

Code / description	Response type / time to face-to-face contact	Typical presentations	MH&AS action / response	Additional actions to be considered
<b>A</b> Current actions endangering self or others	<b>Emergency services response IMMEDIATE REFERRAL</b>	<ul style="list-style-type: none"> <li>Overdose</li> <li>Other medical emergency</li> <li>Siege</li> <li>Suicide attempt(s) serious self-harm in progress</li> <li>Violence / threats of violence and possession of weapon</li> </ul>	<ul style="list-style-type: none"> <li>Triage clinician to notify ambulance, Police and / or fire brigade</li> </ul>	<ul style="list-style-type: none"> <li>Keeping caller on line until emergency services arrive.</li> <li>Crisis Service notification / attendance Notification of other relevant services (e.g. child protection)</li> </ul>
<b>B</b> Very high risk of imminent harm to self or others	<b>Very urgent MH&amp;AS response WITHIN 2 HOURS</b>	<ul style="list-style-type: none"> <li>Acute suicidal ideation or risk of harm to others with clear plan and means and/or history of self-harm or aggression</li> <li>Very high risk behaviour associated with perceptual / thought disturbance, delirium, dementia, or impaired impulse control</li> <li>Urgent assessment requested by Police</li> </ul>	<ul style="list-style-type: none"> <li>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)</li> </ul>	<ul style="list-style-type: none"> <li>Providing or arranging support for consumer and / or carer while awaiting face-to-face MH&amp;AS response (e.g. telephone support / therapy; alternative provider response) Telephone secondary consultation to other service provider while awaiting face-to-face MH&amp;AS response Advise caller to ring back if the situation changes Arrange parental / carer supervision for a child / adolescent, where appropriate</li> </ul>
<b>C</b> High risk of harm to self or others and / or high distress, especially in absence of capable supports	<b>Urgent MH&amp;AS response WITHIN 8 HOURS</b>	<ul style="list-style-type: none"> <li>Suicidal ideation with no plan and / or history of suicidal ideation</li> <li>Rapidly increasing symptoms of psychosis and / or severe mood disorder</li> <li>High risk behaviour associated with perceptual / thought disturbance, delirium, dementia, or impaired impulse control</li> <li>Unable to care for self or dependents or perform activities of daily living</li> <li>Known consumer requiring urgent intervention to prevent or contain relapse</li> </ul>	<ul style="list-style-type: none"> <li>Crisis, continuing care or equivalent (e.g. CAMHS urgent response) face-to-face assessment within 8 HOURS; AND</li> <li>Crisis continuing care or equivalent telephone follow-up within ONE HOUR of triage contact</li> </ul>	<ul style="list-style-type: none"> <li>As above</li> <li>Obtaining corroborating / additional information from relevant others</li> </ul>
<b>D</b> Moderate risk of harm and / or significant distress	<b>Semi-urgent MH&amp;AS response WITHIN 72 HOURS</b>	<ul style="list-style-type: none"> <li>Significant client / carer distress associated with serious mental illness (including mood/anxiety disorder) but not suicidal</li> <li>Early symptoms of psychosis</li> <li>Requires priority face-to-face assessment in order to clarify diagnostic status</li> <li>Known consumer requiring priority treatment or review</li> </ul>	<ul style="list-style-type: none"> <li>Crisis, continuing care or equivalent (eg. CAMHS case manager) face-to-face assessment</li> </ul>	<ul style="list-style-type: none"> <li>As above</li> </ul>
<b>E</b> Low risk of harm in short term or moderate risk with high support /	<b>Non-urgent MH&amp;AS response</b>	<ul style="list-style-type: none"> <li>Requires specialist MH&amp;AS assessment but is stable and at low risk of harm in waiting period</li> <li>Other service providers able to manage the person until MH&amp;AS appointment (with or without MH&amp;AS phone support)</li> <li>Known consumer requiring non-urgent review, treatment or follow-up</li> </ul>	<ul style="list-style-type: none"> <li>Continuing care or equivalent (eg. CAMHS case manager) face-to-face assessment</li> </ul>	<ul style="list-style-type: none"> <li>As above</li> </ul>

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<b>F</b> Referral: not requiring face-to-face response from MH&AS in this	<b>Referral or advice to contact alternative service provider</b>	<ul style="list-style-type: none"> <li>Other services (e.g. GPs, private mental health practitioners, ACCS) more appropriate to person's current needs</li> <li>Symptoms of mild to moderate depressive, anxiety, adjustment, behavioural and / or developmental disorder</li> <li>Early cognitive changes in an older person</li> </ul>	<ul style="list-style-type: none"> <li>Triage clinician to provide formal or informal referral to an alternative service provider or advice to attend a particular type of service provider</li> </ul>	<ul style="list-style-type: none"> <li>Facilitating appointment with alternative provider (subject to consent / privacy requirements), especially if alternative intervention is time-critical</li> </ul>
<b>G</b> Advice or information only / Service provider consultation / MH&AS	<b>Advice or information only OR More information needed</b>	<ul style="list-style-type: none"> <li>Consumer / carer requiring advice or opportunity to talk</li> <li>Service provider requiring telephone consultation / advice</li> <li>Issue not requiring MH&amp;AS or other services</li> <li>MH&amp;AS awaiting possible further contact</li> <li>More information (incl discussion with an MH&amp;AS team) is needed to determine whether MH&amp;AS intervention is required</li> </ul>	<ul style="list-style-type: none"> <li>Triage clinician to provide consultation, advice and/or brief counselling if required and / or MH&amp;AS service to collect further information over telephone</li> </ul>	<ul style="list-style-type: none"> <li>Making follow-up telephone contact as a courtesy</li> </ul>