The *National Initial Assessment and Referral in Mental Healthcare Project* is an initiative of the Australian Department of Health and aims to provide advice to Primary Health Networks (PHNs) on establishing effective systems for the initial assessment and referral of individuals presenting with mental health conditions in primary healthcare settings.

The Guidance and Implementation Toolkit brings together information from a range of sources including Australian and international evidence and advice from a range of leading experts. Click the image for a link to the Guidance.

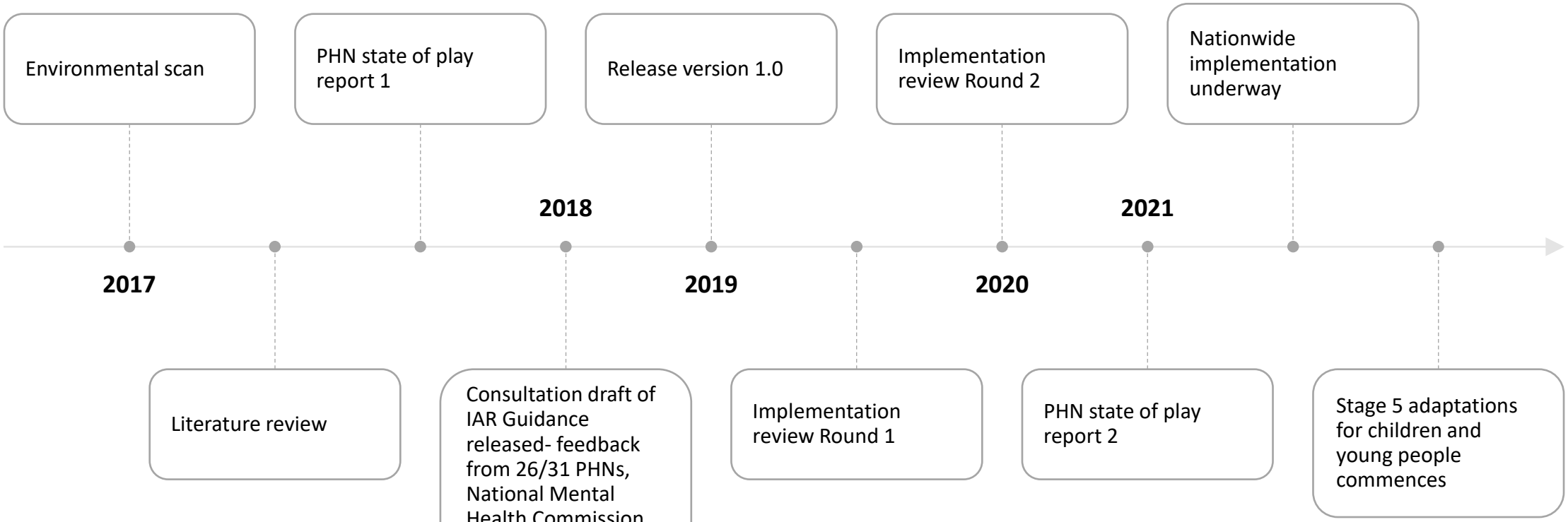
Intake services will be underpinned by the IAR approach.

Objectives of IAR

- Individuals seeking mental health assistance have their experiences understood in the context of holistic assessment domains (the 8 domains).
- Individual treatment needs and recovery goals are understood and matched to a suitable service type and intensity (the 5 levels of care).
- A nationally consistent decision support tool to guide clinical judgement and consumer choice
- Minimise the risks that arise through under-servicing (poor outcomes) and over-servicing (unnecessary burden of care for the consumer).
- Reduce the likelihood of ineligible and inappropriate referrals

Initial Assessment and Referral (IAR) is focused on guiding initial assessment and supporting informed decisions about suitable and appropriate treatment choices/options (finding the right service type and intensity).

