Australian Government

IAR-DST Domains – Older adult adaptation (65+ yrs)

Domain 1 - Symptom severity and distress (Primary Domain)

Overview

This domain considers symptoms to include both internalised (emotional) problems experienced by the older adult (e.g., anxiety and depressive symptoms) as well as externalised behaviours observable by or impacting on others (e.g., concerning or aggressive behaviours, appearing to not be listening, or seeming distracted and unable to concentrate).

Symptoms may be associated with distress, but this is not always the case. Symptoms may indicate a particular diagnostic condition, but a diagnosis is not required for rating an individual on this domain, determining an appropriate level of care, or referring the person for mental health services.

Assessment of an older adult on this domain should consider:

- Current and past symptoms and duration.
- Level of distress associated with the mental health issues.
- Previous experience of a mental health condition.
- Are symptoms improving/worsening, is distress improving/worsening, and are new symptoms emerging?

PRACTICE POINT – Delirium

Some mental health disorders, particularly depression, have some features in common with delirium. Acute changes (typically hours to days) in an older adult's mood, behaviour, cognition, perception, or general mental state may indicate delirium. Delirium is often a medical emergency. Most people with delirium present with:

1. Acute onset of mental state changes with a fluctuating course and
2. Problems with attention and concentration, plus either
3. Disorganised thought processes, or an altered level of consciousness

Unrecognised delirium in a patient being assessed for mental health can inappropriately lead to the highest possible ratings (rating = 4) on several IAR primary domains classified as 'red flags' and trigger a referral to a specialist and acute mental health service (level 5). However, it is inappropriate to send a person with delirium to a mental health service.

Health practitioners working with older adults should be familiar with their local delirium screening and assessment pathway. Contact the GP or hospital for urgent care instructions in the absence of a defined local pathway.

If the presentation seems atypical or symptoms persist despite mental health intervention, review and input from a geriatrician or psychogeriatric service should be considered (especially for patients who are frail or patients experiencing medical complexity).

PRACTICE POINT – Dementia

Dementia describes conditions characterised by the gradual impairment of brain function.

People with dementia may present for mental health assistance in all primary health care settings. While specific exclusions exist within MBS guidelines for services provided through some MBS mental health items, these do not limit the use of the IAR Guidance and IAR-DST. A diagnosis of dementia does not exclude an older adult from seeking mental health assistance but may impact referral and treatment options. Dementia may co-exist with treatable mental health issues.

The IAR Guidance and IAR-DST are focused on individuals who present for mental health services and assist with determining the intensity of the mental health response required. This focus is applicable broadly and irrespective of the factors that cause or contribute to the person's mental health experience.

D1 Scoring

0 = No problem in this domain

1 = Mild Symptoms are likely to be sub-diagnostic and have been experienced for less than six months (but this may vary)

a. Mild anxiety-related symptoms (e.g., occasional fears, worry, difficulty concentrating, occasional unexplained somatic symptoms) without significant avoidant behaviour.

b. Mild mood-related symptoms (e.g., sadness, fatigue, apathy, some reluctance to participate in previously enjoyed activities, irritability, occasional disrupted sleep).

c. Mild behavioural symptoms (e.g., distractibility, overactivity, occasional difficulty completing tasks, quick to anger, occasional concerning or aggressive behaviours, minor interpersonal difficulties).

d. Currently experiencing a mental health condition associated with mild distress or mild reduction in quality of life.

2 = Moderate Symptoms are at a level that would likely meet diagnostic criteria and have been experienced for more than six months (but this may vary)

a. Moderate anxiety-related symptoms (e.g., excessive worry, agitation, panic, difficulty concentrating, frequent unexplained somatic complaints) with significant avoidance of anxiety provoking situations.

b. Moderate mood-related symptoms (e.g., excessive sadness, apathy, exhaustion, frequent irritability, loss of interest and pleasure and/or frequent reluctance to participate in previously enjoyed activities, guilt or worthlessness, frequent sleep disturbance).

c. Moderate behavioural symptoms (e.g., frequent impulsivity, hyperactivity, frequent disinhibited behaviour, non-adherence to social norms, frequent concerning or aggressive behaviours, significant interpersonal difficulties).

d. Currently experiencing a mental health condition associated with moderate levels of distress and/or moderate reduction in quality of life.

e. History of a diagnosed mental health condition that has not responded to treatment, with continuing symptoms but only associated with mild to moderate levels of distress.

