Australian Government

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

There are 30 minutes for the practical activity. The zoom rooms will automatically close after 30 minutes. You can use the “call for help” button on the zoom toolbar to request support from the trainer while in the break-out rooms.

Instructions

Remember not to make assumptions about the scenario portrayed in each vignette- the absence of information within a vignette signals the absence of the issue for the individual. For example: if a vignette does not mention alcohol or other drug use, then alcohol or other drug use is not a factor for the individual.

1. As a group, you will work through each domain and select a rating. Remember to select the highest rating where there is a descriptor that applies.
2. You do not have to agree on a rating but explore similarities and differences between your ratings as you go.
3. Each individual participant needs to open and work into the IAR-DST individually so that you can record your own ratings. Here is the link again: https://iar-dst.online/#/
4. Do not close the IAR-DST at the end of the activity. The trainer will be coming around to collect your ratings. You might even like to practice using the generate report function to download your ratings and level of care.
5. Consider as a group if you agree with the recommended level of care. What is your practitioner-determined level of care?

Overarching rules

- If there is uncertainty in the ratings, do not use the IAR-DST. Seek additional information that will allow you to rate with confidence. Where uncertainty remains even after the additional information is obtained, the patient should be supported to access an appropriate clinician for a comprehensive assessment.
- 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. Users of the IAR-DST should be familiar with urgent local assessment and care pathways.

- Unless stated otherwise, rate the person'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.
- The IAR-DST should not be used without clinical oversight and guides but does not replace clinical judgement. Systems and processes for initial assessment and referral should consider the unique and personal circumstances of the patient, including other health or social issues, their preferences and choices, and any risk or safety issues.
- The IAR-DST should not be used as a screening tool because it cannot be used without some form of personalised assessment.

Guide to Ratings

- The initial assessment is undertaken across eight domains that describe clinical severity using a 5-point scale ranging from 0 to 4. Higher ratings indicate increased severity of the problem and the need for higher (more intensive) levels of care.
- Each rating within each domain is defined by one or more descriptors designated by alpha characters (a, b, c, etc.). Only one of these descriptors needs to be met for a rating to be selected.
- If more than one descriptor applies to the patient within each domain, 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.
- Use all available information in making your rating. This should include clinical interviews and information from the patient, their family, referrers, or other informants. Consider all reliable perspectives when selecting a rating.
- The coding of ratings as numerals does not imply that an overall composite score can be used for making decisions about the patient's service needs. The numbers should be regarded as just shorthand for summarising severity.
- 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, referring to the underlying rating format at times may be helpful.

Training Scenarios

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 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. Jessica indicates a solid 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 feels to her partner but thinks she has noticed a change. 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

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 doctor 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 says he 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's 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.

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 not to have to take time off work.

End

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 has been missing lectures and handing in assignments late. Leah does not like the online learning arrangements now in place. Leah is catching up with friends 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 both the service and the medication helped to 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 town to attend university eight months ago, and as a result, she is living away from her family for the first time. Leah says that the lack of physical presence and contact is difficult. 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

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 bad,' 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 elevated 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 other than regular medication reviews for the past 13 years. 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.’

ROBERT

Link to online decision support tool- https://iar-dst.online/#/

Robert (74) calls the intake team. Robert tells the clinician that his wife is making him call because he is 'not quite right.' Robert is reluctant to seek help; however, he explains to the intake clinician that his wife (Liz) plans to initiate a separation if he does not seek help soon. The intake clinician speaks with Robert, and then with his consent, speaks with Liz.

Domain 1 – Symptom severity and distress

Robert's wife reports that he is impatient and moody. Angry outbursts are over minor issues (spilling a drink). Other family members (adult children) have also experienced these angry outbursts. One son-in-law is refusing to have contact with him. Robert tells the clinician he is tearful 1-2 times a week, and it usually lasts most of the day. Liz tells the clinician that Robert 'doesn't get violent or anything.' When asked, Liz says it has been like this for approx. nine months and it is "just getting worse."

Domain 2 – Risk of harm

Liz tells the clinician that Robert has made comments like "I just don't want to be here anymore." When the intake clinician talks to Robert about these comments, he becomes defensive and denies feeling suicidal. Robert is a registered firearm owner.

Domain 3 – Functioning

Robert explains that he is the primary carer for his son who is in a wheelchair and says he has not been as active in caring for their son. Robert usually provides the bulk of the support, but his wife has been taking on more and more. Robert reports he has not been helping around the house or socialising as much over the past six months due to covid-19. He usually has a busy social life with a long-term group of friends. Their regular meeting place is the local pub.

Domain 4 – Impact of co-existing conditions

Robert has Type 1 diabetes, has previously had a heart attack (15 years ago) and is overweight. Robert has been trying to make some lifestyle changes. Robert is a daily drinker and has been for about 35 years. Robert was recently arrested for his second *driving under the influence* (DUI) offence and currently has a suspended license. His wife uses the term "drinking problem," which Robert objects to. Robert drank 3-4 beers daily, increasing his intake to 6-8 beers minimum when he drinks socially on weekends. Since the second DUI his wife has significantly restricted his access to beer, and Robert now has 1-2 wine and sodas an evening. He can no longer go to the pub, which has also led to decreased alcohol consumption.

Domain 5 – Treatment and recovery history

Robert has not sought nor accessed treatment previously.

Domain 6 – Social and environmental stressors

Liz was able to identify several stressors. Robert and his wife are the carers of an older son in a wheelchair. Liz says that their relationship is strained due to the drinking and anger. Their financial situation is poor, and despite having had long and well-paid careers, Robert's drinking and gambling have left them with no financial reserves. Robert however says that he is not worried about these issues and believes Liz is being dramatic.

Domain 7 – Family and other supports

Robert's wife said that she and the family would continue to support him as much as needed if he sought help. But otherwise, everyone is fast losing patience with his irritability and moodiness. Robert reports having great family support but tells the clinician that he feels like a burden on them at times.

Domain 8 – Engagement and motivation

Liz tells the intake clinician that Robert is very reluctant to access support and expresses a strong reluctance to make any meaningful changes in his life. Liz believes the ultimatum to end the marriage is the only thing that might work. Robert reports he will speak to someone "if I have to."

End