

The economic impact of waiting lists for children and young people's mental health services

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1

Background

2

Background

- In June 2026, the Health Innovation Network south London - Health Economics team conducted a scoping review of the current evidence base relating to the economic impact of children and young people waiting for mental health treatment in England.
- As part of this work, analysis by Pro Bono Economics was identified [1]. This analysis was conducted in 2020 and is based on 2018/19 Child and Adolescent Mental Health Services (CAMHS) referral data.
- The Health Economics team has conducted analysis in 2 stages:
 - Stage 1: The existing estimate by Pro Bono Economics has been updated using more recent national data.
 - Stage 2: To provide a comprehensive understanding of the economic burden, parental productivity losses and the economic impact to lifetime earnings for children and young people awaiting treatment were estimated.

2

Methods

4

Stage 1: Pro Bono Economics analysis

Stage 2: Incorporating wider societal costs

Methods: Overview

- The analysis conducted by Pro Bono Economics followed 3 key steps:
 1. Estimation of average public service costs while waiting
 2. Estimation of waiting times
 3. Combining costs, waiting times and numbers treated
- The evidence on the economic burden related to parental productivity losses and the economic impact to lifetime earnings for children and young people awaiting treatment is from 2022/23.
- Therefore, Pro Bono methodology was applied to data from both 2024/25 (to obtain the most recent estimate of the costs to wider public service) and 2022/23 (to align with the cost year used in the published evidence on parental productivity losses and the economic impact to lifetime earnings).

Stage 1: Public service cost estimate

Pro Bono Economics used service-use data from the British Child and Adolescent Mental Health Survey (BCAMHS), analysed previously by Snell et al. [2] and Knapp et al. [3]. These datasets contain information on health, education, and social care services used by children with mental health difficulties.

To make the data more representative of children waiting for CAMHS:

- Children with no CAMHS service use were excluded.
- Costs related to CAMHS treatment itself were removed; only costs falling on other services (education, social care, primary care, paediatrics/children's health services) were included.
- The median rather than the mean cost was used to mitigate the disproportionate influence of very high-cost cases.

Historical costs were updated to 2020 prices using GDP deflators in the Pro Bono Economics analysis.

These cost estimates were inflated to the 2022/23 and 2024/25 cost year, using Bank of England rates [4]:

- Annual service costs in 2022/23: £1,666 (per person)
- Annual service costs in 2024/25: £1,734 (per person)

Stage 1: Estimation of waiting times

- Data on waiting times was taken from the NHS Digital Mental Health Services Data Set for children referred to CAMHS in both 2022/23 and 2024/25 [5][6].
- Since 2022/23, data has been reported differently. To investigate children waiting longer than a year to enter treatment, the group of children included in the data has been expanded, from those with referrals that started during 2022/23, to all children with active referrals in 2022/23 (some of whom may have been referred years before) [7].
- We have applied the same methodology as Pro Bono Economics, for those who received treatment, and for those still awaiting treatment.
- For those still awaiting treatment, we have assumed one year of service use per person
 - This final waiting duration is unknown
 - 38% of those still waiting had been waiting > 1 year
 - 16% of those still waiting had been waiting > 2 years
 - Therefore, 1 year was used as a proxy. We believe this to be a conservative assumption.
- Costs for closed referrals* were excluded, in line with Pro Bono Economics analysis. This is due to a lack of data to inform this cost estimate. Therefore, estimates are likely an under-estimate overall.

*Closed referrals can occur for various reasons: for example, the service lacks capacity, the patient's needs fall outside strict local thresholds, or the person did not respond to initial contact attempts

Stage 1: Combining costs, waiting times and numbers treated

The annual cost estimate was multiplied by:

- the average waiting time for each waiting-time band (number of weeks), and
- the number of children in that band.

$$TC = \sum_{i=1}^6 AC \times \frac{m_i}{52} \times n_i^*$$

AC = average annual service cost; **i** denotes the six waiting time bands (0-4, 4-6, 6-8, 8-10, 10-12, 12+ weeks); **m** is the midpoint of each waiting time band; **n** is the number of children in each waiting time band.

These costs were then summed across all waiting-time bands to estimate the total annual cost attributable to untreated mental health problems during the waiting period.

Stage 2: Incorporating wider costs

- Although the Pro Bono Economics analysis captured some wider costs due to time spent waiting for mental health treatment, there are other costs that were not captured in this analysis:
 1. Impact to lifetime earnings for CYP
 2. Parental productivity loss
- Therefore, we have extended the existing evidence to capture these wider costs.

Stage 2: Impact to lifetime earnings

- The Health Foundation has published data on the impact of mental health on school absences [8].
- In 2023, 12.5% of 11- to 16-year-olds (secondary school level) with a suspected mental health disorder were absent from school for more than 15 days. This is equivalent to approximately 500,000 children.
- The Department for Education released a research report in March 2025 detailing the impact of school absence on lifetime earnings [9]. They estimated that one day of additional absence between Years 7 to 11 for a typical student was associated with an approximate £750 (2024) loss in future earnings over a lifetime.
- We have used these two data sources to generate a conservative estimate of the impact to lifetime earnings of those aged 11 to 16 who are awaiting mental health treatment.
- Estimated future earnings losses were calculated by multiplying the reported earnings impact per additional day of absence by the number of affected children and the assumed absence duration.
- 2024 prices were deflated to 2023 prices, using Bank of England rates, to be in line with the 2023 absence data (£741) [4].

