Public Petitions Committee
Thursday 24 September 2026
3rd Meeting, 2026 (Session 7)

PE2231: CAMHS Staff Need Resources, Children Need Assessments

Introduction

Petitioner	Mhari Douglas
Petition Summary	Calling on the Scottish Parliament to urge the Scottish Government to provide targeted funding for Child and Adolescent Mental Health Service (CAMHS) neurodevelopmental services, in order for additional staff to be recruited and trained, for transparent waiting-time data to be published, and for maximum waiting-time standards for ADHD and autism assessments to be introduced so that no child is left waiting years for support.
Website	https://petitions.parliament.scot/petitions/PE2231

1. This is a new petition that was published on 16 July 2026.

2. A full summary of this petition and its aims can be found at **Annexe A**.

3. Every petition collects signatures while it remains under consideration. At the time of writing, 5,188 signatures have been received on this petition.

4. A SPICe briefing has been prepared to inform the Committee's consideration of the petition and can be found at **Annexe B**.

5. The Committee seeks views from the Scottish Government on all new petitions before they are formally considered.

6. The Committee has received submissions from the Scottish Government and the Petitioner which are set out in **Annexe C** of this paper.

Action

7. The Committee is invited to consider what action it wishes to take.

Clerks to the Committee
September 2026

Annexe A: Summary of petition

PE2231: CAMHS Staff Need Resources, Children Need Assessments

Petitioner:

Mhari Douglas

Date published:

16 July 2026

Petition summary:

Calling on the Scottish Parliament to urge the Scottish Government to provide targeted funding for Child and Adolescent Mental Health Service (CAMHS) neurodevelopmental services, in order for additional staff to be recruited and trained, for transparent waiting-time data to be published, and for maximum waiting-time standards for ADHD and autism assessments to be introduced so that no child is left waiting years for support.

Background information:

A family member was referred to CAMHS Midlothian for an ADHD assessment on 22 March 2022 and triaged on 7 June 2022. More than four years later, he is still waiting for an assessment, with very limited communication from the service.

Following a complaint in 2025, I was informed by a senior CAMHS clinician that increasing demand, staffing shortages and insufficient resources were contributing to long waits for neurodevelopmental assessments. Despite being told the wait would likely be measured in weeks rather than months, he remains on the waiting list over a year later.

This is not solely about my family member. Their experience demonstrates a wider national problem affecting thousands of Scottish children and families. Long waits delay access to support and leave families without answers. Increased investment in CAMHS neurodevelopmental services is needed to reduce waiting times and improve access to assessments across Scotland.

Annexe B: SPICe Briefing

Scottish Parliament Information Centre
Ionad Fiosrachaidh Pàrlamaid na h-Alba

Briefing for the Public Petitions Committee on petition PE2231: CAMHS Staff Need Resources, Children Need Assessments

Brief overview of issues raised by the petition

The petition is calling on the Scottish Parliament to urge the Scottish Government to provide targeted funding for Child and Adolescent Mental Health Service (CAMHS) neurodevelopmental services, in order for additional staff to be recruited and trained, for transparent waiting-time data to be published, and for maximum waiting-time standards for ADHD and autism assessments to be introduced so that no child is left waiting years for support.

Introduction

Neurodivergence refers to when an individual's neurocognitive functions fall outside the typical range. Neurocognitive functions refer to brain functions such as the ability to learn and use language, to regulate attention, emotions and impulses, social behaviours and processing sensory stimuli.

Neurodivergence includes, but is not limited to, conditions such as autism, attention deficit-hyperactivity disorder (ADHD), dyslexia, dyscalculia, developmental co-ordination disorder (DCD), developmental language disorder (DLD), Foetal Alcohol Syndrome Disorder (FASD) and Tourette's syndrome.

These specific conditions are referred to as neurodevelopmental conditions, although conditions such as dyslexia and dyscalculia are also termed ‘learning difficulties’ by some people.[1]

The most common neurodevelopmental conditions are thought to be dyslexia and dyscalculia, affecting 10% and 6% of the population respectively. ADHD is estimated to affect 5% of school aged children in Scotland, while autism affects roughly 3% of this group.[2]

In the past, children and young people who were suspected of being neurodivergent were typically referred to Child and Adolescent Mental Health Services (CAMHS). However, in recognition of the fact that these children did not have a mental illness requiring treatment, most parts of Scotland now have a specific neurodevelopmental pathway. These pathways usually involve a variety of services such as education, health and social work.

