

UK Mental Health Triage Scale				
Triage Code /description	Response type/ time to face-to-face contact	Typical presentations	Mental health service action/response	Additional actions to be considered
A Emergency	IMMEDIATE REFERRAL Emergency service response	Current actions endangering self or others Overdose / suicide attempt / violent aggression Possession of a weapon	Triage clinician to notify ambulance, police and/or fire service	Keeping caller on line until emergency services arrive / inform others Telephone Support.
B Very high risk of imminent harm to self or to others	WITHIN 4 HOURS Very urgent mental health response	Acute suicidal ideation or risk of harm to 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, delirium, dementia, or impaired impulse control Urgent assessment under Mental Health Act Initial service response to A & E and 'front of hospital' ward areas	Crisis Team/Liaison/ face-to-face assessment AND/OR Triage clinician advice to attend a hospital A&E department (where the person requires medical assessment/ treatment)	Recruit additional support and collate relevant information Telephone Support. Point of contact if 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 or ongoing history of suicidal ideas with possible intent Rapidly increasing symptoms of psychosis and / or severe mood disorder High risk behaviour associated with perceptual or thought disturbance, delirium, dementia, or impaired impulse control Overt / unprovoked aggression in care home or hospital ward setting Wandering at night (community) Vulnerable isolation or abuse	Crisis Team/Liaison/ Community Mental Health Team (CMHT) face-to-face assessment	Contact same day with a view to following day review in some cases Obtain and collate additional relevant information Point of contact if situation changes Telephone support and advice to manage wait period
D Moderate risk of harm and/or significant distress	WITHIN 72 HOURS Semi-urgent mental health response	Significant patient / carer distress associated with severe mental illness (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 intervention or assessment	Liaison/CMHT face-to-face assessment	Telephone support and advice Secondary consultation to manage wait period Point of contact if situation changes
E Low risk of harm in short term or moderate risk with good support/ stabilising factors	WITHIN 4 WEEKS Non-urgent mental health response	Requires specialist mental health 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 diagnosis (see below) Requests for capacity assessment, service access for dementia or service review / carer support	Out-patient clinic or CMHT face-to-face assessment	Telephone support and advice Secondary consultation to manage wait period Point of contact if situation changes
F Referral not requiring face-to-face response from mental health	Referral or advice to contact alternative provider	Other services (outside mental health) more appropriate to current situation or need	Triage clinician to provide advice, support Advice to contact other provider and/or phone referral to alternative service provider (with or without formal written referral)	Assist and/or facilitate transfer to alternative service provider Telephone support and advice
G Advice, consultation, information	Advice or information only OR More information needed	Patient or carer requiring advice or information Service provider providing information (collateral) Initial notification pending further information or detail	Triage clinician to provide advice, support, and/or collect further information	Consider courtesy follow up telephone contact Telephone support and advice