

I'm not a robot



Welcome to the UK Mental Health Triage Scale Homepage Mental health triage is the process of initial assessment that occurs at point of entry to specialist mental health services. It is a clinical function in which a brief telephone-based mental health screening assessment is undertaken to determine whether the person has a mental health related problem, the urgency of the problem, and the most appropriate service response. Triage may also be used for assessment of current and former service users who make unplanned contact with the mental health service. Mental health triage services typically operate twenty four hours per day, and may be located within the Emergency Department of the general hospital, in the community mental health clinic, co-located at the psychiatric unit, or in a telephone call centre. The key aim of telephone-based mental health triage is to provide timely access to appropriate mental health assessment and care for people seeking assistance with a mental health problem. Triage is underpinned by the premise that a reduction in the time taken to access appropriate care will result in improved patient outcomes Mental health triage scales are clinical tools used in specialist mental health services (distinct from emergency triage scales) designed to guide clinical decision-making in (triage) psychiatric screening assessments. Triage scales aim to optimise the accuracy and consistency of triage clinical decision-making, and facilitate timely service provision that is commensurate with the specific needs of health care users. The overarching goal of using a MHTS is to enhance the potential for safe, high quality mental health triage assessment through the use of evidence-based tools and frameworks for practice. The UK Mental Health Triage Scale (UK MHTS) The UK MHTS was developed in 2015 in the context of service improvements targeting frontline mental health services in Bradford, West Yorkshire, and Bridgend, Wales. Research was conducted at both sites to establish the reliability of the UK MHTS, which was adapted from an Australian MHTS that has been in wide use since 2009. The UK MHTS was found to have high levels of inter-rater reliability, and was subsequently implemented at both sites. A research article reporting on the study is now available online in Open Access here: UKMHTS research article The UK MHTS and Guidelines for use can be accessed via the menu bar at the top of the page. Triage Quick Reference Guide The following table provides the criteria for the mental health triage tool. Triage code - Treatment acuity Description Typical presentation General management principles* 1 - Immediate Definite danger to life (self or others) Australasian Triage Scale1 states: Severe behavioural disorder with immediate threat of dangerous violence Observed Violent behaviour Possession of weapon Self-destruction in ED Extreme agitation or restlessness Bizarre/ disorientated behaviour Reported Verbal commands to do harm to self or others, that the person is unable to resist (command hallucinations) Recent violent behaviour Supervision Continuous visual surveillance 1:1 ratio (see definition below) Action Alert ED medical staff immediately Alert mental health triage or equivalent Provide safe environment for patient and others Ensure adequate personnel to provide restraint/ detention based on industry standards Consider Calling security +/- police if staff or patient safety compromised. May require several staff to contain patient 1:1 observation Intoxication by drugs and alcohol may cause an escalation in behaviour that requires management 2 - Emergency Within 10 minutes Probably risk of danger to self or others AND/OR Client is physically restrained in emergency department AND/OR Severe behavioural disturbance Australian Triage Scale1 states: Violent or aggressive (if): Immediate threat to self or others Requires or has required restraint Severe agitation or aggression Observed Extreme agitation/ restlessness Physically/ verbally aggressive Confused/ unable to cooperate Hallucinations/ delusions/ paranoia Requires restraint/ containment High risk of absconding and not waiting for treatment Reported Attempt at self-harm/ threat of self-harm Threat of harm to others Unable to wait safely Supervision Continuous visual surveillance (see definition below) Action Alert ED medical staff immediately Alert mental health triage Provide safe environment for patient and others Ensure adequate personnel to provide restraint/ detention Prompt assessment for patient recommended under Section 9 or apprehended under Section 10 of Mental Health Act Consider If defusing techniques ineffective, re-triage to category 1 (see below) Security in attendance until patient sedated if necessary