National Initial Assessment & Referral (IAR) for Mental Healthcare Workshop

Workshop Agenda

- ✓ Acknowledgements and housekeeping
- ✓ Introduction to the Initial Assessment and Referral Guidance (IAR)
- ✓ Introduction to the Decision Support Tool (DST)
- ✓ Break (5 mins)
- ✓ Application of the IAR-DST (practical workshop)
- ✓ Question and answers

Please leave on cameras.
Please mute microphones when not talking.
Please raise your hand to ask questions or add questions to the chatbox.
Slides and resources will be emailed to participants.
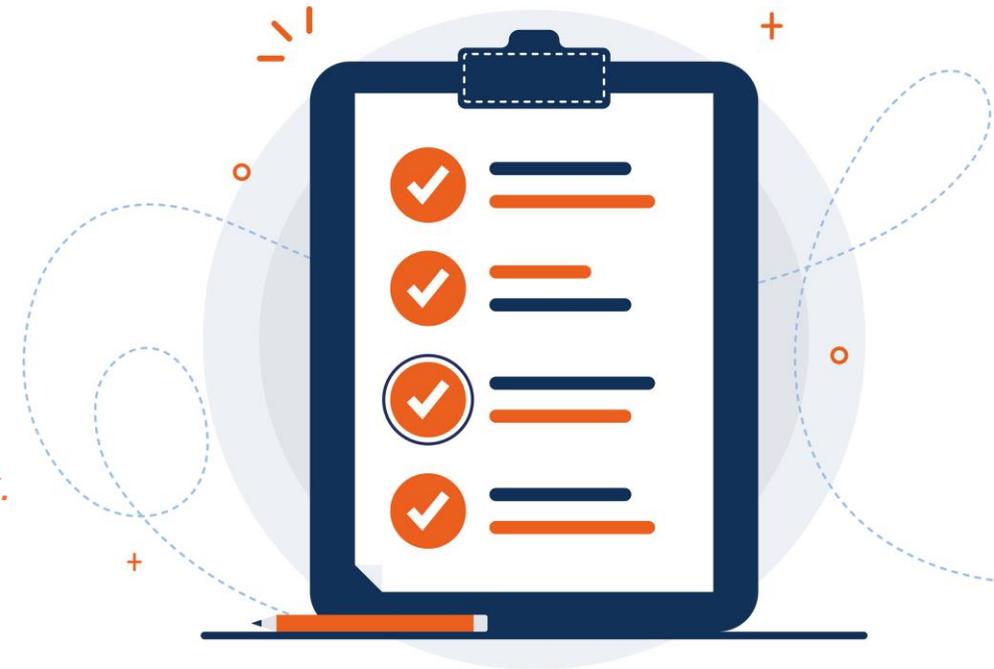
Objectives of IAR

- A person seeking mental health assistance has their experiences understood in the context of holistic assessment domains (the **8 domains**). The 8 domains help to distil essential assessment information and amplify key signals (e.g., red flags) that are critical for decision-making.

- A person's treatment needs are understood and matched to a service type and intensity based on the least intensive and least intrusive evidence-based intervention that will likely lead to the most significant possible gain (the **5 levels of care**).

- Bring together the assessment results rather than replace (or require additional) existing clinical assessment scales and processes.

- To minimise the risks that arise through under-servicing (poor outcomes) and over-servicing (unnecessary burden of care for the individual).

- To guide clinical judgement and inform discussions with the consumer about choice and preferences.

8 Initial Assessment Domains

Domain 1
Symptom severity and distress

Current symptoms and duration, level of distress associated with symptoms, experience of mental illness, symptom trajectory.

Domain 2
Harm

Past or current suicidal ideation or attempts, past or current self-harm, severe symptoms posing a risk to self or others, severe risk arising from self-neglect.

Domain 3
Functioning

- Ability to fulfil usual roles/ responsibilities.
- Impact on or disruption to areas of life.
- Capacity for self-care.

Domain 4
Impact of co-existing conditions

- Substance use.
- Physical health condition Intellectual disability/ cognitive impairment.

Domain 5
Service use and response history

- Previous treatment (including specialist or inpatient treatment).
- Response to past or current treatment.

Domain 6
Social and environmental stressors

Life circumstances such as significant transitions, trauma, harm from others, interpersonal or social difficulties, performance related pressure, difficulty having basic needs met, illness, legal issues.

Domain 7
Family and other supports

Presence of informal supports and their potential to contribute to recovery.

Domain 8
Engagement and motivation

The individual's understanding of the symptoms, condition, impact ability and capacity to manage the condition, motivation to access the necessary supports.

5 Levels of Care

Level of Care 1	Level of Care 2	Level of Care 3	Level of Care 4	Level of Care 5
Self Management 6.4 million people	Low Intensity 1.2 million people	Moderate Intensity 1.6 million people	High Intensity 400,000 people	Specialist and acute services 350,000 people
Evidence-based resources (including online print, audio, and community resources) with active monitoring. Some practical assistance to engage with the resource might be required.	Services that can be accessed quickly & easily involve few or short sessions, with a short overall duration of engagement with the service.	Psychological assessment and structured, reasonably frequent interventions (e.g., psychological interventions).	Psychological assessment and intensive intervention, typically multi-disciplinary support, psychological interventions, psychiatric interventions, and clinical care coordination.	Specialist assessment and intensive interventions (typically state/territory mental health services) with involvement from a range of mental health professionals.

