

# Publication Summary



## Child and Adolescent Mental Health Services Waiting Times in Scotland

Quarter ending 31 December 2014

Publication date – 24 February 2015

### 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.

### Key Points

- The Scottish Government set a target for the NHS in Scotland to deliver a maximum wait of 26 weeks from a patient's referral to treatment for specialist CAMH services from March 2013, reducing to 18 weeks from December 2014. The target should be delivered for at least 90% of patients.
- During the quarter ending December 2014, over 4,100 children and young people started treatment at CAMH services in Scotland.
- During the quarter ending December 2014, 86.0% of people were seen within 26 weeks and 78.9% of people were seen within 18 weeks.
- For this reporting period, 9 Boards met the 26 week HEAT target and 5 did not, namely NHS Fife, NHS Forth Valley, NHS Grampian, NHS Lothian and NHS Tayside.

### 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 services 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.

## Contact

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## Further Information

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

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