Child and Adolescent Mental Health Services
Waiting Times LDP Standard Definitions and Scenarios

Information Services Division
NHS National Services Scotland

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Executive Summary

This document provides NHS Boards with guidance and scenarios on when the clock starts and stops, and what falls within the scope of the Child and Adolescent Mental Health Services Local Delivery Plan (LDP) Standard (previously known as Child and Adolescent Mental Health Services Waiting Times HEAT Standard).

Starting and Stopping the Clock:

• The clock starts on the day the referral is received by the service.
• The clock stops when the treatment begins.
• There are some circumstances where the clock may be paused and adjusted waiting times used.
• All Boards should be able to measure and report unadjusted waiting times, irrespective of whether they are also able to adjust.
• It is preferable to have a system in place which allows accurate recording of the start of treatment. There should be no use of a proxy for stopping the clock.

The Scope of the Standard:

The Standard applies:

• for treatment of mental ill health or disorder;
• where the treatment is delivered through family, health and/or care staff who are being trained or supported to deliver a particular intervention to a named patient/client;
• to all children and young people from 0-18 years of age;
• in community settings;
• in inpatient or outpatient settings;
• in physical health settings where there is associated mental ill health such as depression or anxiety, for example chronic pain and cancer.
1. Introduction

This document provides NHS Boards with guidance and scenarios on when the clock starts and stops in relation to the LDP Standard to provide faster access to mental health services by delivering 18 weeks referral to treatment (RTT) for Child and Adolescent Mental Health Services (CAMHS) from December 2014.

This Guidance and Scenarios document for the Child and Adolescent Mental Health Services (CAMHS) LDP Standard will be updated as necessary. It does not imply any policy change in the way waiting times should be measured or what is included within the scope of the Standard. The principles set out here should ensure that the needs of the patient are the primary concern, whilst also being fair to Boards through the promotion of a consistent and structured approach.

Please note that the LDP standard relates to NHSScotland activity only.

The Scottish Government issued a letter on the application of the generic national waiting times guidance in relation to mental health access standards to Psychological Therapies and CAMHS LDP Standard Leads on 22 November 2012:

In addition, a poster illustrating the key measurement points was produced by ISD Scotland and can be viewed here and in Appendix A:

2. Scope and definitions

2.1 What is 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, social workers, allied health professionals and others.

2.2 The Basics

A well-functioning system should aim to get the patient to the right intervention for them, as quickly as possible, in the fewest steps possible with patient need being the key.

The CAMHS LDP standard is primarily measured on the nature of the presenting patient’s condition. The referral criteria thresholds for this were defined in 2009.
Condition 1: Basic Threshold

- A child/young person* has or is suspected to have a mental disorder or other condition that results in persistent symptoms of psychological distress.

Condition 2: Complexity and Severity threshold

- There is also the existence of at least one of the following:
  - An associated serious and persistent impairment of their day to day social functioning.
  - An associated risk that the child/young person may cause serious harm to themselves or others.
  - An associated significantly unfavourable social context (e.g. a child in care, a sibling, a parent or carer with significant mental or physical health problems, a child who has been the victim of abuse or who has experienced domestic abuse). Where this is observed, a multidisciplinary approach should be taken ensuring appropriate inclusion of relevant agencies.

* There is some variance in the upper age range for CAMH services. At present some 16 and 17 year olds in some NHS Boards receive services from adult mental health. These patients are currently outside the scope of this standard. All Boards should be actively working towards a birth to 18th birthday age range for all specialist CAMH. The Information Services Division’s Workforce team regularly publish this information as part of the ‘Child and Adolescent Mental Health Services in Scotland: Waiting Times, Service Demand and Workforce’ publication.

2.3 What is counted under the standard?

- The standard measures referral to treatment

2.4 When does the standard apply?

The standard applies:

- Where the treatment is for mental ill health or disorder;
- Where the treatment is delivered through family, health and/or care staff who are being trained or supported to deliver a particular intervention to a named patient/client;
- When consultation follows a referral, and is focused on developing a plan based on the child’s needs;
- To all children from 0-18 years of age;
- In community settings;
• In inpatient or outpatient settings;
• In physical health settings where there is associated mental ill health such as depression or anxiety, for example chronic pain and cancer.

