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About the IAR-DST

What is the IAR-DST?

The Initial Assessment and Referral Decision Support Tool (IAR-DST) is an online aid, designed to provide GPs and mental health clinicians with an estimate of the intensity of the mental health response that a patient may require.

The information gathered through the initial assessment domains is used to recommend a level of care (service type and intensity) and inform a referral decision. This process is based on a clinically informed algorithm and calculated automatically using the IAR-DST.

What is the aim of using the IAR-DST?

The aim of using the IAR-DST is to connect a patient seeking mental health support with the right care as early as possible.

IAR-DST is being used nationally by GPs, clinicians and Commonwealth-funded mental health services, which will help to create a common language across the mental health sector about patients' treatment needs.

How can the IAR-DST assist me?

Using the IAR-DST can assist you by:

- identifying and communicating the essential information from your mental health assessment that is critical for referral decision making
- estimating or confirming the mental health treatment needs of the patient
- supporting your conversation with the patient about the appropriate referral option
- communicating treatment needs with other services and clinicians in a shared language
- helping to document the needs of the patient across eight assessment domains, reducing medico-legal risks associated with difficulty documenting decision making.

How can the IAR-DST assist my patients?

Using the IAR-DST can help you assist your patients by:

- exploring their mental health needs using a holistic and person-centred approach
- identifying the right level of care as early as possible in their care journey
- promoting supported decision making, whereby the patient feels empowered to work with you to find the best possible support for their needs.

Were GPs involved in the development of the IAR-DST?

The Expert Advisory Group (EAG) included the following GP representatives:

- Dr Cathy Andronis, RACGP representative.
- Dr Caroline Johnson, GP and Chair of the EAG.
- Dr Dimity Pond, RACGP representative and GP on the older adults working group.

The EAG also included representatives from:

- The Royal Australian and New Zealand College of Psychiatrists.
- The Australian Psychological Society.
- The Australian Association of Social Workers.
- The Australian College of Mental Health Nurses.

Beyond the EAG and working groups, there has been extensive engagement and consultation with GPs through the implementation review led by the University of Melbourne, PHN-led consultations and training with GPs.

Training for GPs

What IAR-DST training is available for GPs?

WA Primary Health Alliance (WAPHA) is providing GPs in Western Australia with two hours of paid IAR-DST training across two workshops.

GPs and GP registrars who attend the two workshops will be remunerated \$300* and CPD/PDP hours are available. CPD/PDP hours and payment apply only upon successful completion of both workshops and the follow-up training outcome surveys.

**With the exception of GPs who are already being paid for their time by a Commonwealth funded service (for example, Adult Mental Health Centre or Aboriginal Medical Centre) or they attend Workshop Two out of hours.*

What is the difference between Workshop One and Workshop Two?

Workshop One runs for 30 minutes and involves viewing a pre-recorded video via an online platform. If you have received an access code from WAPHA, visit the [Workshop One link](#) to start your training.

Workshop Two runs for 90 minutes and includes an interactive training session (online or face to face).

Note: You must complete Workshop One before commencing Workshop Two. Following the completion of Workshop One, you will be contacted with details about Workshop Two.

What will the IAR-DST GP training focus on?

The training topics in Workshop One will include:

- Introduction to the IAR and the development of the IAR national guidance.
- Orientation to the domains, levels of care and the DST.

The training topics in Workshop Two will include:

- Application of the IAR in assessment and intake settings (practical group activity using vignettes).
- Discussion and reflection from groups.
- Clinical judgement and supported decision making, care preferences and care type.

Using the IAR-DST

Where can I access the IAR-DST?

You can access the IAR-DST via this link: <https://iar-dst.online/#/>

How would I use the IAR-DST with a patient?

The IAR-DST is designed to complement your clinical judgement.

For example, during a consultation with a patient seeking mental health support, you could follow the steps below:

1. Explore the patient's experiences and complete your mental health assessment, using the eight domains of the IAR as a guide.
2. Use the IAR-DST to rate all eight domains using the domain rating guide. Each domain rating guide helps to distil essential assessment information and amplify key signals (like red flags) that are critical for decision making.
3. The IAR-DST will then recommend a level of care based on the least intensive and least intrusive intervention that will likely lead to the most possible gain, minimising the risks of under-servicing and over-servicing.
4. You can then use the recommended level of care to support your conversation with the patient about the appropriate next steps.

