Triage in a School Context

By Coosje Griffiths July 2026

What is triage?

The concept of triage originated during World War I, when medical staff were coping with such large numbers of injured soldiers that a system of sorting patients out in order of those most likely to survive with medical help. Commonly now triage is now practiced as classifying and identifying those who need the most help. Triage is commonly also used for mental health patients.

When used in non-medical environments such as schools, the more applicable definition involves "assigning of priority order to projects (or students) on the basis of where funds and other resources can be best used, are most needed, or are most likely to achieve success". (Merriam- Webster Dictionary Link)

Given the shortage of mental health services available for children and adolescents, schools and in particular school psychologists, can find themselves being over-relied upon to provide mental health support (Wilson, Tang, Schiller & Sebera (2009).

Triage in Schools

Triage in schools is a system and process for identifying and prioritising student needs resulting in case management for those students at highest need and monitoring students at educational risk. The case management process involves an identified case management team which undertakes ongoing communication, monitoring and implementation of case management action plans.

A range of tools are available for mental health or wellbeing screening in educational settings. Australian schools have access to a free resource My Mind Check (Australian Government Department of Education, 2018; My Mind Check, n.d.). This provides efficient gathering of critical screening information and assignment of students to action-oriented categories: *(1)* the student does not appear to have mental health/wellbeing problems warranting case management; *(2)* the student has mental health/ wellbeing problems that can be addressed within school-based student services team; or *(3)* the student has mental health problems requiring external support services as well as school-based student services team support.

Using the Positive Behaviour in Schools (PBIS) Multi-Tiered Framework and the Multi-Tiered System of Supports (MTSS), schools prioritise prevention through Tier 1 universal supports and Tier 2 targeted interventions (Center on PBIS, 2023; Schimke, et.al, 2022; Simonsen et al., 2021). In relation to student mental health and wellbeing, this framework shifts the focus from reactive, individualised intervention to proactive, whole-school practices that promote psychological safety, emotional regulation, resilience, and positive engagement in learning. Tier 1 supports include whole-school wellbeing programs, social-emotional learning, clear expectations, and consistent relational practices that benefit all students. Tier 2 supports provide additional targeted interventions for students experiencing emerging or moderate social-emotional difficulties, such as small-group interventions, mentoring, and structured check-ins. Within this model, school psychologists and counsellors play a key role in building staff capacity, supporting early identification of needs, and guiding evidence-based interventions, rather than being the sole providers of intensive support.

For those students needing more intensive individualised levels of support (Tier 3), the triage process can be applied (Schimke, et.al, 2022). A shared, system-wide responsibility reduces reliance on individual clinicians, strengthens sustainability of services, and helps prevent professional burnout while improving access to timely mental health support for students (Center on PBIS, 2023; Schimke, et.al, 2022; Simonsen et al., 2021).

Underlying Values and Principles

The underlying principles of triage are founded on fostering trust, respect, and collaboration among all stakeholders. By recognising and building on the collective knowledge, strengths, and expertise of those involved, the triage team creates a supportive and hopeful process for change. This collaborative approach empowers stakeholders, encourages shared ownership of solutions, and promotes positive outcomes for everyone involved. Individual differences and diversity, including religious, cultural, gender, and other personal identities and experiences, are acknowledged, respected, and valued throughout the process.

Building the trust and engagement with families is an essential for any successful triage process. Communication with parents may requires consideration of multiple means of communication to ensure engagement.

The engagement of students and finding ways for them to become an active participant in the process is also important.

A collaborative case management approach involves those who know the student and contribute to insights into their needs as well as those who can provide evidence-based expertise (see Table One).

Triage Teams in Schools

Most school mental health frameworks suggest a core team of 2–4 people with expertise in student wellbeing, mental health and decision-making authority. A typical composition would include:

Core members and role

- Student Services Manager (Chair) - coordinates school response, referrals, case allocation
- School Psychologist/School Counsellor - provides mental health assessment, suicide/self-harm risk, formulation
- Deputy Principal (or Principal delegate) - involves decision-making authority, duty of care, allocation of resources

The core team would conduct the initial triage, while additional staff would join later for case planning when their expertise or relationship with the student is needed including:

- Year coordinator
- Aboriginal education staff/ cultural support officer
- Class teacher
- Learning support coordinator/
- School nurse or allied health professional
- Chaplain/youth worker
- External mental health clinician (where appropriate)

Why keep the triage team small?