Intoxication by drugs and alcohol may cause an escalation in behaviour that requires management 3 - Urgent Within 30 minutes Possible danger to self or others Moderate behaviour disturbance Severe distress Australian Triage Scale1 states: Very distressed, risk of self-harm Acutely psychotic or thought-disordered Situational crisis, deliberate self-harm Agitated/ withdrawn Observed Agitation/ restlessness Intrusive behaviour Confused Ambivalence about treatment Not likely to wait for treatment Reported Suicidal ideation Situational crisis Unable to wait safely Presence of psychotic symptoms Hallucinations Delusions Paranoid ideas Thought disordered Bizarre/agitated behaviour Presence of mood disturbance Severe symptoms of depression Withdrawn/ uncommunicative and/ or anxiety Elevated or irritable mood Supervision Close observation (see definition below) Do not leave patient in waiting room without support person Action Alert mental health triage Ensure safe environment for patient and others Consider Re-triage if evidence of increasing behavioural disturbance i.e. - Restlessness - Intrusiveness - Agitation - Aggressiveness - Increasing distress Inform security that patient is in department Intoxication by drugs and alcohol may cause an escalation in behaviour that requires management 4 - Semi-urgent Within 60 minutes Moderate distress Australian Triage Scale states: Semi-urgent mental health problem Under observation and/ or no immediate risk to self or others Observed No agitation/ restlessness Irritable without aggression Cooperative Gives coherent history Reported Pre-existing mental health disorder Symptoms of anxiety of depression without suicidal ideation Willing to wait Supervision Intermittent observation (see definition below) Action Discuss with mental health triage nurse Consider Re-triage if evidence of increasing behavioural disturbance i.e. - Restlessness - Intrusiveness - Agitation - Aggressiveness - Increasing distress Intoxication by drugs and alcohol may cause an escalation in behaviour that requires management 5 - Non-urgent Within 120 minutes No danger to self or others No acute distress No behavioural disturbance Australasian Triage Scale1 states: Known patient with chronic symptoms Social crisis, clinically well patient Observed Cooperative Communicative and able to engage in developing management plan Able to discuss concerns Compliant with instructions Reported Known patient with chronic psychotic symptoms Pre-existing non-acute mental health disorder Known patient with chronic unexplained somatic symptoms Request for medication Minor adverse effect of medication Financial, social, accommodation or relationship problems Supervision General observation (see definition below) Action Discuss with mental health triage Refer to treating team if case-managed Management definitions Continuous visual surveillance = person is under direct visual observation at all times. Close observation = regular observation at a maximum of 10 minute intervals. Intermittent observation = routine waiting room check at a maximum of 1 hour intervals. General observation = routine waiting room check at a maximum of 1 hour intervals. * Management principles may differ according to individual health service protocols and facilities. 1 Australasian College of Emergency Medicine (2000). Guidelines for the Implementation of the Australasian Triage Scale (ATS) in Emergency Departments. 2 South Eastern Sydney Area Health Service Mental Health Triage guidelines for Emergency Departments. Acknowledgements NICS acknowledges existing triage tools provided by Barwon Health Top of page Psychometric Properties of a Novel Affective Bias Task and Its Application in Clinical and Nonclinical Populations. Kalva P, Kanja K, Metzger BA, Fan X, Cui B, Pascuzzi B, Magnotti J, Mocchi M, Mathura R, Bijanki KR, Kalva P, et al. Biol Psychiatry Cogn Neurosci Neuroimaging. 2024 Jul 18:S2451-9022(24)00192-7. doi: 10.1016/j.bpsc.2024.07.004. Online ahead of print. Biol Psychiatry Cogn Neurosci Neuroimaging. 2024. PMID: 39032695 There is a uniform, statewide mental health triage scale for Victorian mental health services and their respective mental health clinicians performing the triage function. The scale guidelines provide advice on the mental health triage process, factors in triage decisions and how to use the triage scale. Mental health services must ensure that well developed triage assessment protocols and tools are available and that staff are trained in their use, such as risk assessment tools, functioning assessment tools (for example, the Children's Global Assessment Scale (CGAS)) and triage manuals/practice directions. Date published 30 Apr 2010 Author Department of Health & Human Services Reviewed 29 May 2015 Loading...