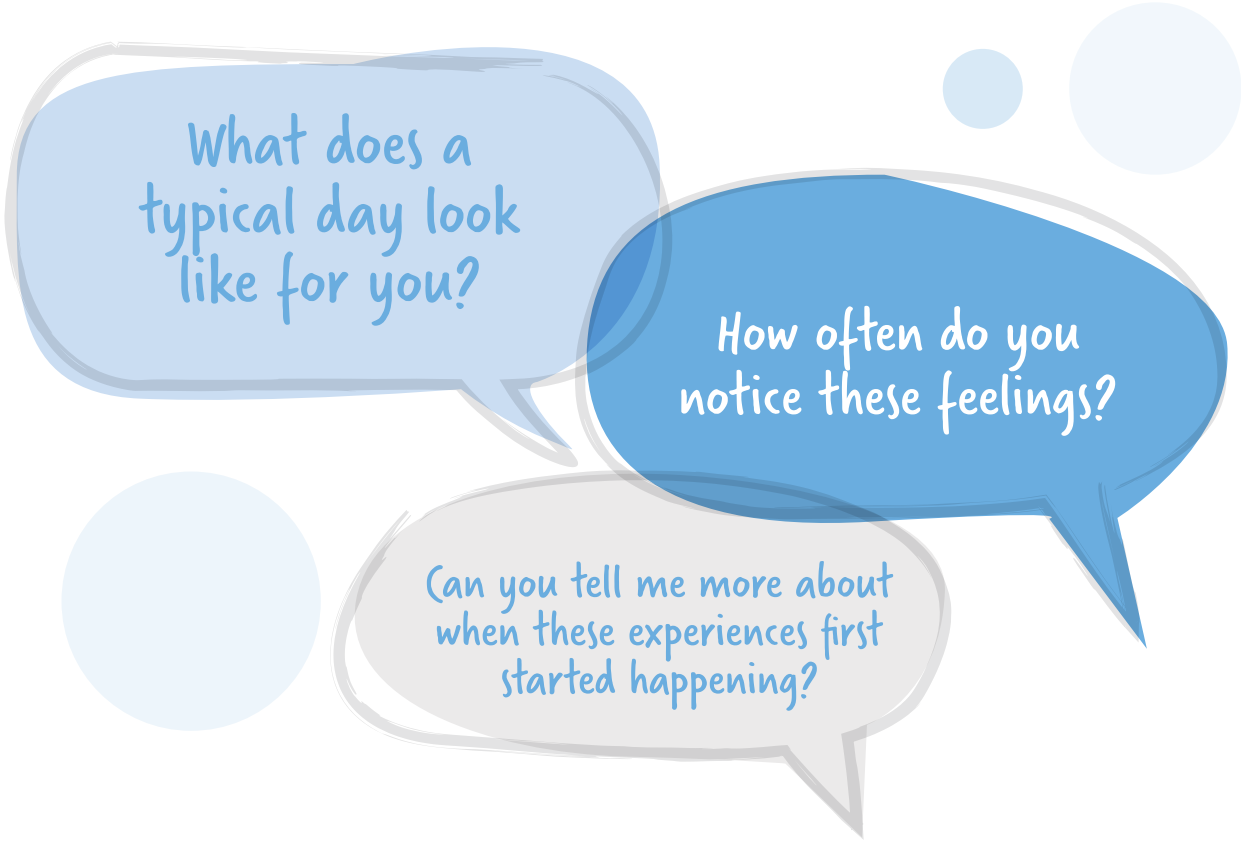
IAR-DST CONVERSATION GUIDE

Taking a consumer-led approach to using the Initial Assessment and Referral Decision Support Tool (IAR-DST)

Contents



About this conversation guide

Why has this conversation guide been developed?

The Initial Assessment and Referral for Decision Support Tool (IAR-DST) is a clinical decision-support tool used following assessment to inform decisions on the intensity of mental health services a person needs. While it is not an assessment tool itself, its domains provide a helpful framework for areas to focus on during assessment.

