Know Your Network
Service Snapshot Series

Austin Health – ICYMHS Triage

Monthly Learning Series | North East Mental Health Service Coordination Alliance (NEMHSCA)

28TH OCTOBER 2025

NEMHSCA
NORTH EAST MENTAL HEALTH SERVICE COORDINATION ALLIANCE

Austin ICYMHS Triage

Who are we?

Multidiscipline team of senior mental health clinicians

Consultant psychiatrist 0.3FTE

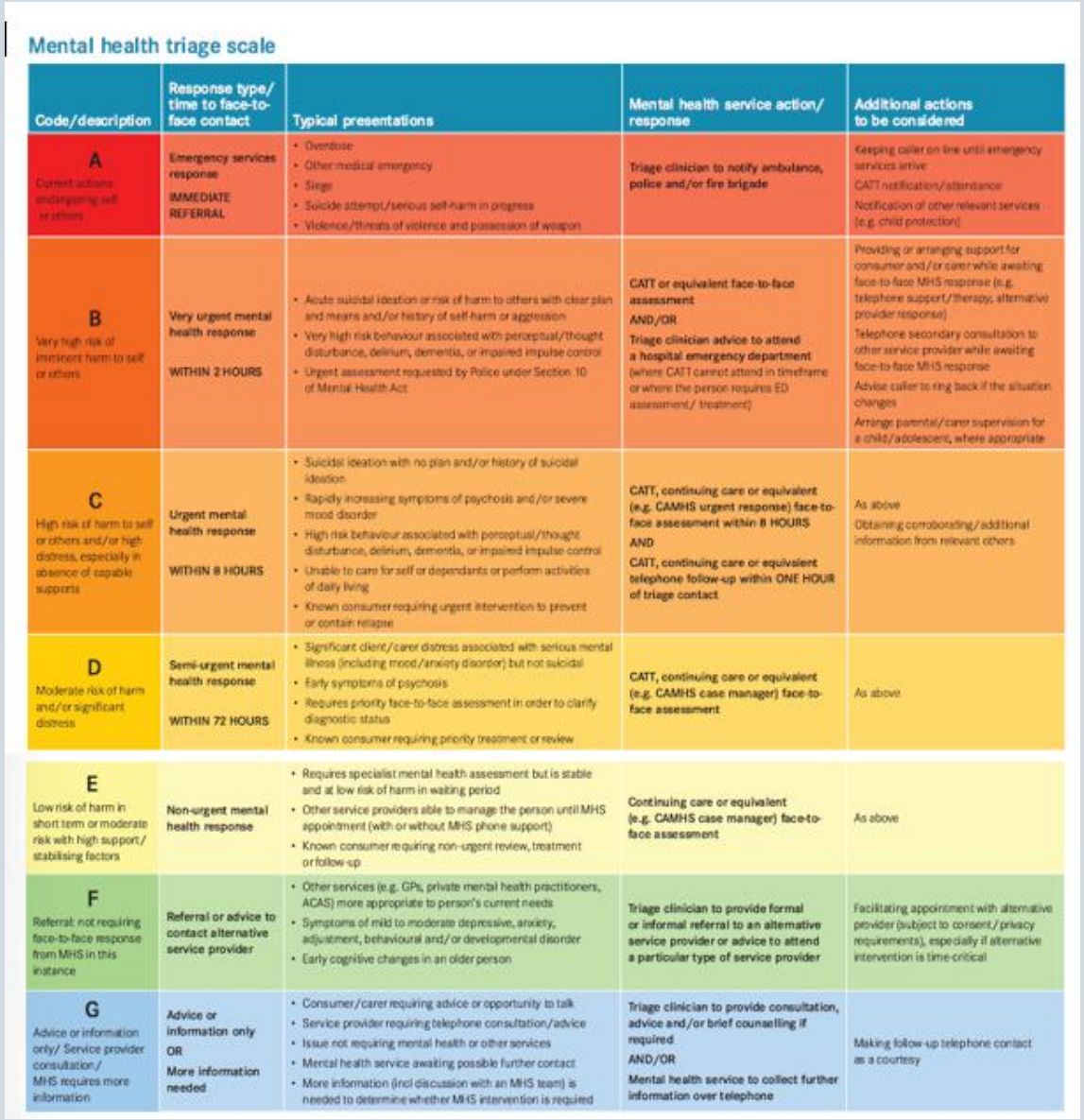
Psychiatric registrar 0.6FTE

Where are we based?

Burgundy Street, Heidelberg

Who we support?

