Australian Government

Department of Health

Initial Assessment and Referral Decision Support Tool

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Introduction

This Guidance is focussed on the initial response to requests for mental health assistance in primary care settings, and is designed to assist the various parties involved in the referral and assessment process.

This Guidance has been developed to support nationally consistent evidence-informed initial assessment and referral processes and will be refined as new evidence emerges.

It is expected that PHNs will use the Guidance to:

- Design initial assessment and referral processes for commissioned primary mental health care services.
- Review existing initial assessment and referral processes for commissioned primary mental health care services.
- Guide the development of referral pathways (e.g., Health Pathways).
- Provide clear and consistent information to referrers, consumers, carers and communities.
- Instigate clinical governance policies and protocols to monitor the safety and quality of assessment and referral systems.

Whilst this Guidance refers to the critical interface between primary mental health care and acute, tertiary and specialist secondary settings, this Guidance is not intended to be applied within acute or specialist mental health care settings. The Guidance has the potential to be used in private psychology and psychiatry services.

Getting Help

Strategic Data offers a dedicated Helpdesk which is available to support clinicians using the Initial Assessment and Referral Decision Support Tool.

All enquiries should be directed to support@strategicdata.com.au

Other Resources

Department of Health - National PHN Guidance document (PDF, 1163 KB)

Department of Health - PHN Mental Health Tools and Resources

Domains

Overview

The initial assessment process recommended in this Guidance identifies eight domains that should be assessed when determining the next steps in the referral and treatment process for a person referred to a PHN commissioned mental health service. The eight domains fall into two categories:

- *Primary Assessment Domains* (Domains 1 to 4): These cover Symptoms and Distress, Risk of Harm, Functioning and Impact of Co-existing Conditions. Primary Assessment Domains represent the basic areas for initial assessment that have direct implications for decisions about assignment to a level of care.
- *Contextual Domains* (Domains 5-8): These cover Treatment and Recovery History, Social and Environmental Stressors, Family and Other Supports and Engagement/Motivation. Assessment on these domains provides essential context to moderate decisions indicated by the primary domains.

Initial assessment for individuals presenting for assistance should consider the consumer's current situation on all eight domains. Each domain looks at specific factors relevant to making decisions about a level of care that is most likely going to be suitable for the person's care needs. The selection of the domains, and factors covered in each domain, aims to capture a limited number of key areas that a clinician would consider when determining the most appropriate services for an individual referred for care.

PRACTICE POINT

If there is uncertainty in the ratings during the initial assessment, the individual should be supported to access an appropriate clinician for a comprehensive assessment

Underpinning the concept of domains is the concept of relative importance and severity – some factors within each domain are more important than others, and some domains are more critical in the overall assessment of an individual's need for a given level of care. While the relative importance of each domain may vary for each consumer, an overall judgement is needed that requires decisions to be made about the severity of presenting problems within each domain.

An individual's presenting problems on each domain can interact in different ways. For example, a person presenting with mild to moderate symptoms but no significant problems on any of the contextual domains may require a different level of care from one with mild to moderate symptoms but extensive social and environmental stressors or a poor response to previous treatment.

Scoring

Domains can be rated, using a scoring system that grades each domain on a 5-point scale of severity, where:

0 = No problem

1 = Mild problem

2 = Moderate problem

3 = Severe problem

4 = Very severe problem

Domain 1 - Symptom Severity and Distress (Primary Domain)

Overview

An initial assessment should examine severity of symptoms, distress and previous history of mental illness. Severity of current symptoms and associated levels of distress are important factors in assigning a level of care and making a referral decision. Assessing changes in symptom severity and distress also forms an important part of outcome monitoring.

Assessment of an individual on this domain should consider:

- current symptoms and duration
- level of distress
- experience of mental illness
- are symptoms improving/worsening, is distress improving/worsening, are new symptoms emerging?

Validated measures such as the K10, K5 (for Aboriginal People), PHQ-9, GAD-7 and the EPDS are potentially useful for understanding symptom severity and distress. Threshold points for each of these instruments to guide judgements about problem severity are provided below.

