

17 December 2021

Mental Health Initial Assessment and Referral Project
Australian Government Department of Health

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Dear MHIARP project team,

Re: Consultation Draft – National Initial Assessment and Referral for Mental Healthcare

The Royal Australian College of General Practitioners (RACGP) thanks the Australian Government, Department of Health for the opportunity to provide feedback on the Consultation Draft – National Initial Assessment and Referral for Mental Healthcare.

The RACGP provides the following general comments regarding the proposed IAR Guidance and Decision Support Tool:

- There is clearly stated acknowledgement that patients and their carers / guardians' choices and preferences for the level of care should form part of the decision-making process, rather than depending on the outcome of a numerical assessment.
- Mental health providers should not require the use of these tools to accept patients into their services. If adequate information is provided in standard existing referral letters and forms, then the patient should be accepted. This is an important inclusion because patients pay for general practitioner (GP) assessments, and it will be unaffordable for many patients to pay for comprehensive assessments. Medicare rebates are often inadequate to cover the costs of assessments.

Feedback on specific questions is addressed below:

1. Are the general instructions for rating the domains and overarching rules for rating clear? If not, why, and how can clarity be improved?

Whilst the instructions are clear, the RACGP recommends training be provided for GPs who wish to upskill. Ensuring familiarity with the rating assessment process would be beneficial and may improve uptake of the assessment tool.

2. Do the initial assessment domains consider the key elements that you think should be considered when informing a decision about mental healthcare treatment need and service intensity for children and adolescents? If not, what else should be included?

The initial assessment domains are comprehensive and covers relevant areas to enable the assessment of care required. The assessment tool provides a robust framework but cannot replace the comprehensive knowledge the GP may bring to patient care. In most circumstances, the GP knows the patient's family history. This contextual knowledge is important in the GPs decision-making process for assessing mental health care and ongoing patient care.

3. The IAR Decision Support Tool is designed to guide clinical decisions but does not replace clinical judgement. Is the role of clinical judgement clear? If not, how could this be made clearer?

Emphasising the role of clinical judgement is important, given that ratings are fundamentally subjective in nature depending on who is doing the assessment. Different healthcare professionals will have different interpretations of risk (e.g. primary care interpretation of risk versus specialist mental health service interpretation of risk) therefore clinical dialogue should be encouraged rather than relying solely on ratings scores.

The RACGP recommends reinforcing that GPs are key participants and will continue to be involved in the patient's care, rather than just providing a referral.

4. The Levels of Care provide advice on the clinical services and supports likely to be required at each level of care. Should any of the levels be modified, or any additional clinical services and supports be included? If so, which ones and why?

The levels of care appear to be comprehensive and appropriate. It should be stated that these can and should be tailored to suit patient need.

5. Standard assessment tools can help to build certainty in assessment and are included in the IAR Guidance as optional additional tools to use – but are not mandatory. Are the standard assessment tools included in the IAR Guidance sufficient and appropriate? Should other standard assessment tools relevant to the domains be included? If so, which ones and why?

The standard assessment tools included in the IAR Guidance are sufficient and appropriate. It would be useful for GPs to be able to undertake some training and familiarise themselves with a range of assessment tools.

6. Do you anticipate any issues (e.g., implementation, acceptance, uptake) to be faced by users (e.g., referrers, services, etc.) with the introduction of new versions of IAR for children and adolescents?

The implementation of the IAR Guidance and Decision Support Tool will require some basic training so GPs can become confident with the process. However, once-off training alone is unlikely to be beneficial for GPs who use the assessment process infrequently. It would be useful to embed the assessments into templates for referral. There may be potential short cuts available if the initial assessment reveals one of the red flag domains, where there is indicated a short-term safety concern. Any implementation should use these short cuts in its design.

7. What resources and supports do you anticipate you, or your service, will require to implement the IAR Guidance and Decision Support Tool?

As previously stated, the implementation of the IAR Guidance and Decision Support Tool will benefit from some basic training so that GPs can familiarise themselves with using the tool and integrate it into their practice. In addition, integrating the IAR Guidance and Decision Support Tool as part of Health Pathways may improve its implementation and acceptance.

8. Are you aware of existing activities at the local, regional, state, or national level wherein this work should be integrated or linked with the National IAR project? If yes, please outline.

Consideration should be given to other programs supporting youth mental health, such as Headspace.



Royal Australian College of General Practitioners

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Thank you for the opportunity to provide feedback on the consultation drafts. For any enquiries regarding this letter, please contact Stephan Groombridge, eHealth and Quality Care Manager on 03 8699 0544 or stephan.groombridge@racgp.org.au.

Yours sincerely

Dr Karen Price
President