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. The Scottish Government set a HEAT 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 met for at least 90% of patients.

Key Points

- During the quarter ending March 2015, over 4,200 children and young people started treatment at CAMH services in Scotland.

- Of these, 85.2% were seen within 26 weeks and 78.9% were seen within 18 weeks. Half started their treatment within nine weeks.

- During the quarter ending March 2015, 11 Boards met the 26 week HEAT target and three did not, NHS Forth Valley, NHS Lothian and NHS Tayside. The 18 week HEAT target was met by eight Boards while six did not meet it, NHS Fife, NHS Forth Valley, NHS Grampian, NHS Lothian, NHS Shetland and NHS Tayside.

- Across Scotland, 10.7% of patients referred to CAMH services did not attend their first appointment.
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
Mhairi Boyd
Senior Information Analyst
mhairi.boyd@nhs.net
0131 275 6079

Amy McKeon
Principal Information Analyst
amy.mckeon@nhs.net
0131 275 6559

Further Information
Further information can be found in the Full Publication Report or on the ISD website