



# NATIONAL INITIAL ASSESSMENT AND REFERRAL (IAR) FOR MENTAL HEALTHCARE GUIDANCE

## Consultation Information

### BACKGROUND

The National Initial Assessment and Referral (IAR) for Mental Healthcare Guidance and Decision Support Tool (DST) are designed to assist general practitioners and clinicians to recommend the most appropriate level of care for a person seeking mental health support. The IAR is an initiative of the Commonwealth Department of Health (the Department) and brings together information from a range of sources including Australian and international evidence and advice from a range of leading experts. The IAR is designed to assist the various parties involved in the assessment and referral process, including:

- General Practitioners (GP) and other clinicians seeking to determine the most appropriate care type and intensity for individuals.
- Commissioned providers, intake teams and PHNs responsible for undertaking initial assessments which may involve making recommendations on the level of care required.

### PROJECT OBJECTIVES

The objectives of the IAR Guidance and Decision Support Tool are:

- People seeking mental health assistance have their experiences understood in the context of holistic assessment domains (the 8 domains).
- The person's 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 person).
- To provide consumers with a choice of mental health services, compatible with their treatment needs and reduce:
  - repetition of history where possible, and
  - referrals to incorrect levels of care.
- Improve effective use of finite (sometimes, scarce) resources.

## POLICY CONTEXT

As part of the federal budget 2021/2022, the Commonwealth Government is investing \$34.2 million to support GPs in their role as a key entry point into the mental health system by expanding and implementing the Initial Assessment and Referral (IAR) tool in primary care settings.

The IAR Guidance and Decision Support Tool will also apply in all Commonwealth funded mental health services and, with their agreement, in state and territory services, delivering a consistent and culturally appropriate approach to clinical assessment and referral.

For more information, visit: <https://www.health.gov.au/resources/publications/the-australian-governments-national-mental-health-and-suicide-prevention-plan>

## ADAPTATIONS FOR CHILDREN AND ADOLESCENTS

The current IAR Guidance and Decision Support Tool are focused on adults, aged 18-65. In 2020/2021, the Department funded additional work to deliver adaptations that would focus on the development of guidance and a Decision Support Tool for children (aged 5-11) and adolescents (aged 12-17).

Throughout 2021, the Department of Health facilitated the Expert Advisory Group, a Child Working Group, and an Adolescent Working Group. The Child and Adolescent Working Groups were comprised of members with considerable clinical and lived experience in child and adolescent mental health.

## CONSULTATION OBJECTIVES

The Guidance and Decision Support Tool for children and adolescents have been drafted and are being released for the purposes of consultation only. A consultation report will be prepared for the Department of Health and the IAR Expert Advisory Group

The consultation findings will inform that finalisation of the IAR Guidance and Decision Support Tool for children and adolescents, which is scheduled for release and implementation from March 2022.

## CONSULTATION TIMEFRAME

The consultation will be open from Wednesday 17 November 2021 to Tuesday 14 December 2021.

## KEY STAKEHOLDERS

The Department has identified the following key stakeholders as critical to consultation and involvement in the project.

- Adolescents, parents/caregivers, and families with lived experience
- General Practitioners
- Peer workers, and lived experience practitioners
- Mental health practitioners and clinicians
- Specialists (including paediatricians, psychiatrists).

The following organisations and services:

- Primary Health Networks
- Mental health services working with children and/or adolescents
- State and Territory Mental Health Services
- Aboriginal Community Controlled Health Services
- Peak bodies with a role in child and/or adolescent mental health
- Education providers
- Community service providers (including Community Managed Organisations)
- Research and academic institutions.

The National Project Manager will monitor consultation responses and, if required, will undertake additional engagement with key stakeholders during the consultation period. The Department will promote the consultation process, including through PHNs, to ensure stakeholders are aware of the opportunity to provide feedback.

## CONSULTATION ACTIVITIES AND METHOD

The consultation materials and consultation survey can be accessed by visiting: <https://consultations.health.gov.au/primary-care-mental-health-division/consultation-draft-national-iar>

The National Project Manager is also available for telephone and video consultations with groups and individuals where requested during the consultation period. These individual or group consultations will have a broad scope, but are likely to focus on:

- PHN facilitated consultations with PHN representatives, local stakeholders, clinical councils, and community advisory committees.
- Consultations with members facilitated by peak bodies and professional colleges.
- Consultations with members facilitated by lived experience groups and peaks.
- Consultations with state and territory mental health and education agencies.