PRACTICE POINT

The standard assessment tools described in this Guidance are a potentially useful way of gathering information about current clinical need and may provide a useful baseline from which to measure the benefit of any intervention. However, the findings from standard assessment tools are, on their own, not enough to inform assessment and referral decisions. Furthermore, assessment tools should only be used if clinically appropriate, and with consent from the consumer. The scores and ranges from standard assessment tools are not indicative of a diagnosis, but representative of distress, functional impairment or likelihood of a diagnosis at the time the measure was scored and is not a diagnostic assessment. **Where there is significant discordance between clinician assessment and scores on standard assessment measures- this is an indicator that a comprehensive assessment is required.**

Scoring

0 = No problem in this domain – no descriptors apply

1 = Mild or sub diagnostic

a. Currently experiencing some, but not all, of the symptoms associated with an anxiety disorder (e.g., symptoms like excessive worry, difficulty concentrating) or depressive disorder (e.g., symptoms like sadness, irritability, exhaustion, disrupted sleep, anger) that have typically been present for less than 6 months (but this may vary). Current symptoms at a level that would likely result in a diagnosis or associated with a mild level of distress.
b. Currently experiencing mild distress.
c. Currently experiencing symptoms (described above) at sub-diagnostic level but risk of escalating.

2 = Moderate

a. Currently experiencing symptoms indicative of an anxiety disorder (e.g., excessive worry, panic, racing mind, difficulty concentrating) or depressive disorder (e.g., excessive sadness, irritability, exhaustion, disrupted sleep, loss of interest and pleasure) that have typically been present for more than 6 months (but this may vary) but symptoms may be of more recent origin. Symptoms are at a level that would likely meet diagnostic criteria, and/or are associated with a moderate to high levels of distress.
b. Currently experiencing moderate to high levels of distress.
c. History of a diagnosed mental health condition that has not responded to treatment, with continuing symptoms and moderate to high levels of distress.

3 = Severe

a. A history of significant and ongoing symptoms indicative of a severe mental illness (e.g., hallucinations, paranoia, disordered thinking, extreme mood variation, delusions, extreme avoidant behaviour) but the symptoms are mostly well managed or are re-appearing and at risk of escalation without ongoing assistance.
b. Other mental health condition that is associated with high to very high levels of distress.
c. Recent onset of symptoms indicative of a severe mental illness and/or the person is experiencing high to very high levels of distress.
d. Has been admitted to hospital for a mental health condition in previous 12 months.

4 = Very severe

a. A history of significant and persistent symptoms that are indicative of a severe mental illness (e.g., hallucinations, paranoia, disordered thinking, extreme mood variation, delusions, severe avoidant behaviour) and symptoms are mostly poorly managed.
b. Recent onset of symptoms that are indicative of a severe mental illness (e.g., hallucinations, paranoia, disordered thinking, extreme mood variation, delusions, severe avoidant behaviours) presenting in the context of significant complexity requiring multiple agency involvement
c. Other long-term mental health condition presenting in the context of significant complexity that requires multiple agency involvement.

Domain 2 - Risk of Harm (Primary Domain)

Overview

An initial assessment should include an evaluation of risk to determine a person's potential for harm to self or others. Results from this assessment are of fundamental importance in deciding the appropriate level of care required.

Recent Australian and international evidence indicates that risk prediction is a flawed, imprecise and misleading activity in mental healthcare (link to evidence) that contributes to both over and under prediction of risk. This domain is not about predicting the individuals that are likely to attempt or complete suicide or other forms of harm, rather this domain guides evaluation of risk to inform the most appropriate response and/or referral. This domain is focussed on examining:

- suicidality – current and past suicidal ideation, attempts
- self-harm (non-suicidal self-injurious behaviour) – current and past
- deterioration of mental state that poses danger to self or others
- self-neglect that poses a risk to the person's safety

The PHQ-9 (item 9) and the EPDS (item 10) include specific items relating to suicide or self-harm risk. If these tools are used, endorsement on these risk-related items should be reviewed to assist with rating on this domain.

PRACTICE POINT

Risk of harm must be considered in the context of information gathered on the other 7 domains - information gathered across the other 7 domains (e.g., if the person is experiencing loneliness, or significant environmental stressors) is very important in evaluating harm.