Australian Department of Health, National Initial Assessment and Referral for Mental Healthcare Guidance, 2019

The IAR Decision Support Tool (IAR-DST)

https://iar-dst.online/#/

Access this link now
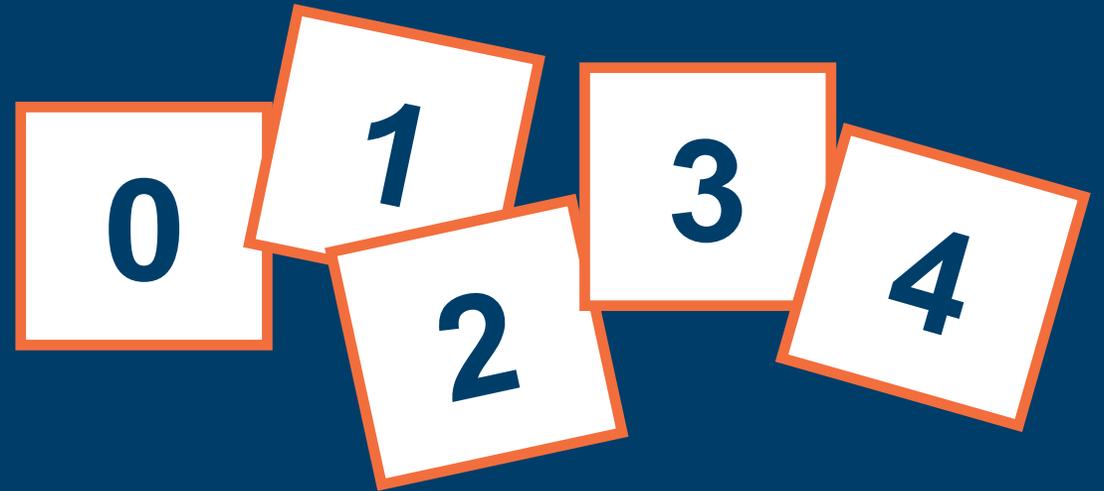on your device, laptop
or computer

Why use the IAR Guidance and IAR-DST?

All Commonwealth-funded mental health services will progressively begin using the IAR-DST. State and territory mental health services will also begin using or exploring use of the tool. PHNs are supporting General Practitioners by building awareness of the tool and training GPs in how to use the tool.

- A framework for mental health assessment in primary mental healthcare.

- Clinical decision support (estimating or confirming the treatment need).

- Widespread use of the IAR-DST improves the **awareness of and transparency about how decisions relating to referral appropriateness are made** – reducing some of the frustration that occurs with referrals not being accepted by service providers.

- Using a standardised tool like IAR helps referrers **record and communicate initial assessment and referral information and articulate treatment needs** using language commonly understood across the sector.

- Equips users with a framework for documenting decision-making.

The Domain Rating Guides

0 1 2 3 4

Rating Guide Example from Domain 4
IMPACT OF CO-EXISTING CONDITIONS

0 = No problem in this domain	No descriptors apply
1 = Minor impact	a) Occasional episodes of substance misuse but any recent episodes are limited, are not currently causing any concerns and do not impact on the concurrent mental health condition of the person. b) Physical health condition(s) present but are stable and do not have an impact on the concurrent mental health condition of the person.
2 = Moderate impact	a) Ongoing or episodic substance abuse impacting on, or with the potential to impact on, the concurrent mental health condition of the person or ability to participate in treatment. b) Physical health condition present and impacting significantly on the mental health condition of the person or their ability to participate in treatment.
3 = Severe impact	a) Substance use occurs at a level that poses a threat to health or represents a barrier to mental health-related recovery. b) Physical health condition present and require intensive medical monitoring and are seriously affecting the mental health of the person (e.g., worsened symptoms, heightened distress). c) Intellectual disability or cognitive impairment that impacts significantly on the mental health condition and impedes the person's ability to participate in treatment
4 = Very severe impact	a) Severe substance use disorder with inability to limit use without specialist AOD intervention, in the context of a concurrent mental health condition. b) Significant physical health conditions exist which are poorly managed or life threatening, and in the context of a concurrent mental health condition. c) Severe intellectual disability or severe cognitive impairment that impacts significantly on the mental health condition and impedes the person's ability to participate in treatment

Tip

While terms vary, the rating scale for each domain follows the general format:

0 = No problem

1 = Mild problem

2 = Moderate problem

3 = Severe problem

4 = Very severe problem

Tip

Within each domain, if more than one descriptor applies to the consumer, the descriptor with the highest rating should be selected.

0 = No problem in this domain – no descriptors apply

1 = Mild or sub diagnostic

✅ a. Currently experiencing some, but not all, of the symptoms associated with an anxiety disorder (e.g., symptoms like excessive worry, difficulty concentrating) or depressive disorder (e.g., symptoms like sadness, irritability, exhaustion, disrupted sleep, anger) that have typically been present for less than 6 months (but this may vary). Current symptoms at a level that would likely result in a diagnosis or associated with a mild level of distress.

✅ b. Other mental health condition that is associated with mild distress.