Please contact the National Project Manager, Ms Jenni Campbell, to request a facilitated consultation with regional stakeholders by emailing [jenni.a.campbell@outlook.com](mailto:jenni.a.campbell@outlook.com)

For more information about the consultation process, contact [MH.IARProject@health.gov.au](mailto:MH.IARProject@health.gov.au)

## ATTACHMENT 1 KEY CONSULTATION RESOURCES

There are several draft resources that will be released for the purposes of consultation. There is a risk with this, that people implement or begin using the resources prior to their finalisation (post-consultation). Therefore, the documents will be watermarked to caution against implementation and prohibit circulation. The online survey will also include this caution.

The following resources have been made available for consultation purposes and are included on the consultation portal:

1. Summary of adaptations and differences between adult, adolescent, and child guidance (see attachment)
2. Draft Lift Out – Children (see attachment)
3. Draft Lift Out – Adolescents (see attachment)
4. Draft IAR Snapshot – Children (see example below)
5. Draft IAR Snapshot – Adolescents (see example below)

# IAR SNAPSHOT – CHILDREN

The IAR Guidance and Decision Support Tool are designed to assist general practitioners and clinicians to recommend the most appropriate level of care for a child seeking or requiring mental health support. The IAR is an initiative of the Commonwealth Department of Health and brings together information from a range of sources including Australian and international evidence and advice from a range of leading experts. The IAR is designed to assist the various parties involved in the assessment and referral process, including:

- General Practitioners (GP) and other clinicians seeking to determine the most appropriate mental health care type and intensity for a child.
- Providers and intake teams/services responsible for undertaking initial assessments which may involve making recommendations on the level of care required.

## THE EIGHT INITIAL ASSESSMENT DOMAINS

The IAR guidance identifies eight domains that should be considered when determining the next steps in the referral and treatment process for a child seeking or requiring mental health support.

<b>DOMAIN 1</b> Symptom severity and distress	<ul style="list-style-type: none"> <li>• current and past symptoms and duration,</li> <li>• level of distress attributable to a mental health condition,</li> <li>• experience of a mental health condition, and</li> <li>• are symptoms improving/worsening, is distress improving/worsening, are new symptoms emerging?</li> </ul>
<b>DOMAIN 2</b> Risk of harm	<ul style="list-style-type: none"> <li>• suicidality – current and past suicidal ideation, attempts, intentional, non-suicidal self-harm – current and past,</li> <li>• impulsive and dangerous behaviours with the potential for harm to self or others (including risks associated with use of alcohol and other drugs),</li> <li>• harm caused by abuse, exploitation, or neglect by others, and</li> <li>• unintentional harm to self or others arising from severe symptoms or self-neglect.</li> </ul>
<b>DOMAIN 3</b> Functioning	<ul style="list-style-type: none"> <li>• the child’s ability to fulfil usual roles/responsibilities appropriate to their age, developmental level, and cultural background,</li> <li>• the child’s functioning within the family or home environment, in educational settings, and with friends or peers, and in the community,</li> <li>• the child’s ability to undertake basic activities of daily living appropriate to their age and developmental level (e.g., self-care, mobility, toileting, feeding, and personal hygiene).</li> </ul>
<b>DOMAIN 4</b> Impact of co-existing conditions	<ul style="list-style-type: none"> <li>• physical health conditions,</li> <li>• cognitive impairment, intellectual disability, developmental delay, and learning and communication disorders, and</li> <li>• substance use/misuse</li> </ul>
<b>DOMAIN 5</b> Service use and response history	<ul style="list-style-type: none"> <li>• whether the child/family has previously sought help from or been referred to mental health services and related supports (including specialist or mental health inpatient services),</li> <li>• if the child is currently engaged with services and supports, and</li> <li>• their progress or benefit from past or current services and supports.</li> </ul>
<b>DOMAIN 6</b> Social and environmental stressors	<p>Assessment on this domain should consider the degree to which any or all the following factors are relevant to the child’s current circumstances and the referral decision: significant transitions, peer group stress, trauma or victimisation, family or household stress, socio-economic disadvantage, performance related pressure, and legal issues.</p>
<b>DOMAIN 7</b> Family and other supports	<p>This domain considers whether personal supports, including emotionally nurturing relationships, practical supports, and social supports are present in the child’s environment and their potential to contribute to improved mental health.</p>
<b>DOMAIN 8</b> Engagement and motivation	<p>This domain considers the parent/caregiver’s awareness of the mental health condition and their capacity and willingness to engage in or accept assistance.</p>

## THE LEVELS OF CARE

The information gathered through the initial assessment domains is used to recommend a service type and intensity (level of care) and inform a referral decision. This process is based on a clinically informed algorithm and is calculated automatically using the digital Decision Support Tool (DST). The levels are differentiated by the amount and scope of resources that are likely to be required. A child may use some or all interventions described at that level and move between levels of care as required.