3 = Severe

a. Severe anxiety-related symptoms are present most of the time, the person has difficulty controlling or managing the symptoms and seeks to avoid anxiety provoking situations and/or experiences severe distress if asked to engage in anxiety provoking situations such that there is severe distress and/or significant disruption to the person's life.

b. Severe mood-related symptoms are present most of the time, the person has difficulty controlling or managing the symptoms, and the symptoms are associated with severe distress and/or significant disruption to the person's life.

c. Significant behavioural symptoms are present most of the time, the person has difficulty controlling or managing the symptoms, and the symptoms are associated with severe distress and/or significant disruption to the person's life.

d. Currently experiencing other severe mental health symptoms (e.g., complex trauma responses, obsessions, compulsions, severely disordered eating). Symptoms may be ongoing or of more recent or sudden onset.

e. Symptoms suggestive of an early form of a severe mental health condition (e.g., odd thinking/ behaviour/speech, abnormal perceptions, suspicious thinking, rapid mood swings, a substantial decrease in the need for sleep).

f. Has been treated by a specialist community mental health service or admitted to a hospital for a mental health condition in the previous 12 months.

4 = Very severe

a. Very severe and pervasive anxiety symptoms are present virtually all the time, the person can rarely control or manage the symptoms and the person refuses to engage in anxiety provoking situations or activities. The symptoms are associated with severe distress, significantly reduced quality of life and/or severe disruption to nearly all aspects of the person's life.

b. Very severe and pervasive mood-related symptoms are present virtually all the time, and the person can rarely control or manage the symptoms. The symptoms are associated with severe distress, significantly reduced quality of life and/or severe disruption to nearly all aspects of the person's life.

c. Extreme behavioural symptoms are present virtually all the time, and the person can rarely control or manage the symptoms. The symptoms are associated with severe distress, significantly reduced quality of life and/or severe disruption to nearly all aspects of the person's life.

d. Currently experiencing very severe symptoms (e.g., disordered thinking, extreme mood variation, obsessions, compulsions, extreme avoidant behaviour, extreme interpersonal difficulties, extremely disordered eating with associated physical symptoms). Symptoms may be ongoing or of more recent or sudden onset.

e. Highly unusual and bizarre symptoms/behaviours indicating a severe mental illness (e.g., hallucinations, delusions). Symptoms may be ongoing or of more recent or sudden onset.

Domain 2 - Harm (Primary Domain)

Overview

This domain is focused on:

- Suicidality – current and past suicidal ideation, intent, planning, and attempts.
- Intentional, non-suicidal self-harm – current and past.
- Impulsive, dangerous, or risky behaviours with the potential for psychological or physical harm to self or others (consider and include risks associated with the use of alcohol and other drugs).
- The psychological or physical harm caused by abuse, exploitation, or neglect by others.
- Unintentional harm to self, arising from symptoms or self-neglect.

The IAR for older adults includes the harm from others in domain 2 because there are direct implications for the intensity of mental health response an older adult at risk of or experiencing harm from others is likely to require. Placing harm from others in another domain (e.g., domain 6) does not carry the same weight within the logic that underpins the recommendations about a level of care. Note that the presence of external stressors (e.g., family violence) is rated at domain 6, but the degree of harm arising from those stressors is rated separately at domain 2.

PRACTICE POINT – evaluating harm associated with suicidal thoughts, impulses, or behaviours

This domain must be considered in the context of information gathered across the other seven domains. Information gathered across the other seven domains (e.g., severe symptoms, impulsivity, use of substances, environmental stressors, recent changes, and degree of engagement with helping resources) is especially important when evaluating harm.

The IAR-DST is not a suicide risk assessment or risk formulation tool. If an individual expresses suicidal thoughts or impulses or displays suicidal behaviours, a risk formulation compatible with local or state-based protocols (e.g., Towards Zero, Connecting with People) is indicated.

A risk formulation generally involves:

Determining risk status through consideration of static factors such as a history of psychiatric illness, family history of suicide, history of abuse, and history of suicidal behaviour.

Exploring risk state through consideration of recent suicidal behaviours, current symptoms and stressors, and engagement with helping resources. Comparing the current risk state to the person's "baseline" and "worst-point" states. Exploring the risk state includes building an understanding of the:

- Nature of the suicidal thoughts (frequency, intensity, speed of onset, persistence, intrusiveness)
- Perception of the future (hope, alternatives to suicide)
- Degree of planning
- Degree of preparation
- Ability to resist thoughts of suicide

Considering the resources available to the person and foreseeable changes that might exacerbate risk.