✅ c. Currently experiencing symptoms (described above) at sub diagnostic level but risk of escalating.

2 = Moderate

❌ a. Currently experiencing symptoms indicative of an anxiety disorder (e.g., excessive worry, panic, racing mind, difficulty concentrating) or depressive disorder (e.g., excessive sadness, irritability, exhaustion, disrupted sleep, loss of interest and pleasure) that have typically been present for more than 6 months (but this may vary) but symptoms may be of more recent origin. Symptoms are at a level that would likely meet diagnostic criteria, and/or are associated with a moderate to high level of distress.

❌ b. Other mental health condition that is associated with moderate to high levels of distress.

✅ c. History of a diagnosed mental health condition that has not responded to treatment, with continuing symptoms and moderate to high levels of distress.

3 = Severe

Tip

The Rating Guide for each of the 8 Domains provides examples of information that should be considered when making a rating - we call these examples 'descriptors'. These are examples only and are not an exhaustive list of everything that may be relevant to the Domain. Where the examples do not cover a specific issue relevant to the person, the rater should use their own judgement to rate the problem using the format of the rating guide.

Tip…

Use all available information in making your rating. This may include clinical interview and information gathered from the person's family, referrers or informal supports.

Red Flags

There are 3 ratings in the Logic that lead to recommend Level 5 – Specialist and Acute Services:

1. A rating of 4 (very severe) on Domain 1 (Symptom Severity and Distress) **or**

2. A rating of 4 (very high) on Domain 2 (Harm) **or**

3. A rating of 4 (very severe to extreme impact) on Domain 3 (Functioning)

Overarching Rules For Rating

- If there is uncertainty in the ratings, <u>**do not use the IAR-DST**</u>. Seek additional information that will allow you to rate with confidence. Where uncertainty remains even after the additional information is obtained, complete or refer for a comprehensive psychological assessment.

- Unless stated otherwise, rate the patient's current situation, defined as their most typical over the past month. Where the patient has experienced recent or sudden changes or deterioration, these should precede what has been typical over the last month.

- IAR does not indicate the urgency of the response a patient requires. Users must still consider the urgency of the response required and activate urgent assessment and care pathways as needed.
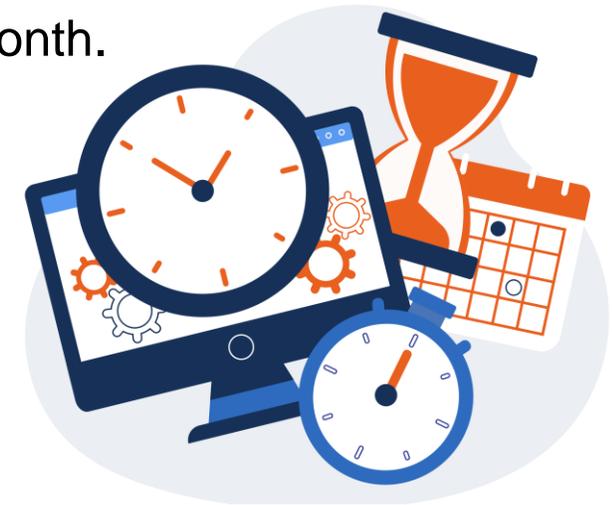
Break
5 Minutes

Practical Workshop

The Vignette

Important information about use of the vignettes:

- For this learning activity only, it is important that we don't make assumptions about the scenario in the vignette. If there is no information about a certain issue, this signals the issue is not present, e.g., if there is no information about AOD use, we can assume this is not a concern for the person in the vignette.

- While using the vignettes, it is important to refer to and become familiar with the **General Instructions** and the **Overarching Rules** provided in the National Initial Assessment and Referral Guidance. These instructions and rules are critical to appropriate use of the glossary.

Links to Vignettes

Word Document

National Initial Assessment and Referral (IAR) for Mental Healthcare – Practical Activity

PDF

National Initial Assessment and Referral (IAR) for Mental Healthcare – Practical Activity

Large Group Activity

- We will work together as a big group for this activity.

- Open the rating Guide for Domain 1.

- We will take a couple of minutes to review the rating guide and select a rating.

- When prompted (and not before) you will add your rating to the poll. I will ask a couple of you to let me know why you have chosen the rating.

Ratings - Jessica

Domain	Rating	Concordance
Symptom severity and distress	2	70% of training participants give Jessica a rating of 2 on this domain. 30% of training participants give Jessica a rating of 1 on this domain.
Risk of harm	0	90% of training participants give Jessica a rating of 0 on this domain. 10% of training participants give Jessica a rating of 1 on this domain.
Functioning	2	70% of training participants give Jessica a rating of 2 on this domain. 30% of training participants give Jessica a rating of 3 on this domain.
Co-existing issues	2	70% of training participants give Jessica a rating of 2 on this domain. 30% of training participants give Jessica a rating of 1 on this domain.
Treatment and recovery history	1	100% of training participants give Jessica a rating of 1 on this domain.
Social and environmental stressors	2	70% of training participants give Jessica a rating of 2 on this domain. 30% of training participants give Jessica a rating of 3 on this domain.
Family and other support	1	75% of training participants give Jessica a rating of 1 on this domain. 25% of training participants give Jessica a rating of 2 on this domain.
Engagement and motivation	1	95% of training participants give Jessica a rating of 1 on this domain.
Level of care	3+ 2+	95% concordance 5% concordance