How long does it take to complete the IAR-DST?

The time it takes to complete a mental health assessment of a patient is separate to the time it takes to complete the IAR-DST.

To complete the IAR-DST component and generate a level of care, it takes approximately between 2-10 minutes, depending on several factors including your familiarity with using the IAR-DST.

Will the IAR-DST be integrated into GP clinical software?

The Australian Government Department of Health and Aged Care is currently developing user journeys to help define where the IAR-DST is best placed in GP workflows. From there, a co-design process will commence with the integration of IAR into GP clinical software.

Will the IAR-DST be integrated with mental health treatment plans?

The first priority is making the IAR-DST accessible to GPs so they can easily use it as part of their workflows.

Future enhancements to the IAR-DST and mental health treatment plans will be considered in the broader context, factoring in stakeholder feedback and findings from the Better Access evaluation, IAR evaluations and insights obtained as more GPs use the IAR-DST.

Will MBS items be reviewed to facilitate better psychological and physical care integration?

GPs can co-claim mental health MBS items and standard consultation items where it is clinically indicated that a particular problem must be treated immediately. For information about the circumstances where co-claiming is appropriate, refer to the explanatory note [AN.0.56 on MBS Online](#).

Consideration of changes to the MBS to support integrated physical and mental health care will be informed by recent reform processes, including the MBS Review Taskforce and Australia's Primary Health Care 10 Year Plan.

Can nurses use the IAR-DST without input from a GP?

To use the IAR-DST without input from a GP, nurses must be credentialed mental health nurses or registered nurses who have completed additional training in mental health assessment and referral skills and have access to mental health focused supervision.

Services

I have used the IAR-DST for a patient, but I don't know any local services that align with the recommended level of care. What can I do?

This scenario can be a problem with or without using the IAR-DST. GPs might be faced with a lack of options due to high demand, long wait lists or services not accepting referrals.

In the interim, GPs can:

- consider bundling services (making several referrals) to achieve the required intensity
- consider services against an alternative level of care whilst waiting for the right services to become available (for example, level 2 if level 3 is not available)
- increase contact with and monitoring of the patient, with support from the practice nurse or other practitioners
- undertake advocacy with particular services or raise the issue for discussion within local advisory structures.

For assistance with finding services, visit the links below:

- [WAPHA Commissioned Services map](#)
- [Head to Health - Help to support your patients](#)
- [Head to Health - Find digital services for your patient](#)
- [Head to Health - Locations](#)
- [My Services online directory \(Mental Health Commission\)](#)
- [Lifeline - Service finder](#)

What are Head to Health services?

Head to Health services include the national Head to Health Phone Service, Head to Health centres and Pop Up clinics, which help people find the right mental health support.

Head to Health services can support people from all backgrounds with:

- new or existing mental health concerns
- issues that affect their mental health and wellbeing, such as drug and alcohol use, or social and legal issues.

Find out more about [Head to Health services](#).

How can Head to Health services support my patients?

Head to Health services are intended to complement, not replace, or duplicate, mental health services GPs already provide or that are available in your local area.

What support can Head to Health services provide?

Head to Health services use an 'open door' approach to provide:

- navigation and connection to the most appropriate service
- free, immediate mental health support for people in distress or crisis
- short to medium-term mental health care
- help connecting people to appropriate services if long-term care is needed.

Services are staffed by multidisciplinary teams of trained professionals, which may include psychologists, mental health nurses, social workers, alcohol and drug workers, and peer workers who collaborate with GPs to support their patients.

When someone calls or visits a Head to Health service, a team member will work with them to best meet their individual needs. This may include:

- support to access low-intensity services
- care provided at Head to Health sites or at other community-based services
- warm referral into specialist or acute mental health services, including emergency care or community-based and in-patient mental health services.

Head to Health also works closely with other mental health services within the local community. For more information about how Head to Health services can support your patients, call 1800 595 212.

Further information

For further information about the IAR-DST:

- refer to the [IAR national guidance](#)
- contact the training support team by emailing training.cop@wapha.org.au
- call Practice Assist on 1800 2 ASSIST (1800 2 277 478 or 08 6278 7900) or email practiceassist@wapha.org.au