Stage 2: Parental productivity loss

- Deloitte published research in 2023 on the impact of mental health on employers [10]. As part of this, they conducted a deep dive into the associated costs of working parents concerned about their children's mental health.
- Employer productivity costs were not re-estimated and are reported directly from Deloitte's published analysis.
- The findings in this report are based on a survey of 3,156 working adults* (not self-employed) across the UK, conducted in October 2023 by YouGov on behalf of Deloitte.
 - 56% of this sample were women, making this a representative sample on gender.
- To provide a breakdown per parent, the total cost was divided by the number of working parents, using data from the Office of National Statistics (10,157,732 in 2021) [11].

*The survey used for inputs to this model include approximately 20% part-time workers who work between 8-30 hours per week. This is nationally representative given the overall sample size, and no adjustments have been made to survey data.

2

Results

12

Stage 1: Pro Bono Economics analysis

Stage 2: Incorporating wider societal costs

Results: Stage 1 (2024/25)

- In 2024/25, there were 1,048,965 referrals. Of these, 374,195 (36%) children and young people entered treatment, 365,731 (35%) were still awaiting treatment, and 309,039 (29%) referrals were closed.
- For those who entered treatment in 2024/25, the total cost to non-CAMHS public services was estimated to be £105,814,729. The average cost per person who received treatment was £282.78.
- For those still awaiting treatment, the total cost to non-CAMHS public services was estimated to be £634,331,161.
- Combining both patient groups, this estimate is **£740,145,890**.

Waiting time band	Number of CYP	Cost per CYP	Total cost
0-4 weeks	171,022	£66.71	£11,408,615
4-6 weeks	32,939	£166.77	£5,493,275
6-8 weeks	23,801	£233.48	£5,557,048
8-10 weeks	17,568	£300.19	£5,273,704
10-12 weeks	13,430	£366.90	£4,927,421
12+ weeks	115,435	£633.73	£73,154,667
Entered treatment	374,195	£282.78	£105,814,729
Still awaiting treatment	365,731	£1,734.42	£634,331,161
Total			£740,145,890

Results: Stage 1 (2024/25)

- The average public service cost per CYP who received treatment was £282.78.
- For those still awaiting treatment, the average cost was estimated at £1,734 per person.

Category	Average cost per CYP who received treatment	Average cost per CYP still waiting
Primary healthcare	£4.26	£26.15
Paediatrics/children's health services*	£5.68	£34.86
Frontline education resources	£180.47	£1,106.89
Specialist education resources	£79.58	£488.08
Social care services	£12.79	£78.44
Total	£282.78	£1,734.42

*contact with paediatricians, inpatient stays, community nurses, school nurses, dieticians, physiotherapists, occupational therapists and A&E visits

Results: Stage 1 (2022/23)

- In 2022/23 there were 949,168 referrals. Of these, 304,953 (32%) children and young people entered treatment, 270,306 (28%) were still awaiting treatment, and 373,909 (39%) referrals were closed.
- For those who entered treatment in 2022/23, the total cost to non-CAMHS public services was estimated to be £84,215,492. The average cost per person who received treatment was £276.16
- For those still awaiting treatment, the total cost to non-CAMHS public services was estimated to be £450,308,172.
- Combining both patient groups, this estimate is **£534,523,663**.

Waiting time band	Number of CYP	Cost per CYP	Total cost
0-4 weeks	138,120	£64.07	£8,849,880
4-6 weeks	24,730	£160.18	£3,961,366
6-8 weeks	18,657	£224.26	£4,183,990
8-10 weeks	14,807	£288.33	£4,269,336
10-12 weeks	12,399	£352.41	£4,369,484
12+ weeks	96,240	£608.70	£58,581,436
Entered treatment	304,953	£276.16	£84,215,492
Still awaiting treatment	270,306	£1,665.92	£450,308,172
Total			£534,523,663

Results: Stage 1 (2022/23)

- The average public service cost per CYP who received treatment was £276.16.
- For those still awaiting treatment, the average cost was estimated at £1,666 per person.

