



# National Training – Initial Assessment and Referral (IAR) for Mental Healthcare

## August – December 2022 workshop schedule

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### Background

The [National IAR Guidance](#) and the [IAR Decision Support Tool](#) (IAR-DST) was developed by the Australian Government Department of Health and Aged Care. The objectives of the IAR Guidance and IAR-DST are:

- A person seeking mental health assistance has their experiences understood in the context of holistic assessment domains (the 8 domains). The 8 domains help distil essential assessment information and amplify key signals (e.g., red flags) critical for decision making.
- A person's treatment needs are aligned to a resource or service 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).
- To provide a nationally consistent decision support tool to guide, but not replace, clinical judgement and consumer choice (the IAR-DST).

### The Workshop

The workshop will focus on:

1. Introduction to IAR and the development of the National Guidance.
2. Orientation to the domains, levels of care, and decision support tool.
3. Clinical judgement and supported decision-making.
4. Application of the IAR in referral, assessment, and intake settings (practical activity using vignettes).

### Learning outcomes

- Participants are familiar with the principles underpinning the national approach to stepped care.
- Participants have an awareness of and confidence in the IAR development process.
- Participants can apply the IAR Guidance in practice settings, using the domains and the decision support tool to generate a recommended level of care.
- Participants understand the Levels of Care and can determine regional services matched against the levels of care.





Tues 6 Dec 2022 12pm-2.30pm AEDT	Leah	Register in advance for this meeting <a href="#">here</a> . Or copy and paste this link into your browser <a href="https://us02web.zoom.us/meeting/register/tZYvdOuorTMvHdziv3meVg6lBZIG8ebk3ayY">https://us02web.zoom.us/meeting/register/tZYvdOuorTMvHdziv3meVg6lBZIG8ebk3ayY</a>
Mon 12 Dec 2022 6-8.30pm AEDT	Robert	Register in advance for this meeting <a href="#">here</a> . Or copy and paste this link into your browser <a href="https://us02web.zoom.us/meeting/register/tZwsdu2sqT4tG90TA5efKi6EPuDL2Wt_oybl">https://us02web.zoom.us/meeting/register/tZwsdu2sqT4tG90TA5efKi6EPuDL2Wt_oybl</a>

For more information about this training, contact:

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## VIGNETTE- JESSICA

Link to online DST- <https://iar-dst.online/#/>

A maternal health nurse sends a referral letter to the intake team for mental health intervention. Jessica is 25 years of age and has just had her second baby, now 3.5 months old. As part of the universal screening recommended by the State Health Service, Jessica had completed the Edinburgh Postnatal Depression Scale. The score was 16. As per the local Health Pathway, the maternal health nurse refers Jessica to the intake team. The intake team arrange a telephone appointment for an initial assessment.

### **Domain 1- Symptom Severity and Distress**

Jessica recalled getting the "baby blues" with her first baby and was assisted at the time by her GP, with good recovery. Jessica says that she started "feeling teary" a few days after the birth of her second child. At first, she brushed it off, but the "teary feeling" persisted. Jessica reports feeling tearful and crying most days. When asked, Jessica reports she is not sleeping well -but she says that this is mainly because the baby wakes several times a night for feeding. Jessica reports not feeling connected to her new baby and not having time for her toddler. Jessica says that she feels like she is a failure as a mother and has no energy.

### **Domain 2- Risk of Harm**

Jessica tells the intake worker that she has no suicidal ideation and reports no history of suicide ideation or attempts. Jessica tells the intake worker that she is not self-harming and has no history of self-harm. Jessica reported that she has had no thoughts of harming her child or baby. The intake worker assesses Jessica as having normal thought-form and no perceptual disturbance.

### **Domain 3- Functioning**

Jessica tells the intake worker that she hasn't been cooking or cleaning as much. She says she has been looking after her partner and her children but hasn't been looking after herself properly (not showering as often and skipping meals).

### **Domain 4- Impact of co-existing conditions**

Jessica tells the intake worker that she has had mastitis several times. Following further discussion, Jessica indicates a strong commitment to breastfeeding but struggles with discomfort and pain. Jessica acknowledged that this is not helping her feel better.

### **Domain 5- Treatment and recovery history**

Jessica has not previously accessed a mental health service. However, she was assisted by her GP following the birth of her first baby, with good recovery.

### **Domain 6- Social and environmental stressors**

Jessica reports feeling overwhelmed by "the new baby period". Jessica tells the intake worker that she has less patience and less interest in intimacy. Jessica and her partner are fighting more often.

