

**Kari Centre Mental Health Triage Scale**

<b>Triage Code /description</b>	<b>Response type/ time to face-to- face contact</b>	<b>Typical presentations</b>	<b>Mental health service action/response</b>	<b>Additional actions to be considered</b>
<b>A Emergency</b>	<b>IMMEDIATE REFERRAL</b>  <b>Emergency service response</b>	Current actions endangering self or others - with a clear plan and means and / or history of self-harm or aggression  Overdose / suicide attempt / serious self-harm in progress  Violence / threats of violence and possession of a weapon  Medical emergency including medically unstable (Eating Disorder)	<b>Triage clinician to notify ambulance, police and/or fire service</b>  <b>Parents, carer, emergency department may also need to be informed</b>  <b>If on site CAMHS face-to-face – may require support from security</b>	Keeping caller on line until emergency services arrive / inform others  Telephone Support  Liaison with other services as indicated
<b>B Very high risk of imminent harm to self or to others</b>	<b>SAME DAY RESPONSE</b>  <b>Very urgent mental health response</b>	Acute suicidal ideation or risk of danger to self or others with clear plan or means  Ongoing history of self-harm or aggression with intent  Very high risk behaviour associated with perceptual or thought disturbance or impaired impulse control  Urgent assessment under Mental Health Act  Initial service response to Emergency Department  Parent / carer unable to manage risk safely	<b>Crisis Team/Liaison/ CAHMS face-to-face</b>  <b>AND/OR</b>  <b>Urgent Team clinician attend emergency department, police cell or wherever the person requires medical assessment/ treatment</b>  <b>Parents, carer will need to be informed if unaware of situation</b>	Recruit additional support and collate relevant information  Telephone Support.  Point of contact if situation changes  Liaise with other services as indicated
<b>C High risk of harm to self or others and/or high distress, especially in absence of capable supports</b>	<b>WITHIN 24 - 72 HOURS</b>  <b>Urgent mental health response</b>	Suicidal ideation contextual to situational crises (home, school, relationships etc)  Ongoing suicidal thoughts but no imminent plan  Rapidly increasing symptoms of psychosis and / or severe mood disorder  High risk behaviour associated with perceptual or thought disturbance or impaired impulse control  Overt / unprovoked aggression at home or school  Vulnerable, isolation, domestic violence, neglect, abuse exacerbating mental distress  Lack of parental/carers support and containment, under OT care	<b>Crisis Team/Liaison/ CAMHS face-to-face assessment</b>	Contact same day with a view to provide support until face-to-face review  Obtain and collate additional relevant information  Point of contact if situation Changes  Telephone support and advice to manage wait period  Liaise with other services as indicated
<b>D Moderate risk of harm and/or significant distress</b>	<b>Semi-urgent mental health response</b>	Significant distress (child, young person, carers) and impact on function in more than one domain (home, school, relationship etc)  Severe mental illness – chronic risk with periods of acuity  Absent insight /early symptoms of psychosis  Aggression  Isolation, self-neglect, lack for parental / carer support and containment	<b>Liaison/CAHMS face-to-face assessment</b>	Telephone support and advice  Secondary consultation to manage wait period  Point of contact if situation changes
<b>E Low risk of harm in short term or moderate risk with good support/ stabilising factors</b>	<b>Non-urgent mental health response</b>	Requiring priority intervention or assessment, but is stable and at low risk of harm during waiting period  Other services able to manage the person until mental health service assessment (+/- telephone advice)  Known service user requiring non-urgent review adjustment of treatment or follow-up  Referral for medication review (ADHD)	<b>CAMHS face-to-face assessment</b>	Telephone support and advice  Secondary consultation to manage wait period  Point of contact if situation changes
<b>F Referral not requiring face-to-face response from mental health</b>	<b>Referral or advice to contact alternative provider</b>	Other services (outside mental health) more appropriate to current situation or need	<b>Triage clinician to provide advice, support</b>  <b>Advice to contact other provider and/or phone referral to alternative service provider</b> (with or without formal written referral)	Assist and/or facilitate transfer to alternative service provider  Telephone support and advice
<b>G Advice, consultation, information</b>	<b>Advice or information only OR More information needed</b>	Young person or carer requiring advice or information  Service provider providing information (collateral)  Initial notification pending further information or details	<b>Triage clinician to provide advice, support, and/or collect further information</b>	Consider courtesy follow up telephone contact  Telephone support and advice