Ratings - Jason

Domain	Rating	Concordance
Symptom severity and distress	1	100% of training participants give Jason a rating of 1 on this domain.
Risk of harm	0	100% of training participants give Jason a rating of 0 on this domain.
Functioning	1	100% of training participants give Jason a rating of 1 on this domain.
Co-existing issues	0	90% of training participants give Jason a rating of 0 on this domain. 10% of training participants give Jason a rating of 1 on this domain.
Treatment and recovery history	0	100% of training participants give Jason a rating of 1 on this domain.
Social and environmental stressors	2	80% of training participants give Jason a rating of 2 on this domain. 20% of training participants give Jason a rating of 3 on this domain.
Family and other support	0	90% of training participants give Jason a rating of 0 on this domain. 10% of training participants give Jason a rating of 1 on this domain.
Engagement and motivation	0	90% of training participants give Jason a rating of 0 on this domain. 10% of training participants give Jason a rating of 1 on this domain.
Level of care	1	100% concordance

Ratings - Leah

Domain	Rating	Concordance
Symptom severity and distress	2	90% of training participants give Leah a rating of 2 on this domain. 10% of training participants give Leah a rating of 3 on this domain.
Risk of harm	2	95% of training participants give Leah a rating of 2 on this domain. 5% of training participants give Leah a rating of 1 on this domain.
Functioning	2	60% of training participants give Leah a rating of 2 on this domain. 30% of training participants give Leah a rating of 1 on this domain. 10% of training participants give Leah a rating of 3 on this domain.
Co-existing issues	1	50% of training participants give Leah a rating of 1 on this domain. 50% of training participants give Leah a rating of 2 on this domain.
Treatment and recovery history	2	90% of training participants give Leah a rating of 2 on this domain. 10% of training participants give Leah a rating of 1 on this domain.
Social and environmental stressors	3	50% of training participants give Leah a rating of 3 on this domain. 25% of training participants give Leah a rating of 1 on this domain. 25% of training participants give Leah a rating of 2 on this domain.
Family and other support	2	60% of training participants give Leah a rating of 2 on this domain. 20% of training participants give Leah a rating of 1 on this domain. 20% of training participants give Leah a rating of 0 on this domain.
Engagement and motivation	1	80% of training participants give Leah a rating of 1 on this domain. 20% of training participants give Leah a rating of 0 on this domain.
Level of care	3+ 4+	85% concordance 15% concordance

Ratings - William

Domain	Rating	Concordance
Symptom severity and distress	2	70% of training participants give William a rating of 2 on this domain. 30% of training participants give William a rating of 3 on this domain.
Risk of harm	2	70% of training participants give William a rating of 2 on this domain. 30% of training participants give William a rating of 3 on this domain.
Functioning	3	100% of training participants give William a rating of 3 on this domain.
Co-existing issues	3	60% of training participants give William a rating of 3 on this domain. 35% of training participants give William a rating of 2 on this domain. 5% of training participants give William a rating of 1 on this domain.
Treatment and recovery history	2	95% of training participants give William a rating of 2 on this domain. 5% of training participants give William a rating of 3 on this domain.
Social and environmental stressors	2	80% of training participants give William a rating of 2 on this domain. 20% of training participants give William a rating of 3 on this domain.
Family and other support	4	70% of training participants give William a rating of 4 on this domain. 30% of training participants give William a rating of 3 on this domain.
Engagement and motivation	1	70% of training participants give William a rating of 1 on this domain. 15% of training participants give William a rating of 0 on this domain. 15% of training participants give William a rating of 2 on this domain.
Level of care	3+	80% concordance 20% concordance

Ratings - Robert

Domain	Rating	Concordance
Symptom severity and distress	2	100% of training participants give Robert a rating of 2 on this domain.
Risk of harm	2	70% of training participants give Robert a rating of 2 on this domain. 30% of training participants give Robert a rating of 3 on this domain.
Functioning	2	80% of training participants give Robert a rating of 2 on this domain. 20% of training participants give Robert a rating of 3 on this domain.
Co-existing issues	3	60% of training participants give Robert a rating of 3 on this domain. 40% of training participants give Robert a rating of 2 on this domain.
Treatment and recovery history	0	100% of training participants give Robert a rating of 0 on this domain.
Social and environmental stressors	2	50% of training participants give Robert a rating of 2 on this domain. 50% of training participants give Robert a rating of 3 on this domain.
Family and other support	2	60% of training participants give Robert a rating of 2 on this domain. 40% of training participants give Robert a rating of 1 on this domain.
Engagement and motivation	3	60% of training participants give Robert a rating of 3 on this domain. 40% of training participants give Robert a rating of 4 on this domain.
Level of care	3+	100% concordance

Supported Decision Making

- Make sure the consumer is provided with information using their **preferred way of receiving information** (e.g., written/verbal/visual, English/other language, with/without a support person).

- Make sure the consumer is provided with a list of recommended intervention options (including the option of no intervention) and **encourage the consumer to contribute their own options, ideas, solutions, and expectations**. This might include interventions such as culturally relevant activities, or self-care strategies.