- 0 - 18 yo – Banyule, Nillumbik, Darebin, Yarra, Boroondara, Whittlesea.
- 18 – 25 yo - Banyule, Nillumbik



Mental health triage scale

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	**CATT or equivalent face-to-face assessment** **AND/OR** **Triage clinician advice to attend a hospital emergency department** (where CATT 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 dependants or perform activities of daily living • Known consumer requiring urgent intervention to prevent or contain relapse	**CATT, continuing care or equivalent (e.g. CAMHS urgent response) face-to-face assessment within 8 HOURS** **AND** **CATT, 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	**CATT, continuing care or equivalent (e.g. 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 (e.g. 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

What do we do?

Act as a central point of entry

Initial assessment

Determine urgency and response

Provide support and advice

Refer to other services

Arrange for further assessment

What can we provide?

EXPERT GUIDANCE IN NAVIGATING MENTAL HEALTH SYSTEMS

SECONDARY CONSULTATION

MEDICATION CONSULTATION

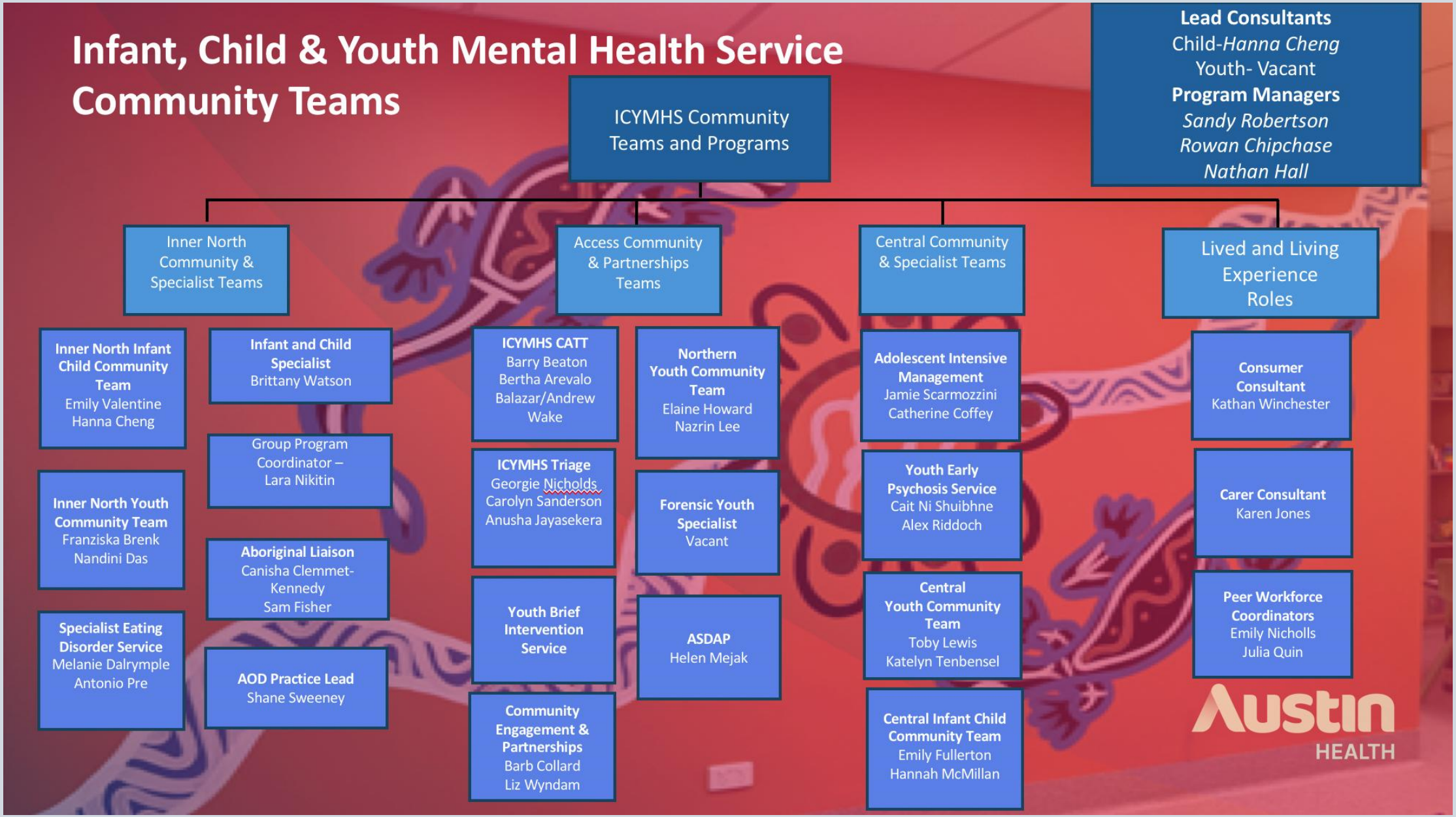
TRIAGE D CRISIS ASSESSMENT

INTERFACING WITH OTHER TERTIARY AND COMMUNITY BASED SERVICES

INTAKE FOR AUSTIN HEALTH'S SPECIALIST EATING DISORDER SERVICE

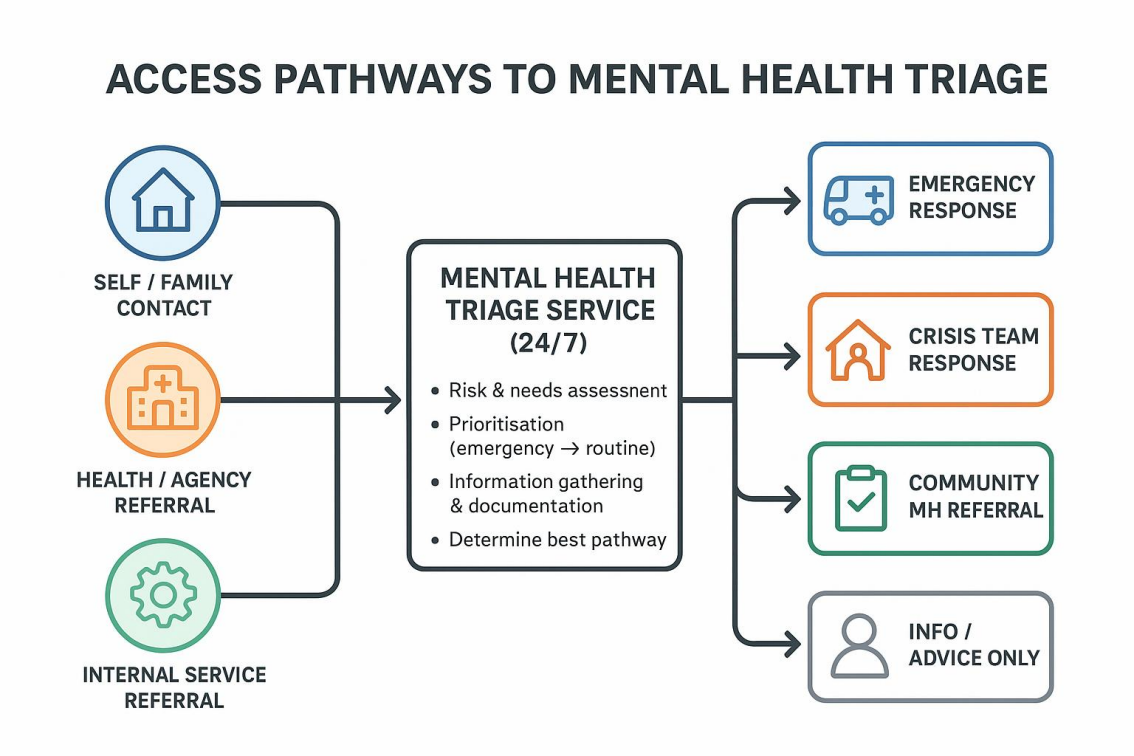
COORDINATE AND FACILITATION CRISIS INPATIENT ADMISSIONS

Infant, Child & Youth Mental Health Service
Community Teams



Access Pathways

Phone: 1300 859 789 (option 1)
Email: under18triage@austin.org.au



What to expect?

- Parental/Guardian Consent (0-18) or consent of YP
- Age
- Address/council area
- Presenting Problem/ Mental Health Concerns
- Risk