The IAR-DST was initially designed as a clinical resource; however, it is now also being used by a broader workforce in the Victorian Mental Health and Wellbeing Locals (Locals), including peer workers and non-credentialled practitioners. The language and terminology of the IAR-DST may create friction with the practice frameworks of some of those now using the tool (e.g. intentional peer-support practice).

This conversation guide has been developed to reflect the needs and requirements of both peers and clinicians, and assist in taking a consumer-led approach to using the IAR-DST.

How did this conversation guide come about?

During 2025, the Victorian Primary Health Networks, in partnership with the Locals convened a working group led by Murray PHN to draft a conversation guide for the IAR-DST.

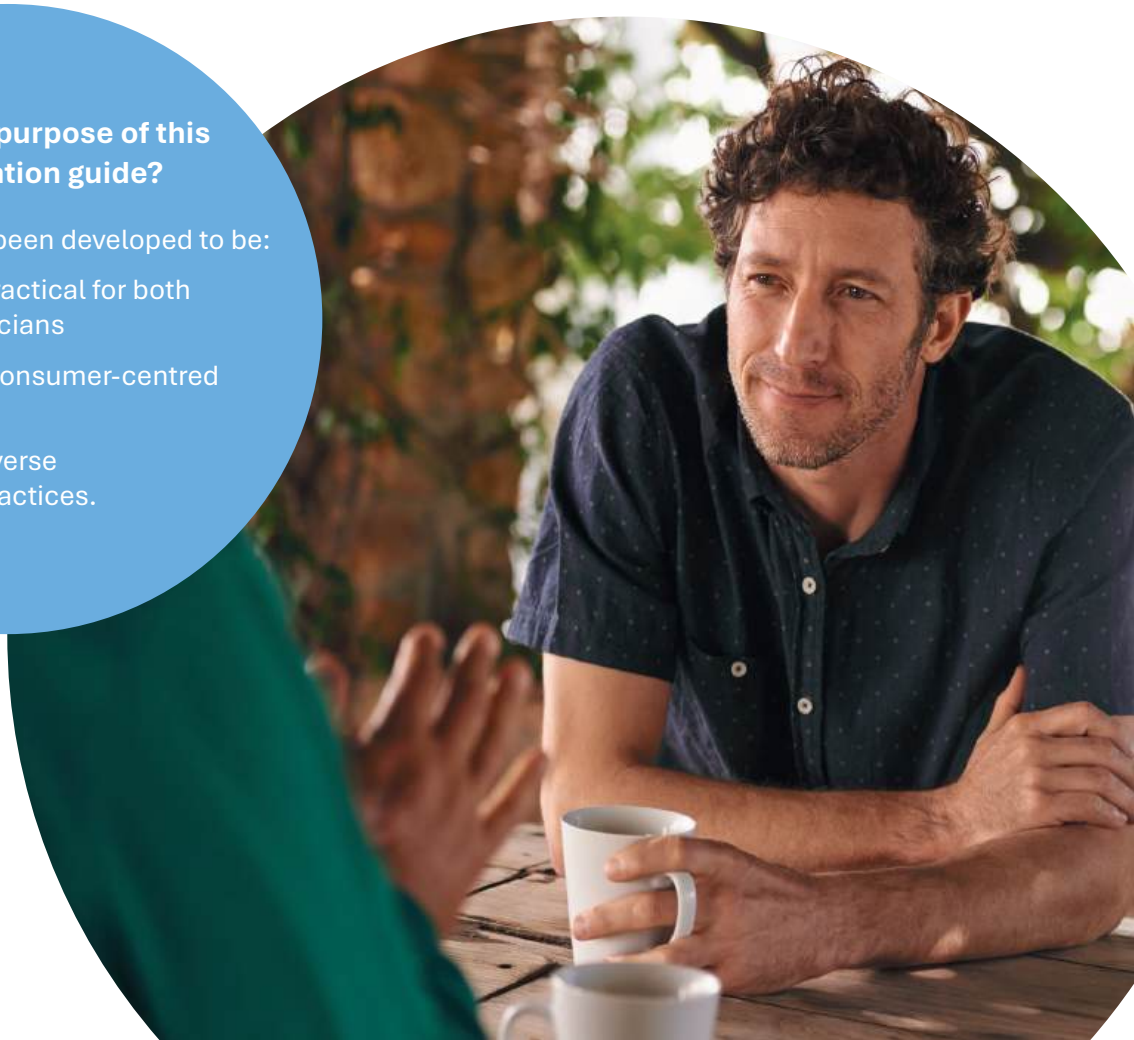
Membership of the group was purposely balanced to include the perspectives and insights of both peer workers and clinicians.