- Ensure the consumer can **express any concerns or fears about the options** (e.g., cost, travel, previous positive or negative experiences).

- Be prepared to talk about the **pros and cons of each option** (e.g., intensity, intervention length and commitment required, waiting periods, potential impact on symptoms) as well as the pros and cons of no intervention.

- Check in, to ensure the consumer has understood the information provided and ensure enough time for any questions from the consumer (or carer/family member).

- Support the decision of the consumer, acknowledging that other options can be explored in the future if this decision does not work out.

Identifying appropriate services for referral

- Many PHNs are undertaking work to map local mental health services by IAR Level and to develop service directories to assist in finding the right service, or package of services, for people.

- The Head to Health website [(https://www.headtohealth.gov.au/)](https://www.headtohealth.gov.au/) has been recently refreshed and includes a service finder for health professionals at https://www.headtohealth.gov.au/service-finder-for-your-patients that enables searching for services using a number of different filters, including by IAR Level.

- The Head to Health website database includes nationally available free and low cost services, including digital mental health services funded by the Australian Government, but is not currently a comprehensive database of local services.

- The Department of Health and Aged Care is continuing to engage with PHNs and other key stakeholders to explore options for making it easier for health professionals to identify the right package of services needed for each person.

Care Preferences

When making a resource recommendation and/or referral decision at any level of care, consider the circumstances of the person and the appropriateness of resources and/or services options, such as:

- Readiness of the person
- Priorities of the person
- Cost
- Location
- Availability of in-language, interpreter, and/or translator services
- Digital literacy of the person
- Availability of technology (e.g., internet connection, telephone)
- Practical and emotional support needs of the person

Type of Care

When making a resource recommendation and/or referral decision at any level of care, consider the type of resources and/or service options that account for the perspectives and preferences of the person, such as:

- Culturally appropriate and safe services (such as social and emotional wellbeing services available through Aboriginal Community Controlled Health Organisations).

- Age-appropriate services.

- Services specific to the person's diagnosis (where applicable) such as evidence-based dialectical behavioural therapy for borderline personality disorder.

- Specialist sexuality and gender diversity resources and/or services.

- If the person has multiple service needs, consider options for integrated services and service models.

- Services able to sensitively incorporate social and environmental supports (e.g. specialist family violence services).

RMIT UNIVERSITY MONASH University THE UNIVERSITY OF MELBOURNE

Guidelines for
Supported Decision-Making
in Mental Health Services

Healthtalk Australia

Checking In

The check-in should explore the following questions:

- Is the consumer engaging with the recommended information, resources, and/or services? If the consumer is not engaging, the clinician/practitioner will re-examine motivation and explore reasons for lack of engagement (domain 8). If engagement and motivation are low, the intake clinician/practitioner and consumer will explore and consider supporting a referral to low intensity interventions.

- Does the consumer think that the recommended information, resources, and/or services are/were helpful?

- Is there evidence of deterioration or changing risk of suicide or harm to self, to others or from others? If so, undertake a risk assessment and re-consider the appropriateness of the current care level or intervention package, and whether a different risk management plan is required.

- Are the consumer's recovery goals on track?

- Is the consumer experiencing new or worsening social and environmental stressors?
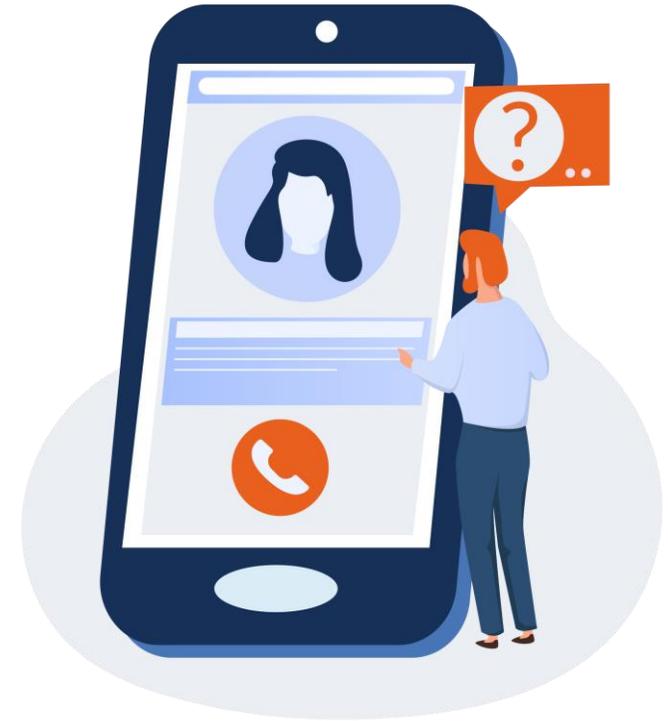
Overview of Adaptations for Children and Adolescents

Domain 1	• Reduced thresholds across primary domains for severity (e.g., duration of symptoms reduced from 6 months to 3 months for moderate symptoms/distress).
Domain 2	• Change in domain title • Includes harm **from** abuse, exploitation, or neglect by others • Considers the harm arising from alcohol and other drug use. • Reference to surgical intervention removed from rating point regarding non-suicidal self-injurious behaviour. The broader term "treatment" is now used. • Suicidal ideation (without intent or history) in children positioned to align with Level 3 minimum care.
Domain 3	• Users are asked to consider age, developmental level, and cultural background when considering functional impacts across specific settings: within the family or home environment, in educational settings, with friends and peers, and in the community. • Days out of role (quantified as a number of days in the adult version) removed from child and adolescent lift outs.
Domain 4	• Description of intellectual disability and cognitive impairment expanded to include developmental delay and learning and communication disorders. • Tolerance for AOD use in children is reduced. Current use aligns to a higher severity rating (rating = 2) in the glossary and now considers substances of extreme risk.

