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