Scoring

0 = No problem in this domain – no descriptors apply

1 = Low risk of harm

a. No current suicidal ideation but may have experienced ideation in the past (with no previous intent, plan or attempts)
b. May have engaged in behaviours in the past that posed a risk to others but no current or recent instances
c. Occasional non-suicidal self-injurious acts in the recent past and not requiring surgical treatment

2 = Moderate risk of harm

a. Current suicidal ideation, without plan or intent. But may have had intent, plans or attempts in the past unrelated to current episode or current life stressors.
b. Current or recent behaviours that pose a non-life-threatening risk to self or others
c. Frequent non-suicidal self-injurious acts in the recent past and not requiring surgical treatment

3 = High risk of harm

a. Current suicidal ideation with intent and history of suicidal attempts. No plan or strong reluctance to carry out plan, strong protective factors and a commitment to engage in a safety plan including involvement of family, significant others and services.
b. Current or recent life-threatening self-harm or dangerous behaviours to self or others.
c. Clearly compromised self-care ability to the extent that indirect or unintentional harm to self is likely. This includes indirect harm to self-associated with conditions such as anorexia nervosa.
d. Frequent non-suicidal self-injurious acts in the recent past and requiring surgical treatment

4 = Very high risk of harm

a. Current suicidal intention with plan and means to carry out. Few or no protective factors.
b. Long term history of repeated and life-threatening self-harm or dangerous behaviour to self or others that is prominent in the person's current presentation.
c. Evidence of current severe symptoms (e.g., hallucinations, avoidant behaviour, paranoia, disordered thinking, delusions) with behaviour that poses an imminent danger to self or others.
d. Extremely compromised self-care ability to the extent that the person is in real and present danger and experiencing harm related to these deficits.

Domain 3 - Functioning (Primary Domain)

Overview

An initial assessment should consider functional impairment caused by or exacerbated by the mental health condition. While other types of disabilities may play a role in determining what types of support services may be required, they should generally not be considered in determining mental health intervention intensity within a stepped care continuum.

This Guidance also includes information about the Work and Social Adjustment Scale (WSAS). The WSAS is a validated measure of impairment on functioning.

Assessment of an individual on this domain should consider:

- a person's ability to fulfil usual roles/ responsibilities
- impact on or disruption to areas of life (e.g., employment, parenting, education, or other social roles)
- impact on the person's basic activities of daily living (e.g., self-care, mobility, toileting, feeding, and personal hygiene).

Scoring

0 = No problem in this domain – no descriptors apply

1 = Mild

a. Diminished ability to function in one or more of their usual roles, including work, social, parenting/care of dependents, education but without significant or adverse consequences.
b. The person experiences brief and transient disruptions in functioning

2 = Moderate

a. Functioning is impaired in more than one of their usual roles including work, social, parenting and family, education, to the extent that they are unable to meet the requirements of those roles on average 1 to 2 days per month.
b. The person experiences occasional difficulties with basic activities of daily living but without threat to health.

3 = Severe

a. Significant difficulties with functioning, resulting in disruption to many areas of the person's life (e.g., work, education, interpersonal relationships, self-care) but the person can function independently with adequate treatment and community support.
b. The person experiences difficulties with basic self-care (hygiene, eating, appearance) on a frequent, consistent basis but without threat to health.

4 = Very severe

a. Profound difficulties with functioning, resulting in major disruption to virtually all areas of the person's life (e.g., unable to work or participate in education, withdrawal from interpersonal relationships).
b. Mental health condition contributes to severe and persistent self-neglect that poses a threat to health.

Domain 4 - Impact of Co-existing Conditions (Primary Domain)

Overview

Increasingly, individuals are experiencing and managing multi-morbidity (coexistence of multiple conditions including chronic disease). An initial assessment should specifically examine the presence of other concurrent health conditions that contribute to (or have the potential to contribute to) increased severity of mental health problems and/or compromises the person's ability to participate in the recommended treatment.

Assessment of an individual on this domain should consider:

- substance use/misuse and the associated impact on the individual
- physical health condition and the associated impact on the individual's concurrent mental health condition
- intellectual disability or cognitive impairment

Scoring

0 = No problem in this domain – no descriptors apply

1 = Minor impact

a. Occasional episodes of substance misuse but any recent episodes are limited, are not currently causing any concerns and do not impact on the concurrent mental health condition of the person.
b. Physical health condition(s) present but are stable and do not have an impact on the concurrent mental health condition of the person.

2 = Moderate impact

a. Ongoing or episodic substance abuse impacting on, or with the potential to impact on, the concurrent mental health condition of the person or ability to participate in treatment.
b. Physical health condition present and impacting significantly on the mental health condition of the person or their ability to participate in treatment.