The working group met three times to co-design this resource and additional one-on-one meetings with each Local ensured local context and needs were reflected and included.

What is the purpose of this conversation guide?

This resource has been developed to be:

- relevant and practical for both peers and clinicians
- supportive of consumer-centred conversations
- reflective of diverse assessment practices.



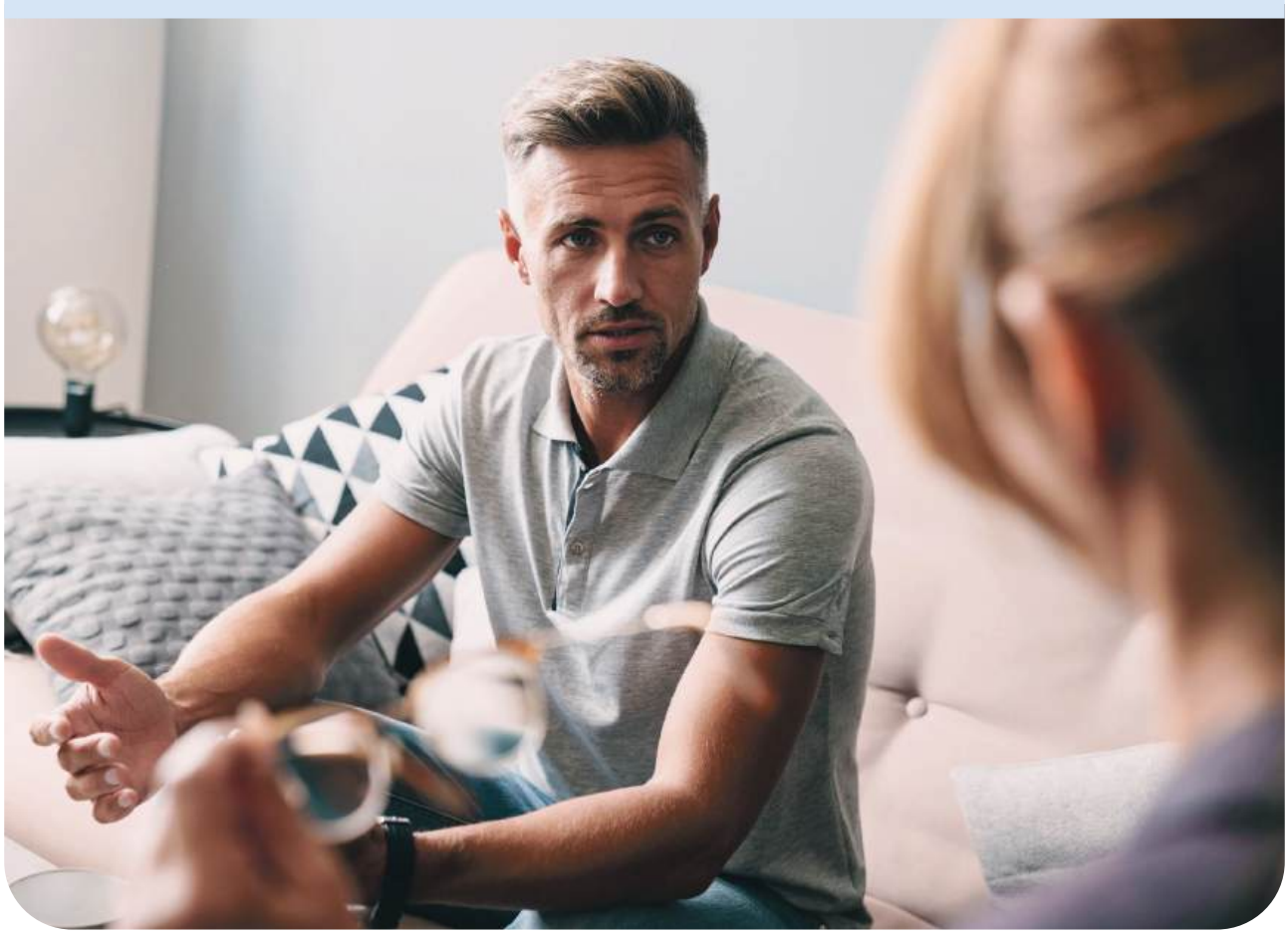
The importance of a consumer-centred approach to assessment

