PARTY 2 is in full swing. With 30 practices already committed, and most of them up and running, we are looking forward to a huge year!!

As part of our re-connecting with the PARTY 1 practices we have been presenting a feedback report on the data collected from the telephone surveys of the young people who were recruited at the practices. We have been able to provide information on: the young people’s levels of psycho-social health risks; whether they followed up on the advice from the doctor or nurse; what they thought about the practice and their interactions during their consultations; and, their use of other health services. This feedback has been valuable for practices in either confirming, with hard data, what they already suspected or providing insights into some areas where clinicians and practices could address health care access and outcomes for their young patients. Such feedback reports will also be used in PARTY 2 with the frequency of feedback being dependent on the practice’s randomisation status.

In PARTY 2 we have already conducted our “practice snapshot” with 27 practices. We use this snapshot to get a sense of how practices are staffed and operated particularly in relation to young people’s health. This is one of the measures we do at each time point along with surveys of young people, parents and staff. To date nine practices have completed the first measures of young people and parents and staff from eight practices have completed the staff surveys.

As for the intervention itself, excitingly our professional mentor has recently commenced work with two practices with each of the approaches already seeming to be quite unique. Interventions, importantly, are being tailored to the needs and interests of the practices, whilst keeping sight of the PARTY focus of Prevention, Access and Risk-Taking in Young People. However, we do anticipate that some changes will be able to be generalised across other patient age groups/conditions. The longer term nature of the PARTY 2 intervention allows us to not rush immediately into a program of immediate change with the expectation of a result in just a few short months - we have enough time to take a step back and plan the intervention, address roadblocks and follow the opportunities that we uncover. We’re aiming to work at a pace that the practices can accommodate and are comfortable with, and to help implement programs and ideas that they identify as being useful for their own populations of young people.
Our PARTY Data Manager, Fan Yang, went on maternity leave at the end of December 2010 and on Tuesday February 3rd (the first day of the Chinese New Year!!) her first child — Jamie Shen Tan — was born weighing 2.8 kg. Fan, and her husband Howie, are really enjoying getting to know their son. In the meantime all of us here at the PARTY team are really missing Fan and we look forward to her returning to help us “crunch” the masses of data that we have already collected, and started analysing, in PARTY 1 and have commenced for PARTY 2.

Matthew Kemertzis is currently completing a Bachelor of Medicine/Bachelor of Surgery degree at The University of Melbourne. He is interested in primary cancer care and sexual health and has experience working in cancer clinical trials. Currently, Matthew is a project officer at the Victorian Comprehensive Cancer Centre. Matthew was recently awarded the First Wave Academic scholarship from the General Practice Student Network (GPSN) and is working on analysing some of the PARTY 1 data as part of this scholarship. His research will define the characteristics of adolescents, considered to be sexual health risk takers, who are presenting to general practitioners.

Dr Anne-Emmanuelle Ambresin is a paediatrician from Switzerland who joined the PARTY team in February, 2011, to work on secondary analysis of the PARTY 1 data. She is completing a Master of Epidemiology at the School of Population Health at The University of Melbourne and also works part-time at the Centre for Adolescent Health (RCH). Anne-Emmanuelle has a special interest in adolescent health, particularly mental health, and has been working in an adolescent unit for the last 3 years in Switzerland. She was very involved with vulnerable youth including migrants, young people in foster homes and functional disorder. Anne-Emmanuelle’s study will explore whether training GPs to improve their screening of risky behaviours elicits a response (detection and action undertaken) from general practitioners to young people with mental health needs. She moved to Australia with her husband and two children (7 and 9 yo) and will spend 2 years with us.

Rachel Wee is a fourth-year Honours student who is analysing data from PARTY 1. Her thesis will examine self-harming behaviour in 14-24 year old adolescents who attend general practice in Victoria. Besides exploring the demographics and associated risk behaviours of self-harm, the project focuses on the health care services which they use in addressing their health needs.