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
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| **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
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| **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
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| **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
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| **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
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| **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
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| **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
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**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