



Using the IAR – A Quick Reference Guide

The [Initial Assessment and Referral Decision Support Tool](#) (IAR-DST) and related Guidance documentation (aka, the IAR) has been developed for use by Australian health professionals when a person presents with mental health symptoms and/or psychological distress in the primary mental health system. The IAR assists health professionals to determine the most appropriate level of care a patient will need across five (5) levels of care in the Australian stepped care model.

Using the IAR-DST as part of assessment and referral involves the following steps:

Users of the IAR-DST should be familiar with the [IAR Guidance documentation](#) before using this quick reference guide.

Step 1: Assess the patient by exploring the 8 IAR domains and document key information.

Holistic assessment should identify a patient's problems or difficulties and their strengths and protective factors in each domain:

Primary Domains	
1 - Symptom severity and distress Consider: - Current and past symptoms and duration. - Level of distress associated with the mental health issue/s. - Previous experience of a mental health condition. - Are symptoms improving/worsening, is distress improving/worsening, are new symptoms emerging? Symptoms may indicate a particular diagnostic condition, but a diagnosis is not required to use the IAR-DST.	2 – Harm Consider the extent to which the patient has experienced suicidal ideation or suicidal behaviours, self-harm or is engaging in other impulsive, risky, or dangerous behaviours (including use of alcohol or other drugs). Explore whether the patient is at risk of, or currently experiencing harm related to abuse, exploitation, or neglect by others. Explore whether the patient is at risk of harming others.
3 - Functioning Consider any functional impairment the patient is experiencing that is associated with or exacerbated by their mental health. Their ability to fulfil their usual roles and responsibilities (e.g. at home, school, work or within the family) and ability to manage tasks of daily living also needs to be considered.	4 - Impact of co-existing conditions Consider the impact other conditions the patient may be experiencing have, or may have, on their mental health. Consideration should include physical health conditions, cognitive impairment, intellectual disability, neurological disorders, learning and communication disorders and alcohol and/or substance use.
Contextual Domains	
5 - Service use and response history Consider the patient's previous use of mental health services and any benefit or otherwise the patient experienced from these services.	6 – Social and environmental stressors Consider the stressors within the patient's environment that have, or may, contribute to the onset or continuation of their signs and symptoms and/or psychological distress. Considerations should include significant loss or transitions, trauma or victimisation, family or household stress, socio-economic disadvantage, performance-related pressure, social isolation, and legal issues.
7 – Family and other supports Consider the availability of personal (not professional) emotional, social, and practical supports, the patient can access and whether these are meeting the patient's needs	8 – Engagement and motivation Consider the patient's (or in the case of minors, their parent/carer's) capacity and willingness to engage in recommended services and supports.

Step 2: Rate the severity of the patient's problems on each IAR domain.

The IAR-DST is available at <https://iar-dst.online/#/>. Rate each domain on a 5-point rating scale of severity – while the terms vary in some domains, the rating scale for each domain follows the general format where:

- 0 = No problem
- 1 = Mild problem
- 2 = Moderate problem
- 3 = Severe problem
- 4 = Very severe problem

Please refer to the [IAR Guidance documentation](#) for full rating guides and domain descriptors.

Unless otherwise stated, base domain ratings on what has been typical for the person over the past 30 days (where the person has experienced more recent or sudden changes or deterioration, base their ratings on these). Each domain rating is defined by one or more descriptors designated by alpha characters (a, b, c, etc.). Only one descriptor needs to be met for a rating to be selected for each domain, however if more than one descriptor applies within each domain, the descriptor with the highest rating should be selected. Examples of symptoms that should be considered for specific ratings are given in the IAR Guidance documentation. These are examples only, not an exhaustive list of all factors relevant to the domain.

Step 3: Use the IAR-DST to inform clinical decision making and determine the most appropriate level of care for the patient.

Entering the ratings for each domain will generate a recommended level of care for the clinician to consider.

- Clinicians can adjust the level of care recommended by the IAR-DST if, in their clinical judgement, a different level of care is more appropriate. Reasons for this adjustment can be documented within the tool if desired.
- The tool provides the ability to add notes and to save or share a record of the domain scores, the recommended level of care and information about the patient entered by the clinician. This can be saved onto the patient's file. Data entered is not stored or retained in the IAR-DST.

Levels of Care				
1 – Self-management Most suitable for people experiencing early or mild symptoms of mental ill health or who have had a previous resolved illness.	2 – Low intensity services Most suitable for people with mild symptoms of mental illness or where symptoms have not reached diagnostic threshold. Also suitable for people at-risk who are seeking assistance.	3 – Moderate intensity services Most suitable for people with a diagnosable mental illness experiencing moderate symptoms. Can also be suitable for people with more severe mental illness where there are no or few other complicating factors.	4 – High intensity services Most suitable for people with a diagnosable mental illness experiencing moderate symptoms, with complicating factors requiring more intensive interventions. Also suitable for people with severe mental illness where no major complicating factors are present.	5 – Acute and specialist services Most suitable for people with severe and complex mental illness who experience significant functional impairment, comorbidity, high risk of harm or other complexities.

Step 4: Discuss the recommended next steps with the patient, commence implementation of an agreed treatment plan and make appropriate referrals if required.

Discuss the results of the IAR-DST with the patient and recommend a treatment plan, incorporating the patient's values, preferences and circumstances. With patient agreement and consent, implement the treatment plan, which may include referral to additional services. Consider including information about the patient across the 8 domains in the referral.

Step 5: Monitor patient progress and adjust the treatment plan if required.

Patient progress should be monitored, and the treatment plan adjusted if required.