A suicide risk formulation may need to happen urgently. If this is the case, refer to localised urgent assessment and care pathways.

PRACTICE POINT – safety planning

If indicated, a safety plan can be an important resource to develop with a patient. There are templates and guidance for developing a safety plan available online from mental health service providers and systems.

PRACTICE POINT – elder abuse

The World Health Organisation defines elder abuse as 'a single, or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person.' Elder abuse includes financial, physical, psychological, emotional, and sexual abuse or neglect. Users of the IAR Guidance and IAR-DST for older adults must understand and be aware of elder abuse, and what to do if an older adult discloses elder abuse (or if elder abuse is suspected). More information about elder abuse is available through the `Australian Human Rights Commission<https://humanrights.gov.au/elderabuse>`_.

1800 ELDERHelp (1800 353 374) is a free call number that automatically redirects callers seeking information and advice on elder abuse with the existing phone line service in their jurisdiction.

D2 Scoring

0 = No concerns about harm

1 = Previous but no current concerns about harm

a. No recent or current suicidal ideation, but has experienced ideation, plans, or intent in the past. No recent history of suicide attempts but may have made attempts in the past. Demonstrates future-oriented thinking and has strong protective factors.

b. Occasional non-suicidal self-injurious acts in the recent past and not requiring any medical treatment.

c. May have engaged in past behaviours that posed a risk to self or others, but no current or recent instances.

d. Currently at low risk of harm from abuse, exploitation, or neglect by others.

2 = Some current concerns about harm

a. Current suicidal ideation, without plan or intent but may have had plans, intent, or suicide attempts in the past. Demonstrates future-orientated thinking and has strong protective factors.

b. Frequent non-suicidal self-injurious acts in the recent past and not requiring any medical treatment.

c. Current or recent behaviours that pose a non-life-threatening risk to self or others.

d. Currently at some risk of harm from abuse, exploitation, or neglect by others.

e. Frequent lapses in self-care that may lead to harm.

3 = Significant current concerns about harm

a. Current suicidal ideation with a plan, but no current intent or a strong reluctance to carry out a plan. May have a history of suicide attempts. Strong protective factors and a commitment to engage in a safety plan, including the involvement of family, significant others, or services.

b. Recent suicide attempt (within past 12 months) but no current ideation, intent, or plan.

c. Frequent non-suicidal self-injurious acts in the recent past and requiring medical treatment.

d. Recent or current impulsive, dangerous, or risky behaviours that pose a risk of harm to self or others, or that have had or are likely to have a serious negative impact.

e. Serious medical risks and/or complications associated with a mental illness.

f. Significant risk of, or recent experience of, abuse, exploitation, or neglect by others.

g. Clearly compromised self-care ability that is ongoing to the extent that indirect or unintentional harm to self is likely.

4 = Very significant current concerns about harm

a. Recent suicide attempt (within the past 12 months) or current suicidal ideation, with intent, typically with a plan and means to carry out the plan. Few or no protective factors. Limited or no future-orientated thinking.

b. History of life-threatening self-injurious acts that are prominent in the current presentation.

c. There is evidence of current severe symptoms (e.g., hallucinations, avoidant behaviour, paranoia, disordered thinking, delusions, impulsivity, disinhibition) with behaviour that is likely to present an imminent or unpredictable danger to self or others.

d. Extremely compromised self-care ability to the extent that there is a real and present danger of the person experiencing harm related to these deficits.

e. Life-threatening medical risks and/or complications associated with a mental illness.

f. Other signs or indicators of imminent risk of serious harm to themselves or others.

Domain 3 - Functioning (Primary Domain)

Overview

This domain considers functional impairment associated with or exacerbated by mental health issues. While some types of illnesses and disabilities experienced by the older adult may play a role in determining what types of support services may be required, they should not be considered in determining mental health service intensity within a stepped care continuum.

Assessment of an older adult on this domain should consider the impact of the mental health issues on:

- Their ability to fulfil usual roles/responsibilities appropriate to their age, capability, and cultural background.
- Their functioning within the family or home environment, vocational or social settings, caregiving roles, and in the community.
- Their ability to undertake basic activities of daily living appropriate to their age and capability (e.g., self-care, mobility, toileting, nutrition, and personal hygiene).

