RACGP
Royal Australian College *of* General Practitioners

Healthy Profession.
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17 June 2022

MHIAR Project team
Department of Health
GPO Box 9848
Canberra ACT 2601

Via email: MH.IARProject@health.gov.au

Dear MHIAR Project team,

Re: National Initial Assessment and Referral for Mental Healthcare for older adults

The Royal Australian College of General Practitioners (RACGP) welcomes the opportunity to provide comments on the draft National Initial Assessment and Referral for Mental Healthcare for older adults.

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?***

The instructions for rating of the domains are clear. However, a numeral/categorical rating for a complex issue can result in a significant degree of uncertainty or variance between different clinician ratings. This variance will need to be taken into consideration.

2. ***Do the initial assessment domains consider the key elements that you think should be considered when informing a decision about mental healthcare intensity? If not, what else should be included?***

The initial assessment domains are comprehensive and cover relevant areas for the required assessment of care. The assessment tool provides a robust framework but cannot replace the comprehensive knowledge the general practitioner (GP) may bring to patient care. In most circumstances, the GP knows the patient's history. This contextual knowledge is important in the GPs decision-making process for assessing mental healthcare and ongoing patient care. In clinical practice, assessment and treatment is a bidirectional and iterative process. It is within this patient-clinician dynamic that individualised treatment is co-constructed. Patient participation in the process is essential.

3. ***The 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 clinicians and clinical judgement is important, given that ratings are fundamentally subjective in nature depending on who is doing the assessment. The Decision Support Tool should be carefully piloted and evaluated so it can be implemented with respect to the role of clinical judgement.

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 are framed with the assumption that mental health services are separate from physical health services. In older adults, there is often a cross-over between psychiatry and geriatrics with no clear delineation between the two. Addressing the physical health of older people living with mental health issues requires integration of both mental health and physical health care tailored to suit patient need.

5. ***Standard assessment tools can help to build certainty in assessment and are included in the Guidance as optional additional tools to use – but are not mandatory. Are the standard assessment tools included in the 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 help to provide a degree of consistency. It would be useful to include a tool for cognitive assessment.

6. ***Do you anticipate any issues (e.g., with acceptance, implementation, or uptake) to be faced by users (e.g., referrers, services, etc) with the introduction of a new version of IAR for older adults?***

- The implementation of the IAR Guidance and Decision Support Tool will require some basic training for GPs to become confident with the process. However, once-off training alone is unlikely to be beneficial for GPs who use the assessment process infrequently.
- The IAR must integrate with GP workflow. It would be useful to embed the assessments into templates for referral, including integration with mental health treatment plans where appropriate. Integration into GP patient management systems should enhance clarity and usability, and prevent double entry of information. This is critical and needs to ideally be done before the system is rolled out.
- Clinical judgement should be used by the GP in conjunction with holistic clinical assessment and context, rather than a pure technical approach where only the tool is used. Many of the ratings will be inaccurate if the tool is utilised without clear clinical context.
- Components of the assessment tool that touch on elements such as substance use, motivation and prior treatment success should not be used by services to reject patients from care.
- Until the tool is designed for use by Aboriginal and Torres Strait Islanders and CALD communities, we recommend at the least that formal clinician assessment (with interpreters as appropriate) is conducted for these patients if full and independent participation cannot be guaranteed
- GPs are often under time constraints. Introduction of an appropriate patient rebate will assist in paying for the additional time taken in conducting the assessment tool and will encourage

its uptake. This will ensure patients who can least afford the additional out-of-pocket expenditures will be able to access the service.

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

Consideration should be given to the transition costs for clinicians and services, which should be fully funded.

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

Yours sincerely

Dr Karen Price
President