



Research Inspired by Service Experts

Do waiting list times for CAMHS lead to worsening mental health in young people?

Key findings:

- Waiting lists for Child and Adolescent Mental Health Services (CAMHS) are getting longer and longer. Poor outcomes and worsening mental health are often used as the key reasons for reducing waiting time.
- We found little research looking at how waiting lists affect mental health. The research we found does show that young people believe that their mental health worsened whilst on waiting lists and it affected their everyday life.
- Some research shows that when children or young people wait a long time for services, they feel less satisfied with the therapy they receive and are less likely to engage with it.
- Work is being done to look at how to reduce the effects of waiting times on mental health.
- More research is needed to understand how being on a waiting list affects children and young people's mental health.



What did we find?



CAMHS Waiting Lists

In 2016 NHS England set standards for people waiting to access psychological therapies; 75% of people referred should be seen and treated in six weeks and 95% within 18 weeks.¹ Children and young people with more severe problems such as psychosis or eating disorders should be seen even quicker.²

However, unfortunately there are huge variations in waiting times across CAMHS trusts in England. One study found waiting times ranged from 0 days to 4 ½ years, with an average of just over seven weeks.³ Those who had been referred from primary care, such as a GP, had longer waiting times than those referred from specialist health services or Accident and Emergency services.³

More people need CAMHS than the service can support, with waiting lists getting longer, especially since the COVID pandemic.⁴ There was a 94% increase in the number of children and young people referred to CAMHS in May 2021 compared with May 2019.⁵ This has affected services across the NHS with reports of worsening symptoms and poor outcomes due to delayed treatments. With waiting lists increasing, it is important to understand the impact of being placed on a waiting list for treatment.

The Government have set out how they plan to improve the long wait times in CAMHS, including a new proposed target of everyone being seen in four weeks.⁶⁻⁸ However, they mainly focus on changing services and reducing costs rather than how reducing waiting times might stop young people's mental health from getting worse.

Citation Top Tip

If you see a little number above a word **like this¹** then go to the references section at the end of this report to see the source of the information.

Do waiting lists affect mental health?

Despite many people saying that long waiting lists lead to worsening mental health, we could not find many studies that have investigated this in detail. We couldn't find any looking at what the long-term outcomes are of being on a long CAMHS waiting list for people's mental health.

One study interviewed CAMHS users to learn about their experiences of being on waiting lists.⁹ The researchers interviewed seven young people aged between 19-21. They were all at university so had access to university support services. They all had a range of different mental health difficulties. The study found three main messages:

- Young people had to find and rely on other ways to support themselves whilst they waited for treatment. This included accessing additional psychological treatment or medication, developing coping mechanisms, and relying on their social support. Some of the coping mechanisms used were positive (such as meditation, yoga). However, others turned to self-harm or substance abuse.
- Young people said the delay in getting treatment negatively affected their everyday life, including the ability to work or study, take part in activities, and their physical health.
- Waiting also negatively affected young people's feelings and beliefs, including feeling angry, believing that they would never get help or didn't deserve help, and feeling hopeless.

The study suggests that the uncertainty around when a young person will get to be seen exacerbates any existing mental health concerns. The young people felt their mental health declined whilst waiting for treatment because they believed the services didn't think their issues were severe enough as they weren't seen more quickly. In fact, one participant went on to more destructive behaviours in the unfounded hope that they would be seen more quickly.



Other research findings

In another study, children and young people who were interviewed about their views of CAMHS services said they felt their mental health had deteriorated whilst waiting to be assessed and then allocated to a therapist. ¹⁰

Parents were also interviewed in this study and said they were distressed by waiting too as they were unsure when their child would be seen. The same study found that some CAMHS services had started to contact those on the waiting list to reassure them that they hadn't been forgotten about. They also found that some places had a staff member whose role was to support those waiting to be seen. ¹⁰

Both studies interviewed young adults. We could not find any work with children or younger teens. Also, the studies both asked for the young people's views. We could not find any studies that compared assessments of children or young people's mental health from when they are placed on the waiting list to when they are seen.

Other impacts of being on a waiting list

How long people are on the CAMHS waiting lists seems to have an impact on children and young people's engagement with treatment when they are seen.

Two studies found that families have less satisfaction with the services they received from CAMHS the longer they were on a waiting list. ^{11,12}

Another study found that when families wait for a long time, they are more likely to refuse services, and may be more likely to drop out of treatment before it is complete. ¹³ Faster access to treatment was found to increase children and young people's motivation to engage with the therapies they were offered. ¹⁰

Families are also more likely to try to find help from other services if they face a long wait, but this is only an option for those in areas with multiple services and those with the ability to pay for private therapy. ¹⁴ Not everyone can do this, which puts help out of reach for many.

Our conclusions



Waiting lists for CAMHS services are getting longer and longer so more children and young people are waiting to be seen.

However, we could not find much research to say how being on these waiting lists affects their mental health. Research that asked children and young people about their time in CAMHS said their mental health deteriorated whilst waiting to be seen.