A consumer-led assessment approach, focused on forging connections, building rapport and establishing trust, is essential.

This involves:

- **being curious** and avoiding interrogation and rigid assessment scripts
- **being careful with language** so as not to pathologise or apply a medical lens to a person's experience
- **exploring the domains in a way that invites meaning making** and the sharing of the person's story. Sometimes, the person's story unfolds naturally and with minimal prompting. At other times, prompting may encourage the person to open up. The prompts in this resource are designed to support the person's continued sharing of their story. These prompts should also invite storytelling, rather than 'yes' or 'no' answers
- **spending time during the assessment wisely** as information from the referral or previous contact with the person may reduce the need to re-cover content, allowing for a more focused exploration of changes the person might have experienced since the referral or the last contact with the service.

It's important to remember that the IAR-DST domains are not intended to be explored sequentially during an assessment; they can be explored in any order. For example, a person might discuss their safety at the end of the assessment, which informs Domain 2 - Harm, or they may bring up their other health issues first, which informs Domain 4 - Impact of co-existing conditions.



Ensuring consistency with IAR-DST ratings

It's important this conversation guide supports and enables the reliable and consistent use of the IAR-DST.

IAR-DST guidance provides descriptions to differentiate severity across each of the rating labels and five rating points. There are seven ways severity is described, although these variables do not universally apply to all domains or are used at all rating points.

1 **Magnitude of the issue/ experience**	A range of descriptive adjectives quantifies the size of the issue/experience
2 **Recency**	Various terms are used to describe how recent the issue/ experience is, including whether it is historical (past but not current)
3 **Frequency of occurrence**	Terminology describes how often the issue is experienced
4 **Issue/ symptom type**	For some domains, different issue types are used to characterise and differentiate a specific rating point from others
5 **Range of activities impacted**	Various terms reflect how the issue impacts different aspects of the person's life, including functional roles (fulfill roles and responsibilities at home, school, work or within their family and community)
6 **Degree of personal control**	For some domains, at higher rating levels, severity is described in terms of the degree to which the issue can be controlled
7 **Mitigating factors**	For some domains, one or more factors are used to offset the apparent severity of the problem