PRACTICE POINT – functional decline later in life

Some gradual functional decline can be expected in later life, particularly beyond the age of 80 or for older adults with multiple co-occurring issues. A reduction in function can be associated with illness, a decline in physical health, and the older person's environment, among other factors. This domain is concerned with functional impairment associated with or exacerbated by mental health issues.

Understanding the timeline and trajectory of functional change from baseline (i.e., what is usual for the person) is necessary for accurately rating this domain.

If there is uncertainty about the factors contributing to functional impairment (e.g., underlying medical causes of functional decline) a comprehensive functional assessment is recommended. A functional assessment considers the physical, psychological, and social factors influencing function. Some older adults may benefit from a care plan focused on reablement and restorative care.

D3 Scoring

0 = No problem in this domain

1 = Mild impact

a. Mildly diminished ability to function in one or more of their usual roles (e.g., at home, vocational or social settings, caregiving roles or in the community), but without significant or adverse consequences.

b. Mental health issues contribute to brief and transient disruptions in one or more areas of functioning.

2 = Moderate impact

a. Moderate functional impairment in more than one of their usual roles (e.g., at home, vocational or social settings, caregiving roles or in the community) to the extent that they are reasonably frequently unable to meet the requirements of those roles but without significant or adverse consequences.

b. Mental health issues contribute to occasional difficulties with basic activities of daily living (e.g., eating, mobility, bathing, getting dressed, toileting) or instrumental activities of daily living (e.g., preparing food, cleaning, transportation, managing money) but without threat to health.

3 = Severe impact

a. Significant difficulties with functioning, resulting in disruption to many areas of the person's life (e.g., limited participation in vocational or social activities, deterioration in or some withdrawal from community or relationships). The person requires treatment, family, and community support to maintain independent functioning.

b. Mental health issues contribute to frequent difficulties with basic activities of daily living (e.g., eating, mobility, bathing, getting dressed, toileting) or instrumental activities of daily living (e.g., preparing food, cleaning, transportation, managing money) on a consistent basis but without threat to health.

4 = Very severe impact

a. Profound difficulties with functioning, resulting in significant disruption to virtually all areas of the person's life (e.g., unable to participate in vocational or social activities, complete withdrawal from the community).

b. Mental health issues contribute to severe and persistent self-neglect that poses a threat to health.

Domain 4 - Impact of co-existing conditions (Primary Domain)

Overview

Increasingly, individuals are experiencing and managing multi-morbidity (coexistence of multiple conditions, including chronic disease). This domain considers the extent to which other conditions contribute to (or with the potential to contribute to) increased severity of the mental health issue.

Assessment on this domain should consider the presence, and impact of three possible co-existing conditions:

- Physical health conditions (consider all physical health issues).
- Cognitive impairment, intellectual disability, neurological conditions, or learning and communication disorders.
- Substance use.

Where the older adult has more than one co-existing condition, the rating selected should be based on the condition which has the most impact.

PRACTICE POINT – definitions of cognitive impairment, intellectual disability, neurological conditions, and learning and communication disorders

The terms cognitive impairment, intellectual disability, neurological condition, and learning and communication disorders have no universally agreed definitions. For this Guidance, the below definitions will apply:

Cognitive impairment – A description of a person's current functioning regarding learning, communication, attention, memory, thinking and problem-solving. Cognitive impairment can be temporary, permanent, mild, moderate, or severe. Cognitive impairment can affect what the person can understand and how they relate to others and interpret the environment.

Intellectual disability – A disability characterised by significant intellectual functioning and adaptive behaviour limitations, covering many everyday social and practical skills. This disability originates before the age of 18. Genetic factors cause most intellectual disabilities. However, there are other causes of intellectual disabilities, such as brain injury or being born prematurely.

Neurological condition – Neurological conditions affect the brain, spinal cord, and the nerves that connect them. There are more than 600 nervous system diseases (e.g., epilepsy, motor neurone disease, traumatic brain injury, multiple sclerosis).

Learning and communication disorders – Learning and communication disorders may affect how a person comprehends, recalls, understands, or expresses information. These disorders are often dynamic and can improve over time. The impairment caused by these disorders might be minimal or significant and vary from person to person.

D4 Scoring

0 = No problem in this domain

1 = Minor impact

a. Physical health condition/s present but are stable and have no or a minimal impact on the person's mental health.

b. Cognitive impairment, intellectual disability, neurological condition, or learning and communication disorder present but has no or minimal impact on the person's mental health.

c. Recent episodes of substance use are limited, are not currently causing any concerns, and do not impact the person's mental health.