IAR development timeline



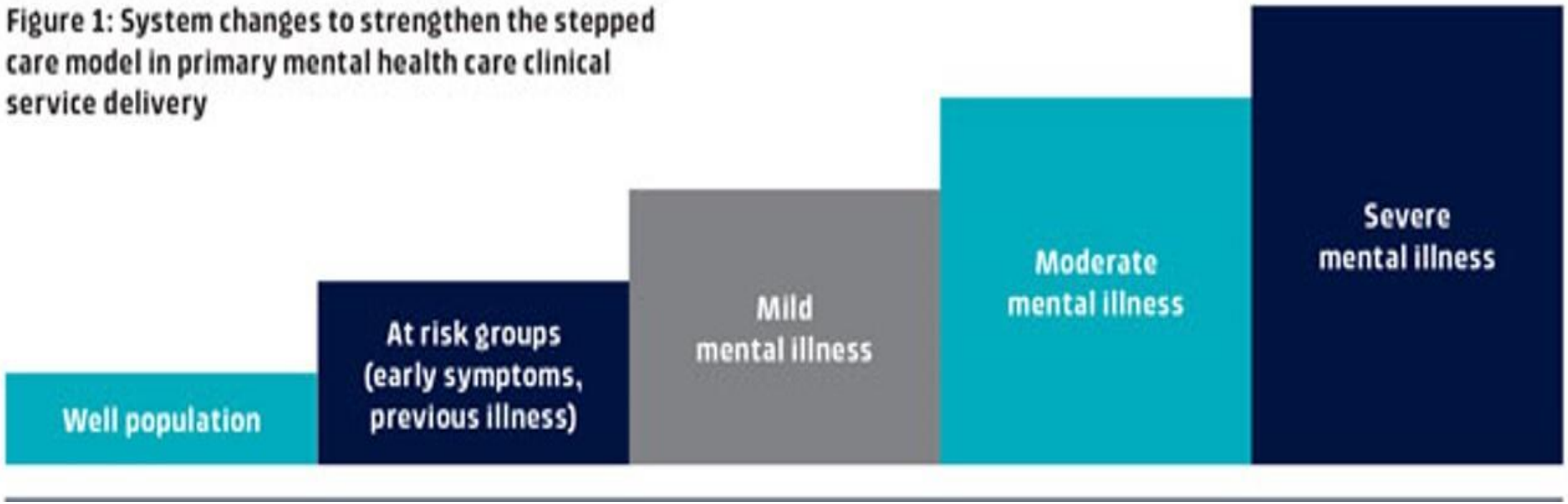
The Expert Advisory Group (EAG)

- Chaired by the Dr. Caroline Johnston (GP)
- Representatives from all relevant mental health colleges (Royal Australian College of General Practitioners, Australian College of Rural and Remote Medicine, Australian and New Zealand College of Psychiatrists, College of Mental Health Nurses, Australian Association of Social Workers, Australia Psychological Society)
- Consumer and carer representatives (4)
- University representatives (University of Melbourne, University of Queensland)
- Sector representatives (Black Dog Institute, Brain and Mind Institute, MindSpot, headspace National, Orygen)
- PHN representatives

What isn’t it?

- Not a new assessment tool – designed to sit alongside existing assessments
- Not prognostic, diagnostic or predictive
- Not a treatment planning tool
- Not a replacement for clinical judgement and decision-making

Figure 1: System changes to strengthen the stepped care model in primary mental health care clinical service delivery



LEVELS OF CARE

Level of Care 1 Self Management	Level of Care 2 Low Intensity	Level of Care 3 Moderate Intensity	Level of Care 4 High Intensity	Level of Care 5 Acute and Specialist
Typically no risk of harm, experiencing mild symptoms and/or no /low levels of distress- which may be in response to recent psycho-social stressors. Symptoms have typically been present for a short period of time. The individual is generally functioning well and should have high levels of motivation and engagement.	Typically minimal or no risk factors, mild symptoms/low levels of distress, and where present, this is likely to be in response to a stressful environment. Symptoms have typically been present for a short period of time (less than 6 months but this may vary). Generally functioning well but may have problems with motivation or engagement. Moderate or better recovery from previous treatment	Likely mild to moderate symptoms/distress (meeting criteria for a diagnosis). Symptoms have typically been present for 6 months or more (but this may vary). Likely complexity on risk, functioning or co-existing conditions but not at very severe levels. Also suitable for people experiencing severe symptoms with mild or no problems associated with Risk, Functioning and Co-existing Conditions	A person requiring this level of care usually has a diagnosed mental health condition with significant symptoms and/or significant problems with functioning. A person with a severe presentation is likely to be experiencing moderate or higher problems associated with Risk, Functioning and Co-existing Conditions.	A person requiring this level of care usually has significant symptoms and problems in functioning independently across multiple or most everyday roles and/or is experiencing: • Significant risk of suicide; self-harm, self-neglect or vulnerability. • Significant risk of harm to others. • A high level of distress with potential for debilitating consequence.
Evidence based digital interventions and other forms of self-help	Services that can be accessed quickly & easily and include group work, phone & online interventions and involve few or short sessions	Moderate intensity, structured and reasonably frequent interventions (e.g., psychological interventions)	Periods of intensive intervention, typically inc. multi-disciplinary support, psychological interventions, psychiatric interventions and 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 Asssessment and Referral for Mental Healthcare Guidance, 2019

