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Information sharing and suicide prevention

Consensus statement

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Information sharing and suicide prevention

Consensus statement

Prepared by Mental Health, Equality and Disability Division

About the consensus statement

Introduction

The suicide prevention strategy for England places a new emphasis on families bereaved or affected by suicide. This aims to improve information and support for families who are concerned about a relative who may be at risk of suicide and to better support those who have been bereaved by suicide.

We have heard from a number of families bereaved by suicide about their experiences with services, and issues of confidentiality have been a recurring theme. They have repeatedly raised concerns that practitioners can seem reluctant to take information from families and friends or give them information about a person's suicide risk.

The Department of Health has asked for our help to address these concerns, and has coordinated the preparation of this statement and covering note.

Confidentiality, consent and capacity are all issues which have rightly received a great deal of careful attention over the years. It is clear that, where the common law duty of confidentiality applies, practitioners will be under a duty to respect a person's refusal to consent to disclosure of their suicide risk, if the person has capacity and they do not pose a risk to anyone but themselves.

This statement does not change practitioners' current legal duties of confidentiality in respect of the people they are caring for. It is designed to promote greater sharing of information within the context of the relevant law, and to clarify that this is a matter of professional judgement for an individual practitioner providing care to an individual person.

This statement and covering note also do not attempt to reproduce the guidance available to practitioners from their own professional organisations. There will be specific considerations for health care professionals such as doctors and nurses, where the common law duty of confidentiality applies to a practitioner's interactions with people as their patients. Where the duty does not apply practitioners will have more discretion about what information can be shared without consent. However, professional guidance will always make it clear that the reasons for doing so must be adequate.

The statement applies to adults in England. The situation for children and young people under the age of 18 differs, although the same duties of confidentiality apply when using, sharing or disclosing information about children and young people as about adults. Information can be shared about a child or young person where it is in the public interest to do so. In practice, this means that practitioners should disclose information to an appropriate person or authority if this is necessary to protect the child or young person from risk of death or serious harm. A decision can be made to share such information with the family and friends, and normally would be.

For brevity, "family and friends" is used throughout this document to include the person or people with whom the individual has a close emotional relationship.

Context

There are clearly times in dealing with a person at risk of suicide when practitioners will need to consider informing the family and friends about aspects of risk and may need to create a channel of communication for both giving and receiving information that will help keep the person safe.

In line with good practice, practitioners should routinely confirm with people whether and how they wish their family and friends to be involved in their care generally, and when looking at information sharing and risk in particular. In order to assist practitioners to respect people's wishes, wherever possible, the person's view on who they would wish to be involved – and potentially, who they would wish not to be involved - if there is serious concern over suicide risk, should have been discussed and recorded.

In cases where these discussions have not happened in advance, a practitioner may need to assess whether the person, at least at that time, lacks the capacity to consent to information about their suicide risk being shared. The Mental Capacity Act makes it clear that a person must be assumed to have capacity unless it is established that they lack capacity, and that a person is not to be treated as unable to make a decision merely because they make an unwise decision. **However, if a person is at imminent risk of suicide there may well be sufficient doubts about their mental capacity at that time.**

In these circumstances, a professional judgement will need to be made, based on an understanding of the person and what would be in their best interest. This should take into account the person's previously expressed wishes and views in relation to sharing information with families, and, where practical, include consultation with colleagues. The judgement may be that it is right to share critical information. **If the purpose of the disclosure is to prevent a person who lacks capacity from serious harm, there is an expectation that practitioners will disclose relevant confidential information, if it is considered to be in the person's best interest to do so.**

Disclosure may also be in the public interest because of the far-reaching impact that a suicide can have on others. For example the method of suicide could cause potential serious harm to others. The practitioner will need to make a judgement about whether the benefits to an individual or society in disclosing information without consent outweigh both the individual's and the public interest in keeping it confidential. Determining where to draw the line is a matter for professional judgement in each individual case.

The urgency of the need for disclosure will also be relevant to the judgement. The immediacy of the suicide risk will be affected by the degree of planning a person has done, the type of suicide method planned or already attempted, and circumstances such as being left alone, refusing treatment, drinking heavily or drug use.

It is also clear that the duty of confidentiality is not a justification for not listening to the views of family members and friends, who may offer insight into the individual's state of mind which can aid care and treatment. Good practice will also include providing families with non-person specific information in their own right, such as how to access services in a crisis, and support services for carers.

Sharing information within and between agencies can also help to manage suicide risk. It is therefore important for practitioners to consider discussing cases with colleagues or seeking advice from legal teams, a professional association or regulatory body if they are unsure

whether information should be shared, rather than simply withholding it. If possible, this should be done without revealing the person's identity.

If you decide to share, information must be shared securely, safely and sensibly. Ensure you are giving information to the right person.

The General Medical Council, Nursing and Midwifery Council and Health and Care Professions Council have confirmed that the advice and policies set out in this statement are consistent with their guidance on confidentiality and consent. The Information Commissioner's Office has confirmed the content is consistent with the Data sharing code of practice.

Consensus statement

We strongly support working closely with families. Obtaining information from and listening to the concerns of families are key factors in determining risk. We recognise however that some people do not wish to share information about themselves or their care. Practitioners should therefore discuss with people how they wish information to be shared, and with whom. Wherever possible, this should include what should happen if there is serious concern over suicide risk.

We want to emphasise to practitioners that, in dealing with a suicidal person, if they are satisfied that the person lacks capacity to make a decision whether to share information about their suicide risk, **they should use their professional judgement to determine what is in the person's best interest.**

It is important that the practitioner records their decision about sharing information on each occasion they do so and also the justification for this decision.

Even where a person wishes particular information not to be shared, this does not prevent practitioners from listening to the views of family members, or prevent them from providing general information such as how to access services in a crisis.