[1] SPICe Briefing (2025) Neurodevelopmental Pathways and Waiting Times in Scotland – Definitions and language
[2] SPICe Briefing (2025) Neurodevelopmental Pathways and Waiting Times in Scotland – Prevalence of neurodivergence in Scotland

Funding

It is difficult to identify how much funding is specifically allocated to services because much of the support is multidisciplinary and will come from universal services.

However, there are sometimes funding allocations associated with specific policies or initiatives. For example, the Scottish Government provided funding for several pilot programmes to support the implementation of the National Neurodevelopmental Specification for Children and Young People.

Similarly, in a letter to the Health, Social Care and Sport Committee, the Minister for Mental Wellbeing, Public Health, Sport, Alcohol and Drugs highlighted the Scottish Government was providing more than £2.9 million in 2025-26 to improve neurodevelopmental support, funding projects that:

- expand autism and ADHD assessment capacity,
- develop digital ADHD support tools,
- help families on waiting lists access support, and
- support service redesign and workforce training through NAIT and Public Services Delivery Scotland.

The letter also highlighted that the Scottish Government provided £2.5 million for the Autistic Adult Support Fund and has committed an additional £7.6 million in 2026-27 to further improve neurodevelopmental assessment and care for young people.

Staffing

There is no published national figure for the number of staff employed in Scotland's neurodevelopmental pathways. This is largely because of the multidisciplinary and cross-sector nature of the workforce involved.

Assessment is often multidisciplinary and teams commonly include:

- Paediatricians
- Child and adolescent psychiatrists
- Clinical Psychologists
- Speech and Language Therapists
- Occupational Therapists
- Specialist Nurses
- Educational Psychologists
- Education staff

However, during the Health, Social Care and Sport Committee's inquiry into ADHD and autism pathways and support, variations in available pathways and services between NHS health boards was identified as a key issue.

In written submissions to the Committee's call for views, the Royal College of Paediatrics and Child Health identified:

> "Inconsistencies in neurodevelopmental pathways and staff makeup within services…[Noting that] these variations contribute to uneven service delivery, exacerbate workforce pressures, and further extend already lengthy waiting lists."

Often specific tools will be used to assess for different types of neurodivergence. For example, in autism assessments, practitioners may use tools such as ADOS-2 (Autism Diagnostic Observation Schedule) and ADI-R (Autism Diagnostic Interview Revised). Staff involved in the assessments are usually required to undergo training in the appropriate use of such tools.

Waiting Times

In the past assessment for neurodevelopmental conditions was included in CAMHS waiting time statistics. However, in recent years these have been separated out in recognition of the fact that neurodivergence is not a mental health condition.

Data concerning waiting times specifically for neurodevelopmental condition assessments is not held by the Scottish Government and has previously only been made available via Freedom of Information requests and one-off publications. However, in 2025, the Health, Social Care and Sport Committee undertook a survey of NHS Boards as part of its inquiry into ADHD and autism pathways and support.

A key finding of the survey was that there were 42,530 children waiting for a neurodevelopmental assessment. This amounts to approximately one in twenty-five children aged 0-18, based on 2023 population estimates. NHS Grampian did not provide any data.

