

confidence in managing CYP mental health needs in primary care. They also strengthen primary care's role in population health, enabling GPs to identify inequalities, target prevention and support whole-family approaches. Digital integration, including shared care plans and messaging through the NHS App, can improve continuity, although digital options should complement, not replace, in-person care.

NMDTs will not deliver crisis care directly, but work alongside crisis helplines, home treatment teams, eating disorder services, crisis cafés and day services to wrap support around young people and families. Examples such as the East Lancashire Child and Adolescent Service (ELCAS) and The Well Centre in London illustrate how co-location, shared data, and youth-friendly environments improve access and engagement.

The critical role of primary care in CYP mental health

General practice remains the most common entry point for young people seeking help for mental health problems, and its strengths — cross-sectoral holistic frontline person-centred care — are vital to building trust and therapeutic alliance. Epidemiological data show that CYP presenting to general practice are twice as likely to have a mental health problem.¹¹ If young people see a named professional over time, then rapport develops and repeated retelling of traumatic stories is avoided, because relational continuity creates psychological safety.¹²

However, general practice faces substantial workload pressures and an acute workforce crisis. Several changes are needed to equip teams. Training and staff development should be prioritised, and CAMHS training placements should be a core component of GP training. Embedded roles are key to sustainability; CYP mental health practitioners should be integrated within practices to support mental health assessments, risk management, and brief, targeted interventions. GP clinicians should continue to prioritise sensitive enquiry of mental health needs, because one well-timed question can open the door to disclosure.¹³

Linking crisis with continuity

Primary care services and NMDTs have an upstream role in identifying young people at risk of crisis: for example, through shared data platforms integrating GP, CAMHS, and education records, or regular MDT case discussions focused on self-harm, not in education, employment, or training (NEET) status or looked-after-child indicators. National standards for CYP crisis mental health care describe four core functions of crisis services: single point of access via NHS 111 to rapid mental health triage, biopsychosocial assessments in EDs and community settings, availability of brief responses and interventions, and intensive home treatment as an alternative to hospital admission.⁴



“General practice remains the most common entry point for young people seeking help for mental health problems, and its strengths [...] are vital to building trust and therapeutic alliance.”



Neighbourhood teams complement these by maintaining engagement, supporting transitions, and helping families navigate services after a crisis episode.

GP teams can support continuity after crisis by maintaining contact and contributing to transition planning where appropriately resourced, particularly for young people moving between CAMHS and adult services, while crisis and home treatment teams usually lead immediate post-crisis service provision. If discharging teams make structured linkage calls that include GP and community services, then motivation towards recovery and engagement with services is likely to increase, because young people perceive care as extending beyond crisis and addressing underlying distress.¹⁴

Implications for practice and policy

Meeting the growing mental health needs of young people requires system-level and clinical action. Several priorities emerge:

1. **Invest in neighbourhood care:** connect primary care, MHSTs, social care, and voluntary neighbours at neighbourhood level, with shared workforce and leadership.
2. **Right care, right time:** deliver needs-based care that emphasises prevention and early intervention as well as crisis response, ensuring access to the right support at the right time.
3. **Address inequalities:** prioritise roll-out of neighbourhood teams and new pathways in areas of greatest deprivation and among groups experiencing health inequalities.
4. **Evaluate meaningfully:** monitor access, waiting times, experience, and outcomes that reflect what young people and families value. Lower activity may signal disengagement, not success.
5. **Support data and digital integration:** link records across health, education, and social care systems to enable population-based planning and proactive identification, while ensuring equitable hybrid access for those who prefer face-to-face contact.
6. **In partnership:** co-design and co-evaluate services to build trust, responsiveness, and lasting engagement.

Call to action

In 2016, the *BJGP* called for better training, innovation, and integration to strengthen CYP mental health.¹ In 2026, the evidence is clearer, the urgency greater, and the infrastructure stronger. With sustained investment and consistent implementation, the next decade could transform CYP mental health from the 'Cinderella of Cinderella services' into a model of integrated, prevention-focused, community-based care.

References

1. Mughal F, England E. The mental health of young people: the view from primary care. *Br J Gen Pract* 2016; DOI: <https://doi.org/10.3399/bjgp16X687133>
2. Children's Commissioner for England. Children's mental health annual briefing 2025. London: Children's Commissioner for England, 2025. <https://assets.childrenscommissioner.gov.uk/wpuploads/2025/05/cco-childrens-mental-health-annual-briefing-may-2025.pdf> (accessed 25 Nov 2025).
3. Department of Health and Social Care. Fit for the future: 10-year health plan for England. London: HM Government, 2025. <https://assets.publishing.service.gov.uk/media/6888a0b1a11f859994409147/fit-for-the-future-10-year-health-plan-for-england.pdf> (accessed 25 Nov 2025).
4. NHS England. Urgent and emergency mental health care for children and young people: national implementation guidance. London: NHS England, 2024. <https://www.england.nhs.uk/long-read/urgent-and-emergency-mental-health-care-for-children-and-young-people-national-implementation-guidance/> (accessed 25 Nov 2025).
5. Office for National Statistics. Mental health: mental health of children, adolescents and adults.. London: ONS, 2023. <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/mentalhealth>
6. Solmi M, Radua J, Olivola M, et al. Age at onset of mental disorders worldwide: large-scale meta-analysis of 192 epidemiological studies. *Mol Psychiatry* 2022; **27**:281–295.
7. Future Minds. Why investing in children's mental health will unlock economic growth. London: Future Minds UK, 2025
8. NHS England. The NHS Long Term Plan. London: NHS England, 2019. <https://www.longtermplan.nhs.uk/>
9. Wolpert M, Harris R, Hodges S, et al. THRIVE framework for system change. London: CAMHS Press, 2019. <https://implementingthrive.org/wp-content/uploads/2019/03/THRIVE-Framework-for-system-change-2019.pdf> (accessed 25 Nov 2025).
10. NHS England. Urgent and Emergency Care Daily Situation Reports 2024–25. London: NHS England, 2024. <https://www.england.nhs.uk/statistics/statistical-work-areas/uec-sitre/urgent-and-emergency-care-daily-situation-reports-2024-25/> (accessed 28 Nov 2025).
11. Department of Health. Future in Mind: promoting, protecting and improving our children and young people's mental health and wellbeing. London: Department of Health, 2015. https://assets.publishing.service.gov.uk/media/5a80b26bed915d74e33f3c/Childrens_Mental_Health.pdf (accessed 25 Nov 2025).
12. Clibbens N, Booth A, Sharda L, et al. Explaining context, mechanism and outcome in adult community mental health crisis care: a realist evidence synthesis. *Int J Ment Health Nurs* 2023; **32**(6): 1636–1653. DOI: <https://doi.org/10.1111/inm.13204>
13. Mughal F, Dikomitis L, Babatunde OO, Chew-Graham CA. Experiences of general practice care for self-harm: a qualitative study of young people's perspectives. *Br J Gen Pract* 2021; DOI: <https://doi.org/10.3399/bjgp.2021.0091>
14. Asarnow JR, Berk MS, Baraff LJ. Family intervention for suicide prevention: a specialized emergency department intervention for suicidal youths. *Professional Psychology: Research and Practice* 2009; **40**(2): 118–125. DOI: <https://doi.org/10.1037/a0012599>

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