Overview of Adaptations for Children and Adolescents cont.

Domain 5	Domain is called 'service use and response history' instead of 'treatment and recovery history.' Users are asked to consider both the child / adolescent and their family's use of previous services and supports but are asked not to include those services and supports that are relevant to, but not focussed on, the mental health of the child or adolescent.
Domain 6	The glossary was revised, so the focus is not on the person's experience of the stress in their environment. The focus is now on the actual presence of current (or past) stressors in the environment that are impacting on (or have the potential to impact on) the child or adolescent's mental health.
Domain 7	Domain 7 focuses on whether the child or adolescent is having their developmental, material and/or emotional needs met (adult version focuses on emotional needs).
Domain 8	For children – only engagement and motivation of the parent/caregiver is formally considered in the glossary given that children aged 5-11 cannot exercise control of their healthcare decisions. For adolescents – there are two scales with users asked to choose the most appropriate. The adolescent scale is for mature minors capable of exercising control of healthcare decisions. The parent/caregiver scale is for those adolescents who cannot exercise control of their healthcare decisions.

Project Team

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Standard Assessment Tools

Standardised assessment tools such as the **K10**, **K5** (for Aboriginal People), **PHQ-9**, **GAD-7** and the **EPDS** can be useful tools for guiding ratings on Domain 1 (symptom severity and distress).

The Work and Social Adjustment Scale (**WSAS**) can be useful for tool for guiding ratings on Domain 3 (functioning). The thresholds should not be used to determine a rating on Domain 1 or Domain 3 but may be useful in understanding symptom severity and distress and impact on functioning.

