Aims 75% of adult mental health problems appear in adolescence, but young people report difficulties accessing appropriate health services. GP practices are not always seen as responsive, and barriers to access are reported by young people. Greater understanding is required of the benefits, pitfalls and possibilities of young people’s engagement in general practice. This study examines the effects of a collaborative, peer-led intervention to improve primary health care for young people with mental health concerns.

Methods Focus group discussions were held with young people trained as Changemakers, to explore what difference, if any, young people’s input had made, for whom, and how.

Results Our findings demonstrate the potential of the programme, including Young’s Welcome, to achieve positive changes in general practice, led by young people, supported by voluntary sector partners. We outline the challenges and opportunities of the Changemakers model and the factors influencing its success, including the support and guidance required. We report young people’s suggestions for new ways of working, their ideas for engaging young people, and recommendations for health service delivery.

Conclusions Traditional models of patient involvement do not work with young people. This peer-led intervention offers a promising alternative, stimulating practical and attitudinal changes in the delivery of young people-friendly primary care. It requires whole practice investment of time and resources, and a willingness to embrace change. The resulting efforts to encourage access by young people, including those with mental health problems, will potentially benefit the wider practice population.

Aims Deciding whether a young person should be admitted to a paediatric or adult ward is not always an easy judgement. In a district general hospital with a fairly flexible admission policy, which includes living an ‘adult lifestyle’ as suggesting admission to an adult ward, we sought the views of both referring and receiving staff. This was part of a wider project aimed at encouraging patient choice when determining location of care.

Methods Two questionnaires were distributed, using an anonymous online survey tool, to:
1. Referring staff in primary care and the emergency department (38 responses)
2. Receiving staff working on the paediatric ward and adult admissions wards (71 responses)

Results Both referring and receiving staff were unclear about current admission guidance. Referring staff reported the most important factors in choice of ward were age, emotional maturity, safety of other patients and whether the patient was already known to a consultant. Least important were staffing levels and bed availability. Similar opinions were expressed by receiving staff, although not surprisingly they placed more importance on adequate staffing levels.

94% of referrers reported that patient choice was fairly/very important, but only 55% regularly sought the young person’s preference.