Approach to Practice

Core Practice Principles

- Safety First
- Least Restrictive and Recovery-Oriented Practice
- Person-Centred and Family-Inclusive
- Timely and Proportionate Response
- Equity and Accessibility
- Collaborative and Integrated Practice

Common Theoretical Frameworks

- Bio–Psycho–Social Model
- Culturally Safe Practice
- Trauma-Informed Care Framework
- Systems Theory / Ecological Model

Threshold Considerations:

A person whose mental illness is severe, complex, or high-risk, and whose needs cannot be safely or effectively managed by primary or secondary services.

Tertiary Service Involvement Is Warranted When:

- The person's **safety or others' safety** is at risk.
- The person's **functioning is severely impaired**.
- **Lower-level interventions** (e.g., GP, psychologist, NGO) have not stabilised the situation.
- **Complex comorbidities** (mental, medical, social) require multidisciplinary input.

Developmental age and stage is considered when reflecting on thresholds and service needs.

Collaboration Tips

What do you want others to understand about how you work?

- Re-referral is easy and risk is dynamic
- Role of multidisciplinary clinical review
- Minimal input into ICYMHS case management

Best ways to work with your team:

- Clear, concise information with a timeline if possible
- Provide an email address
- Past assessments help

Contact

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Austin ICYMHS Triage

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under18triage@austin.org.au

1300 859 789 (option 1)

Helpful resources:

- Know Your Council: https://www.vic.gov.au/know-your-council
- Area Mental Health Service Directory: http://www3.health.vic.gov.au/mentalhealthservices/index.htm