Stepped Care Model
Mental Health Triage Scale

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| --- | --- | --- | --- | --- |
| Code / description | Response type/ time to face-to-face contact | Typical presentations | Counsellor actions/response | Additional actions to be considered |
| **A****Harm to self or others in progress (ie. Life threatening)** | **Emergency services response****IMMEDIATE 911 & Campus Security****Step 6, 9** | * Overdose
* Other medical emergency
* Suicide attempt/serious self-harm in progress
* Violence/threats of violence and/or possession of weapon
 | * call 911
* Refer to Case Manager
* Campus Security Lockdown 4000 for violence with a weapon
 | * Keeping student safe until emergency services arrive
* Notification of other relevant services *(e.g. child protection)*
* Notify emergency contact
 |
| **B****Very high risk of****imminent harm to self or others** | * **Crisis Response**
* **On-call Counsellor or Campus Security**

**Step 6, 9** | * 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 under the Mental Health Act
 | * Call On-call Counsellor
* Complete Risk Assessment and Call Mobile Crisis Team
* Refer to Case Manager
* Case Manager to attend hospital if required
 | * Providing or arranging support for student while awaiting support
* Notify emergency contact
 |
| **C****High risk of harm to self or others and/or high****distress** | **Urgent mental****health response by On-call Counsellor****WITHIN 8 HOURS****Step 5, 6, 7, 8, 9** | * 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 student requiring urgent intervention to prevent or contain relapse
 | * Completed Risk Assessment by On-call Counsellor
* Discuss voluntary hospitalization
* Consult with Case Manager as required
* Consult CMHA Mobile Crisis Services
* Refer to Case Manager
 | * Obtaining corroborating/ additional information from relevant others
* Engage family/friends with permission
 |
| **D****Moderate risk of harm and/or significant distress** | **Semi-urgent mental health response by Counsellor****WITHIN 72 HOURS****Step 5, 6, 7, 8, 9** | * Significant student/family 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 student requiring priority treatment or review
 | * Refer to community resource
* Screen for referral to Case Manager
* Counsellor provide short term counselling
* Create Safety Plan
 | * Obtain corroborating/ additional information from relevant others
* Engage family/friends with permission
 |
| **E****Low risk of harm** | **Non-urgent mental health response****Step 2, 3, 4, 5, 8** | * Personal concerns related to students life
* Symptoms of mild to moderate mental health issues e.g. depression, anxiety
 | * Provide single session therapy or brief intervention if longer care required, refer to community resource
 | * Encourage follow-up call after sessions completed
 |
| **F****No risk of harm** | **Counsellor provides resources****Step 1, 2, 3, 4** | * Symptoms of mild to moderate mental health issues e.g. depression, anxiety
 | * Encourage student to use self-help and on-line resources
* Refer to groups
 | * Facilitating appointment with alternative

provider (subject to consent/privacy if required) |
| **G****Advice or information****only/ Service provider****consultation/****counsellor requires more****information** | **Advice or information only****OR****more information needed****Step 1** | * 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
 | * Counsellor to provide consultation, advice and/or brief counselling if required
 | * Obtain corroborating/ additional information from relevant others
* Making follow-up telephone contact as a courtesy
 |

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

Advice given to student/family/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