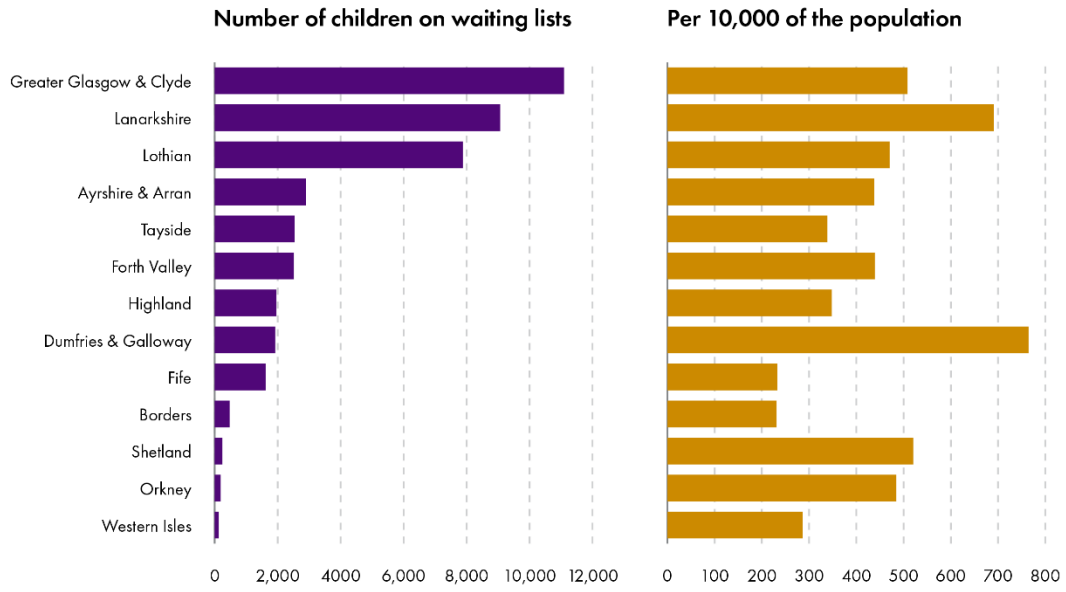

Figure 1: Number of children waiting for neurodevelopmental assessments in Scotland, March 2025. Number of children waiting for neurodevelopmental assessments in each Scottish health board as of March 2025. Totals and numbers per 10,000 of population under the age of 18 shown. No data available for NHS Grampian.

Source: SPICe Briefing (2025) Neurodevelopmental Pathways and Waiting Times in Scotland

In relation to the amount of time people had been waiting, all health boards reported the median and longest current waiting times for children seeking a neurodevelopmental assessment, except for NHS Grampian and NHS Dumfries and Galloway. These are shown in figure 2 below.

Median waiting times ranged between 22 weeks (NHS Western Isles) and 141 weeks (NHS Ayrshire and Arran), with an average median waiting time of 76 weeks. Longest waiting times ranged between 69 weeks (NHS Fife) and 342 weeks (NHS Ayrshire and Arran), with an average longest waiting time of 196 weeks.

