discourage potential recruits. This finding was followed up by a review of the media coverage of public sector stories to see if the evidence supported this perception. The review found that while media coverage is extensive, the picture of public sector work presented to the reading public is unremittingly bleak. More important than stigma in relation to retention, were basic terms and conditions, such as having to cope with constant changes affecting their work and working environment, increased administration and thus reduced time for client contact, lack of career opportunities, stress and professional isolation. The latter was particularly important for occupational therapists and social workers in mental health.

### **Recruitment strategies**

A wide range of recruitment and retention initiatives are in place across the public sector, with action being led by Government, professions, national organisations and local employers. Major strategies include:

- Re-engineering traditional skill mix requirements, enhancing existing roles and creating new ones
- Widening the pool by recruiting from non traditional groups and running 'grow-your-own' initiatives

- Recruiting key workers from overseas
- Encouraging workers who have left to return

The following is a compilation of recruitment strategies and recommendations made in a series of reports (NHS Executive 2000, SCMH 2000, WAT 2000, DoH 1999a) and newsletters and minutes produced by NIMHE. These include recommendations to encourage staff to return to work, to remain in work, and to attract new recruits to train as mental health professionals or to work in other roles. The key recommendations include:

- Attracting staff from black and ethnic minority backgrounds
- The potential recruitment of refugees and asylum seekers
- Attracting individuals from all parts of the local community so that the workforce reflects the diversity of the local population
- Encouraging professionally non-affiliated people currently working in the mental health services to train as mental health professionals
- Attracting more mature students with appropriate life skills
- Targeting older people, women returning to the workforce after a career break, young people making training choices, and people who are considering retraining in mid career
- Making flexible working options and family friendly policies a reality.
- Flexibility in pension arrangements
- Improving the supply of affordable housing, helping staff to live where they work
- Creating new roles
- Raising the profile of careers in CAMHS
- Developing a learning organisation and culture
- Promoting new ways of working across professions and between qualified and unqualified staff.
- Emphasis on flexible working and innovation.

### **Summary**

If the demands of the NSF for children are to be met, there remains a need to increase the number of training places for professions. The current recruitment and retention problems cannot be tackled simply by increasing the numbers available for recruitment or by the introduction of new roles and workers.

Research offers little evidence or support for a radical configuration of current professional boundaries and has argued that there is a great value in diversity and each of the current mental health professions has strengths and skills to offer the services of the future, "It is right that the diversity of service users' needs is matched by a diversity of professional backgrounds and skills" (SCHM 2003). There are however significant problems in attracting sufficient numbers of people to work within Child and adolescent mental health services.

In order to address these problems there is a need to investigate the mechanisms for attracting and recruiting people into CAMHS, the reasons for failing to recruit sufficient numbers of staff and to highlight examples of good practice.

## **Recommendations**

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- Opportunities to work with children and young people within generic and specialist mental health care need to be expanded. Efforts need to be made to maximise interest in child and adolescent mental health amongst a wide audience by inclusion of Child and adolescent mental health into pre reg' curriculum. Mental health nursing, continues to be represented highly within CAMHS, however continues to suffer from an 'institutional, middle-aged' image, and needs to be marketed as an autonomous, varied and dynamic occupation'.
- Strategic Health Authorities and Workforce Development Confederations, working with Mental Health and Primary Care Trusts should consider ways of increasing the numbers of staff to undertake their mental health nurse training.

In order to address these problems there is a need to investigate the mechanisms for attracting and recruiting people into CAMHS, the reasons for failing to recruit sufficient numbers of staff and to highlight examples of good practice.

## **Action**

Further research needs to be undertaken to gather accurate figures and information on recruitment and retention to child and adolescent mental health services.

**Barry Nixon  
February 2006**