2.5 What is a Referral?
A referral is a request to a care professional, team, service or organisation to provide appropriate assessment or care to a patient/client. A referral may be made by a person, team, service or organisation on behalf of a patient/client, or a patient/client may refer him/herself.

Patients need not be resident in Scotland to be referred.

2.6 The Receiving Service / Team
Although the national RTT standard describes treatment predominantly as being led by consultant-led teams, NHS Boards need to consider design and implement models of care and treatment pathways that reflect best practice and use of resources to ensure patients receive equity of access to the most appropriate health care practitioner or multi-disciplined team.

The current practice in CAMHS is for the vast majority of clinical activity to be undertaken as an outpatient. This may take place in a range of settings including patients’ homes or schools.

2.7 Starting Treatment Definition
Distinctions between assessment and treatment are less clear-cut within Mental Health than for other Health Services. This is because all assessments should carry some therapeutic benefit and all treatments contain an element of re-assessment.

In order to provide guidance in relation to a referral to treatment standard it is therefore important to have agreement about when treatment begins.

Starting treatment is defined as being:

• the start of a planned programme of intervention delivered by an appropriately qualified clinician designed to address agreed treatment goals;
• the start of a co-ordinated treatment plan;
• named child or young person consultation when a clear intervention plan is agreed;

• the start of a condition-specific specialist multi-disciplinary assessment (e.g. for a specific developmental disorder such as ASD assessment and the assessment begins with the family and the multidisciplinary team).

Within CAMHS most clinical sessions are a combination of the following:

• ongoing assessment - aim to probe to enhance understanding;
• specialist diagnostic screening - aim to diagnose or screen;
• specific treatments e.g. pharmacological, psychological, psychotherapeutic - aim to eradicate or reduce unwanted symptoms.

For a new patient, the clinician must exercise judgement to decide whether the session:

• has included the start of a goal focused programme of planned intervention;
• is the first treatment for a specific clinical condition;
• is a condition specific specialist multi-disciplinary assessment.

If so, then that session should be recorded as a treatment session and the RTT clock stopped. If not, the clock should not be stopped.

2.8 When does the clock start and stop or pause?

The clock starts on the day the referral is received by the service and stops when the treatment begins. The 18 week standard applies to the whole ‘pathway’ from referral to treatment. The ‘pathway’ will more than likely involve some form of assessment or triage but the clock will have already started.

There are five treatment and care activities that stop the RTT clock for CAMHS:

• Treatment as an inpatient or day patient has started.
• Treatment as an outpatient has started.
• No treatment is required from the service the patient was referred to.
• The patient is offered but declines treatment.
• The patient did not attend a scheduled appointment (DNA). This will be dependant on clinical priorities as well as local DNA policies.

There should be no use of a proxy for stopping the clock. This was introduced when the standard was first implemented an interim measure while data systems were being developed.
There are two treatment and care activities which will pause the RTT clock for CAMHS:

- Social unavailability (includes could not attend - CNA)
- The patient is offered treatment but chooses to delay treatment

In the circumstances where the clock may be paused and adjusted waiting times used, details of this can be found in the letter on the application of the generic national waiting times guidance as referenced in Section 1 above, and here: [http://www.isdscotland.org/Health-Topics/Mental-Health/MH_Access_Targets_NHS_Scotland_WT_Guidance_Nov12.pdf](http://www.isdscotland.org/Health-Topics/Mental-Health/MH_Access_Targets_NHS_Scotland_WT_Guidance_Nov12.pdf)

However, if Boards are only able to report unadjusted waiting times they should continue to do this.

All Boards should be able to measure and report unadjusted waiting times, irrespective of whether they are also able to adjust, this is to ensure that there is a measure of what patients are actually experiencing.

It should be noted that no adjustments should be made after the 18 week standard has been breached.

### 2.9 Triage and Signposting

Many CAMH Services are currently offering a distinct service of triage and signposting for new referrals. This enables inappropriate referrals to be diverted to appropriate sources of help at as early a stage as possible and as quickly as possible. Because the waiting time standard relates to referral to treatment the triage and signposting function should be considered as an element of CAMH work, which although contributing as a discreet component of a patient’s journey, does not in itself constitute a completed referral to treatment component of such a journey. The clock should not be stopped after triage and can only be stopped if the patient is discharged.

### 3. Scenarios

All the examples below are based on the overall guidance that clinical judgement determines whether treatment has started within an appointment.