Initial assessment domains

Domain 1 Symptom severity and distress	Current symptoms and duration, level of distress, experience of mental illness, symptom trajectory	Previous treatment (including specialist or health inpatient treatment) Current engagement in treatment Response to past or current treatment	**Domain 5 Treatment and recovery history**
Domain 2 Risk of 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	Life circumstances such as signficant transitions, trauma, harm from others, interpersonal or social difficulties, performance related pressure, difficulty having basic needs met, illness, legal issues	**Domain 6 Social and environmental stressors**
Domain 3 Functioning	Ability to fulfil usual roles/ responsibilities Impact on or disruption to areas of life Capacity for self-care	Presence of informal supports and their potential to contribute to recovery.	**Domain 7 Family and other supports**
Domain 4 Impact of co-existing conditions	Substance use/misuse Physical health condition Intellectual disability/ cognitive impairment	The individual's understanding of the symptoms, condition, impact ability and capacity to manage the condition motivation to access the necessary supports	**Domain 8 Engagement and motivation**

The IAR Decision Support Tool

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

Access this link now on your device, laptop or computer

Where and why the IAR-DST might be used

Referrer led	Referrers and intake teams working together	Intake of commissioned provider
Use of IAR-DST by a clinician familiar with the person (e.g., GP) may improve the completeness and the accuracy of the information used to rate the IAR-DST.	Confirming the level of care and navigating the referral to a service that is compatible with the indicated level of care or recommending an alternative service option for consideration.	Use of the IAR-DST to confirm the appropriateness of the referral.
Early use of IAR-DST in care journey may decrease likelihood of inappropriate referrals and the burden of the assessment process on the consumer.	Supporting referrers to use the IAR-DST.	Use of IAR-DST within a service where the service is accepting provisional and informal referrals (e.g., referrals from non-health providers, self and family) or no previous assessment has been undertaken or referral information is limited.
		Use of the IAR-DST to determine initial intensity of service provision (e.g., frequency, duration and type of care needed from the service) to be provided by service.

CHAT BOX CHECK

The Glossary and the Decision Support Tool

THE GLOSSARY- EXAMPLE FROM DOMAIN 4 (CO-EXISTING ISSUES)