2 = Moderate impact

a. Physical health condition/s present and moderately impacts the person's mental health.

b. Cognitive impairment, intellectual disability, neurological condition, or learning and communication disorder present and moderately impacts on the person's mental health.

c. Occasional substance use that significantly impacts on, or has the potential to significantly impact on, the person's mental health.

d. Non prescribed use of prescription medications that significantly impacts on, or has the potential to significantly impact, the person's mental health.

3 = Severe impact

a. Physical health condition/s present, which requires intensive medical monitoring and severely impacts the person's mental health (e.g., worsened symptoms, heightened distress).

b. Cognitive impairment, intellectual disability, neurological condition, or learning and communication disorder present and severely impacts the person's mental health.

c. Frequent substance use threatens health and well-being or represents a barrier to mental health-related recovery.

d. Non prescribed use of prescription medications severely impacts the person's mental health or presents a barrier to mental health-related recovery.

4 = Very severe impact

a. One or more significant physical health conditions exist which are poorly managed or life-threatening and in the context of a concurrent mental health condition.

b. Cognitive impairment, intellectual disability, neurological condition, or learning and communication disorder present and very severely impacts the person's mental health.

c. Regular and uncontrolled substance use severely threatens health and well-being.

d. Regular and uncontrolled non-prescribed use of prescribed medications severely threatens health and well-being

Domain 5 - Service use and response history (Contextual Domain)

Overview

This domain considers the older adult's previous use of services and support focussed on mental health-related assistance. The initial assessment on this domain should consider:

- Whether the person has previously sought help from or required mental health services and related supports (including specialist or mental health inpatient services).
- Their progress or benefit from past services and support.

Definition of the term services and support - Relevant services and support refer to safe, culturally appropriate, evidence-informed mental health, health or community services focussed on or relevant to the person's mental health (such as a psychological service delivered by a GP or mental health professional, other behavioural services) rather than the personal supports provided by friends, family, or social networks.

D5 Scoring

0 = No previous service use

a. Has not previously sought help or required a referral for mental health issues.

1 = Excellent progress from previous service use

a. Previously accessed services for a mental health issue and experienced a significant benefit resulting in no need for additional services at that time.

2 = Moderate progress from previous service use

a. Previously accessed services and experienced a moderate benefit and required some additional services (either ongoing or periodically) to maintain the benefit.

3 = Minor progress from previous service use

a. Previously accessed services with only minor benefits resulting in a need for additional services or longer duration of services.

4 = Negligible progress from previous service use

a. Previously accessed services with little or no benefit.

Domain 6 - Social and environmental stressors (Contextual Domain)

Overview

This domain considers the extent and severity of a range of factors in the older adult's environment that might contribute to the onset or continuation of the mental health issue.

Significant environmental stressors and adversity can lead to increased symptom severity and compromise the capacity of the person to participate in or benefit from the recommended resources and services. Furthermore, understanding the complexities the older adult is experiencing (or has experienced) may alter the type of service offered or indicate that additional service referrals are required (e.g., a referral to a social support service).

Assessment on this domain should consider the degree to which any or all of the following factors are relevant to the person's current circumstances and the referral decision:

- Significant losses (e.g., job loss, relationship breakdown, loss of friends or social connections, death of a loved one).
- Significant change and transitions (e.g., the transition from gainful employment to retirement, unexpected retirement, a change in living environment, transition to residential aged care, uncertainty about future care arrangements, changes in independence, managing an illness).
- Trauma (e.g., emotional, physical, psychological, or sexual abuse, exploitation, witnessing or being a victim of violence, family and domestic violence, intimate partner violence, elder abuse, natural disaster, exposure to suicide in family/community, loss, conflict).
- Victimisation (e.g., ageism, elder abuse, human rights abuses, discrimination, racial abuse, financial abuse, victim of crime, refugee, or asylum-seeking experiences).
- Family or household stress (e.g., household drug or alcohol abuse, a parent or family member with an illness or disability, carer stress or stress associated with a caregiver role, access to children/grandchildren).
- Performance-related pressure (e.g., unrealistic role expectations and caregiving responsibilities).
- Socioeconomic disadvantage (e.g., poverty, unemployment, unstable or insecure housing).
- Legal issues (e.g., involvement in the criminal justice system or family court, enforced separation from family).
- Loneliness or isolation.
- Self-care (e.g., difficulties with mobility, toileting, nutrition, or personal hygiene).