A consistent small triage team is needed especially for mental health issues as it:

- improves confidentiality
- enables rapid decisions
- ensures consistency in risk assessment
- reduces unnecessary sharing of sensitive information
- allows specialist staff to determine who else needs to become involved.

This mirrors hospital and community mental health triage, where a small number of trained clinicians perform triage before broader case management begins.

Data-based and known risk factors need to be considered given that students from economically disadvantaged families often not only experience higher risks but are also less likely to use external services and support, due to problems with confidence, easy access and/or affordability. (Wilson, Tang, Schiller & Sebera (2009).

Distinction between triage and case management

Triage Team	Student Services Case Management Team
Smaller consistent team to improve confidentiality, rapid and consistent decision-making (e.g. student services manager, school leaders, school psychologist/ counsellor).	Multi-disciplinary membership varies according to student needs from a broader membership, which may include external services provider/s. Allocates a 'case coordinator' which varies according to student need.
Meets briefly (often daily or several times per week)	Meets after triage; may contribute information to tirage team
Uses data-based decision making from various sources including results of screening tool/s	Allocates a 'case coordinator' to manage case conference, monitor case and maintain records.
Rapid review and or risk assessment to prioritise and allocate to case management teams	Collective knowledge to consider student needs in the area of learning, behaviour, attendance, social and emotional learning (SEL), social skills and wellbeing.
Reviews new referrals	Ensures person-centred, strength-based approach is taken with opportunities for family, student class teacher input as well as those with specialist roles
Allocates response	Collaboratively develops intervention plans
Refers externally if needed	Monitors progress and reviews interventions and adjustments

System Examples:

- The Victorian Department of Education promotes school-based wellbeing teams that assess concerns, coordinate supports, and work through a "Team Around the Learner" model for students with emerging or complex mental health needs (Victorian Department of Education, 2025).

- The South Australian Department for Education describes school mental health practitioners working with student wellbeing leaders, student support services, families, and external providers to assess needs, contribute to referral and case management, and link students to appropriate services (South Australian Department of Education, 2025).

COLLABORATIVE CASE MANAGEMENT	EXPERT MODEL
Identifying key important people in the student's life as well as those with expertise	Experts and/or those in school leadership roles only
Student voice	Professional/expert voice
Student, family, staff, and others seen as contributors and partners	Student, family, staff, and others seen as seen as recipients of expert advice
Talk and plan with	Talk and plan with
Focus on strengths and skills	Focus on labels, diagnoses and deficits
Find agreed and shared solutions	Support based on diagnosis
Person-centred	Service-centred
Shared responsibility and accountability	Responsibility rests primarily with the school psychologist/counsellor, increasing risk of burnout

Table One: Contrasts a collaborative case management approach with an expert model.

Conclusion

An effective triage process is more than a system for responding to student concerns. It is a collaborative, strengths-based approach that ensures students receive the right support at the right time. By drawing on the collective expertise of school staff, students, families, and community partners, schools can make informed decisions that are timely, equitable, and responsive to individual needs.
The effectiveness of triage depends on strong school leadership, a committed multidisciplinary team, dedicated time for regular meetings, clear referral pathways, effective communication and information-sharing protocols, and accurate documentation that supports continuity of care and informed decision-making. Data-informed practice, including the appropriate use of screening and assessment tools by suitably qualified professionals such as school psychologists, further strengthens decision-making and the identification of student needs. Ongoing reflection, data, and emerging evidence ensure that the triage process remains responsive to the evolving needs of students and the wider school community.

Ultimately, a well-implemented triage process strengthens school capacity, promotes coordinated and proactive support, and contributes to improved outcomes for students, staff, families, and the wider school community.

Although this paper has focused on student mental health and wellbeing, the principles of triage apply equally across a range of student support areas, including learning, behaviour, attendance, health, and social-emotional wellbeing. As a flexible, collaborative process, triage can be adapted to meet diverse student needs within a whole-school approach.

Ultimately, an effective triage process strengthens a school's capacity to provide timely, equitable, and coordinated support, ensuring that every student has the opportunity to thrive.