The Decision Tool Logic
Adolescents 12 - 17
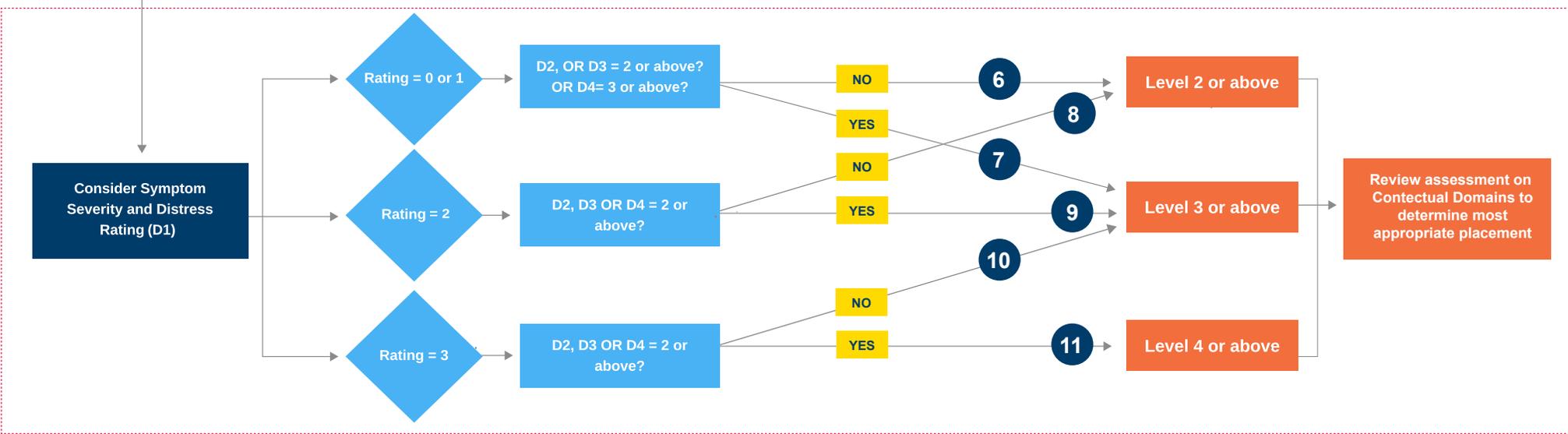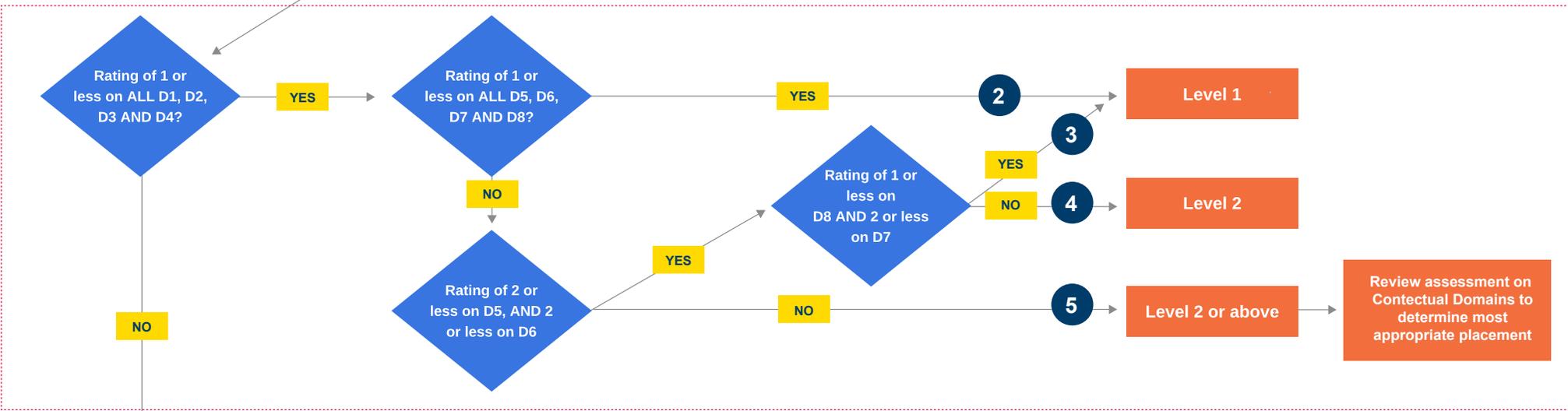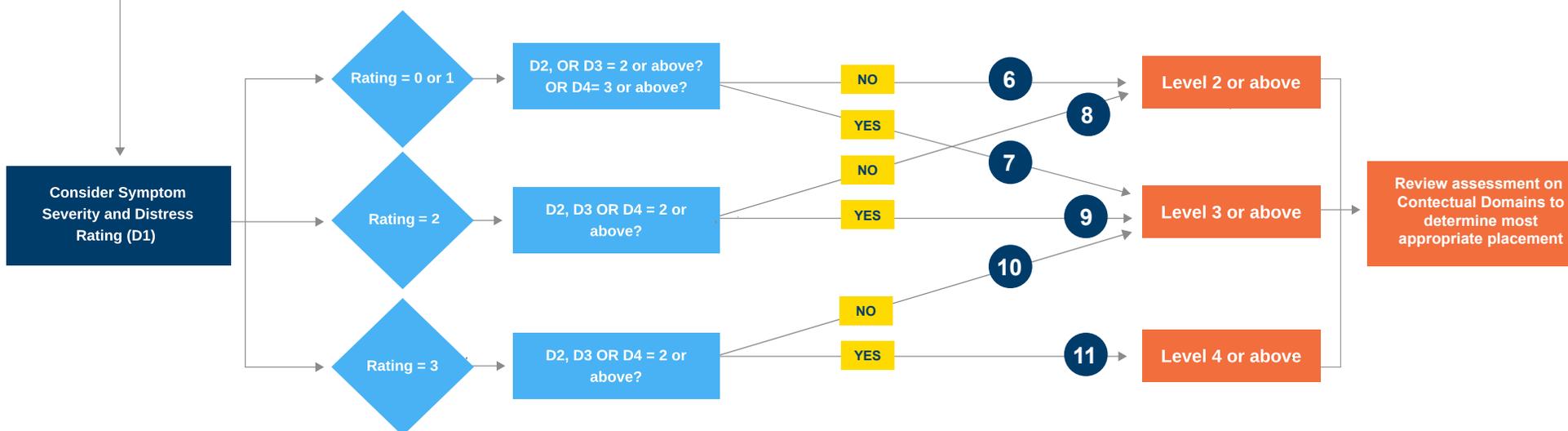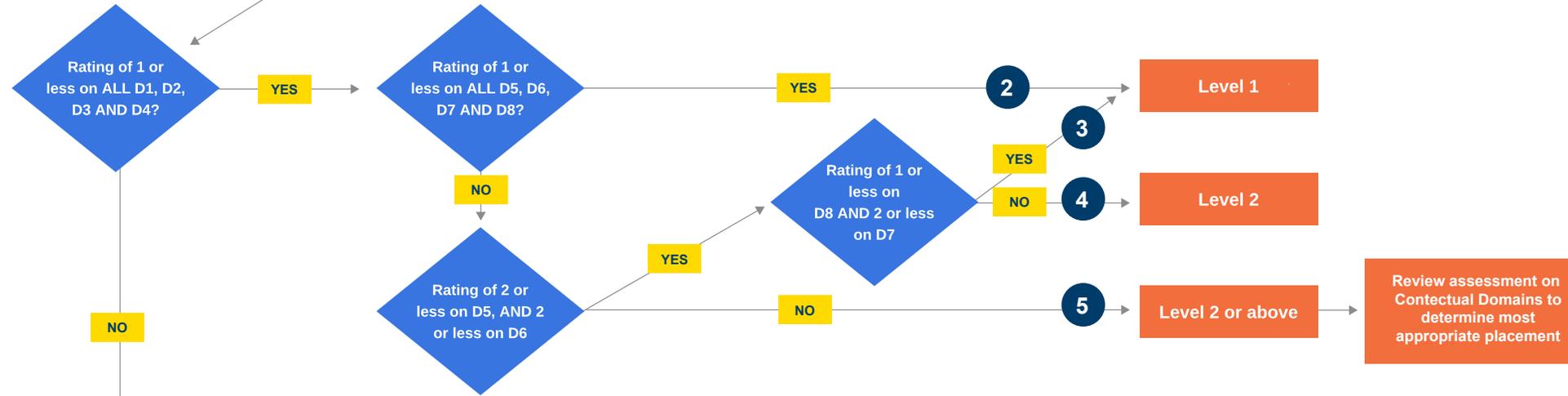
LEGEND