3 = Severe impact

a. Substance use occurs at a level that poses a threat to health or represents a barrier to mental health related recovery.
b. Physical health condition present and require intensive medical monitoring and are seriously affecting the mental health of the person (e.g., worsened symptoms, heightened distress).
c. Intellectual disability or cognitive impairment that impacts significantly on the mental health condition and impedes the person's ability to participate in treatment

4 = Very severe impact

a. Severe substance use disorder with inability to limit use without specialist AOD intervention, in the context of a concurrent mental health condition.
b. Significant physical health conditions exist which are poorly managed or life threatening, and in the context of a concurrent mental health condition.
c. Severe intellectual disability or severe cognitive impairment that impacts significantly on the mental health condition and impedes the person's ability to participate in treatment

Domain 5 - Treatment and Recovery History (Contextual Domain)

Overview

This initial assessment domain should explore the individual's relevant treatment history and their response to previous treatment. Response to previous treatment is a reasonable predictor of future treatment need and is particularly important when determining appropriateness of lower intensity services.

Assessment of an individual on this domain should consider:

- whether there has been previous treatment (including specialist or mental health inpatient treatment)
- if the person is currently engaged in treatment
- their response to past or current treatment

When considering this domain relevant treatment refers to treatment by a qualified mental health provider rather than informal care provided by friends, family or social networks.

Scoring

0 = No prior treatment history

a. No history of previous treatment for a mental health condition.
b. In a current treatment arrangement that is appropriate and meets person's needs.

1 = Full recovery with previous treatment

a. Previously sought help for earlier episode(s) and generally able to achieve full recovery with no need for ongoing intervention.

2 = Moderate recovery with previous treatment

a. Previously received treatment for earlier episode(s) and generally able to achieve and maintain partial recovery with limited support.

3 = Minor recovery with previous treatment

a. Recently received treatment for an episode(s) with only minor improvement.
b. Previously accessed intermittent specialist supports (e.g., psychiatry services, state and territory specialist mental health services) for current or previous episode but limited response.
c. Currently receiving treatment but is not making the expected level of progress despite intensive, structured and medical supports delivered over an extended period.

4 = Negligible recovery with previous treatment

a. Recently received treatment for an episode with negligible or no improvement despite intensive, structured and medical supports delivered over an extended period.
b. Ongoing need for or use of specialist supports (e.g., psychiatry services, state and territory services).
c. Currently receiving treatment but is deteriorating despite intensive, structured and medical supports delivered over an extended period.

Domain 6 - Social and Environmental Stressors (Contextual Domain)

Overview

This initial assessment domain should consider how the person's environment might contribute to the onset or maintenance of a mental health condition. Significant situational or social complexities can lead to increased condition severity and/or compromise ability to participate in the recommended treatment. Unresolved situational or social complexities can limit the likely benefit of treatment. Furthermore, understanding the complexities experienced by the individual (with carer/support person perspectives if available), may alter the type of service offered, or indicate that additional service referrals may be required (e.g., a referral to an emergency housing provider).

Assessment of an individual on this domain should consider life circumstances that may be associated with distress such as:

- significant transitions (e.g., job loss, relationship breakdown, sudden or unexpected death of loved one)
- trauma (e.g., physical, psychological or sexual abuse, witnessing or being a victim of an extremely violent incident, natural disaster)
- experiencing harm from others (including violence, vulnerability, exploitation)
- interpersonal or social difficulties (e.g., conflict with friend or colleague, loneliness, social isolation, bullying, relationship difficulties)
- performance related pressure (e.g., work, school, exam stress)
- ability to or difficulty having basic physical, emotional, environmental or material needs met (such as homelessness, unsafe living environment, poverty)
- illness
- legal issues

Scoring

0 = No problem in this domain – no descriptors apply

1 = Mildly stressful environment

a. Person experiences their environment as mildly stressful.

2 = Moderately stressful environment

a. Person experiences their environment as moderately stressful.

3 = Highly stressful environment

a. Person experiences their environment as highly stressful.

4 = Extremely stressful environment

a. Person experiences their environment as extremely stressful.

Domain 7 - Family and Other Supports (Contextual Domain)

Overview

This initial assessment domain should consider whether informal supports are present and their potential to contribute to recovery. A lack of supports might contribute to the onset or maintenance of the mental health condition and/or compromise ability to participate in the recommended treatment.

Scoring

0 = Highly supported

a. Substantial and useful supports willing to and capable of providing ample emotional support.

