# IAR SNAPSHOT – Older Adults

The IAR Guidance and Decision Support Tool are designed to assist general practitioners and clinicians in recommending the most appropriate level of care for an older adult seeking or requiring mental health support. The IAR is an initiative of the Australian Government Department of Health. It brings together information from various sources, including Australian and international evidence and advice from a range of leading experts.

The IAR is designed to assist the various parties involved in the assessment and referral process, including:

* General Practitioners (GP) and other clinicians seeking to determine the most appropriate mental health care type and intensity.
* Providers and intake teams/services responsible for undertaking initial assessments which may involve making recommendations on the level of care required.

**THE EIGHT INITIAL ASSESSMENT DOMAINS**

The IAR guidance identifies eight domains that should be considered when determining the next steps in the referral and treatment process for an older adult seeking or requiring mental health support.

| DOMAIN 1 Symptom severity and distress | * current and past symptoms and duration,
* level of distress attributable to a mental health condition,
* experience of a mental health condition, and
* are symptoms improving/worsening, is distress improving/worsening, and are new symptoms emerging?
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| DOMAIN 2 Risk of harm | * suicidality – current and past suicidal ideation, attempts,
* intentional, non-suicidal self-harm – current and past,
* impulsive and dangerous behaviours with the potential for harm to self or others (including risks associated with use of alcohol and other drugs),
* harm caused by abuse, exploitation, or neglect by others, and
* unintentional harm to self or others arising from severe symptoms or self-neglect.
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| DOMAIN 3 Functioning | * Ability to fulfil usual roles/responsibilities appropriate to their age and cultural background,
* Functioning within the family or home environment, in vocational settings, with friends or peers, and in the community, and
* Ability to undertake basic activities of daily living appropriate to their age (e.g., self-care, mobility, toileting, nutrition, and personal hygiene).
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| DOMAIN 4 Impact of co-existing conditions | * physical health conditions,
* cognitive impairment, intellectual disability, learning and communication disorders, and
* substance use/misuse
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| DOMAIN 5 Service use and response history  | * whether the older adult has previously sought help from or been referred to mental health services and related supports (including specialist or mental health inpatient services),
* if the older adult is currently engaged with services and supports, and
* their progress or benefit from past or current services and supports.
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| DOMAIN 6 Social and environmental stressors | * Assessment on this domain should consider the degree to which any or all the following factors are relevant to the person's current circumstances and the referral decision: significant transitions, trauma or victimisation, family or household stress, socio-economic disadvantage, performance-related pressure, and legal issues.
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| DOMAIN 7 Family and other supports | * Whether personal supports, including emotionally nurturing relationships, practical support, and social support, are present in the environment, and
* Their potential to contribute to improved mental health and participation in treatment.
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| DOMAIN 8 Engagement and motivation | * The person's awareness of the mental health issue, and
* The person's capacity and willingness to engage in or accept assistance.
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**THE LEVELS OF CARE**

The information gathered through the initial assessment domains is used to recommend a service type and intensity (level of care) and inform a referral decision. This process is based on a clinically informed algorithm and is calculated automatically using the digital Decision Support Tool (DST). The levels are differentiated by the amount and scope of resources likely to be required. An older adult may use some or all interventions described at that level and move between levels of care as required.

| LEVEL ONE | LEVEL TWO | LEVEL THREE | LEVEL FOUR | LEVEL FIVE |
| --- | --- | --- | --- | --- |
| **Self-Management** | **Low Intensity Services** | **Moderate Intensity Services** | **High Intensity Services** | **Specialist and Acute Community Mental Health Services** |
| Services at this level are designed to provide self-help resources to support the older adult in managing any distress or symptoms and maintain Functioning without the direct involvement of a mental health professional. This level of care generally involves evidence-informed, age-appropriate, and culturally safe online resources and other forms of self-help. | 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 online services), and typically involve few or short sessions. In contrast to Level 1, Low-Intensity Services usually require some direct, individually tailored engagement with a mental health professional to support the older adult.  | Moderate intensity services generally provide structured, reasonably frequent, and individually tailored service delivery (e.g., a defined number of psychological sessions delivered regularly).A comprehensive biopsychosocial assessment (if not already undertaken) is required for all older adults suited to this level of care. | High-intensity services, including periods of intensive service that usually involve multi-disciplinary support and care coordination as multiple services, are likely to be involved. Level 4 is usually designed to support older adults experiencing severe symptoms, significant functional impairment or risk factors.A comprehensive biopsychosocial assessment (if not already undertaken) is required for all older adults suited to this level of care. | Specialist mental healthcare usually includes intensive team-based specialist assessment and service (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 working in partnership with acute and specialist teams. |
| A person suitable for this level of care typically has minimal or no risk factors, is usually experiencing mild symptoms/low levels of distress. Where present, this is likely to be in response to a stressful environment. Symptoms have typically been present for a short period (less than 6 months but this may vary). The older adult is generally functioning well and has positive levels of engagement and motivation. | A person suitable for this level of care typically has minimal or no risk factors, is usually experiencing mild symptoms/low levels of distress. Where present, this is likely to be in response to a stressful environment. Symptoms have typically been present for a short period (less than 6 months but this may vary). The older adult is generally functioning well. | A person requiring this level of care is likely to be experiencing mild to moderate symptoms (that would meet the criteria for a diagnosis). Symptoms have typically been present for 6 months or more (but this may vary). The initial assessment would usually indicate problems present in Risk of Harm, Functioning or Impact of Co-existing Conditions but not at very severe levels. | A person requiring this level of care usually has significant symptoms or significant problems with Functioning. An older adult with a severe presentation is likely to be experiencing moderate or higher problems associated with Risk of Harm, Functioning, and Impact of Co-existing Conditions.  | A person requiring this level of care usually has significant symptoms (e.g., severe symptoms or extreme behavioural problems) or problems in functioning independently across multiple or most everyday roles or is experiencing significant risk of suicide, self-harm, self-neglect, or vulnerability, or significant risk of harm to others. |