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NATIONAL INITIAL ASSESSMENT AND REFERRAL (IAR) FOR MENTAL HEALTHCARE

SUMMARY OF APPROACH TO AND OUTCOMES FROM VERSION DEVELOPMENT

Age-based version development

With the advice of clinical experts, the Department of Health determined that it was necessary to split the child and adolescent guidance into 2 separate lift outs. This decision was based on advice relating to the different mental health experiences, developmental, social, decision-making abilities and treatment needs of children (5-11) and adolescents (12-17). The adult version of the IAR Guidance is appropriate for 18-65 years.

Whilst age is used to indicate the broad appropriateness of each tool, for each group, the final decision about the most appropriate tool must be based around developmental considerations and is the discretion of the clinical user.

High Level Process Overview

- Working Group for Children comprised of additional clinical expertise in child mental health.
- Working Group for Adolescents comprised of additional clinical expertise in adolescent mental health.
- A Version Development Framework for children and adolescents was developed for each working group, incorporating evidence and key considerations to guide working group meeting discussions.
- 4 working group meetings per working group were facilitated and there was significant out-of-session input from members.
- At the conclusion of the development phase, the Expert Advisory Group met to review drafts and recommend versions for broader consultation.

Common ground across versions

Table 1: IAR design principles and core features

Design principles	Core features
Summative tool	Primary and Contextual domains
Brief, intuitive, simplifies complexity	Standard quantitative rating scale for each domain
Transdiagnostic	Standard rating period based on past month status
Guide but not replace clinical decision making	Descriptive glossary
	Decision tree approach to recommend level of care
	Mental health service system described in five Levels of Care differentiated by the intensity of care required
	Best practice and guidance relating to initial assessment included as 'practice points'

Domain 1

Background: Working group members reinforced the importance of symptom examples being updated to reflect mental health experiences of children and adolescents. Members of both groups advised caution with regards to implying pathology, given the broad range of childhood/adolescent experiences and their potential causes. Members also advised on the importance of soft thresholds for concepts such as duration (e.g., terms such as “typically, generally, for example” have been used throughout the guidance).

Adaptations:

- Symptoms split into 4 types (mood, anxiety, behavioural, other) across 4 rating points.
- Early symptoms suggestive of onset of severe illness aligned to correspond with Level 3 care (ensuring comprehensive assessment).
- Duration of symptoms for mild rating (=1) adjusted down from less than 6 months, to less than 3 months. Moderate rating (=2) adjusted down from 6 months or more to 3 months or more when compared with adult guidance.

Domain 2 – Risk of Harm

Background: Members provided extensive advice relating to the risk of harm, and the response required for children and adolescents. Suicide, self-harm, risk to others, and risk through self-neglect were all considered in terms of the likely service response required. Members agreed to the inclusion of risk of harm from others within this domain.

Adaptations

- Risk of harm **from** abuse, exploitation, or neglect by others now included in Domain 2 for children and adolescents.
- Users asked to explicitly consider risk of harm arising from alcohol and other drug use.
- Reference to surgical intervention removed from rating point regarding non-suicidal self-injurious behaviour. Broader term of “treatment” with no reference to “surgical treatment” now used.
- Suicidal ideation (without intent or history) in children positioned to align with Level 3 minimum care. Requirement for comprehensive assessment.

Domain 3 – Functioning

Background: Members emphasised the importance of age, developmental and culturally appropriate functioning in specific environments.

Adaptations

- Users asked to explicitly consider age, developmental level, and cultural background when considering functional impacts.
- Users are asked to consider functioning across specific settings: *within the family or home environment, in educational settings, with friends and peers, and in the community*. A focus on vocational settings has been retained for adolescents but is not included for children.
- Days out of role (quantified as x number of days in the adult version) removed from child and adolescent lift outs.

Domain 4 – Impact of co-existing conditions

Background: Considerable time was spent ensuring the language and definitions incorporated in Domain 4 were able to provide sufficient guidance to users – noting that the presence of co-existing conditions can contribute complexity to assessment and understanding likely service needs.

Adaptations

- Description of intellectual disability and cognitive impairment expanded to include developmental delay, and/or learning and communication disorders. A practice point was developed to provide definitions for users.
- Tolerance for AOD use in children reduced so that current use aligns to higher severity rating (rating = 2) in glossary.
- Domain 4 now considers substances that are of extreme risk.

Domain 5 – Service Use and Response History

Background: Members advised that the treatment history of a child or adolescent is a less reliable indicator of future treatment need. Members advised on a scope for the domain that is broader than mental health treatment – but also incorporates service use for the child and/or family that is relevant to the mental health of the child or adolescent.

Adaptations:

- Domain name changed
- Domain now considers the benefit of previous treatment, rather than "recovery" – a term which was viewed as being a poor fit for children and adolescents, and difficult to measure (e.g., partial/full recovery and the distinction between the concepts).
- 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 – Social and environmental stressors

Background: There was significant discussion about the difficulty of relying on child /adolescent and/or parent perception of stress due to its inherent subjectivity. The rating guide in the adult version relies on the individual's perception of the stress within their environment.

Members noted a child or adolescent may not be aware of the significance of stressors or the impact of the stressors on their mental health. Members also advised on the importance of not attributing causation to the events – just because they happened, doesn't mean it had an effect, but still important to note.

Adaptations:

- Examples of stressors revised to capture stressors more typical of childhood and adolescence
- Practice point relating to adverse events and bullying have been developed for this domain.
- Glossary revised so they focus is not on the person's experience of the stress in their environment. The focus is now on the presence of current (or past) stressors and the impact on the child or adolescent's mental health.

Domain 7 – Family and other supports

Adaptations:

- Users asked to consider supports within the community (e.g., cultural connections, elders, religious leaders, sporting groups, neighbours etc.).
- 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).
- The domain focuses on capacity and availability of family and caregivers, which were viewed as being terms that avoided blame/judgement when compared to the terms “willingness” and “interest” which are used in the adult version (and likely to require review through future continuous quality improvement processes).

Domain 8 – Engagement and motivation

Background

The issue of parental/caregiver influence and control of the ability of the child or adolescent to access and engage with services was discussed in depth.

Adaptations

- 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.
- A practice point relating to informed consent was developed.
- A practice point relating to involving children and adolescents in decision making was developed.
- A practice point relating to “checking in” was developed.

Levels of care

- The introduction to the levels of care emphasises the importance of considering the choices and preferences of the family and child /or adolescent and considering the type of care that might be most appropriate.
- For all levels of care, an increased emphasis on care in school settings was incorporated.
- For all levels of care, a focus on services for parents/caregivers and the family was incorporated.

Changes to the logic

Members of both Working Groups agreed that the current logic is appropriate for the new ratings guides for children and adolescents, with two exceptions for children:

1. Change threshold for Domain 6 to rating of 2 or less
2. In pathways 3-5, adjust logic so that Domain 7 is treated either like Domain 8 (less than optimal rating triggers Level 2).

Whilst in all other instances, the logic has been preserved, the descriptors used to guide a rating on each domain, often represent a lower severity threshold than is indicated in the adult version.

Standard assessment tools

The standard assessment tools that have been included for consideration are the Strengths and Difficulties Questionnaire (SDQ) and the Work and Social Adjustment Scale-Youth Version. All tools included in the adult version were removed.

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