1 = Well supported

a. A few useful supports are available and willing to and capable of providing support in times of need.

2 = Limited supports

a. Usual sources of useful support may be reluctant to provide support, difficult to access, or have insufficient resources to provide support whenever it is needed.

3 = Minimal supports

a. Very few actual or potential useful sources of support are available.

4 = No supports

a. No useful sources of support are available.

Domain 8 - Engagement and Motivation (Contextual Domain)

Overview

This initial assessment domain should explore the person's understanding of the mental health condition and their willingness to engage in or accept treatment.

Assessment of an individual on this domain should include:

- the individual's understanding of the symptoms, condition, impact
- the individual's ability and capacity to manage the condition
- the individual's motivation to access necessary supports (particularly importance if considering self-management options)

Scoring

0 = Optimal

a. Complete understanding of condition and impacts.
b. Takes an active role in managing condition.
c. Motivated about recovery and competently accesses support as needed.

1 = Positive

a. Good understanding of condition and impacts.
b. Capable of taking an active role in managing condition.
c. Mostly willing to accept supports as needed.

2 = Limited

a. Limited understanding or confusion about condition and impacts.
b. Unlikely to access supports without prompting and encouragement.
c. Limited interest in taking an active role in managing condition.

3 = Minimal

a. Rarely accepts reality of condition but may acknowledge associated situational difficulties.
b. No ability or interest in managing the condition.
c. Some reluctance to accept supports, does not use resources available.

4 = Disengaged

a. No awareness or understanding of the condition and impacts.
b. Actively avoids managing the condition.
c. Deliberately avoids potentially useful and available supports.

Levels of Care

Overview

This section provides a description of the different levels of care. The information gathered through the initial assessment is used to assign a level of care and inform a referral decision. The levels of care are not intended to replace individualised assessment and care - rather to provide information to guide decision making.

❗ PRACTICE POINT - A NOTE ABOUT CONSUMER CHOICE AND PREFERENCE

There is strong evidence to indicate that when a consumer works in partnership with a trusted health care professional and is involved in making decisions about their care and selection of the service of 'best fit', they are less likely to drop-out of care, and more likely to experience positive outcomes (reference). World class health care considers the choices and preferences of the individual. In a stepped care model, the individual should be given a choice within "steps" or within a level of care (e.g., the consumer may have a strong preference for telephone-based psychological interventions rather than face-to-face). A choice across "steps" or levels of care is not always practical or necessary (e.g., if the consumer does not require higher intensity supports) and this can often be resolved using supported decision-making strategies.

Supported decision-making strategies for initial assessment and referral:

- Make sure the consumer is provided with information using their preferred way of receiving information (e.g., written/verbal/visual, English/other language, with/without a support person).
- Make sure the consumer is provided with a list of recommended intervention options (including the option of no intervention) and encourage the consumer to contribute their own options, ideas, solutions and expectations. This might include interventions such as culturally relevant activities, or self-care strategies.
- Ensure the consumer can express any concerns or fears about the options (e.g., cost, travel, previous positive or negative experiences).
- Be prepared to talk about the pros and cons of each option (e.g., intensity, intervention length and commitment required, waiting periods, potential impact on symptoms).
- Check in to ensure the consumer has understood the information provided and ensure enough time for any questions from the consumer (or carer/family member).
- Support the decision of the consumer, acknowledging that other options can be explored in the future if this decision does not work out.

For more information and advice about supported decision-making visit: http://healthtalkaustralia.org/mental-health-and-supported-decision-making/ and for resources specifically for carers, visit: http://healthtalkaustralia.org/mental-health-carers-experiences/

Mental health services in Australia represent a complex array of service types, ranging from population-level services available to all on the internet through to highly specialised services that include short and long-term hospital care.

Grouping these into 'levels' is aimed at describing a continuum of services based on **levels of resource intensity**. This is not intended to imply that there is natural division of service types into tiered categories. While some services are associated with a single level of care, most will appear in multiple categories. For example, GP mental health care can be associated with lower levels of care when it is provided in isolation, or higher levels when delivered in combination with other services or interventions (e.g., psychiatrist or involvement of a multidisciplinary team).

The levels therefore are best thought of as combinations of interventions that form potential 'packages' for people requiring that level of care. The levels are differentiated by the amount and scope of resources available. A given individual may use some or all interventions described at that level and move between levels of care as required.

