Child and Adolescent Mental Health Services in Scotland: Waiting Times
Quarter ending 31 December 2019

Background Information
This document contains details of policies, standards and investments that are relevant to the provision of Child and Adolescent Mental Health Services (CAMHS), as well as details of the data collection processes used to obtain CAMHS waiting times.

About CAMHS
The main function of CAMHS is to develop and deliver services for those children and young people (and their parents/carers) who are experiencing the most serious mental health problems. They also have an important role in supporting the mental health capability of the wider network of children’s services. CAMHS are usually delivered by multidisciplinary teams including nurses, psychiatrists, psychologists and social workers.

Mental Health Policies, Standards and Investments
Developments in mental health care within CAMHS have been driven by a series of reports and policy recommendations:

NHS Scotland National Service Specification

Mental Health Strategy 2017-2027
The Scottish Government 10 year Mental Health Strategy was published in March 2017. The strategy highlights the need for capacity of care staff to effectively support children and adolescents living with mental health conditions. It acknowledges that while access to CAMHS has improved, demand for this specialism is continuing to increase, and there is a need to look at the whole system, recognising the importance of specialist services, psychological therapies, early interventions at tiers 1 and 2 including provision of support for families through parenting programmes.

In August 2012, this strategy set the policy direction for the next four years and included a commitment to achieving and maintaining waiting times standards.
The Mental Health of Children and Young People – A Framework for Promotion, Prevention and Care (2005)

This set out recommendations for implementing the SNAP report. It was designed to be used by local agencies as a planning and audit tool to support their work in identifying goals and milestones for continuous improvement in the delivery of services. The Framework was produced by the Child and Adolescent Mental Health Development Group which was established in 2002 and drew on expertise from the NHS, education, social work and the voluntary sector. The Framework stated that a phased investment into the CAMHS workforce was needed, with a doubling of the workforce within ten years.

Getting the Right Workforce, Getting the Workforce Right, A Strategic Review of the Child and Adolescent Mental Health Workforce (2005)

This work concluded that there was a “significant lack of capacity” in the CAMHS workforce and a need for a substantial expansion if it was to meet the agreed policy objectives. This involved increasing workforce numbers through new investment in posts and improved retention; increased efficiency through training and supervision, better infrastructure and improvements in health in the workplace.


This report emphasised that all agencies and organisations have a role in supporting the mental health of children and young people. It highlighted the need to address the whole continuum of mental health - from mental health promotion, through preventing mental illness, to supporting, treating and caring for those children and young people experiencing mental health difficulties of all ranges of complexity and severity.

Waiting Times Standard

A HEAT target for CAMHS was set in April 2010. The target stated that no child or young person would wait longer than 26 weeks from referral to treatment in a specialist CAMH service from March 2013, reducing to 18 weeks from December 2014. Following the conclusion of previously planned work on a tolerance level for CAMHS waiting times and engagement with NHS Boards and other stakeholders, the Scottish Government determined that the CAMHS target should be delivered for at least 90% of patients. This is now known as a Local Delivery Plan (LDP) Standard.
CAMHS Waiting Times: Data Collection

When the CAMHS Waiting Times data collection was first established in 2010 the IT systems across NHS Boards were not set up to collect the data at patient level. It was therefore agreed to collect aggregate level data.

NHS Boards collate and submit aggregate level data to ISD in an Excel template. The template has evolved over time. The current template is set up to collect information on patients who waited during the month and information on patients waiting at the end of each month. This information (number of people) is collected in weekly time bands to allow calculation of the median and 90th percentile. A separate Excel sheet is set up for adjusted and unadjusted waits.

ISD have programs set up to combine the Board information into one file. Since this is aggregate level data, the analysis involves aggregating the numbers and calculating percentages waiting/waited and medians/percentiles. ISD also carry out quality assurance to sense check the data and liaise with NHS Boards to resolve any queries they may have regarding how the data they submitted has been analysed and displayed.

From March 2017, the UK Statistics Authority has designated these statistics as National Statistics, signifying compliance with the Code of Practice for Official Statistics.

Related Publications

Data on Psychological Therapies Waiting Times in NHSScotland are available at: http://www.isdscotland.org/Health-Topics/Waiting-Times/Psychological-Therapies/

The Psychology Workforce publication includes information on Psychology staff working with children and adolescents. This is available at: http://www.isdscotland.org/Health-Topics/Workforce/Psychology/