Mental Health Triage Scale

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| CODE / DESCRIPTION | RESPONSE TYPE, RESPONDER & TIME TO FACE-TO-FACE CONTACT | TYPICAL PRESENTATIONS | ACTIONS/RESPONSE | ADDITIONAL ACTIONS TO BE CONSIDERED |
| **A**  **Harm to self or other in progress or imminent (i.e. life threatening)** | **Emergency Response**  **911 and CAMPUS SECURITY**  **IMMEDIATE** | * Overdose * Other medical emergency * Suicide attempt/serious self-harm in progress * Violence or threats of violence | * Call 911 (if calling from a campus phone, Campus Security is automatically alerted) * Call Campus Security * Notify Case Manager * Complete Incident Reporting Form | * Keep student safe until emergency personnel arrive * Notify other relevant services *(e.g. child protection)* * Notify emergency contact |
| **B**  **Very high risk of**  **imminent harm to self or others** | **Crisis Response**  **COUNSELLOR or CAMPUS SECURITY**  **WITHIN TWO (2) HOURS** | * 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 mental health assessment required under the Mental Health Act | * Notify Campus Security * Complete Risk Assessment * Complete Incident Reporting Form * Notify Case Manager * Notify emergency contact | * Provide or arrange support for student while awaiting emergency or crisis response personnel * Call Mobile Crisis Team |
| **C**  **High risk of harm to self or others and/or high**  **distress** | **Urgent Response**  **COUNSELLOR**  **WITHIN EIGHT (8) HOURS** | * Suicidal ideation with no plan * Suicidal ideation with no plan, but with history of suicidal Ideation and/or attempts * 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 student requiring urgent intervention to prevent or contain relapse | * Complete Risk Assessment * Notify Case Manager * Refer to community resource | * Obtain corroborating/ additional information from relevant others * Engage family/friends with permission |
| **D**  **Moderate risk of harm and/or significant distress** | **Semi-Urgent Response**  **COUNSELLOR**  **WITHIN SEVENTY-TWO (72) HOURS** | * Significant student/family distress associated with serious mental illness (including mood/anxiety disorder) but not suicidal * Early symptoms of psychosis * Requires priority assessment in order to clarify diagnostic status * Known student requiring priority treatment or review | * Refer to community resource * Consult with Case Manager, as required * Provide short-term counselling | * Obtain corroborating/ additional information from relevant others * Engage family/friends with permission |
| **E**  **Low risk of harm** | **Non-Urgent Response**  **COUNSELLOR**  **WITHIN 3-5 BUSINESS DAYS** | * Personal concerns related to student’s life * Symptoms of mild to moderate mental health issues e.g. depression, anxiety | * Provide short-term counselling * If longer care required, refer to community resource | * Offer follow-up call after sessions completed |
| **F**  **Very low risk of harm** | **Referral or Advice**  **COUNSELLOR**  **WITHIN 5-10 BUSINESS DAYS** | * Symptoms of mild to moderate mental health issues e.g. depression, anxiety | * Provide short-term counselling | * Offer follow-up call after sessions completed |
| **G**  **Consultation** | **Advice or Information Only**  **OR**  **More Information Needed** | * Student/family requiring advice or opportunity to talk * Service provider requiring telephone consultation/advice * Issue not requiring counselling or other services * Counsellor awaiting possible further contact * More information is needed to determine whether intervention is required | * Provide consultation, advice | * Obtain corroborating/ additional information from relevant others * Consult with Case Manager, as required * Follow-up telephone contact as a courtesy |

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

* Advice given to student/family/referral source
* Specific additional actions taken or planned
* Specific timeframe required (where this is shorter than the maximum timeframe for the chosen triage code)
* Post-triage information obtained necessitating revision of the original triage code