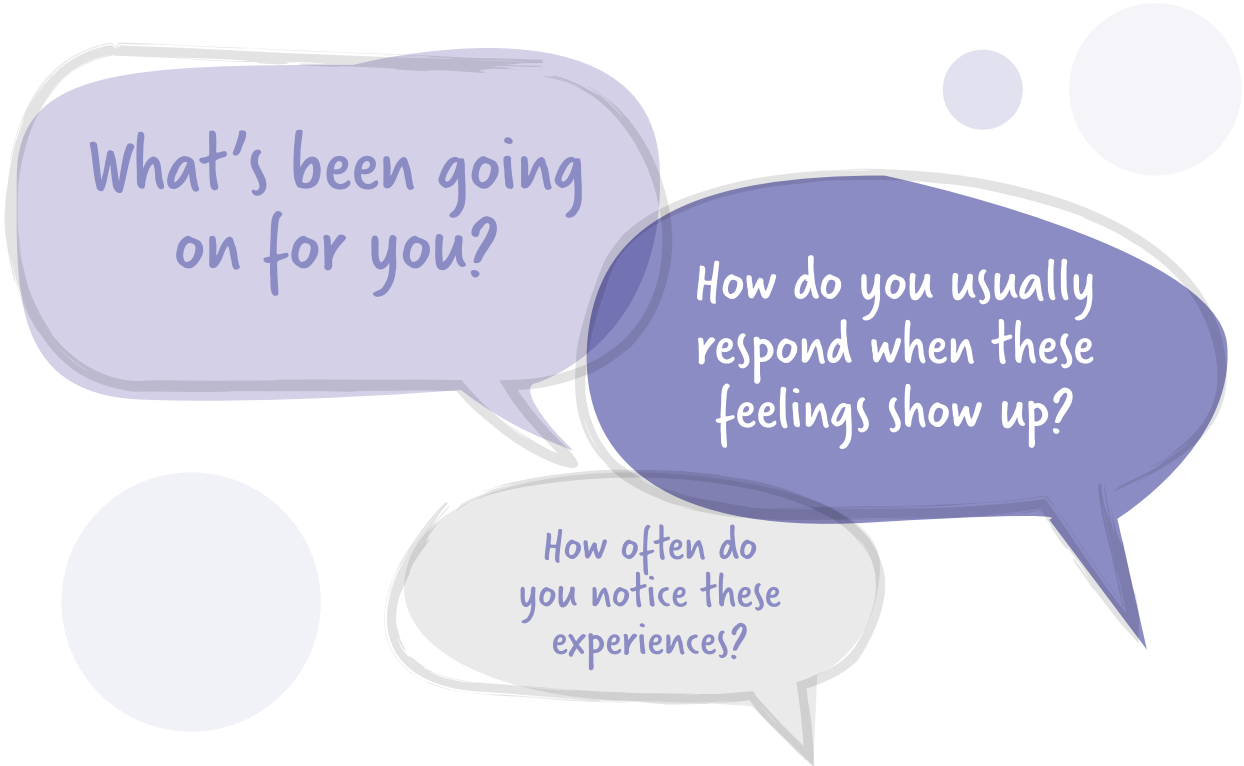
The IAR-DST's eight domains

Domain	Description
1 Symptom severity and distress	This domain focuses on the person's current symptoms, duration, associated distress and whether symptoms are improving, worsening or new symptoms are emerging. The terms 'symptoms' and 'behaviours' (used in the IAR-DST) may be jarring for some people and pathologise their experience. Terminology such as 'feelings', 'thoughts' and 'experiences' are well understood in the community and not tied to the medical model. Once the person has identified words or terms that describe their feelings, thoughts and experiences, they can be used to guide the conversation and help translate their language for use in the tool.
2 Harm	This domain focuses on suicidality: non-suicidal self-harm; impulsive, dangerous or risky behaviours; harm caused by abuse, neglect or unintentional harm to self; and risk of harm to others. Depending on the person's responses, further screening or assessment should be undertaken in alignment with organisational policies and procedures.
3 Functioning	This domain considers how mental health challenges may impact the person's ability to live their day-to-day life in ways that matter to them i.e. how they are functioning. This includes their capacity to manage daily tasks and fulfill roles and responsibilities at home, school, work or within their family and community. While exploring this domain, the language of 'functioning' may be unfamiliar to the person, so focusing on understanding what they value in their life and any changes they've noticed may be more useful. Representatives with lived experience suggested that the language of 'impairment' (used in the IAR-DST) stems from a deficit model, and that the terms 'impact' or 'impacts' are preferred.
4 Impact of co-existing conditions	This domain considers whether other health conditions are making the mental health issue worse or could make it worse. It considers the presence and impact of co-existing conditions, including: • Physical health conditions* (consider all physical health issues) • Cognitive impairment*, intellectual disability*, neurological conditions*, or learning and communication disorders* • Substance use* (depending on the person's responses, further screening or assessment should be undertaken following organisational processes). Where the person has more than one of the co-existing conditions, consider the condition which has the most impact. * Practice point – For co-existing conditions definitions, see Domain 4 - Impact of co-existing conditions (Primary Domain) — IAR Decision Support Tool v2 documentation.

