

Mental health triage scale

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"> Overdose Other medical emergency Siege Suicide attempt/serious self-harm in progress Violence/threats of violence and possession of weapon 	Triage clinician to notify ambulance, police and/or fire brigade	<ul style="list-style-type: none"> Keeping caller on line until emergency services arrive CATT notification/attendance Notification of other relevant services (e.g. child protection)
B Very high risk of imminent harm to self or others	Very urgent mental health response WITHIN 2 HOURS	<ul style="list-style-type: none"> Acute suicidal ideation or risk of harm to others with clear plan and means and/or history of self-harm or aggression Very high risk behaviour associated with perceptual/thought disturbance, delirium, dementia, or impaired impulse control Urgent 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)	<ul style="list-style-type: none"> Providing or arranging support for consumer and/or carer while awaiting face-to-face MHS response (e.g. telephone support/therapy; alternative provider response) Telephone secondary consultation to other service provider while awaiting face-to-face MHS response Advise caller to ring back if the situation changes Arrange parental/carer supervision for a child/adolescent, where appropriate
C High risk of harm to self or others and/or high distress, especially in absence of capable supports	Urgent mental health response WITHIN 8 HOURS	<ul style="list-style-type: none"> Suicidal ideation with no plan and/or history of suicidal ideation Rapidly increasing symptoms of psychosis and/or severe mood disorder High risk behaviour associated with perceptual/thought disturbance, delirium, dementia, or impaired impulse control Unable to care for self or dependents or perform activities of daily living Known consumer requiring urgent intervention to prevent or contain relapse 	CATT, continuing care or equivalent (eg. CAMHS urgent response) face-to-face assessment within 8 HOURS AND CATT, continuing care or equivalent telephone follow-up within ONE HOUR of triage contact	<ul style="list-style-type: none"> As above Obtaining corroborating/additional information from relevant others
D Moderate risk of harm and/or significant distress	Semi-urgent mental health response WITHIN 72 HOURS	<ul style="list-style-type: none"> Significant client/carer distress associated with serious mental illness (including mood/anxiety disorder) but not suicidal Early symptoms of psychosis Requires priority face-to-face assessment in order to clarify diagnostic status Known consumer requiring priority treatment or review 	CATT, continuing care or equivalent (eg. CAMHS case manager) 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	<ul style="list-style-type: none"> Requires specialist mental health assessment but is stable and at low risk of harm in waiting period Other service providers able to manage the person until MHS appointment (with or without MHS phone support) Known consumer requiring non-urgent review, treatment or follow-up 	Continuing care or equivalent (eg. CAMHS case manager) face-to-face assessment	As above
F Referral: not requiring face-to-face response from MHS in this instance	Referral or advice to contact alternative service provider	<ul style="list-style-type: none"> Other services (e.g. GPs, private mental health practitioners, ACAS) more appropriate to person's current needs Symptoms of mild to moderate depressive, anxiety, adjustment, behavioural and/or developmental disorder 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/ MHS requires more information	Advice or information only OR More information needed	<ul style="list-style-type: none"> Consumer/carer requiring advice or opportunity to talk Service provider requiring telephone consultation/advice Issue not requiring mental health or other services Mental health service awaiting possible further contact More information (incl discussion with an MHS team) is needed to determine whether MHS 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

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