### **Domain 7- Family and other supports**

Jessica says she has a close family, but she does not feel comfortable disclosing her feelings for fear of being judged. Jessica has not disclosed how she is feeling to her partner but thinks she has noticed a change in her. Jessica said that she knows her family and partner would support her if she asked for help despite this.

### **Domain 8- Engagement and motivation**

Jessica reports a strong desire to feel better. She recognises that what is happening to her is a repeat of the experience she had after the birth of her first child and that she can get better with help. Jessica says she is worried about finding the time for treatment but knows it is important.

**End**

## VIGNETTE- JASON

Link to online DST - <https://iar-dst.online/#/>

Jason is a 33-year old male who calls Central Intake and tells the clinician that he feels stressed because of a restructure at work. Much of the workforce in his section are expected to be let go. Jason lives with his wife and three children (aged 8, 9 and 12).

### **Domain 1- Symptom Severity and Distress**

Jason tells central intake that he has been experiencing some trouble sleeping some nights. Jason links the onset of the sleep difficulties with his challenges at work. Jason notes that he is more frustrated than usual (mostly at home) and states that he has been more impatient with the kids. Jason mentions that he is often distracted by what is happening at work and feels he cannot relax. This has been happening for around eight weeks. Jason tells the clinician he has never had mental health issues before. Jason is concerned that the impending work restructure will result in him losing his job, and he worries that he will not be able to pay the mortgage, bills and support his young family. Otherwise, Jason still enjoys spending time with friends and family. The clinician administers the K10, and Jason has a score of 20.

### **Domain 2- Risk of Harm**

When asked, Jason denies any suicidal ideation or self-harm. Jason tells the clinician he has never experienced suicidal ideation or self-harm. Jason has not ever had thoughts of hurting others. The clinician finds no evidence of current or past perceptual disturbance, delusions or thought disorder.

### **Domain 3- Functioning**

Jason reports being less effective at work but still attends work daily and is mostly productive. Jason also mentions that he is communicating less with his wife and children lately but fulfils his parenting responsibilities. Otherwise, Jason is functioning well.

### **Domain 4- Impact of co-existing conditions**

Jason drinks beer socially (4-5 beers once per week)- but reports he is drinking less now.

### **Domain 5- Treatment and recovery history**

Jason tells the clinician he has never previously accessed a mental health service. He tells the clinician he recently did an online test that told him to seek help or talk to his GP.

### **Domain 6- Social and environmental stressors**

Jason current employment is at risk due to a company restructure. He is the primary income earner. Jason says that he finds it hard to stop worrying about losing his job. Jason is stressed about the Covid-19 pandemic and the impact on his family- the children are currently learning from home, and his wife is working from home. His wife is having a hard time juggling these additional demands, which is putting strain on the family at times.

### **Domain 7- Family and other supports**

Jason has a loving wife and parents who live locally and have been a great source of support.

### **Domain 8- Engagement and motivation**

Jason tells the clinician he would like to talk to someone outside the family about what is going on. Jason wants to learn how to cope with work-related stress and be prepared for the worst- being out of a job. Jason tells the clinician that money is an issue and it would not be possible to fund treatment out of the little money left over after paying the bills. Jason has access to a car and can get to appointments but thinks it would be best to have appointments after work or on weekends so as not to have to take time off work.

**End**

## VIGNETTE- LEAH

Link to online DST- <https://iar-dst.online/#/>

A GP sends a referral letter through to intake for Leah (aged 20). The intake clinician makes telephone contact and collects some additional information. The following information about Leah is captured from the referral letter and the clinician's contact with her.

### **Domain 1- Symptom Severity and Distress**

Leah reports low mood for the past seven months, with tearfulness, loss of enjoyment and persistent fatigue. Leah does not feel in control of the symptoms, and the GP noted that the symptoms are not improving. Leah has a history of anxiety and self-harm (skin cutting) since age 14. K10 score is 29. The K10 was completed by the GP and attached to the referral letter.

### **Domain 2- Risk of Harm**

Leah has a history of self-harm (cutting) without suicidal ideation or intent since age 14. The GP notes that the cuts were examined and were superficial. Leah tells the intake clinician she has never required medical attention for previous cuts. Self-harming has increased in frequency and intensity in the last three weeks. The GP conducted a Mental State Exam (MSE) and ticked 'normal' on all boxes relating to cognition, thought process, thought content, perception, judgement, and orientation.