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

Rule 1

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

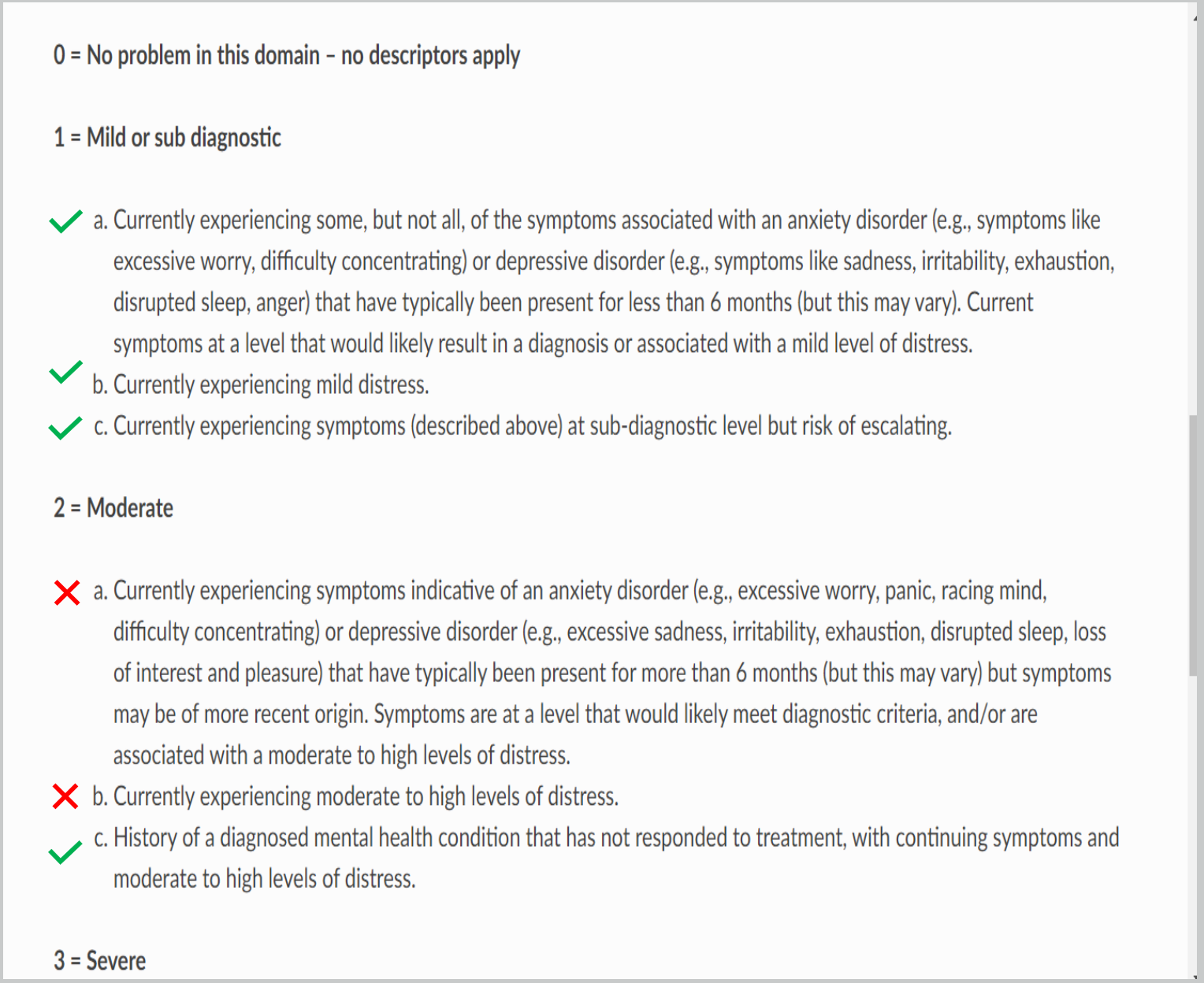
Rule 2

The coding of ratings as numeri’s is not intended to imply that an overall composite score can be used for making decisions about the person’s service needs. The numbers should be regarded as just shorthand for summarising severity.

Rule 3

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

- Example one: if 3-b, and 3-c apply, but 4-a is also present, the rating selected is 4.
- Example two: if 2-a and 2-b apply, but 3-c is also present, the rating selected is 3.



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. Currently experiencing 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 levels of distress.

✗ b. Currently experiencing 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

Rule 4

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.

Rule 5

Guidance is given for each domain on examples of problems that should be considered for specific ratings (the ‘descriptors’). Consider these as examples only rather than an exhaustive list of all factors relevant to the domain. Therefore, at times, referring to the underlying rating format may be helpful.

CHAT BOX CHECK

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 a useful for tool for guiding ratings on Domain 3 (Impact on 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.

Implementation findings

- Understanding the GP clinical workflow is important for thinking about the integration of the DST within this context. This includes the question of how a provider might access the DST from their current electronic systems to complete an assessment and if this is within the consultation how does this fit within the flow, and, how do GPs easily maintain a record of the outcome (e.g. referrals made) for future reference and review purposes within electronic medical records.

- Round 2 established that integration of the DST within the general practice setting for use by GPs or mental health nurses would require further education and understanding of the clinical workflows for implementation.

- The Productivity Commission report also called for the co-design of a person-centred tool consistent with the Guidance to be implemented across the mental health system.[1] The tool should be available to be used by GPs and individuals freely with mental health clinicians for evidence based guidance and should be a part of a national digital platform to support mental health care in Australia.

Supported decision making

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Guidelines for
Supported Decision-Making
in Mental Health Services

Healthtalk Australia