The core services and additional supports listed within each level of care include intervention options generally available within the mental health sector more broadly. The core services and additional supports do not represent PHN-only commissioned services. In any region, the core services and additional supports may be available through a variety of funding sources and providers.

Primary mental health care falls into Levels 1 to 4

- Level 1 (self-management) is suggested for those with relatively minor problems on the Primary Domains. Contraindications to Level 1 care include problems with engagement/motivation (because these will work against any referral to self-management strategies) and severe problems in treatment/recovery history or very severe environmental stressors.
- Level 2 (low intensity interventions) is targeted at people with mild problems in the primary domains, where these do not present in the context of significant problems on the contextual domains. Level 2 may also be suitable for people with moderate symptoms, but this is dependent on extent of presenting problems on other primary and contextual domains.
- Level 3 (moderate intensity interventions) is targeted at people with mild to moderate symptoms/distress where these present in the context of significant problems on other domains. Level 3 is also proposed as suitable for management of severe symptoms where no significant problems are present on other primary domains.
- Level 4 (high intensity interventions) is targeted to individuals with severe symptoms/distress, where these occur in the context of significant other problems (up to severe levels). Level 4 is not suitable for people with severe symptoms who present with very severe problems on either risk or functioning. Individuals referred with this array of presenting problems are suggested as best referred to Level 5 care.

Referral criteria to levels of care

Suggested referral criteria for each of the Levels are outlined in descriptions of levels of care that follow. These are based on the initial assessment of each of the domains. As the domains are interactive (in that each of the assessment factors can interact with judgements on other domains) there is considerable complexity in the possible combinations. The suggested referral criteria aim to simplify the approach by focusing only on the main patterns of presenting problems likely to be found in primary mental health care.

It is important to emphasise that the proposed referral criteria are offered only to guide judgements about the likely best treatment option. Each presenting individual will have unique requirements that must always take precedence in decision making.

Level 1 - Self Management

Definition

Services at this level of care are designed to prevent the onset of illness and are mostly focussed on supporting the person to self-manage any distress or symptoms. This level of care generally involves evidence-based digital therapies and other forms of self-help. A summary of the evidence based digital mental health therapies and self-help services is available through the Head to Health website.

Care environment

Services are easily accessible and available online, via telephone or in the community. Services may also be available in integrated settings (for example- within schools, workplaces and general practice).

Core clinical services

This level of care is focussed on self-help activities. Clinical services are generally not required, however where they are involved they should:

- Be focussed on monitoring, with capability to step up in to other interventions as required.
- Include psycho-education and information via a GP. The GP may also consider developing a MHTP (if consistent with Medicare Benefits Schedule).

Other clinical interventions that may be required

- lifestyle interventions (e.g., nutrition, sleep, exercise, meaningful social connections)
- group work

Support services

Additional services, if needed, are focussed on actively linking the person with services that can help to practically address any situational stressors (e.g., finances).

Referral criteria

A person suitable for this level of care typically has no risk of harm, is usually experiencing mild symptoms and/or no distress/low levels of distress- which may be in response to recent psycho-social stressors. Symptoms have typically been present for a short period of time. The individual is generally functioning well and should be motivated to pursue self-management options. People experiencing a lack of motivation/engagement should not be referred to this level of care because these problems will work against involvement in self-management

strategies. Additionally, Level 1 care is unlikely to be suitable for those with severe problems in their treatment/ recovery history or very severe environmental stressors – each of these would usually trigger a referral to Level 3 care.

Using the Initial Assessment Rating Glossary to support decision making

Individuals suited to this level of care may have been rated during the initial assessment as having:

- Mild or no problems on all Primary Domains (Symptoms, Risk, Functioning and Co-existing Conditions, all scores ≤ 1) **AND**
    - No significant problems on Treatment and Recovery History, Social and Environmental Stressors and Engagement and Motivation (all scores ≤ 1)

  OR
    - Moderate problems on Treatment and Recovery History (score ≤ 2) but with good Engagement and Motivation (score ≤ 1)

  OR
    - High Social and Environmental Stressors (score ≤ 3) but with good Engagement and Motivation (score ≤ 1).

Level 2 - Low Intensity Services

Definition

Low intensity services are designed to be accessed quickly (without the need for a formal referral e.g., through a third-party service or provider), easily (through a range of modalities including face to face, group work, telephone and digital interventions) and typically involve few or short sessions.

