

Draft mental health triage scale – pilot test version, August 2007

CODE/ DESCRIPTION	RESPONSE TYPE/TIME TO FACE- TO-FACE CONTACT	TYPICAL PRESENTATIONS	MENTAL HEALTH SERVICE ACTION/RESPONSE	ADDITIONAL ACTIONS TO BE CONSIDERED
A Current actions endangering self or others	Emergency services response IMMEDIATE REFERRAL	<ul style="list-style-type: none"> o Overdose o Other medical emergency o Siege o Suicide attempt/serious self-harm in progress o Violence/threats of violence and possession of weapon 	Triage clinician to notify ambulance, police and/or fire brigade	<p>Keeping caller on line until emergency services arrive</p> <p>CATT notification/attendance</p> <p>Notification of other relevant services (e.g. child protection)</p>
B Very high risk of imminent harm to self or others	Crisis mental health response WITHIN 2 HOURS	<ul style="list-style-type: none"> o Acute suicidal ideation or risk of harm to others with clear plan and means and/or history of self-harm or aggression o Very high risk behaviour associated with perceptual/thought disturbance, delirium, dementia, or impaired impulse control o Crisis assessment requested by Police under Section 10 of Mental Health Act 	CATT or equivalent face-to-face assessment AND/OR Triage clinician advice to attend a hospital emergency department (where CATT cannot attend in timeframe or where the person requires ED assessment/ treatment)	<p>Providing or arranging support for consumer and/or carer while awaiting face-to-face AMHS response (e.g. telephone support/therapy; alternative provider response)</p> <p>Telephone secondary consultation to other service provider while awaiting face-to-face AMHS response</p>
C High risk of harm to self or others and/or high distress, especially in absence of capable supports	Urgent mental health response 2 – 12 HOURS	<ul style="list-style-type: none"> o Rapidly increasing symptoms of psychosis and/or severe mood disorder o High risk behaviour associated with perceptual/thought disturbance, delirium, dementia, or impaired impulse control o Unable to care for self or dependents or perform activities of daily living o Known consumer requiring urgent intervention to prevent or contain relapse 	CATT, continuing care or equivalent face-to-face assessment within 12 HOURS AND CATT, continuing care or equivalent telephone follow-up within ONE HOUR of triage contact	<p>As above</p> <p>Obtaining corroborating/additional information from relevant others</p>
D Moderate risk of harm and/or significant distress	Semi-urgent mental health response 12 – 48 HOURS	<ul style="list-style-type: none"> o Significant client/carer distress associated with serious mental illness (including mood/anxiety disorder) but not suicidal o Early psychosis symptoms o Requires priority face-to-face assessment in order to clarify diagnostic status o Known consumer requiring priority treatment or review 	CATT, continuing care or equivalent face-to-face assessment	As above
E Low risk of harm in short term or moderate risk with high support/ stabilising factors	Non-urgent mental health response WITHIN 14 DAYS	<ul style="list-style-type: none"> o Requires specialist mental health assessment but is stable and at low risk of harm in waiting period o Other service providers able to manage the person until AMHS appointment (with or without AMHS phone support) o Known consumer requiring non-urgent review, treatment or follow-up 	Continuing care or equivalent face-to- face assessment	As above
F Referral: not requiring face-to-face response from AMHS in this instance	Referral or advice to contact alternative service provider	<ul style="list-style-type: none"> o Other services (e.g. GPs, private mental health practitioners, ACAS) more appropriate to person's current needs o Symptoms of mild to moderate depressive, anxiety, adjustment and/or developmental disorder o Early cognitive changes in an older person 	Triage clinician to provide formal or informal referral to an alternative service provider or advice to attend a particular type of service provider	Facilitating appointment with alternative provider (subject to consent/privacy requirements), especially if alternative intervention is time-critical
G Advice or information only/ Service provider consultation/ AMHS requires more information	Advice or information only OR More information needed	<ul style="list-style-type: none"> o Consumer/carer requiring advice or opportunity to talk o Service provider requiring telephone consultation/advice o Issue not requiring mental health or other services o Mental health service awaiting possible further contact o More information needed to determine whether AMHS intervention is required 	Triage clinician to provide consultation, advice and/or brief counselling if required AND/OR Mental health service to collect further information over telephone	Making follow-up telephone contact as a courtesy

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NOTES: Document any information relevant to the triage decision, including where applicable

Advice given to consumer/carer/referrer

Specific 'additional actions' provided or required

Specific timeframe required (where this is shorter than the maximum timeframe for chosen triage code)

Post-triage information necessitating revision of the original triage code