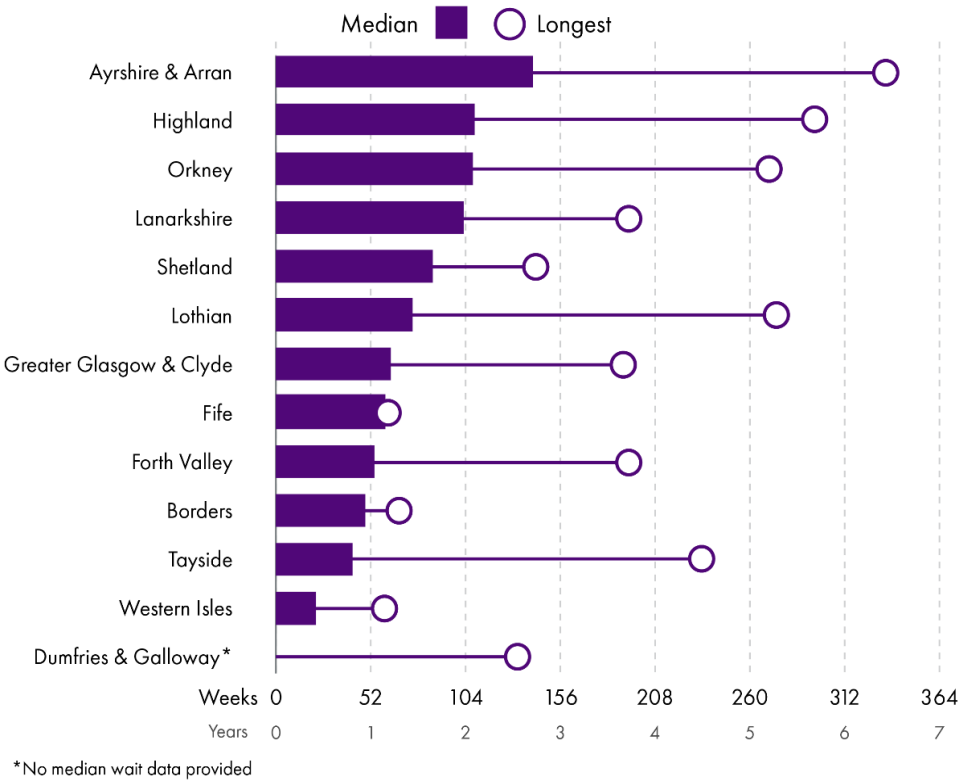

Figure 2: Median and longest waiting times for children to receive a neurodevelopmental assessment in NHS Scotland health boards. Median and longest waiting times in weeks for children to receive a neurodevelopmental assessment in NHS Ayrshire and Arran, NHS Highland, NHS Orkney, NHS Lanarkshire, NHS Shetland, NHS Lothian, NHS Greater Glasgow and Clyde, NHS Fife, NHS Forth Valley, NHS Borders, NHS Tayside and NHS Dumfries and Galloway as of March 2025. Median waiting time is not available for NHS Dumfries and Galloway. No data available for NHS Grampian or NHS Western Isles.

Source: SPICe Briefing (2025) Neurodevelopmental Pathways and Waiting Times in Scotland

There is currently no waiting time standard for the assessment of neurodevelopmental conditions.

Key Organisations and relevant links

- Stronger Together for Autism and Neurodivergence (STAND)
- National Autism Implementation Team (NAIT)
- Scottish Autism
- National Autistic Society Scotland
- Scottish ADHD Coalition
- Enquire

PPC/S7/26/3/14

Kathleen Robson
Senior Researcher
31 August 2026

The purpose of this briefing is to provide a brief overview of issues raised by the petition. SPICe research specialists are not able to discuss the content of petition briefings with petitioners or other members of the public. However, if you have any comments on any petition briefing you can email us at spice@parliament.scot

Every effort is made to ensure that the information contained in petition briefings is correct at the time of publication. Readers should be aware however that these briefings are not necessarily updated or otherwise amended to reflect subsequent changes.

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Annexe C: Written Submissions

PE2231/A: CAMHS Staff Need Resources, Children Need Assessments

Scottish Government written submission, 28 August 2026

Does the Scottish Government consider the specific ask[s] of the petition to be practical or achievable? If not, please explain why.

The Scottish Government recognises concerns about long waits for neurodevelopmental diagnostic assessment and support. However, we do not currently plan to introduce national waiting time standards for ADHD or autism diagnostic assessment, nor do we plan to establish ring-fenced funding specifically for diagnostic services.

Our priority is to ensure that children and young people receive timely assessment of need and access to appropriate support, regardless of whether they have received a formal diagnosis. We recognise that, for some, diagnostic assessment is important. However, diagnosis is only one part of an individual’s journey and should not be the sole route through which support can be accessed. There are also children and young people who have neurodevelopmental support needs but who may not meet diagnostic thresholds.

Evidence gathered through recent parliamentary inquiries and Ministerial engagement has highlighted that a diagnosis does not, in itself, guarantee access to the support that children, young people and families require. Focusing solely on reducing waits for diagnostic assessment would not address the wider unmet need for support. The Scottish Government's approach is therefore focused on improving access to timely support, alongside appropriate assessment and – where required - diagnostic assessment pathways, so that children and young people can receive help based on their needs rather than waiting for a formal diagnosis before support is put in place.

The Scottish Government is clear that long waits for support are unacceptable. Our expectation is that children and young people should be able to access support which meets their needs at the earliest opportunity. This approach is reflected in the National Neurodevelopmental Specification for Children and Young People and wider GIRFEC principles.

With regards to NHS / CAMHS staffing, the Scottish Government sets the national strategic direction for health services, responsibility for local service delivery, workforce planning and staffing sits with NHS Boards. We expect Boards to plan and deliver safe, effective and high-quality services in line with local need, supported by national policy, investment and improvement activity. As services continue to evolve in response to increasing demand, it is important that workforce decisions support the development of sustainable models of care that improve access to support and - where appropriate - diagnostic assessment.

Support for children and young people with neurodevelopmental needs is not delivered solely through health services and often requires a coordinated approach

across health, education, local authority and third sector services. It is therefore important that service and workforce developments strengthen the wider system of support available to children, young people and families.

What, if any, action is the Scottish Government currently taking to address the issues raised by this petition, and is any further action being considered that will achieve the ask[s] of this petition?

The Scottish Government recognises that demand for neurodevelopmental diagnosis and support has increased significantly in recent years, placing pressure on services across Scotland. Our approach is focused on improving timely access to support, assessment of need and, where appropriate, diagnostic assessment.