LEVEL ONE	LEVEL TWO	LEVEL THREE	LEVEL FOUR	LEVEL FIVE
<b>Self-Management</b>	<b>Low Intensity Services</b>	<b>Moderate Intensity Services</b>	<b>High Intensity Services</b>	<b>Specialist and Acute Community Mental Health Services</b>
<p>Services at this level are designed to provide self-help resources to support the child in managing any distress or symptoms and maintain functioning without the direct involvement of a mental health professional.</p> <p>Children are likely to require considerable parent/caregiver assistance, promoting and encouragement to engage with and understand self-management recommendations.</p> <p>This level of care generally involves evidence-informed, age-appropriate, and culturally safe online resources and other forms of self-help.</p>	<p>Low intensity services are designed to be accessed quickly (without the need for a formal referral e.g., through a third-party service or provider), easily (through a range of modalities including face-to-face, group work, telephone, and online services) and typically involve few or short sessions.</p> <p>In contrast to Level 1, Low Intensity Services usually require some direct, individually tailored engagement with a mental health professional to support the child and/or their parent/caregiver.</p>	<p>Moderate intensity services generally provide structured, reasonably frequent, and individually tailored service delivery (e.g., a defined number of psychological sessions delivered regularly).</p> <p>A comprehensive biopsychosocial assessment (if not already undertaken) is required for all children suited to this level of care.</p>	<p>High intensity services including periods of intensive service that usually involve multi-disciplinary support and family-focussed care coordination as multiple services are likely to be involved.</p> <p>Level 4 is usually designed to support children experiencing severe symptoms, significant functional impairment and/or risk factors.</p> <p>A comprehensive biopsychosocial assessment (if not already undertaken) is required for all children suited to this level of care.</p>	<p>Specialist mental healthcare usually includes intensive team-based specialist assessment and service (typically state/territory mental health services) with involvement from a range of different types of mental health professionals, including case managers, psychiatrists, social workers, occupational therapists, psychologists and drug and alcohol workers.</p> <p>This level also often includes more intensive care provided by GPs working in partnership with acute and specialist teams.</p>
<p>A child suitable for this level of care typically has minimal or no risk factors, is usually experiencing 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 3 months but this may vary). The child is generally functioning well and has positive levels of engagement and family support.</p>	<p>A child suitable for this level of care typically has minimal or no risk factors, is usually experiencing 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 3 months but this may vary). The child is generally functioning well.</p>	<p>A child requiring this level of care is likely to be experiencing mild to moderate symptoms (that would meet criteria for a diagnosis).</p> <p>Symptoms have typically been present for 3 months or more (but this may vary). Initial assessment would usually indicate problems present in Risk of Harm, Functioning or Impact of Co-existing Conditions but not at very severe levels.</p>	<p>A child requiring this level of care usually has significant symptoms and/or significant problems with Functioning.</p> <p>A child with a severe presentation is likely to be experiencing moderate or higher problems associated with Risk of Harm, Functioning, and Impact of Co-existing Conditions.</p>	<p>A child requiring this level of care usually has significant symptoms (e.g., severe symptoms and/or extreme behavioural problems) or problems in functioning independently across multiple or most everyday roles and/or is experiencing significant risk of suicide, self-harm, self-neglect, or vulnerability, or significant risk of harm to others.</p>

# IAR SNAPSHOT – ADOLESCENTS

The IAR Guidance and Decision Support Tool are designed to assist general practitioners and clinicians to recommend the most appropriate level of care for a person seeking mental health support. The IAR is an initiative of the Commonwealth Department of Health and brings together information from a range of sources including Australian and international evidence and advice from a range of leading experts. The IAR is designed to assist the various parties involved in the assessment and referral process, including:

- General Practitioners (GP) and other clinicians seeking to determine the most appropriate care type and intensity for individuals seeking mental health assistance.
- Providers and intake teams/services responsible for undertaking initial assessments which may involve making recommendations on the level of care required.

## THE EIGHT INITIAL ASSESSMENT DOMAINS

The IAR guidance identifies eight domains that should be considered when determining the next steps in the referral and treatment process for an adolescent seeking mental health support.