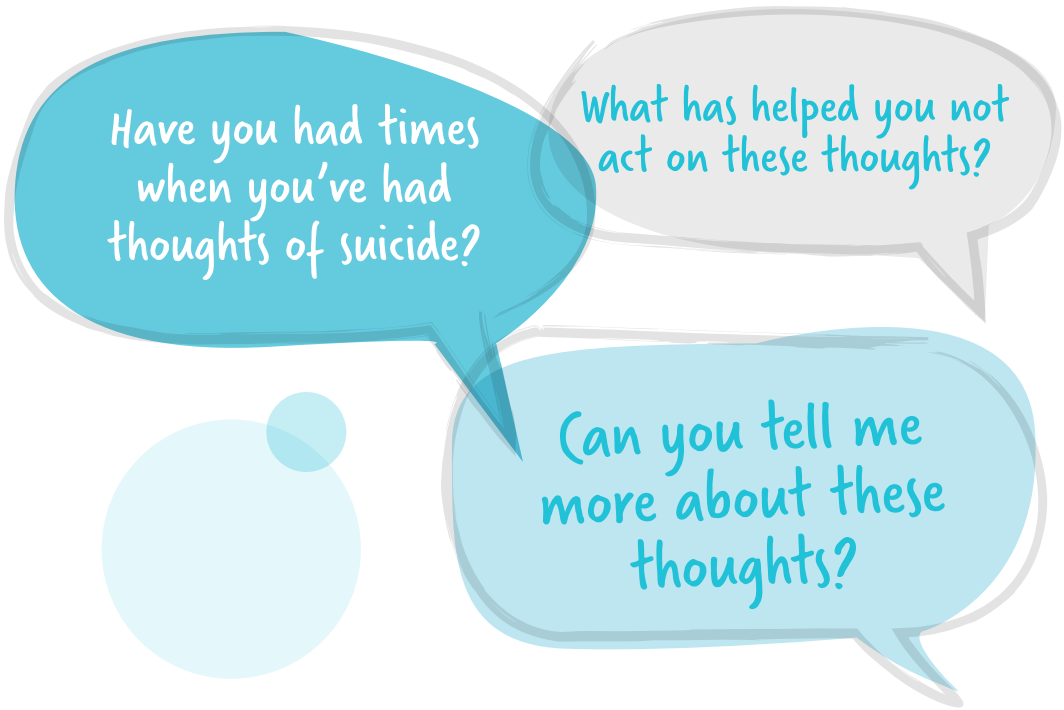
Domain	Description
5 Service use and response history	This domain considers the person's previous and current use of services and support focused on mental health-related assistance. It also considers progress or benefits from past or current support.
6 Social and environmental stressors	This domain considers the extent and severity of various factors in the person's environment that may contribute to the onset or persistence of their mental health issue, and their relevance to the person's current circumstances and choice of appropriate support.
7 Family and other supports	Considers whether personal supports, including emotionally nurturing relationships, practical support and social support, are present in the person's environment and their potential to contribute to improved mental health.
8 Engagement and motivation	Considers the person's capacity and willingness to engage in or accept assistance.

Conversation prompts

Domain 1 - Symptom severity and distress	
Use these prompts...	**... to understand**
• *What is the main reason you called/visited today?* • *What's been going on for you?*	• Magnitude of the issue • Symptom type
• *Is there a word or a term you would use to describe these thoughts/feelings/experiences?*	• Symptom type
• *Can you tell me more about when these thoughts/ feelings/experiences first started happening?*	• Recency
• *How often do you notice these feelings/thoughts/ experiences?*	• Frequency of occurrence
• *How do you usually respond when these feelings/ thoughts/experiences show up?*	• Degree of personal control over the symptoms • Associated distress
• *Have you found anything that helps these thoughts/ feelings/experiences get easier or go away?* • *Have you found anything that makes these thoughts/ feelings/experiences harder?*	• Degree of personal control over the symptoms • Mitigating factors