The Scottish Government published the National Neurodevelopmental Specification for Children and Young People in 2021. The Specification sets out the principles and standards expected across services and aims to ensure that children, young people and families receive timely assessment, support and access to services based on their needs, in line with the Getting it Right for Every Child (GIRFEC) approach. The Specification recognises that support should be available at the earliest appropriate opportunity and should not be dependent on a formal diagnosis.

In 2025, the Scottish Government and COSLA jointly published an implementation review of the National Neurodevelopmental Specification for Children and Young People. The review examined the impact and deliverability of the Specification, drawing on engagement with NHS Boards, local authorities, stakeholders and learning from early Tests of Change. It identified areas of good practice and learning, alongside ongoing and significant challenges in implementing the Specification, and ensuring timely access to support and services for neurodivergent children and their families.

Following the review, a cross-sector Taskforce was established to support the Scottish Government and COSLA in delivering the review's recommended actions. The Taskforce brings together expertise from health, education, local government and the third sector to support a coordinated, whole-system approach to improvement. This includes work to explore opportunities for further family support, develop a high-level descriptor of neurodevelopmental support to aide system change and communication, and promote greater consistency, partnership working and shared learning across services. An interim progress report will be published in Autumn 2026.

The Scottish Government continues to invest in improving neurodevelopmental support across Scotland. In 2025-26, over £2.9 million was provided to projects supporting children and young people with neurodevelopmental support needs. In addition, £7.6 million has been allocated through the 2026-27 Mental Health Budget to support improvements in neurodevelopmental support for children and young people. The funding is intended to support the development and expansion of neuro-affirming, needs-based supports for children, young people and families, including support that can be accessed regardless of diagnostic status.

The Scottish Government also continues to fund the National Autism Implementation Team (NAIT) to support NHS Boards and local partners to develop, enhance and

redesign adult neurodevelopmental services. Delivering a commitment made in the 2026 election manifesto, the Scottish Government is developing a stepped care model for adult neurodevelopmental services, as proposed by the Royal College of Psychiatrists in Scotland, and is working with NHS Boards, clinicians, people with lived experience and third sector partners to support its implementation. The model aims to provide earlier access to advice, support and interventions, while ensuring that specialist assessment services are available for those who require them.

Is there any further information the Scottish Government wish to bring to the Committee's attention, which would assist it in considering this petition?

The issues raised by this petition have been the subject of significant recent parliamentary scrutiny. In 2025, petition PE2156 'Improve access to ADHD diagnosis and treatment across Scotland' was referred for further consideration and informed the Health, Social Care and Sport Committee's ADHD and Autism Pathways and Support Inquiry. The Committee published its report in February 2026. The Equalities, Human Rights and Civil Justice Committee also undertook an inquiry into Neurodivergence in Scotland, publishing its report in March 2026. Both committees examined the experiences of neurodivergent people and their families, including concerns relating to access to diagnostic assessment, support and services.

The Scottish Government has responded to the recommendations arising from these inquiries and the findings will continue to inform ongoing policy and improvement activity, including our work to implement the National Neurodevelopmental Specification and deliver wider improvements to neurodevelopmental support.

In addition, the Scottish Parliament debated ADHD and autism diagnosis in June 2026, providing a further opportunity to consider the challenges associated with access to diagnostic assessment and support. The issues raised by this petition therefore sit within a broader programme of existing parliamentary, policy and system improvement activity that is already underway across Scotland.

Support for children and young people should be delivered through the service best placed to meet their needs. While some children and young people with co-occurring mental health conditions will require specialist CAMHS support, many neurodevelopmental support needs will be most appropriately met through a wider range of services including education, local authority and community-based provision.

Improving Mental Health Services Division

PE2231/B: CAMHS Staff Need Resources, Children Need Assessments

Petitioner written submission, 3 September 2026

Neurodevelopmental waiting times are not being properly measured

The Scottish Government's own published information confirms that national CAMHS waiting-time statistics do not include children waiting for neurodevelopmental assessment for conditions such as ADHD and autism. It

confirmed in February 2026 that it does not collect or hold data on the length of waits for neurodevelopmental services.

This is significant because the Scottish Government subsequently reported that 91.2% of children and young people referred to CAMHS began treatment within 18 weeks. However, this figure cannot demonstrate that neurodevelopmental waiting times are improving because neurodevelopmental waiting lists are excluded from those statistics.