### **Domain 3- Functioning**

The intake clinician notes that Leah's mental health impacts her interest and commitment to university. Leah reports that she has been missing lectures and handing in assignments late. Leah reports that she does not like the online learning arrangements. Leah is catching up with friends via facetime and has a roommate with who she gets along well. They go for a walk or bike ride.

### **Domain 4- Impact of co-existing conditions**

The GP notes that Leah disclosed that she occasionally uses ecstasy with friends, most weekends and only if she can afford it.

### **Domain 5- Treatment and recovery history**

When Leah was 15 years old, she accessed a headspace service and was prescribed medication (Lovan 20mg) by a GP and saw a youth counsellor. Leah reports that she found both the service and the medication to help improve her low mood. However, her self-harm behaviour continued.

### **Domain 6- Social and environmental stresses**

The MHTP notes that Leah is uncertain about being in the right university course. Leah tells the intake clinician that she is experiencing course-related pressures (high study workload and exam stress). Leah also feels sad living so far away from her family.

### **Domain 7- Family and other supports**

Leah moved towns to attend university eight months ago, and as a result, she is living away from her family for the first time. Due to the Covid-19 pandemic, Leah cannot visit her family- and says that the lack of physical presence and contact is difficult for her. Despite the distance, her family are loving and supportive, and they regularly speak on facetime.

### **Domain 8- Engagement and motivation**

The GP notes a strong desire and commitment to access services and support. GP notes that Leah is highly motivated and is keen to access a service as soon as possible. Leah tells the intake clinician she is not concerned about her self-harming and does not need help "trying to fix that." Leah "just wants help to feel happy again."

**End**

## VIGNETTE - WILLIAM

Link to online DST- <https://iar-dst.online/#/>

A GP sends a referral letter to Central Intake for William (aged 52). The intake clinician makes telephone contact and collects some additional information. The following information about William is captured from the referral letter and the clinician's contact with him. William has a diagnosis of schizophrenia and was referred by his GP after requesting anti-depressants.

### Domain 1- Symptom Severity and Distress

William tells the Intake Clinician that there is no point to anything, and he feels hopeless. He has felt "really down" lately and has been thinking about suicide. The GP included the K10 score in the referral paperwork, noting a score of 34.

### Domain 2- Risk of Harm

The GP has included a risk assessment in the referral paperwork. The following information is available to the intake clinician.

- **Duration:** 4 months
- **Frequency:** The suicidal thoughts occur daily.
- **Plan:** No clear plan.
- **Lethal means:** No.
- **Previous attempts:** Nil attempts. Risk-taking behaviour.
- **Contributing factors:** Hopelessness.

The intake clinician's risk assessment confirms this information. William tells the clinician he does not want to die. But if he 'keeps feeling so shit,' he does not want to live either.

### Domain 3- Functioning

When asked, William tells the intake clinician that the house is messier and does not care about his looks. He cannot remember the last time he showered and sometimes goes days without eating. William says this is "definitely not" normal for him.

### Domain 4- Impact of co-existing conditions

William previously smoked marijuana but denies current or recent use. William is overweight and has ongoing dental problems. He cannot find a dentist that is affordable and reports pain. The GP notes that a complete physical health check has been arranged due to William's high risk of metabolic syndrome.

### Domain 5- Treatment and recovery history

William was previously supported through the Community Mental Health Team and the housing accommodation provider. William has been stable on clozapine and has not accessed any other services for the past 13 years other than regular medication reviews. William has 6-monthly medication reviews with a public psychiatrist and reports being happy taking the medication prescribed. William tells the intake clinician that he has always thought the Community Mental Health team were helpful. He likes his psychiatrist.

### Domain 6- Social and environmental stresses

William lives alone and was engaged in part-time employment. William was let go from his job when the pandemic hit- but tells the intake clinician he was about to quit anyway. William was working as a tech assistant at a local electronics store. William would like to open his own business offering computer repairs. William reports feeling lonely. William lives in an apartment complex but rarely talks to his neighbours, who he reports are not friendly. When the Covid-19 pandemic first hit, William says people got 'smilier.' But he tells the clinician everyone keeps a distance from each other now.

### Domain 7- Family and other supports

William's mother died two years ago, and William misses her deeply. William has a brother with who he is not in contact.

### Domain 8- Engagement and motivation

William has shown a commitment to treatment in the past and has a good understanding of his condition. William has been proactive about managing his condition in the past. William is 'open to any ideas.'

End



