About this Release
This publication contains information about how long children and young people waited for mental health services provided by the NHS in Scotland. This information has been published quarterly since August 2012.

For a small number of Boards, systems for collecting data locally are still being developed and as a result a small number of people who attend a CAMH service are not included in this publication. However the information in this publication does give a good indication of waiting times in most areas of Scotland.

Key Points
- Waiting times information for CAMH services are still in development. NHS Boards continue to work with ISD and the Scottish Government to improve the consistency and completeness of the information. The 26 week target was due for delivery from March 2013, reducing to 18 weeks from December 2014.
- During the quarter ending March 2014, just over 3,600 children and young people started treatment at CAMH services in Scotland.
- During the quarter ending March 2014, 91.4% of people were seen within 26 weeks and 83.9% of people were seen within 18 weeks.

Background
The Scottish Government has set a target for the NHS in Scotland to deliver a maximum 26 week waiting time from a patient’s referral to treatment for specialist Child and Adolescent Mental Health (CAMH) services from March 2013, reducing to 18 weeks from December 2014.

Following the conclusion of previously planned work on a tolerance level for CAMH service waiting times and engagement with NHS Boards and other stakeholders, the Scottish
Government has determined that the CAMH services target should be delivered for at least 90% of patients.

The main function of CAMH services is to develop and deliver services for those children and young people 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.

Delivery of good quality CAMH services depends on timely access to healthcare. Early action is more likely to result in full recovery and, in the case of children and young people, minimises the impact on other aspects of their development such as their education, so improving their wider social development outcomes.

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**Further Information**

Further information can be found in the [Full Publication Report](#) or on the [ISD website](#)