Care environment

Services are easily accessible and available online, over the telephone or in the community. Services may also be available in integrated settings (for example- within schools, workplaces and general practice).

Core clinical services

- Psycho-education and information via a GP. The GP may also consider developing a MHTP (if consistent with Medicare Benefits Schedule).
- Evidence based low intensity interventions (including online, telephone and face to face low intensity structured psychological services, or brief interventions delivered by mental health professionals).

Other clinical interventions that may be required

- lifestyle interventions (e.g., nutrition, sleep, exercise, meaningful social connections)
- group work

Support services

Additional services, if needed, are focussed on actively linking the person with services that can help to practically address any situational stressors (e.g., finances).

Referral criteria

A person suitable for this level of care typically has minimal or no risk factors, is usually experiencing mild symptoms/low levels of distress, and where present, this is likely to be in response to a stressful environment. Symptoms have typically been present for a short period of time (less than 6 months but this may vary). The individual is generally functioning well but may have problems with motivation or engagement that contraindicate a referral to Level 1 care. Where the person has experienced previous treatment for a previous episode, they are likely to have had a moderate or better recovery.

Complexity indicated by significant problems in Risk, Functioning or Co-existing Conditions should be considered as contraindications for referral to Level 2 care and trigger a referral to Level 3 or higher. Using the Initial Assessment Rating Glossary to support decision making

Using the Initial Assessment Rating Glossary to support decision making

Individuals suited to this level of care may have been rated during the initial assessment as having:

- Mild or no problems on all Primary Domains (Symptom Severity and Distress, Risk of Harm, Functioning and Co-existing Conditions, all scores ≤ 1) **AND**
    - moderate problems on Treatment and Recovery History (score ≤ 2) and limited Engagement and Motivation (score ≥ 2)

    OR

    - high Social and Environmental Stressors (score ≤ 3) and limited Engagement and Motivation (score ≥ 2)

    OR

    - Mild Symptoms and Distress (score = 1) in the context of moderate Co-existing Conditions (score =2)

    OR

    - Moderate Symptoms and Distress (score = 2) but no significant problems indicated by Risk of Harm, Functioning or Co-existing Conditions (all scores ≤ 1).

Level 3 - Moderate Intensity Services

Definition

Moderate intensity services generally provide structured, reasonably frequent and intensive interventions (e.g., a defined number of psychological sessions delivered regularly).

Care environment

Typically, community locations (e.g., consulting rooms), outreach in to residential environments (e.g., aged care facilities, schools) or if appropriate, via telephone or video-conference (e.g., for people in remote communities), and clinician assisted e-therapies.

Core clinical services

A comprehensive psychological assessment (if not already undertaken) is required for all individuals suited to this level of care.

- Evidence based psychological interventions provided by a mental health clinician.
- Active GP management, mental health assessment (and development of a MHTP).

Other clinical interventions that may be required

- community based psychiatry
- clinical care coordination services within primary care (if more than 2 services are involved in providing care)

Support services

Additional services, if needed, are focussed on:

- community supports (including peer support and social participation support)
- support to access support and advice relating to known environmental stressors
- lifestyle interventions (e.g., nutrition, sleep, exercise, meaningful social connections)

Referral criteria

A person requiring this level of care is likely to be experiencing mild to moderate symptoms/distress (that would meet criteria for a diagnosis). Symptoms have typically been present for 6 months or more (but this may vary). Initial assessment would usually indicate complexity on risk, functioning or multimorbidity but not at very severe levels, which should trigger consideration of a referral to Level 5. People experiencing severe symptoms with mild or no problems associated with Risk, Functioning and Co-existing Conditions are usually suitable for this level of care.

Using the Initial Assessment Rating Glossary to support decision making

Individuals suited to this level of care may have been rated during the initial assessment as having:

- Mild or lesser problems on all Primary Domains (Symptoms and Distress, Risk of Harm, Functioning, Co-existing Conditions, all scores ≤ 1) but with indications of significant problems in relation to Treatment and Recovery History (score ≥ 3) or high Social and Environmental Stressors (scores ≥ 4)

OR

- Mild or lesser Symptoms and Distress (score ≤ 1) but with complexity indicated by significant problems on Risk of Harm or Functioning (scores ≥ 2) or Co-existing Conditions (score ≥ 2)

OR

- Moderate Symptoms and Distress (score = 2) with associated moderate or higher problems on any other Primary Domain (Risk of Harm, Functioning, Co-existing Conditions, scores ≥ 2)

OR

- Severe Symptoms and Distress (score = 3) but problems on all other Primary Domain (Risk of Harm, Functioning, Co-existing Conditions) are mild or less (all scores ≤ 1).

