

## Towards a statewide mental health triage scale for Victoria's area mental health services: background information

Triage is the process of initial assessment to determine the need for service and the nature and urgency of the care required, and is a key part of the AMHS clinical pathway. The Mental Health Branch definition of triage is shown below.

### **About triage in area mental health services**

Mental health triage is provided for all potential consumers (or people seeking assistance on behalf of a person thought to have a mental illness) at the first point of contact with mental health services. Triage may also be used for assessment of current and former consumers who make unplanned contact with the mental health service. Triage is a clinical function. The role of the triage clinician is to conduct a preliminary assessment of whether a person is likely to have a mental illness or disorder, and the nature and urgency of the response required.

Where it is considered that area mental health services (AMHS) are not the most appropriate option for the person, he/she may be referred to another organisation or given other advice.

Where a mental health triage assessment indicates that specialist mental health services are required (or possibly required) a more comprehensive assessment is provided through the intake assessment. The intake assessment may result in referral to another organisation and/or in the person being treated within the specialist mental health service.

The Mental Health Branch's Triage Program Management Circular more fully describes the triage function in Victoria's area mental health services. This document can be found on the Branch's website, [www.health.vic.gov.au/mentalhealth/pmc](http://www.health.vic.gov.au/mentalhealth/pmc) (look for PMC05011)

Decisions made at triage determine whether a person will receive further assessment by specialist mental health services and, if so, the type and urgency of the response. Delayed or inappropriate responses to people in psychiatric crisis increase the risk of self-harm, suicide or violence—placing consumers, carers and/or members of the public at risk. In lower acuity cases, inadequate triage responses can mean that opportunities for early intervention are missed.

Numerous studies and reports have indicated a need for greater quality, consistency and accountability in AMHS triage decision-making. The development of a statewide triage scale is part of a range of measures that the Mental Health Branch is implementing to improve AMHS triage.

## What is a triage scale?

A triage scale is a rating system that attempts to classify triage contacts according to their level of urgency and the response required by mental health or other services. Ratings on the scale are made *after* the triage assessment, which should have collected sufficient information to determine the level of risk to the consumer and/or others. Completion of the scale therefore occurs towards the end of the triage process: it records the outcome of the triage assessment and, if applicable, the planned 'next stage' of service delivery.

Because most triage in community mental health services is conducted over the telephone, triage scales do not assume that the clinician and the client are face-to-face: i.e. they can be completed based on information collected over the telephone.

There are many local and interstate examples of triage scales. These are typically four to seven point rating systems describing varying levels of urgency/priority and associated timeframes.

## Why do we need a statewide triage scale?

The Mental Health Branch's 2004 survey of mental health triage found that more than half of area mental health services already have a triage scale as part of their triage assessment/record form. While all are based on a similar concept, as described above:

- There is no consistency across AMHS in the categories used to record triage outcomes or the service responses associated with various categories.
- Most of the current scales have very little information to assist or guide the clinician's decision about what category to use.
- Most scales were developed at a time when there was little guidance from Government about the mental health triage function.

There is evidence from other service contexts that ratings scales and guidelines lead to improvement in patient care. For example, in emergency departments (EDs) the use of mental health triage scales by general nurses has led to more appropriate dispositions and to improved communication between ED staff and mental health service providers.<sup>1</sup> However, researchers note that education is required to ensure that the scales are used effectively and consistently.

The lack of a consistent way of recording triage outcomes is a barrier to the collection of statewide information about the needs of people presenting to mental health services and the demands on services. Implementation of a statewide triage scale and integration with existing AMHS data collection systems will generate much-needed information about how many triage contacts are accepted for further assessment by AMHS, and the disposition of both accepted and non-accepted referrals. Once implemented, the scale will provide the basis for one or more key performance indicators (for example, an indicator of services' ability to provide a service response consistent with the consumer's initial needs).

The objectives of the proposed statewide triage scale are summarised below.

### Reasons for implementing a statewide AMHS triage scale

- To promote greater consistency in the response to consumers, carers and referrers seeking entry to area mental health services.

<sup>1</sup> Broadbent, M, Jarman H, & Berk, M. Emergency department mental health triage scales improve outcomes, *Journal of Evaluation in Clinical Practice*, February 2004, Vol 10, no. 1, pp. 57–62(6)

- To help ensure that initial service responses are appropriate to the person's level of clinical acuity and risk.
- To help clarify the targeting and prioritisation of mental health services.
- To provide a basis for improved communication between triage clinicians and other mental health service components.
- To provide a structured approach to recording outcomes of AMHS triage assessments.
- To provide a basis for statewide monitoring of triage outcomes and identifying areas for service and/or system improvement.

## **Background and context**

The following studies and projects provide the context for the development of a statewide mental health triage scale.

### ***Auditor General's report***

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In his 2002 report, *Mental Health Services for People in Crisis*, the Victorian Auditor recommended that the Department of Human Services work with AMHS to:

- Clarify definitions of urgency, timeliness and the nature of the initial service response, and ensure that there is sufficient guidance and training for AMHS to implement the agreed standards consistently.
- Monitor and report on service provision within AMHS against the agreed standards to enable appropriate responses to be made where standards are not achieved.
- Improve triage documentation procedures at AMHS to enable appropriate service monitoring and accountability. Specific areas for improvement include ratings of urgency and risk of harm to self and others, key intake criteria and completion of key assessments.

### ***Mental Health Branch survey of AMHS triage***

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Ninety three percent of triage clinicians and 89 percent of senior managers participating in the 2004 triage survey agreed with the statement that 'mental health services should have a standard system for prioritising and responding to contacts'. Many respondents commented on the need for a more rigorous approach to triage assessment to improve the overall quality and consistency of triage decisions.

