



National Initial Assessment and Referral (IAR) for Mental Healthcare Project

Expert Advisory Group – Terms of Reference

Background

The National Initial Assessment and Referral (IAR) for Mental Healthcare Guidance and Decision Support Tool (DST) assists Primary Health Networks, general practitioners (GPs) and other clinicians to recommend the most appropriate level of care for a person seeking mental health support. These tools were developed in consultation with the former IAR Expert Advisory Group (EAG) and the National Project Manager, Jenni Campbell.

The IAR is an initiative of the Australian Department of Health (the Department) and brings together information from a range of sources including Australian and international evidence. The current tools available are suitable for children (5 - 11), adolescents (12 - 17) and adults (18 – 65).

During the next stages of the project (Stage 6 and beyond), the Department, with guidance from the EAG and relevant working groups, will adapt the IAR Guidance and DST for vulnerable cohorts including older adults, Aboriginal and Torres Strait Islander peoples, culturally and linguistically diverse people, veterans, and people with co-morbidities or co-occurrences. As these adaptations are developed, further reviews of previous versions may be required.

Purpose

The purpose of the EAG is to provide advice and guidance that will assist in the delivery of the IAR project so that it is:

- person centred, respectful of, and responsive to, the preferences, needs and goals of people with lived experience of mental health issues and distress, carers, and family members.
- clinically sound and evidence based.
- consistent with contemporary views of best practice mental healthcare service planning, design, and delivery.

Roles and function

The EAG is responsible for:

- reviewing domain descriptions, taking into account specialised Working Group advice, to advise the Department on content updates as relevant for each vulnerable cohort;
- reviewing rating point descriptors within the Glossary, taking into account specialised Working Group advice, to advise the Department on content updates as relevant for each vulnerable cohort;
- reviewing the description of the core and support services within the Levels of Care, taking into account specialised Working Group advice, to advise the Department on content updates as relevant for each vulnerable cohort;

- reviewing standard assessment tools appropriate for each vulnerable cohort, taking into account specialised Working Group advice, and advising the Department on content updates as relevant to each vulnerable cohort;
- providing and considering clinical and lived experience advice throughout all phases of the project and content development;
- reviewing draft guidance material, providing timely and comprehensive advice and feedback to the National Project Manager;
- actively supporting the project and acting as an advocate for its outcomes;
- providing advice on clinical governance; and
- providing, and respecting, the lived experience voice and perspective.

The EAG is not responsible for implementation of the IAR, however the Department may consult with the EAG or individual members to utilise the expertise within the committee to inform implementation planning that is led and managed by the Department.

The Department of Health is responsible for the development and delivery of national IAR guidance and resources with a particular focus on:

- finalising revision of domain descriptions to include content relevant for each vulnerable cohort taking into account EAG advice and stakeholder consultation feedback;
- finalising revision of rating point descriptors within the Glossary relevant for each vulnerable cohort taking into account EAG advice and stakeholder consultation feedback;
- finalising description of the core and support services within the Levels of Care relevant to each vulnerable cohort taking into account EAG advice and stakeholder consultation feedback;
- finalising advice about standard assessment tools appropriate for each vulnerable cohort taking into account EAG advice and stakeholder consultation feedback;
- examining and testing the decision support tool logic to determine sameness or alterations needed;
- development of a Glossary for each vulnerable cohort;
- the release of a draft for the purposes of consultation with relevant stakeholders;
- release and publication of the IAR Guidance and online decision support tool for each vulnerable cohort; and
- implementation of the IAR project.

Membership

Member Organisation, Position	Appointed Member
Chair	Dr Caroline Johnson
RACGP nominee	
RANZCP nominee	
AASW nominee	
APS nominee	
ACMHN nominee	
ACRRM nominee	
Brain and Mind Centre	
Mental Health Australia	
Lived experience consumer representative	

Member Organisation, Position	Appointed Member
Lived experience carer representative	
PHN representative	Danny Rock, West Australian Primary Health Alliance
PHN representative	Rachel Pritchard, Eastern Melbourne PHN
PHN representative	Tamira Pascoe, Adelaide PHN
Advisor	Bill Buckingham

Members represent a cross section of the mental health sector, including practitioners and clinicians, mental health experts, peak bodies, Primary Health Networks who commission mental health services, and lived experience members.

Working Groups to support EAG

The Department will appoint Working Groups with specialist expertise and consumer voices in each of the vulnerable cohorts to work with the Department and the National Project Manager to develop 'Lift Out' versions for the IAR for each vulnerable cohort, to be considered by the EAG. These Working Groups will retain the EAG Chair, or the person appointed to Chair at the time, and Bill Buckingham as Advisor.

Working Groups will be responsible for reviewing the domain descriptions, rating point descriptors within the Glossary, the description of the core and support services within the Levels of Care and standard assessment tools within the IAR Guidance and recommending changes appropriate for each of the vulnerable cohorts.

The 'Lift Out' versions of the IAR will be developed by the National Project Manager incorporating the Working Group advice, together with stakeholder consultation feedback as appropriate.

Deliverables

The timeline for delivering adaptations to the IAR Guidance for vulnerable cohorts is as follows:

- older adults – by 30 June 2022
- Aboriginal and Torres Strait Islander peoples – from 1 July 2022 to 30 June 2023
- culturally and linguistically diverse people – from 1 July 2023 to 30 June 2024
- people with co-morbidities or co-occurrences – from 1 July 2024 to 30 June 2025.

The Department will monitor progress throughout each of these adaptations and determine where any necessary adaptations for veterans may occur. Members will be consulted with during meetings to confirm, otherwise veterans will be considered in 2024-25.

Reporting

The EAG will report, through its Minutes and action log, to the Department on progress made on adaptations to the IAR. The Department will also schedule meetings with the National Project Manager and the Chair if more informal updates are required.

Quorum

Eight members are required for a quorum to be met. If less than eight members are present at any meeting, the meeting will be postponed to a time when a quorum can be reached.

Proxy

A member organisation can appoint a proxy to attend on behalf of the appointed member only with prior agreement from the Department of Health. The appointed member or organisation will contact the Department to seek approval no less than ten (10) business days before the proxy is required to attend a meeting. If a proxy is approved, that person must complete the necessary committee paperwork prior to attending the meeting.

Confidentiality and Conflict of Interest

Information shared and discussions held during meetings are confidential, unless otherwise specified. Where the member is a representative of an organisation, the member may disclose on a need-to-know or consultative basis and with assurance that the information will be not be disseminated further, with others from within their organisation. Members of the EAG will be required to disclose any conflict of interest.

Privacy

Meetings will be recorded for the purposes of assisting the Secretariat to prepare Minutes and action items. Members will be sent a Privacy Notice in advance of each meeting. Once the Secretariat has used the recordings for its intended purpose, they will be deleted and will not be stored.

Operating Procedures

- Secretariat
 - Secretariat support will be provided by the Department.
- Meetings
 - The Expert Advisory Group will meet via video conference every 8-12 weeks. Out of session engagement and work is likely.
- Records
 - The Secretariat will prepare, maintain, and circulate: agendas; meeting papers; Minutes; and action logs. A copy of the agenda and meeting papers are to be sent to members in advance of each meeting. A copy of the Minutes and action log are to be sent to members following each meeting.