**Example 1**
- A young person attends the GP on Monday 14th January and describes emotional difficulties.
- The GP refers onto CAMHS.
- CAMHS receive the referral and the clock starts on Monday 14th January.
- The referral is screened as routine and accepted to the waiting list.
- An appointment is sent out and attended on Monday 4th March.
- During the course of the appointment, a formulation and treatment plan is agreed and started.
- The clock stops on Monday 4th March.

Example 2
- A young person attends the GP on Monday 14th January and describes emotional difficulties.
- The GP refers onto CAMHS.
- CAMHS receive the referral and the clock starts on Monday 14th January.
- The referral is screened as routine and accepted to the waiting list.
- An appointment is sent out and attended on Monday 4th March.
- During the course of the appointment, only assessment is completed without any element of treatment.
- At the second appointment on Friday 15th March the treatment plan is started.
- The clock stops on Friday 15th March.

Example 3
- A referral comes into CAMHS from a Social worker regarding a looked after child on Monday 14th January.
- A professionals meeting is arranged for the Team around the child.
- Subsequent sessions are planned with the Foster Carers to allow treatment to be delivered to the child indirectly through the Foster Carers.
- The first treatment appointment with the Foster Carers is attended on Tuesday 5th February.
- The clock stops on Tuesday 5th February.

Example 4
- A young person goes to their School Nurse on Monday 14th January and describes emotional difficulties.
- The School Nurse refers onto CAMHS.
- CAMHS receive the referral and the clock starts on Monday 14th January.
- The referral is screened as priority and an appointment is sent out.
- An appointment is sent out for Monday 28th January.
- The appointment is not attended and the clock is paused.
- A DNA letter is sent and contact is made from the family.
- A second appointment is sent out for Monday 4th February and is not attended.
- The young person is discharged and the clock stops on Monday 4th February without treatment.
Example 5
- A family attend their GP on 20th February to request referral for ASD assessment following concerns that have been raised in school about child’s social communication.
- CAMHS receive referral and clock starts on 25th February.
- The referral is screened as routine and the initial assessment appointment is sent out for 3rd September.
- During this appointment the clinical agrees that there is evidence of ASD and commences screening measures and developmental history. Diagnostic assessment continues over a series of subsequent appointments. Clock stops on initial appointment of 3rd September.

Example 6
- A young person goes to their School Nurse on Monday 14th January and describes emotional difficulties. The School Nurse refers onto CAMHS.
- CAMHS receive the referral and the clock starts on Monday 14th January.
- The referral is screened as priority and an appointment is sent out for Monday 28th January.
- The family phone in to explain that they are on holiday for that 2 week period and would be unable to attend.
- The clock is paused for the two week period and restarted after 2 weeks.
- A second appointment is sent out for Monday 18th February and is attended.
- The clock stops on Monday 18th February with treatment commencing.
Appendix A – Child and Adolescent Mental Health Waiting Times

‘New Ways’ of Defining and Measuring Waiting Times

New Ways was a new approach for managing patients’ waiting times designed to make the management, measurement and monitoring of waiting clear and transparent. New Ways was intended to make patient waiting times fair for all by
- setting out fair procedures for patients who do not or cannot attend, cancel or refuse a reasonable offer of an appointment
- making explicit the shared responsibility of patients, GPs and hospital services
- ensuring medically or socially unavailable patients did not lose their guarantee of a maximum waiting time.

Adjusting for periods of unavailability

- Any periods of unavailability should be recorded. ALL periods will be removed from the patient’s reported wait.
- Patients should be reviewed within thirteen weeks if no known end date to their unavailability.
- Patients should be made aware of what effect unavailability has on their waiting time.

Resetting the clock with non-attendance

- Patients who having accepted a ‘reasonable offer’ of appointment and then cannot attend (CNA) or do not attend (DNA) have their waiting time adjusted following non-attendance. The waiting time is reset to zero on the date the appointment is cancelled or the date the patient DNA
- Patients should be made aware of what effect non-attendance has on their waiting time

CAMH waiting times

- A referral is a request to provide appropriate care to a patient/client. The date the referral is received will start the clock
- An assessment will result in a provisional formulation and action plan for what to do next
- The clock will stop on the date the patient starts the treatment that is the most appropriate for the patient’s disease, condition or injury

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