Category	Average cost per CYP who received treatment	Average cost per CYP still waiting
Primary healthcare	£4.16	£25.11
Paediatrics/children's health services*	£5.55	£33.49
Frontline education resources	£176.24	£1,063.18
Specialist education resources	£77.71	£468.80
Social care services	£12.49	£75.34
Total	£276.16	£1,665.92

*contact with paediatricians, inpatient stays, community nurses, school nurses, dieticians, physiotherapists, occupational therapists and A&E visits

Results: Stage 2 (2022/23)

- 1 day of absence for a child between aged 11 to 16 results in approximately £741 loss in future earnings (2023 cost year).
- 15 days per 500,000 children = £5.6 billion per annum (in a cohort of 11-16-year-olds)
- 46% of working parents are concerned about their children's mental health, costing UK employers £8.6 billion annually, split by absence costs (£2.2 billion), presenteeism costs (£2.9 billion) and staff turnover costs (£3.2 billion).
- Applying ONS estimates for the number of working parents in 2021, productivity losses are estimated at £817 per parent per annum. The breakdown by cost type is in the table below.
 - 76% of mothers and 92% of fathers were in work in 2021.

Societal cost	Cost per individual	Total cost (billions)*
Loss in future earnings (per CYP)	£11,111	£5.6
Parental absenteeism (per parent)	£217	£2.2
Parental presenteeism (per parent)	£285	£2.9
Parental turnover (per parent)	£315	£3.2
Parental total productivity (per parent)	£817	£8.6

*Note: These two estimates (£5.6bn and £8.6bn) cannot be summed together as they use a different cohort

3

Summary

18

Key results

- This analysis has investigated the magnitude of costs incurred as a result of lengthy CAMHS waiting lists, using existing data on service utilisation related to mental health, alongside data on CAMHS waiting time, and other estimates taken from wider literature.
- In **2024/25**, the total estimated cost to key public services is **over £740 million**
 - £105,814,729 for those who received treatment
 - £634,331,161 for those still awaiting treatment
- In **2022/23** the total estimated cost to key public services is **over £534 million**
 - £84,215,492 for those who received treatment
 - £450,308,172 for those still awaiting treatment
- Over the same period, school absence for those aged 11-16 related to mental health was estimated to result in approximately **£5.6 billion** loss to future earnings. In addition, parental productivity losses related to children's mental health were estimated to cost approximately **£8.6 billion**.

Discussion – Stage 1

- The economic impact of CYP mental health waiting lists extends well beyond CAMHS, with substantial costs incurred across education, health and social care services.
- Most estimated costs are attributable to CYP still awaiting treatment, highlighting the importance of reducing both waiting list size and duration.
- Rising referral volumes mean that the financial consequences of delayed access are likely to increase unless service capacity keeps pace with demand.
- As several conservative assumptions were required, these estimates are likely to represent a lower-bound estimate of the true economic burden.
- Improving timely access to support may reduce avoidable costs across the wider public sector, in addition to improving outcomes for children and young people.

Discussion – Stage 2

Impact to lifetime earnings - Not in employment, education or training (NEET)

- The Young People and Work interim report highlighted that mental health conditions (such as anxiety, depression and neurodevelopmental disorders) are central to who becomes and stays NEET [12].
- Furthermore, approximately 7 out of 10 young people claiming health or disability benefits remain on them for the next 10 years, demonstrating the long-term economic impact of ill-health.

Parental productivity - Gender burden

- Evidence suggests that the impact to parental productivity is not split evenly between genders:
 - Carers UK carried out an online survey with unpaid carers between June and August 2025. A total of 10,539 carers responded, 82% of which were women [13].
 - In 2019, Age UK estimated that 68% of unpaid carers were women [14].
- This pressure of managing a CYP's mental health crisis while awaiting NHS services directly compounds the existing "motherhood penalty":
 - Having children leads to a substantial and long-lasting reduction in mothers' earnings; five years after the birth of a first child (Quarter 20), monthly earnings were reduced on average by 42% [15].
 - Furthermore, the impact to labour participation for mother's is disproportionate as they make up over 70% of the UK's part-time workforce and often lack the comprehensive statutory protections of full-time roles [16].

Key assumptions and limitations

This is a high-level exploratory piece of analysis based on the following outlined assumptions and should be interpreted accordingly. Overall, we believe that the estimates are likely an underestimate of the true cost related to children and young people waiting for mental health services.

Key limitations for Stage 1:

- Service utilisation estimates were derived from historical BCAMHS follow-up data (from 1999) and may not fully reflect current service use patterns.
- Median rather than mean costs are used, in line with median wait times from the NHS. This is standard in NHS reporting, as extreme long waits skew the mean, making the median a truer reflection of a standard patient's wait [17].
- For those patients still awaiting treatment, one year of service use was assumed due to a lack of final wait time measure, and evidence showing that 38% of those still waiting had been waiting for over a year.
- Costs for closed referrals were excluded, in line with Pro Bono Economics analysis. This is due to a lack of data to inform this cost estimate. Therefore, estimates are likely an under-estimate overall.

Key assumptions and limitations

Key limitations for Stage 2:

- The cost estimates related to child absence from school are only based on those of secondary school age (aged 11-16). Those younger and older than this range will also have impact to lifetime earnings, and estimates have been as high as £1 trillion [18]. Methods for this estimate could not be found.
- The Deloitte work on estimating parental productivity loss is based on a survey sample of 3,156 working adults, who are not self-employed. Therefore, this is also likely to be an underestimate.

4

References

24

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