Bibliography

Australian Psychologists and Counsellors in Schools (APACS). (2018). *A kit on effective school case management*. https://www.apacs.org.au/_files/ugd/16a314_e9ff044e693a44f98061e3042329b046.pdf

Australian Government Department of Education. (2018). *The Australian Student Wellbeing Framework*. https://www.education.gov.au/student-resilience-and-wellbeing/australian-student-wellbeing-framework

Center on PBIS. (2023). *Positive behavioral interventions and supports (PBIS): Tiered framework*. University of Oregon. https://www.pbis.org/pbis/tiered-framework

Department of Child Safety, Seniors and Disability Services. (2025). *Child Safety Practice Manual: Case planning*. Queensland Government. https://www.cspm.csyw.qld.gov.au/practice-kits/disability/case-planning/case-planning#Review_the_plan

Dowdy, E., Ritchey, K., Kamphaus, RW. (2010) School-Based Screening: A Population-Based Approach to Inform and Monitor Children's Mental Health Needs. *School Mental Health*. *2*(4):166-176. https://doi.org/10.1007/s12310-010-9036-3.

Gregory, T., Lewkowicz, A., Engelhardt, D., Stringer, A., Luddy, S., & Brinkman, S. A. (2022). *Data resource profile: The South Australian Well-being and Engagement Collection (WEC).* International Journal of Epidemiology, 51(1), 16–16g. https://doi.org/10.1093/ije/dyab103

Kern, G. (2020) Back-to-school: What does education triage look like in an uncertain fall? District Administration June 2020 Link

Killian, S. (2015) 8 Strategies Robert Marzano & John Hattie Agree On. Evidence Based Teaching Link

Merriam- Webster Dictionary (2020). Definition of Triage. Link

My Mind Check. (n.d.). *My Mind Check: Understand student mental health & wellbeing*. Australian Government Department of Education & Macquarie University. https://mymindcheck.org.au/

Moo, A., Bywood, P., Clark, B & McMillan, J. (2021) *Best Practices for Person-Centred Case Management: A literature review on the implementation of a contemporary case management model with a focus on person-centred processes and outcomes.* WorkSafe Victoria by the Institute for Safety, Compensation and Recovery Research (ISCRR). Moo et al 2022 Person_centred-case-management_FINAL.pdf

National Center for School Mental Health. (n.d.). *School mental health quality guides*. https://www.schoolmentalhealth.org/resources/school-mental-health-quality-guides/

Newton, D., Keane, C.A., Byrne M.K. (2024). Trauma-informed programs in Australian schools: A systematic review of design, implementation and efficacy. *Children and Youth Services Review*, 156,107368 https://doi.org/10.1016/j.childyouth.2023.107368.

Schimke, D., Krishnamoorthy G., Ayre, K., Berger, E. & Rees, B. (2022) Multi-Tiered Culturally Responsive Behavior Support: A Qualitative Study of Trauma-Informed Education in an Australian Primary School. *Frontiers in Education,* 7:866266. https://doi.org/10.3389/feduc.2022.866266

Simonsen, B., Sugai, G., & Freeman, J. (2021). *Multi-tiered systems of support (MTSS) in the classroom*. Center on PBIS, University of Oregon. https://www.pbis.org/resource/multi-tiered-systems-of-supports-mtss-in-the-classroom

South Australian Department for Education. (2025). *Wellbeing and engagement collection overview and results*. https://www.education.sa.gov.au/department/research-statistics/statistics-data/wellbeing-and-engagement-collection-survey/about-wellbeing-and-engagement-collection

UCLA Center for Mental Health in Schools. (n.d.). *Mental health in schools resources*. https://smhp.psych.ucla.edu/ideas22.htm

Victorian Department of Education. (2025). *Wellbeing planning and leadership*. https://www.vic.gov.au/wellbeing-planning-and-leadership

Victorian Department of Health. (2010). *Statewide mental health triage scale: Guidelines* [PDF]. Victorian Government Department of Health. https://www.health.vic.gov.au/publications/triage-scale-mental-health-service-guidelines

Victorian Department of Health. (2023). *Mental health service triage guidelines*. https://www.health.vic.gov.au/publications/triage-scale-mental-health-service-guidelines

Victorian Department of Health. (2026). Mental health triage service website: www.health.vic.gov.au/practice-and-service-quality/mental-health-triage-service

Victorian Department of Education. (2024). *Team around the learner*. https://www.education.vic.gov.au/school/teachers/behaviour/engagement/Pages/team-around-the-learner.aspx

Victorian Department of Education. (2025). *How schools provide targeted and crisis mental health response*. https://www.vic.gov.au/schools-role-targeted-and-crisis-mental-health-response

Wilson, F. R., Tang, M., Schiller, K., & Sebera, K. (2009). No Child Overlooked: Mental Health Triage in the Schools, *Michigan Journal of Counseling*, 36(1), 24-35. https://doi.org/10.22237/mijoc/1235865780