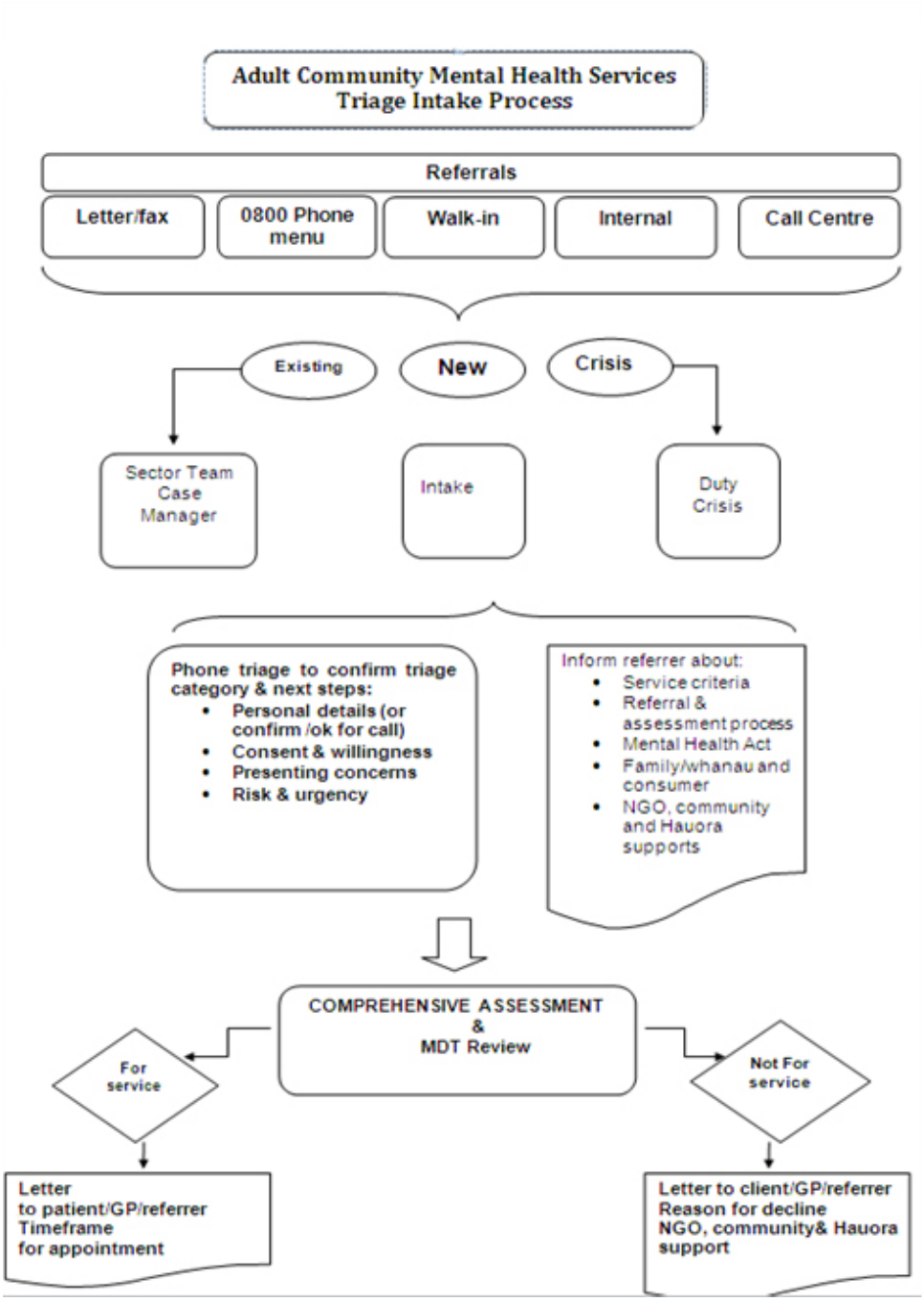
The ACMHS Pathway

Intake: The intake process is the first point of contact for referrers and members of the public who request a secondary psychiatric services response.

The intake coordinator is responsible for the co-ordination of referral information, triage of risk, and allocating referrals to the appropriate team.

Urgent referrals (Triage categories A – C) are redirected to crisis staff during business hours and triaged by the Tauranga Acute Pathway Team after business hours and over weekends. For details about the triage categories and intake T-codes, see Intake MHAS. C1.6

All other referrals are assessed by the Intake Co-Ordinator, processed and allocated for the most appropriate case management or alternative support options.



Appendix 2 **Triage Scale MHAS A1.53**

Code/ description	Response type/ time to face-to face contact	Typical presentations	Mental health service action/ response	Additional actions to be considered
A Current actions endangering self or others	**Emergency services response** **IMMEDIATE REFERRAL**	• Overdose • Other medical emergency • Siege • Suicide attempt/serious self-harm in progress • Violence/threats of violence and possession of weapon	Triage clinician to notify ambulance, police and/or fire brigade	Keeping caller on line until emergency services arrive. CATT notification/attendance Notification of other relevant services (e.g. child protection)
B Very high risk of imminent harm to self or others	**Very urgent mental health response** **WITHIN 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 assessment requested by Police under Section 10 of Mental Health Act	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)	Providing or arranging support for consumer and/or carer while awaiting face-to-face MHS response (e.g. telephone support/therapy; alternative provider response) Telephone secondary consultation to other service provider while awaiting face-to-face MHS response Advise caller to ring back if the situation changes Arrange parental/carer supervision for a child/adolescent, where appropriate
C High risk of harm to self or others and/or high distress, especially in absence of capable supports	**Urgent mental health response** **WITHIN 8 HOURS**	• 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 • Unable to care for self or dependents or perform activities of daily living • Known consumer requiring urgent intervention to prevent or contain relapse	Crisis, continuing care or equivalent (eg. CAMHS urgent response) face-to face assessment within 8 HOURS AND Crisis continuing care or equivalent telephone follow-up within ONE HOUR of triage contact	As above Obtaining corroborating/additional information from relevant others
D Moderate risk of harm and/or significant distress	**Semi-urgent mental health response** **WITHIN 72 HOURS**	• Significant client/carer distress associated with serious mental illness (including mood/anxiety disorder) but not suicidal • Early symptoms of psychosis • Requires priority face-to-face assessment in order to clarify diagnostic status • Known consumer requiring priority treatment or review	Crisis, continuing care or equivalent (eg. CAMHS case manager) face-to face assessment	As above
E Low risk of harm in short term or moderate risk with high support/ stabilising factors	**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	Continuing care or equivalent (eg. CAMHS case manager) face-to face assessment	As above
F Referral: not requiring face-to-face response from MHS 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	Facilitating appointment with alternative provider (subject to consent/privacy requirements), especially if alternative intervention is time-critical
G Advice or information only/ Service provider consultation/ MHS requires more information	**Advice or information only OR More information needed**	• Consumer/carer requiring advice or opportunity to talk • Service provider requiring telephone consultation/advice • Issue not requiring mental health or other services • Mental health service awaiting possible further contact • More information (incl discussion with an MHS team) is needed to determine whether MHS intervention is required	Triage clinician to provide consultation, advice and/or brief counselling if required AND/OR Mental health service to collect further information over telephone	Making follow-up telephone contact as a courtesy