PRACTICE POINT – historical adverse events

Evidence points to the contribution made by historical adverse events to longer-term mental health development. Assessment on this domain should consider the person's history but only record higher ratings where earlier experiences impact the current situation and require additional specific resources or services.

D6 Scoring

0 = No problem in this domain

1 = Mildly stressful environment

a. The person is experiencing (or has experienced) one or more stressors that are currently having or are likely to have only a minor impact on their mental health.

2 = Moderately stressful environment

a. The person is experiencing (or has experienced) one or more stressors that are currently having or are likely to have a moderate impact on their mental health.

3 = Highly stressful environment

a. The person is experiencing (or has experienced) one or more stressors that are currently having or are likely to have a significant impact on their mental health.

4 = Extremely stressful environment

a. The person is experiencing (or has experienced) one or more stressors that are extreme, enduring, or recurring and are currently having, or are likely to have, a severe impact on their mental health.

Domain 7 - Family and other supports (Contextual Domain)

Overview

This domain considers whether personal supports, including emotionally nurturing relationships, practical support, and social support are present in the person's environment and their potential to contribute to improved mental health. This domain does consider professional services, where the service is focused on providing practical and social support. Family and other supports include:

- Family members and caregivers.
- Friends and peers.
- Supports within the community (e.g., cultural connections, elders, spiritual leaders, social groups, neighbours etc.).
- Practical and social support services (including aged care-related supports).

A lack of support might contribute to the onset or continuation of the mental health issue or impact on recovery.

D7 Scoring

0 = Highly supported

a. Personal supports are highly supportive and meet the person's emotional, practical, and social needs.

1 = Well supported

a. There are a few personal supports available, that are seen as valuable by the person and are willing and capable of providing emotional, practical, and social support.

2 = Limited supports

a. Usual sources of useful support may be reluctant to provide support, difficult to access or have insufficient resources to provide emotional, practical, or social support whenever it is needed, or the person is reluctant to access the available supports.

3 = Minimal supports

a. Very few actual or potential useful sources of support are available, willing to and capable of providing emotional, practical, or social support.

b. Despite the person requiring them, a substitute decision-maker has not facilitated access to services and support in the past.

4 = No supports

a. No useful sources of support are available, and emotional, practical, and/or social needs are mostly unmet.

Domain 8 - Engagement and motivation (Contextual Domain)

Overview

This domain considers the older adult's awareness of the mental health issue and their capacity and willingness to engage in or accept assistance. Assessment of an individual on this domain should include the persons:

- Ability and capacity to manage the condition.
- Motivation to access necessary supports (critical if considering self-management options).

Some older adults may not have the agency or resources required to seek and access services and support independently of a support person, caregiver, or family member. Subsequently, the initial assessment and referral process needs to include support people, caregivers, and family members in discussions and decision-making where appropriate.

PRACTICE POINT – checking in when engagement or motivation is low

A follow-up check-in helps determine if the recommended information, resources, and services are being utilised and perceived as helpful. Proactively "checking in" or encouraging the person to "check back" is essential when engagement or motivation is low. A plan for check-in should be made at the point of referral and documented.

The check-in should explore the following questions:

1. Is the person engaging with the recommended information, resources, and services? If the person is not engaging, it is essential to re-examine motivation and explore reasons for the lack of engagement (domain 8).
2. Does the person think that the recommended information, resources, and services are/were helpful?
3. Is there evidence of deterioration or emerging/changing factors relating to suicide or harm to self or others?
4. Is the person experiencing new or worsening social and environmental stressors?
5. Discuss and document the next steps determined in collaboration with the person. The next steps might include:

- Continue existing service arrangements
- Build-in additional supports
- Initiate a referral to a different level of care

D8 Scoring

0 = Optimal

a. The person is motivated to participate in the recommended services and support.

b. The person is capable of taking an active role in managing the condition.

1 = Positive

a. The person is mostly willing to accept and participate in the recommended services and support.

b. The person can mostly take an active role in managing the condition.

2 = Limited

a. The person is hesitant to accept and participate in the recommended services and support.

b. The person has limited ability to take an active role in managing the condition.

3 = Minimal

a. The person is very reluctant to accept or participate in services and support.

b. The person has not participated in services and support in the past, despite requiring them, due to low levels of engagement or motivation.

4 = Disengaged

a. The person refuses to accept or participate in the recommended services and support.

b. The person has minimal ability to take an active role in managing the condition.