D1 – Symptom severity and distress

D2 – Harm

D3 – Impact on Functioning

D4 – Impact of co-existing conditions

D5 – Service use and response history

D6 – Social and environmental stressors

D7 – Family and other supports

D8 – Engagement and motivation
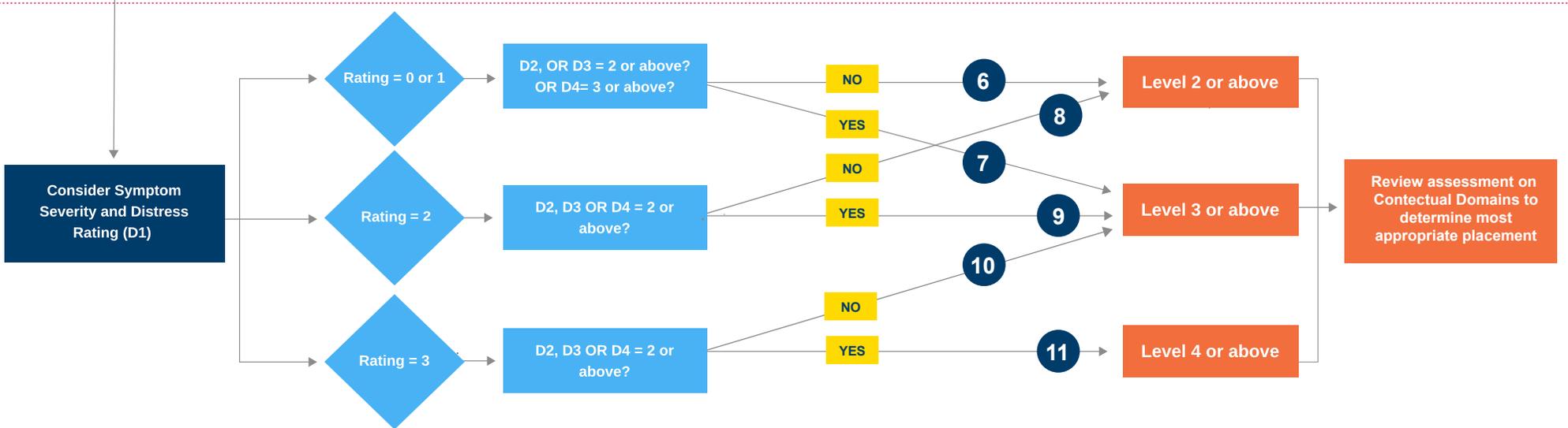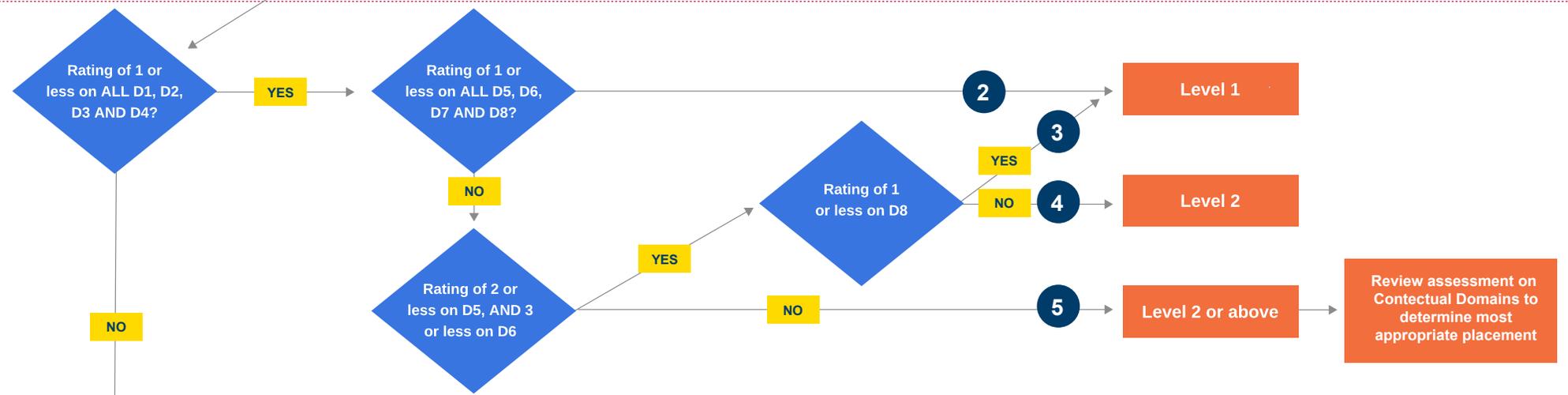
0 = No problem
1 = Mild
2 = Moderate
3 = Severe
4 = Very Severe

Slide 37

The Decision Tool Logic
Adults (18-64 and Older Adults (65 +)

Slide 38