Domain 2 - Harm	
Use these prompts...	**...to understand**
• *Have there been times when you've had thoughts of suicide?* • *Can you tell me more about these thoughts?* • *When you have thought about suicide, have you made a plan to act on these thoughts?* (If yes, prompt when, why, what). • *What has helped you not act on these thoughts?*	• Suicidality • Magnitude of the issue • Degree of personal control • Mitigating factors
• *Sometimes when people are in emotional pain, they hurt or injure themselves on purpose. Have you ever hurt or injured yourself on purpose?* (If yes, prompt when, why, what).	• Non-suicidal self-harm • Magnitude of the issue
• *Can you describe any times when you have taken risks that you later realised were unsafe? Have these risks impacted others?* • *Can you think of any times when you've acted in ways that have had a negative impact on others?*	• Impulsive, dangerous or risky behaviours to self and others
• *Can you tell me about any people or relationships in your life that don't feel safe or respectful? What has helped you feel safer or protect yourself?*	• Harm caused by abuse, neglect • Degree of personal control • Mitigating factors
• *Can you tell me about times when it has been hard to care for yourself or have your basic needs met?*	• Unintentional harm to self



Domain 3 - Functioning	
Use these prompts...	**...to understand**
• *What does a typical day look like for you?*	• Degree of personal control
• *How have the thoughts, feelings and experiences you've shared with us affected your everyday life?* (Prompt basic activities of daily living, at home, vocational or social settings, caregiving roles or in the community or other functional roles) – *How often do you notice these impacts?* – *Are there some activities where you don't notice these impacts or notice them less?*	• Magnitude of the issue and problem type • Range of activities impacted • Frequency • Degree of personal control • Mitigating factors
• *Are there moments in your day that feel more manageable?* • *Are there things you do or supports you have that help you to manage your life the way you would like to?* • *If you imagine life being more manageable, what does that look like?*	• Mitigating factors

Domain 4 - Impact of co-existing conditions	
Use these prompts...	**...to understand**
• *How often do you consume alcohol?* • *How often do you use a drug other than alcohol?* – *In what ways have alcohol/other drugs been helpful to you?* – *In what ways has it/they made things harder?* – *Has a relative, friend or anyone else been worried about your drug use or said to you that you should cut down or stop using alcohol or other drugs?*	• The presence of co-existing conditions • Degree of personal control • Mitigating factors • Magnitude of the problem
• *Do you have any health issues or illnesses?* • *How do these health issues or illnesses affect your mental health and wellbeing?*	• The presence of co-existing conditions • Magnitude of the problem
• *Do you have a disability?* • *How does this disability affect your mental health and wellbeing?*	• The presence of co-existing conditions • Magnitude of the problem

Domain 5 - Service use and response history

Use these prompts...	...to understand

• *Have you previously sought professional help for these thoughts/feelings/experiences?*
  – *Did you receive support from a mental health service or a mental health clinician?*
  – *What was the outcome of this previous support? Was it helpful?*
  – *Are you currently using any mental health or other services? Are they helpful?*
	• Past use of services and benefit from past use of services
	• Degree of personal control
	• Mitigating factors

