Australian Government

# National Initial Assessment and Referral (IAR) Development Timeline

| When | Activity | Additional Information |
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| **2015 – 2017** | **Idea origins**<br><br>Following the 2015 mental health care reforms and introduction of stepped-care services requirements to Primary Health Networks (PHNs), PHNs and sector representatives began advocating for a nationally consistent approach to stepped care.<br><br>The Department of Health and Aged Care commissioned a report into the feasibility of implementing a national approach in Australia. | **Influential documents:**<br><br>• *Review of Mental Health Programmes and Services* (Australian National Mental Health Commission, 2014)<br><br>• *Implementing a Stepped Care approach to mental health services within the Australian Primary Health Networks Report to the Department of Health* (University of Queensland, 2016) |
| **PHASE 1** | | |
| **2017-2018** | **Project initiation**<br><br>The Department of Health and Aged Care commissioned two reports examining global and national mental health stepped-care practices.<br><br>These reports found a lack of evidence-based guidance regarding initial assessment and decision-making in stepped care systems.<br><br>The IAR Project was established with the primary objective of developing guidance for PHNs on establishing effective mental health initial assessment and referral systems.<br><br>A project steering committee and an Expert Advisory Group (EAG) were established to help guide that process. | **Commissioned reports:**<br><br>• *Assessment, triage, and referral processes in stepped care mental health systems: A literature review. Report prepared for the Australian Government Department of Health, Canberra* (Australian Psychological Society, 2018)<br><br>• *PHN Initial Assessment and Referral (IAR) for Mental Healthcare State of Play Report* (Morgan Campbell Health Consultants, 2018) |

| PHASE 2 | | |
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| **April 2018 – March 2019** | **Guidance development, consultation, and release**<br><br>A first draft of the IAR guidance and online decision support tool (IAR-DST) was developed by the Department of Health and Aged Care and circulated within the PHN network during the consultation period.<br><br>The EAG reviewed consultation feedback and made recommendations for a final version of the guidance and IAR-DST. | **Notable figures:**<br><br>• A 10-member EAG frequently met during the development and finalisation of the guidance. Between 2018 – 2022, the EAG met on 20 occasions.<br>• All 31 PHNs responded during the consultation period.<br>• Version 1 of the guidance was released to PHNs in March 2019. |
| **PHASE 3** | | |
| **April - Nov 2019** | **Implementation Toolkit development and release**<br><br>The Department of Health and Aged Care developed and distributed an implementation toolkit to assist PHNs in implementing IAR.<br><br>*Note – Relevant toolkit resources have since been transitioned to the IAR Guidance (V1.05) and the IAR Training Facilitation Manual.* | **Toolkit contents:**<br><br>• Clinical governance resources.<br>• Vignettes.<br>• Workshop slides. |
| **PHASE 4** | | |
| **2019 - 2020** | **Implementation Review**<br><br>The Department of Health and Aged Care commissioned two reports to understand PHN implementation efforts, including identifying barriers and enablers to implementation and determining the overall utility of the version 1 guidance materials. | **Commissioned reports:**<br><br>• *Updated Final Report 2021 for the Implementation Review for the National Initial Assessment and Referral Guidance* (Integrated Mental Health Research Program, University of Melbourne, 2021)<br>• *PHN Initial Assessment and Referral (IAR) for Mental Healthcare State of Play Report* (Morgan Campbell Health Consultants, 2021) |
| **PHASE 5** | | |
| **Sept 2020 – Present** | **Implementation in Head-to-Health Centres**<br><br>The Adult IAR Guidance and IAR-DST have been in Victorian Head to Health (previously known as Head to Help) centres since 2020.<br><br>• September 2020 ongoing<br>• Over 9,000 IAR events | **Influential document:**<br><br>• *Independent Evaluation of HeadtoHelp and AMHCs: Final Evaluation Report* (Nous group and University of Sydney, 2022)<br><br>Independent evaluation of the establishment of Victorian HeadtoHelp centres. Evaluation included the use of |