Individuals with a rating of 3 or higher on Symptoms may be accommodated at this level, only where ALL other primary assessment domains are rated as 1 or less

Level 4 - High Intensity Services

Definition

High intensity services including periods of intensive intervention that may involve multi-disciplinary support. Usually supporting people experiencing severe mental illness, significant functional impairment and/or risk factors.

Care environment

Typically, face to face interventions in community locations (e.g., consulting rooms) or outreach to the person within their home or other environment.

Core clinical services

A comprehensive psychological assessment (if not already undertaken) is required for all individuals suited to this level of care.

- evidence based psychological interventions provided by a mental health clinician
- clinical care coordination services within primary care (if more than 2 services are involved in providing care)
- involvement of a mental health nurse
- community-based psychiatric care
- active GP management, mental health assessment, integrated physical health care (and development of a MHTP)

Support services

Additional services are likely to be needed and may include:

- psycho-social disability support services (including peer support, daily living support, social skills training and social participation support)
- community supports (including peer support and social participation support)
- support to access support and advice relating to known environmental stressors
- lifestyle interventions (e.g., nutrition, sleep, exercise, meaningful social connections)

Referral criteria

A person requiring this level of care usually has a diagnosed mental health condition with significant symptoms and/or significant problems with functioning. A person with a severe presentation is likely to be experiencing moderate or higher problems associated with Risk, Functioning and Co-existing Conditions. Where problems are assessed as very severe in symptom, risk or functioning domains, a referral to Level 5 care should be considered.

Using the Initial Assessment Rating Glossary to support decision making

Individuals suited to this level of care may have been rated:

- Severe Symptoms and Distress (score = 3) with significant associated problems on one or more other Primary Domains (Risk of Harm, Functioning, scores 2 or 3, up to 4 for Co-existing Conditions)

OR

- Severe Symptoms and Distress in the context of very severe problems (score = 4) on either Risk of Harm or Functioning are not suited to this level but should be referred for Level 5 care.

Level 5 - Acute and Specialist Community Mental Health Services

Definition

Specialist mental healthcare usually includes intensive team-based specialist assessment and intervention (typically state/territory mental health services) with involvement from a range of different types of mental health professionals, including case managers, psychiatrists, social workers, occupational therapists, psychologists and drug and alcohol workers. This level also often includes more intensive care provided by GPs.

Care environment

Typically, community locations with outreach to the person within their home or other environment. This level may also involve specialist mental health inpatient care within a hospital environment, community based intermediate care, sub-acute unit or crisis respite centre.

Core clinical services

For this level of care, the person is likely to benefit from psychiatric assessment and care, crisis management, and therapeutic interventions using assertive engagement strategies provided by a multi-disciplinary specialist team with outreach capability. Care should be provided in close collaboration with General Practice.

Support services

Additional services are likely to be needed and may include:

- psycho-social disability support services (including peer support, daily living support, social skills training and social participation support)
- community supports (including peer support and social participation support)
- support to access support and advice relating to known environmental stressors
- lifestyle interventions (e.g., nutrition, sleep, exercise, meaningful social connections)

Referral criteria

A person requiring this level of care usually has significant symptoms (e.g., hallucinations, avoidant behaviour, paranoia, disordered thinking, delusions) and problems in functioning independently across multiple or most everyday roles (work, education, parenting, volunteering) and/or is experiencing:

- Significant risk of suicide; self-harm, self-neglect or vulnerability.
- Significant risk of harm to others.
- A high level of distress with potential for debilitating consequence.

Using the Initial Assessment Rating Glossary to support decision making

Individuals suited to this level of care may have:

- Very severe problems (score = 4) on one or more of Symptom Severity and Distress, Risk of Harm and Functioning domains

OR

- Severe Symptoms (score = 3) in the context of moderate to severe problems in one or more other Primary Domains (Risk of Harm, Functioning, Co-existing Conditions, score 2 or 3) with associated severe or higher problems in one or more Contextual Domains (Treatment and Recovery History, Social and Environmental Stressors, Family and Other Supports, Engagement/Motivation, score 3 or 4)