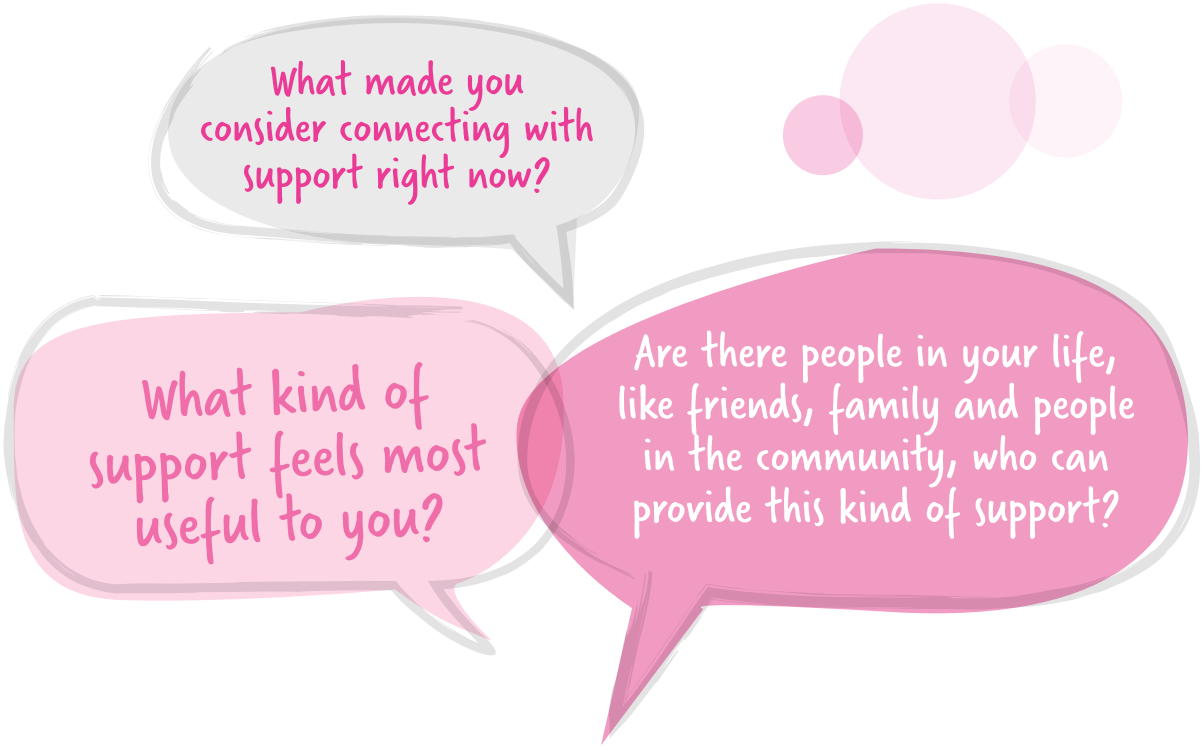
Domain 6 - Social and environmental stressors

Use these prompts...	...to understand

• *When thinking about things that are difficult lately, what stands out?*
• *How has this impacted your thoughts/feelings/ experiences?*
• Consider prompting to explore:
  – Significant losses (e.g. job loss, relationship breakdown, loss of social connections, death of a loved one)
  – Significant change and transitions (e.g. change in living environment, relationship breakdown/ divorce)
  – Trauma (e.g. emotional, physical, psychological, or sexual abuse, exploitation, witnessing or being a victim of violence, family or domestic violence, intimate partner violence, natural disaster, exposure to suicide in family/community, loss, conflict)
  – Victimisation (e.g. human rights abuses, racial abuse, financial abuse, victim of crime)
  – Family or household stress (e.g. household drug or alcohol abuse, family member with an illness)
  – Performance related pressure (e.g. unrealistic role expectations and caregiving responsibilities)
  – Socioeconomic disadvantage (e.g. poverty, unemployment, unstable or insecure housing, financial stress)
  – Legal issues (e.g. involvement in the criminal justice system or family court, enforced separation from family)
  – Loneliness or isolation
	• Magnitude of the problem
	• Recency
	• Mitigating factors

Domain 7 - Family and other supports	
Use these prompts...	**...to understand**
• *What kind of support feels most useful to you?* • *What connections, supports, relationships are the most important to you?* • *Are there people in your life, like friends, family and people in the community, who can provide this kind of support?* • *How involved would you like your friends/family/ supports (e.g. pets) to be involved in your time with our service?*	• Mitigating factors • Degree of personal control

Domain 8 - Engagement and motivation	
Use these prompts...	**...to understand**
• *What made you consider connecting with support right now?*	• Motivation • Degree of personal control • Mitigating factors
• *What things make it easier or harder for you to show up or take part in mental health support?*	• Engagement • Degree of personal control • Mitigating factors



This conversation guide is the collaboration of:

- Neami National
- Wellways
- Mind Australia
- Victorian and Tasmanian PHN Alliance
- cohealth
- Eastern Melbourne PHN
- Murray PHN

The Initial Assessment and Referral Decision Support Tool (IAR-DST) Guidance (v2.0) may be used for further clarification or reference in conjunction with this conversation guide. It is an Australian Government resource and maintained by the Department of Health, Disability and Ageing, accessible via the Documentation link within the IAR-DST online tool.