Triage Code/ description	Response type/ time to face-to face contact	Examples of typical presentations	Mental health service action/ response	Additional actions that may be considered
A **Emergency**	**IMMEDIATE REFERRAL** **Emergency services response**	• Current actions endangering self or others • Overdose / suicide attempt / violent aggression • Possession of a Weapon	**Triage clinician to notify ambulance, Police and/or NZ Fire**	Keeping caller on line until emergency services arrive/ inform others Telephone Support
B **Very high risk of imminent harm to self or others**	**WITHIN 4 HOURS** **Very urgent mental health response**	• Acute suicidal ideation or risk of harm to others with clear plan and means • Ongoing history of self-harm or aggression with intent • Very high risk behaviour associated with perceptual/thought disturbance, delirium, dementia, or impaired impulse control • Urgent assessment under Mental Health Act Initial service response to ED or Police	**Crisis or equivalent face-to-face assessment AND/OR Triage clinician advice to attend a hospital Emergency Department** (where Crisis cannot attend in timeframe or where the person requires ED assessment / treatment)	Recruit additional support and collate relevant in formation Telephone support Point of contact if the situation changes
C **High risk of harm to self or others and/or high distress, especially in absence of capable supports**	**WITHIN 24 HOURS** **Urgent mental health response**	• 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 • Overt / Unprovoked aggression in care home or hospital ward setting • Wandering at night (community) • 'Vulerable isolation or abuse	**Crisis, / Psych Liaison / Community Mental Health or equivalent** (eg. CAMHS urgent response) **face-to face assessmen**t	Contact same day with a view to following day review in some cases. Obtain and collate additional relevant information Telephone support Point of contact if the situation changes
D **Moderate risk of harm and/or significant distress**	**WITHIN 72 HOURS** **Semi-urgent mental health response**	• Significant client/carer distress associated with severe mental illness (including mood/anxiety disorder) but not suicidal • Absent insight / Early symptoms of psychosis • Resistive aggression / obstructed care delivery • Wandering (hospital) or during the day (community) • Isolation / failing carer or known situation requiring priority treatment or review	**Community Mental Health / Psych Liaison** or equivalent (eg. CAMHS case manager) **face-to face assessment**	Telephone support Secondary consultation to manage wait period Point of contact if the situation changes
E **Low risk of harm in short term or moderate risk with high support / stabilising factors**	**WITHIN 3 WEEKS** **Non-urgent mental health response**	• 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 • Referral for diagnosis (see below) • Requests for capacity assessment, service access for dementia or service review / carer support	Outpatient clinic for face-to face assessment, continuing care or equivalent (eg. CAMHS case manager)	Telephone support Secondary consultation to manage wait period Point of contact if the situation changes
F **Referral not requiring face-to-face response from MHAS in this instance**	**Referral or advice to contact alternative service provider**	• 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**	Assist and/or Facilitate transfer to alternative provider Telephone support and advice

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Triage Code/ description	Response type/ time to face-to face contact	Examples of typical presentations	Mental health service action/ response	Additional actions that may be considered
G **Advice, consultation, information**	**Advice or information only OR More information needed**	• Consumer/carer requiring advice or opportunity to talk • Service provider requiring telephone consultation/advice • Initial notification pending further information or detail	**Triage clinician to provide advice, support and /or collect further information**	Consider courtesy follow-up telephone contact as a Telephone support and advice

REFERENCES

- Sands, N., Elsom, S. & Colgate, R. (2015). *UK Mental Health Triage Scale Guidelines.* UK Mental Health Triage Scale Project. Wales

ASSOCIATED DOCUMENTS

- Bay of Plenty District Health Board Clinical Practice Manual protocol CPM.M7.3 ACMHS Referrals Management Intake and Access
- Bay of Plenty District Health Board Clinical Practice Manual protocol CPM.M5.10 Assessment
- Bay of Plenty District Health Board Clinical Practice Manual protocol CPM.M5.25 Referral