<b>DOMAIN 1</b> Symptom severity and distress	<ul style="list-style-type: none"> <li>• current and past symptoms and duration,</li> <li>• level of distress attributable to a mental health condition,</li> <li>• experience of a mental health condition, and</li> <li>• are symptoms improving/worsening, is distress improving/worsening, are new symptoms emerging?</li> </ul>
<b>DOMAIN 2</b> Risk of harm	<ul style="list-style-type: none"> <li>• suicidality – current and past suicidal ideation, attempts, intentional, non-suicidal self-harm – current and past,</li> <li>• impulsive and dangerous behaviours with the potential for harm to self or others (including risks associated with use of alcohol and other drugs),</li> <li>• harm caused by abuse, exploitation, or neglect by others, and</li> <li>• unintentional harm to self or others arising from severe symptoms or self-neglect.</li> </ul>
<b>DOMAIN 3</b> Functioning	<ul style="list-style-type: none"> <li>• the adolescents' ability to fulfil usual roles/responsibilities appropriate to their age, developmental level, and cultural background,</li> <li>• the adolescent's functioning within the family or home environment, in educational or vocational settings, and with friends or peers, and in the community,</li> <li>• the adolescent's ability to undertake basic activities of daily living appropriate to their age and developmental level (e.g., self-care, mobility, toileting, feeding, and personal hygiene).</li> </ul>
<b>DOMAIN 4</b> Impact of co-existing conditions	<ul style="list-style-type: none"> <li>• physical health conditions,</li> <li>• cognitive impairment, intellectual disability, developmental delay, and learning and communication disorders, and</li> <li>• substance use/misuse</li> </ul>
<b>DOMAIN 5</b> Service use and response history	<ul style="list-style-type: none"> <li>• whether the adolescent/family has previously sought help from or been referred to mental health services and related supports (including specialist or mental health inpatient services),</li> <li>• if the adolescent is currently engaged with services and supports, and</li> <li>• their progress or benefit from past or current services and supports.</li> </ul>
<b>DOMAIN 6</b> Social and environmental stressors	Assessment on this domain should consider the degree to which any or all the following factors are relevant to the adolescent's current circumstances and the referral decision: significant transitions, peer group stress, trauma or victimisation, family or household stress, socio-economic disadvantage, performance related pressure, and legal issues.
<b>DOMAIN 7</b> Family and other supports	This domain considers whether personal supports, including emotionally nurturing relationships, practical supports, and social supports are present in the adolescent's environment and their potential to contribute to improved mental health.
<b>DOMAIN 8</b> Engagement and motivation	This domain considers the adolescent and their parent/caregiver's awareness of the mental health condition and their capacity and willingness to engage in or accept assistance.



## THE LEVELS OF CARE

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<b>Self-Management</b>	<b>Low Intensity Services</b>	<b>Moderate Intensity Services</b>	<b>High Intensity Services</b>	<b>Specialist and Acute Community Mental Health Services</b>
<p>Services at this level are designed to provide self-help resources to support the adolescent in managing any distress or symptoms and maintain functioning without the direct involvement of a mental health professional.</p> <p>A younger adolescent may require parent/caregiver assistance, prompting and encouragement to engage with self-management recommendations.</p> <p>This level of care generally involves evidence-informed, age-appropriate, and culturally safe online resources and other forms of self-help.</p>	<p>Low intensity services are designed to be accessed quickly (without the need for a formal referral e.g., through a third-party service or provider), easily (through a range of modalities including face-to-face, group work, telephone, and online services) and typically involve few or short sessions.</p> <p>In contrast to Level 1, Low Intensity Services usually require some direct, individually tailored engagement with a mental health professional to support the adolescent and/or their parent/caregiver.</p>	<p>Moderate intensity services generally provide structured, reasonably frequent, and individually tailored service delivery (e.g., a defined number of psychological sessions delivered regularly).</p> <p>A comprehensive biopsychosocial assessment (if not already undertaken) is required for all adolescents suited to this level of care.</p>	<p>High intensity services including periods of intensive service that usually involve multi-disciplinary support and family-focussed care coordination as multiple services are likely to be involved.</p> <p>Level 4 is usually designed to support adolescents experiencing severe symptoms, significant functional impairment and/or risk factors.</p> <p>A comprehensive biopsychosocial assessment (if not already undertaken) is required for all adolescents suited to this level of care.</p>	<p>Specialist mental healthcare usually includes intensive team-based specialist assessment and service (typically state/territory mental health services) with involvement from a range of different types of mental health professionals, including case managers, psychiatrists, social workers, occupational therapists, psychologists and drug and alcohol workers.</p> <p>This level also often includes more intensive care provided by GPs working in partnership with acute and specialist teams.</p>
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End