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| | | the IAR-DST and seven evaluation recommendations related to IAR. |
| **July – Oct 2021** | **Draft Child and Adolescent version development**<br><br>Two working groups were formed to support the creation of the child and adolescent versions of the guidance.<br><br>These working groups reviewed and agreed to a version development framework presented by the Department, then reviewed and proposed changes to the adult guidance for its use with child and adolescent populations. | **Child working group:** 10 members.<br><br>**Adolescent working group:** 12 members.<br><br>**Meetings:** 4 x 3-hour meetings per working group. |
| **Oct 2021 – present** | **Child and adolescent versions consultation and review**<br><br>In October 2021, the EAG met and reviewed and gave feedback on the child and adolescent version drafts and a consultation plan.<br><br>The consultation took place for four weeks in November of 2021.<br><br>In February 2022, the EAG met again and reviewed the consultation report, and made recommendations on the incorporation of consultation feedback.<br><br>Following the development of an older adult version of the guidance, a review of all lifespan versions has continued to ensure continuity between all versions of the guidance before release. | **Consultation period:** 4 weeks<br><br>**Consultation responses:** 36<br><br>**Consultation target organisations:**<br><br>• Primary Health Networks<br>• Mental health services working with children or adolescents<br>• State and Territory Mental Health Services<br>• Aboriginal Community Controlled Health Services<br>• Peak bodies with a role in child or adolescent mental health<br>• Education providers<br>• Community service providers (including Community Managed Organisations). |
| **PHASE 6** | | |
| **Jan – March 2022** | **Draft Older adult version development**<br><br>Before convening the working group, the Department of Health and Aged Care commissioned a literature review to inform the development of the older adult version of the guidance.<br><br>Over four meetings, the group reviewed the guidance and recommended changes for its use with older adults. | **Older adult working group:** 10 members.<br><br>**Meetings:** 4 x 3-hour meetings. |
| **April 2022 - present** | **Older adult version consultation and review**<br><br>In April 2022, the EAG met to review the older adult version draft and consultation plan.<br><br>The consultation took place for four weeks in May and June of 2022.<br><br>In June 2022, the EAG reviewed the consultation report and made recommendations on revisions to the feedback into the version. | **Consultation period:** 4 weeks<br><br>**Consultation responses:** 50<br><br>**Targets of consultation:**<br><br>• Primary Health Networks<br>• IAR Expert Advisory Group members<br>• All relevant professional colleges |

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| | The EAG met again in October 2022 to provide feedback on continuity across all age-based versions prior to release. | • Relevant peak bodies and organisations that provide mental health services to older adults. |

## Additional reading

- Productivity Commission Inquiry Report (recommendation 10.4) - Actions and findings - Inquiry report - Mental Health (pc.gov.au)
- Better Access Evaluation (Main Report) (recommendation 5) - conclusions-and-recommendations-evaluation-of-the-better-access-initiative.pdf (health.gov.au)
- National Mental Health and Suicide Prevention Plan (recommendation 4) - Microsoft Word - MH Signed FINAL - National Mental Health and Suicide Prevention Plan - 9 May - Accessible

## Steering committee member organisations

- Australian Capital Territory PHN
- Brisbane North PHN
- Consumer and carer representatives
- Department of Health
- Eastern Melbourne PHN
- Morgan Campbell Health Consultants
- North Western Melbourne PHN
- Tasmania PHN
- The Australian Psychological Society (APS)
- Western Australia Primary Health Alliance
- Western Queensland PHN

## Expert Advisory Group and working group member organisations

- Austin Health
- Australian Association of Social Workers (AASW)
- Australian College of Mental Health Nurses (ACMHN)
- Australian College of Rural and Remote Medicine (ACRRM)
- Australian Psychological Society (APS)
- Black Dog Institute
- Brain and Mind Centre
- Consumer and carer representatives
- Department of Health and Aged Care
- headspace
- Mental Health Australia
- Mental Health Australia (MHA)
- MindSpot Clinic
- Morgan Campbell Health Consultants
- Murdoch Children's Research Institute
- Orygen
- PHN representatives
- Royal Australian and New Zealand College of Psychiatrists (RANZCP)
- Royal Australian College of General Practitioners (RACGP)
- University of Melbourne
- University of Queensland

## Training and Support Officer sites

- All 31 PHNs have funding for an IAR Training and Support Officer

## National IAR training workshops

- More than 6000 participants
- More than 500 GP training participants

- 304 participant surveys with 98% and above participant satisfaction

## Validity and the IAR Guidance

There is not a single test or study that will establish the validity of the IAR-DST. Validity is established by a collection of evidence and research that demonstrates whether the IAR-DST measures what it is intended to measure. The Department of Health and Aged Care will be progressing evaluation activities throughout 2023 and beyond.

| **Validity type** | **Definition** | **IAR** | **Current evidence** |
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| Face validity | Face validity refers to the extent to which a test **appears** to measure what it is intended to measure. | Do clinicians and other experts agree that the eight domains are relevant, and representative of *mental health treatment need intensity?* | EAG – expert opinion<br>Literature review<br>Implementation review (UOM)<br>Training surveys (n=400+)<br>3 X public consultations with 86 responses |
| Content validity | Content validity refers to the degree to which an assessment instrument is relevant to and representative of the targeted construct it is designed to measure. | Are the 8 domains relevant to and representative of *mental health treatment need intensity?* | EAG – expert opinion<br>Literature reviews<br>Implementation review (UOM)<br>Training surveys (n=400+)<br>3 X public consultations with 86 responses |
| Construct validity | Two phases - the first phase relates to assessing the definition of the construct and the measurement instrument. The second phase involves judging the measures from the instrument to see how they correlate with other characteristics. | Do the domain ratings within the logic correlate with the recommended level of care?<br>E.g., *To assess construct validity, participants were asked to assign predefined recommendations about the level of care. Seven out of eight predefined hypotheses confirmed expectations.* | Implementation review (UoM)<br>North Adelaide Local Hospital Network research (yet to be published) |
| Criterion validity | A test is said to have criterion-related validity when it has demonstrated its effectiveness in predicting criteria, or indicators, of a construct. | Does the Level of Care selected accurately match what the person needed then/now? | Focus of future evaluation<br>Analysis of H2H data<br>Future use of PMHC-MDS data |

**End**