

Mental health triage tool

Triage code	Description	Treatment acuity	Typical presentation	General management principles*
1	<p>Definite danger to life (self or others)</p> <p>Australasian Triage Scale¹ states:</p> <ul style="list-style-type: none"> - Severe behavioural disorder with immediate threat of dangerous violence 	Immediate	<p>Observed</p> <ul style="list-style-type: none"> - Violent behaviour - Possession of weapon - Self-destruction in ED - Displays extreme agitation or restlessness - Bizarre/disoriented behaviour <p>Reported</p> <ul style="list-style-type: none"> - Verbal commands to do harm to self or others, that the person is unable to resist (command hallucinations) - Recent violent behaviour 	<p>Supervision</p> <p>Continuous visual surveillance 1:1 ratio (see definition below)</p> <p>Action</p> <ul style="list-style-type: none"> - Alert ED medical staff immediately - Alert mental health triage or equivalent - Provide safe environment for patient and others - Ensure adequate personnel to provide restraint/detention based on industry standards <p>Consider</p> <ul style="list-style-type: none"> - Calling security +/- police if staff or patient safety compromised. May require several staff to contain patient - 1:1 observation - Intoxication by drugs and alcohol may cause an escalation in behaviour that requires management.
2	<p>Probable risk of danger to self or others</p> <p><i>AND/OR</i></p> <p>Client is physically restrained in emergency department</p> <p><i>AND/OR</i></p> <p>Severe behavioural disturbance</p> <p>Australasian Triage Scale¹ states:</p> <p>Violent or aggressive (if):</p> <ul style="list-style-type: none"> - Immediate threat to self or others - Requires or has required restraint - Severe agitation or aggression 	Emergency Within 10 minutes	<p>Observed</p> <ul style="list-style-type: none"> - Extreme agitation/restlessness - Physically/verbally aggressive - Confused/unable to cooperate - Hallucinations/delusions/paranoia - Requires restraint/containment - High risk of absconding and not waiting for treatment <p>Reported</p> <ul style="list-style-type: none"> - Attempt at self-harm/threat of self-harm - Threat of harm to others - Unable to wait safely 	<p>Supervision</p> <p>Continuous visual supervision (see definition below)</p> <p>Action</p> <ul style="list-style-type: none"> - Alert ED medical staff immediately - Alert mental health triage - Provide safe environment for patient and others - Use defusing techniques (oral medication, time in quieter area) - Ensure adequate personnel to provide restraint/detention - Prompt assessment for patient recommended under Section 9 or apprehended under Section 10 of Mental Health Act. <p>Consider</p> <ul style="list-style-type: none"> - If defusing techniques ineffective, re-triage to category 1 (see above) - Security in attendance until patient sedated if necessary - Intoxication by drugs and alcohol may cause an escalation in behaviour that requires management
3	<p>Possible danger to self or others</p> <ul style="list-style-type: none"> - Moderate behaviour disturbance - Severe distress <p>Australasian Triage Scale¹ states:</p> <ul style="list-style-type: none"> - Very distressed, risk of self-harm - Acutely psychotic or thought-disordered - Situational crisis, deliberate self-harm - Agitated/withdrawn 	Urgent Within 30 minutes	<p>Observed</p> <ul style="list-style-type: none"> - Agitated/restless - Intrusive behaviour - Confused - Ambivalence about treatment - Not likely to wait for treatment <p>Reported</p> <ul style="list-style-type: none"> - Suicidal ideation - Situational crisis <p>Presence of psychotic symptoms</p> <ul style="list-style-type: none"> - Hallucinations - Delusions - Paranoid ideas - Thought disordered - Bizarre/agitated behaviour <p>Presence of mood disturbance</p> <ul style="list-style-type: none"> - Severe symptoms of depression - Withdrawn/uncommunicative - And/or anxiety - Elevated or irritable mood 	<p>Supervision</p> <p>Close observation (see definition below)</p> <ul style="list-style-type: none"> - Do not leave patient in waiting room without support person <p>Action</p> <ul style="list-style-type: none"> - Alert mental health triage - Ensure safe environment for patient and others <p>Consider</p> <ul style="list-style-type: none"> - Re-triage if evidence of increasing behavioural disturbance ie. <ul style="list-style-type: none"> - Restlessness - Intrusiveness - Agitation - Aggressiveness - Increasing distress - Inform security that patient is in department - Intoxication by drugs and alcohol may cause an escalation in behaviour that requires management
4	<p>Moderate distress</p> <p>Australasian Triage Scale¹ states:</p> <ul style="list-style-type: none"> - Semi-urgent mental health problem - Under observation and/or no immediate risk to self or others 	Semi-urgent Within 60 minutes	<p>Observed</p> <ul style="list-style-type: none"> - No agitation/restlessness - Irritable without aggression - Cooperative - Gives coherent history <p>Reported</p> <ul style="list-style-type: none"> - Pre-existing mental health disorder - Symptoms of anxiety or depression without suicidal ideation - Willing to wait 	<p>Supervision</p> <p>Intermittent observation (see definition below)</p> <p>Action</p> <ul style="list-style-type: none"> - Discuss with mental health triage <p>Consider</p> <ul style="list-style-type: none"> - Re-triage if evidence of increasing behavioural disturbance ie. <ul style="list-style-type: none"> - Restlessness - Intrusiveness - Agitation - Aggressiveness - Increasing distress - Intoxication by drugs and alcohol may cause an escalation in behaviour that requires management
5	<p>No danger to self or others</p> <ul style="list-style-type: none"> - No acute distress - No behavioural disturbance <p>Australasian Triage Scale¹ states:</p> <ul style="list-style-type: none"> - Known patient with chronic symptoms - Social crisis, clinically well patient 	Non-urgent Within 120 minutes	<p>Observed</p> <ul style="list-style-type: none"> - Cooperative - Communicative and able to engage in developing management plan - Able to discuss concerns - Compliant with instructions <p>Reported</p> <ul style="list-style-type: none"> - Known patient with chronic psychotic symptoms - Pre-existing non-acute mental health disorder - Known patient with chronic unexplained somatic symptoms - Request for medication - Minor adverse effect of medication - Financial, social, accommodation, or relationship problems 	<p>Supervision</p> <p>General observation (see definition below)</p> <p>Action</p> <ul style="list-style-type: none"> - Discuss with mental health triage - Refer to treating team if case-managed

Management definitions²

Continuous visual surveillance = person is under direct visual observation at all times

Close observation = regular observation at a maximum of 10 minute intervals

Intermittent observation = regular observation at a maximum of 30 minute intervals

General observation = routine waiting room check at a maximum of 1 hour intervals

* Management principles may differ according to individual health service protocols and facilities.

1 Australasian College of Emergency Medicine (2000). Guidelines for the implementation of the Australasian Triage Scale (ATS) in Emergency Departments.

2 South Eastern Sydney Area Health Service Mental Health Triage guidelines for Emergency Departments

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This document can be downloaded at: www.health.vic.gov.au/emergency/mental