Children and young people said that waiting affected their everyday life, and they started to believe they would never get help. These young people had to find other ways to support themselves whilst waiting, such as social support, coping mechanisms, and accessing other treatments.

Research has also found when children and young people wait a long time for treatment, they are less satisfied with their treatment. They are more likely to refuse services or drop out of treatment.

This could mean that children and young people might not be able to benefit from CAMHS if they wait a long time before they start therapy. It might also mean that a long wait could lead to poorer outcomes.

Children and young people were more engaged with treatment when they had quicker access. This shows the importance of trying to reduce waiting list times.

There has been a lot of work looking at how to reduce the overall wait time across CAMHS, with the Government proposing to bring in four-week targets for treatment.

Hopefully some of this may reduce the impact of waiting for treatment. But more research is needed to understand the impact of long waiting times for CAMHS on children and young people's mental health.

What did young people ask us?

Young people who have used Child and Adolescent Mental Health Services (CAMHS) in Devon were asked to take part in a workshop about their experiences. We asked them what research questions they would like us to answer.

One of these questions was, "Do waiting list times for CAMHS lead to worsening mental health in young people?".



What did we do?

We searched for any past research on waiting for CAMHS and mental health outcomes.

We searched several scientific databases including MEDLINE and APA PsycINFO to find evidence for this summary. The searches were last updated in March 2022. Further evidence was identified by Google Scholar searches in May 2023.

We asked experts in child and adolescent mental health research and a young CAMHS service user to review the summary to make sure it is accurate and easy to understand.

This was not a fully comprehensive search; as this was a rapid review, we only spent half a day searching the databases, so there is a chance that we may have missed something.



Scientific databases used:

TRIP database: Turning Research into Practice database
NICE Evidence: National Institute for Health and Care Excellence Evidence database
MEDLINE: US National Library of Medicine life science and biomedical database
PsycINFO: American Psychological Association Psychological information database
CINAHL: Cumulative Index to Nursing and Allied Health Literature database
SPP & HMIC: Social Policy and Practice & Health Management Information Consortium database

References

1. Department of Health and Social Care. Mental health services: achieving better access by 2020 2014 [Available from: <https://www.gov.uk/government/publications/mental-health-services-achieving-better-access-by-2020>].
2. Care Quality Commission. Brief guide: waiting times for community child and adolescent mental health services. 2020.
3. Edbrooke-Childs J, Deighton J. Problem severity and waiting times for young people accessing mental health services. *BJPsych Open*. 2020;6(6):e118.
4. Gagliardi AR, Yip CY, Irish J, Wright FC, Rubin B, Ross H, et al. The psychological burden of waiting for procedures and patient-centred strategies that could support the mental health of wait-listed patients and caregivers during the COVID-19 pandemic: A scoping review. *Health expectations: an international journal of public participation in health care and health policy*. 2021.
5. House of Commons. Clearing the backlog caused by the pandemic. 2021. Report No.: Ninth Report of Session 2021-2022.
6. NHS England. Future in Mind: Promoting, protecting and improving our children and young people's mental health and wellbeing. London, UK; 2015.
7. Department of Health, Department for Education. Transforming Children and Young People's Mental Health Provision: A Green Paper. London, UK; 2017.
8. NHS England. The NHS Long Term Plan. London, UK; 2019.
9. Punton G, Dodd AL, McNeill A. 'You're on the waiting list': An interpretive phenomenological analysis of young adults' experiences of waiting lists within mental health services in the UK. *PLoS One*. 2022;17(3):e0265542.
10. Kirk SF, Claire Evans, Nicola Lane, Rhiannon Crooks, Jodie Naughton, Georgia Pryjmachuk, Steven Perceptions of the key components of effective, acceptable and accessible services for children and young people experiencing common mental health problems: a qualitative study. *BMC Health Services Research*. 2023;23(291).
11. Bjørngaard JH, Wessel Andersson H, Osborg Ose S, Hanssen-Bauer K. User satisfaction with child and adolescent mental health services. *Social psychiatry and psychiatric epidemiology*. 2008;43(8):635-41.
12. Jones E, Lucey C, Wadland L. Triage: A waiting list initiative in a child mental health service. *Psychiatric Bulletin*. 2000;24(2):57-9.
13. Westin AML, Barksdale CL, Stephan SH. The Effect of Waiting Time on Youth Engagement to Evidence Based Treatments. *Community Mental Health Journal*. 2014;50:221-8.
14. Schraeder KE, Reid GJ. Why wait? The effect of wait-times on subsequent help-seeking among families looking for children's mental health services. *Journal of abnormal child psychology*. 2015;43(3):553-65.

Note: This work was funded by the NIHR Clinical Research Network South West and the NIHR Mental Health Programme as part of the NIHR Applied Research Collaboration South West Peninsula (PenARC). The views expressed here are those of the authors and not necessarily those of the National Institute for Health Research or the Department of Health and Social Care.

This information is correct as of May 2023