This raises an important question: how can the Government assess whether children are receiving timely neurodevelopmental assessment and support when it does not y collect data showing how long they are waiting?

I ask the Committee to seek clarification on how the Government intends to measure neurodevelopmental waiting times nationally.

The Government says long waits are unacceptable

The Scottish Government states in its latest response:

> "long waits for support are unacceptable"

It states that children and young people should be able to access support which meets their needs "at the earliest opportunity."

I agree with these principles. However, the new information I have obtained raises concerns about whether they are being achieved in practice.

The Government states that it does not plan to introduce national waiting-time standards for ADHD or autism diagnostic assessment.

The Government acknowledges significant challenges in providing timely access, while not having a national standard against which neurodevelopmental waiting times can be consistently measured.

I ask the Committee to seek clarification on what level of waiting the Government considers unacceptable and how it intends to ensure that its expectation of timely support is achieved.

New information about treatment and medication after diagnosis

Since the Government's response, I sought clarification from CAMHS about what happens after a child receives a neurodevelopmental diagnosis and is placed on a treatment pathway.

I have been advised by a CAMHS practitioner that the current estimated wait for an ADHD medication/prescribing appointment is approximately three years.

The practitioner has offered to put this estimate in writing, but explained that the waiting-time estimate can change even when provided in writing and that she cannot confirm whether three years represents a minimum, maximum or average waiting time.

I do not present this as a national waiting-time statistic. However, I believe it is significant new evidence of the potential length of time a child may wait for treatment after diagnosis.

I was advised that, while waiting for treatment, there is no ADHD-specific support, occupational therapy or psychological support provided.

This is particularly relevant to the Government's position that children should not need a formal diagnosis in order to receive support.

The new information demonstrates that obtaining a diagnosis does not necessarily resolve the problem either. A child may wait for diagnosis and, even after receiving one, may then face a further prolonged wait for treatment.

The Government's position that diagnosis should not be required for support is welcome in principle. However, it cannot be sufficient simply to say that diagnosis is not necessary if appropriate support is not available before diagnosis — and timely treatment is still not available after diagnosis.

The gap between policy and provision

The Government states that support should be based on need rather than diagnosis and should be available at the earliest opportunity.

However, I have now been advised that a child with an identified neurodevelopmental need and diagnosis can remain without ADHD-specific support while waiting for treatment.

I was advised that priority may be reconsidered if a child's mental health deteriorates, their impulsivity creates danger or their circumstances become more acute.

This raises a concern about whether children may have to deteriorate before receiving greater priority.

Needs-led and preventative support should not depend on a child reaching crisis point.

The Government refers to Getting it right for every child (GIRFEC) principles and the National Neurodevelopmental Specification as supporting early, needs-led intervention. I agree wholeheartedly with that stated approach. However, the new evidence raises a question about whether these principles are being achieved in practice when children with identified needs can remain without appropriate treatment for prolonged periods.

Who is responsible for support while children wait?

The Government's response states that neurodevelopmental needs may be met through education, local authorities and community services rather than solely through CAMHS.

This raises an important question about accountability.

If CAMHS is not providing treatment or support while a child waits, and the Government considers another service to be better placed to meet that child's needs, what mechanism ensures that the alternative support is available and that the child does not simply remain without support?

Measuring the impact of Government funding

The Government refers to over £2.9 million of funding in 2025-26 and £7.6 million allocated through the 2026-27 Mental Health Budget for neurodevelopmental support.

I welcome investment in support. However, the latest response does not identify measurable outcomes for this funding, such as reductions in waiting times, increased treatment capacity or the number of children receiving support.

I ask the Committee to seek measurable outcomes so that the impact of this investment can be assessed.

Conclusion

The new information raises a fundamental issue.

Children need more than a statement that they do not require a diagnosis. They need timely access to assessment, support and treatment.

The Government's own information confirms that it does not collect data on the length of neurodevelopmental waits, while it does not plan to introduce a national waiting-time standard for ADHD or autism assessment.

New information from CAMHS further indicates that even after diagnosis, a child may face a potentially years-long wait for treatment and receive no ADHD-specific support during that period.

I ask the Committee to seek clear answers on how neurodevelopmental waiting times will be measured, what level of waiting is considered unacceptable, who is responsible for ensuring support while children wait, and how the Government will ensure that children receive timely treatment rather than having to deteriorate before their needs are prioritised.