While there is debate about how prescriptive the approach to triage assessment and classification should be, there is agreement that Victoria needs a clear framework for recording triage decisions.

### ***Mental health triage redevelopment projects***

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In 2004–05, the Mental Health Branch provided \$550,000 for five triage redevelopment projects involving 11 area mental health services. As part of the projects, services were asked to develop a triage classification scale, or adapt an existing scale, and provide feedback to the Mental Health Branch on its usefulness in practice.

A number of different scales were trialled, providing the basis for an early version of the draft mental health triage scale by the Mental Health Branch. This triage was based largely on the scales developed by the Eastern Health and the NorthWest/Werribee Mercy triage redevelopment projects, and the scale currently used by the Southern Health psychiatric triage service—although elements of scales used by other AMHS were also incorporated.

## ***Consultation***

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Since the development of the first version of the draft mental health triage scale, the following consultation processes have occurred:

- An opportunity, in mid 2006, for all AMHS to comment on the early version of the scale and to nominate representatives for a meeting to discuss the work (in August 2006).
- The establishment, in March 2007, of a Mental Health Triage Scale Advisory Committee of selected Directors of Clinical Services, other key experts from mental health services, and consumer and carer representatives. The Victorian Chief Psychiatrist chairs the Advisory Committee.
- Consultations with representatives of Aged Persons Mental Health Services (APMHS) and Child and Adolescent Mental Health Services (CAMHS), respectively, to discuss the applicability of the draft scale and guidelines to those services. These meetings were held in June and July 2007.

## **Scope and governance of the 'triage scale' project**

The project will:

- Develop and implement a statewide mental health triage scale for use by triage clinicians in adult, aged and child/adolescent mental health services.
- Develop guidelines and training materials to inform use of the scales.
- Develop data collection specifications and key performance indicators linked to the scale.

Victoria's Chief Psychiatrist, in conjunction with the Deputy Chief Psychiatrist, is leading the development and implementation of the scale in conjunction with the Mental Health Triage Scale Advisory Committee, which comprises senior clinical experts, Mental Health Branch officers, and consumer and carer representatives from the mental health sector.

The Service System Development Unit of the Mental Health Branch is providing project management support to the project.

These governance arrangements reflect the fact that the scale has two primary purposes: (1) to promote a more consistent and clinically appropriate response to consumers, carers and referrers seeking access to mental health services and (2) to provide a basis for better data collection about service demand, access and utilisation.

## **Pilot testing of the triage scale**

The Mental Health Triage Scale Advisory Committee endorsed a draft mental health triage scale and associated draft guidelines in July 2007. The next stage of the project is to pilot test the draft scale and guidelines prior to finalisation of the materials and planned statewide implementation in the second half of 2008. Pilot AMHS, which will be selected via an 'expression of interest process', will be asked to trial the scale for six months.

As part of the pilot testing, the Mental Health Branch will commission two projects to:

- Provide training and support to the pilot sites.
- Conduct a formal evaluation of the draft triage scale.

## ***Training and support to pilot sites***

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The contactors engaged to provide training and support to the pilot sites will:

- Further refine, if necessary, the draft triage scale guidelines prior to commencement of the pilot.
- Develop a brief training program and written training materials to support pilot testing of the draft mental health triage scale. The training will be based on the draft guidelines.
- Deliver one program (1 – 2 days) of on-site training to each of the 10 area mental health services (5 adult mental health services; 3 child/adolescent mental health services; and 2 aged persons mental health services) selected to pilot test the mental health triage scale
- Provide ongoing support, including a resource directory and website, during the six month pilot-testing phase.
- Provide a final report to the Mental Health Branch on participant experiences with the mental health triage scale and recommendations for:
  - Any changes needed to the scale and/or guidelines
  - The statewide implementation process.

The training will assume that mental health triage clinicians have the skills, and access to internal protocols, to adequately assess clients' risks and needs. This component of the project will not develop assessment tools. However, it may – as part of the collection and identification of relevant resources – direct mental health services towards existing assessment guidelines and instruments, and incorporate these on the project website.

## ***Evaluation***

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Contractors will be engaged to evaluate the reliability and useability of the draft mental health triage scale, and the effectiveness/usefulness of the written guidelines and training sessions.

The contractor will be required to provide a final evaluation report to the Mental Health Branch, including recommendations for:

- Any changes needed to the scale and/or guidelines.
- Any supporting processes or material needed to improve clinicians' accuracy and/or consistency in using the scale.

The contractor will be asked to develop a detailed evaluation framework. Possible elements of the evaluation could include:

- A comparison of triage decision-making with and without the scale, based on written case scenarios.<sup>2</sup>
- An investigation of the accuracy and consistency (inter-rater reliability) of mental health triage clinicians' decision-making using the scale in 'real life' triage assessments at the pilot test sites.
- Collection of key stakeholder feedback on the usefulness of the scale and guidelines.
- An examination of the extent to which each mental health service participating in the pilot study is able to provide service responses in accordance with triage clinicians' ratings for individual clients.

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<sup>2</sup> The Mental Health Branch, in conjunction with mental health services, has already collected range of triage 'case scenarios' and is planning to convene a panel of expert clinicians from the mental health sector to examine the scenarios in relation to the draft triage scale. The Mental Health Branch will take responsibility for the organisation of this aspect of the evaluation, in accordance with the evaluation methodology developed by the contractor.

## **Timing**

Pilot testing and concurrent evaluation of the scale will begin in April 2008 and conclude in October 2008. Following any necessary revisions, and consultations with key stakeholders, it is expected that the scale and guidelines will be implemented in all AMHS late 2008.

## **Further information**

Please direct any queries about the project to Sue Brennan on 03 9096-0459 or [sue.brennan@dhs.vic.gov.au](mailto:sue.brennan@dhs.vic.gov.au)