

# Information sharing

between mental health workers, consumers,  
carers, family and significant others

Queensland Health



Queensland  
Government

## A message from the Director of Mental Health

Perhaps the most important thing we do when we become involved in the life of someone who lives with a mental illness is show them respect and dignity by doing our utmost to understand them as a unique individual and not merely as someone who experiences symptoms or who uses our mental health services.

The best way we can do this is by getting to know them and having meaningful discussions with them about their hopes and dreams and what matters to them.

Nearly everyone who experiences a mental illness wants the opportunity to involve in their recovery the people who are important to them and play a significant part in their lives. However, to be able to help the consumer, these people also need to be provided with timely information and support.

To find a way of making our commitment to this approach more practical, we developed the Consumer, Carer and Family Participation Framework. It provides a guide for everyone involved in Queensland's mental health services to an approach which is centred on the consumer and the meaningful engagement of carers and families.

Central to this is how, as clinicians, we ensure that everyone identified as important to the consumer is appropriately engaged and involved. It is fundamental that information should be shared as often as possible between clinicians, consumers and those involved in helping a person's recovery.

However, there has at times been reluctance on the part of mental health clinicians, to share consumer information under the mistaken belief that they cannot make any disclosure without the consumer's explicit consent and that to do so would constitute a breach of confidentiality.

This attitude and practice only hinders the consumer's recovery rather than promoting it.

I strongly believe that it is time for all of us to shift away from the culture of maintaining consumer confidentiality at all costs without due regard to the benefits of sharing information. I, therefore, urge you to use your clinical judgement in making a conscious effort to look for all opportunities to share information in ways that will benefit the consumer's recovery and support the safety and well-being of others.

This document provides information on the legislative framework within which consumer information can and should be shared, and how it can be applied in clinical practice.

**Dr Aaron Groves**  
**Director of Mental Health**

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## Queensland legislation enables information sharing

The *Health Services Act 1991* provides a flexible legislative framework which supports Queensland clinicians in sharing information while recognising the consumer's right to confidentiality. The Act allows for information sharing in a number of situations. These range from those where clinicians are required by law to disclose information to protect the health, safety and well-being of consumers, carers or the community, to circumstances in which clinical judgement is required in deciding what information should be shared, when and with whom. As far as possible, the consumer's preferences regarding release of information should be respected. There is never a barrier to services receiving information from anyone who has an interest in the health and well-being of the person.

## Information sharing benefits consumer recovery

Sharing information with key people in the consumer's life will help the clinician to:

- make a comprehensive assessment of the consumer's mental health needs
- provide a service response which targets the individual needs of the consumer
- provide a service that is respectful and responsive to the rights and responsibilities of consumers, carers and other stakeholders
- engage others in supporting treatment and monitoring the consumer's mental health
- identify relapse signs and work with the consumer to intervene early to promote and maintain good mental health.

## Information sharing can benefit the caring role and the consumer/carer relationship

The caring experience can be isolating, particularly if services exclude the carer or family from important information which is relevant to the care and the well-being of the consumer. Sharing relevant information may help to enhance the sometimes complex relationships between the carer/family and the consumer. It can also assist in reducing the stress experienced by the carer/family and be beneficial to their own mental and physical health.

## Sharing information with consent

The need to share information is an ongoing aspect of treatment and will require issues of consent to be considered at many points. For any consumer, the information to be shared will vary across situations, depending on factors such as the context for sharing, the particular issues or needs being addressed, and the consumer's relationship or involvement with the person who is to receive the information. Where practicable and appropriate, consumer consent should be sought.

The need for information sharing, and its significance in recovery from mental illness, should be regularly discussed with the consumer. If the consumer has the capacity to understand and consent to information sharing, their consent to appropriate and relevant information sharing should be requested, as far as practicable.

However, in some circumstances clinicians must consider sharing information without patient consent, where this is permissible by law, as outlined below. This decision should be made on a case-by-case basis and should always be based on the clinician's professional judgement.

If the consumer does not wish for particular information to be shared with certain people, this should be respected, unless there is a legal or clinical requirement for the information to be shared.

**In seeking consent, it is important for clinicians to:**

- explain the purpose and benefits of sharing specific information
- use language that is clear and concise to ensure understanding
- assure the consumer that they can withdraw their consent at any time
- close the discussion by clarifying that there is shared understanding of what has been agreed
- document this in the consumer's clinical record.

Where a consumer provides general consent to sharing information with those involved in their care and treatment, consent does not need to be sought before every instance of information sharing.

**In addition, if the consumer is a child, the clinician must:**

- seek the consent of their parent or guardian unless the clinician believes the child is old enough, and mentally and emotionally mature enough, to understand and consent to the requests.

**If the consumer is too unwell, or lacks the capacity to consent, the clinician should as far as practicable:**

- consider whether a relevant advance health directive has been made which applies
- identify and seek consent from their statutory health attorney (i.e. a partner, carer, friend), where possible
- make ongoing attempts to seek consent, particularly when the person's mental state improves
- where appropriate, share information without consent as permissible by law.

## Sharing information without consent

The *Health Services Act 1991* identifies the exceptions to the duty of confidentiality under which information may be shared without the consent of the consumer. These exceptions apply whether the consumer, or a person empowered to act on their behalf, does not consent to information being shared, or it is not practicable to obtain consent.

The duty of confidentiality for health professionals refers to upholding the consumer's legal right to privacy of his or her personal information. A decision to share confidential information under any of the following conditions must be made in accordance with recognised standards of the relevant health profession and documented in the consumer's clinical record.

### 1. The clinician is required or allowed to report certain information by law

In some circumstances, it is mandatory to report particular information in relation to a consumer. In providing this information, the clinician is not deemed to have breached any duty of confidentiality and is protected under the relevant legislation.

#### For example:

- A clinician must provide the Queensland Police Service personnel with relevant consumer information if they have a search warrant, court summons or subpoena.
- All health professionals are required to report any suspicion or evidence of child abuse or neglect to the Department of Child Safety, and notify the District Child Protection Liaison Officer or Child Protection Advisor.

### 2. Sharing consumer information with people who have a 'sufficient personal interest' in the consumer's health and welfare

Information about a consumer's assessment and/or treatment may be shared with anyone who, in the treating health professional's opinion, has sufficient personal interest in the health and welfare of the consumer. If the consumer has made it clear that they do not want their information shared with a particular person, such as a former partner or adult child, this must be respected unless another exception to the duty of confidentiality applies.

#### For example:

- Relevant information about a consumer's mental health needs might be provided to their partner, close relative or friend or someone who has regular contact with the individual.

### 3. Sharing information is necessary for the consumer's treatment and care

Relevant information about the consumer's assessment and treatment may be discussed with a key person involved in the consumer's care and recovery from mental illness.

#### For example:

- If the consumer lives with a sibling or a parent, who provides assistance with medication or monitoring their mental state, good clinical practice requires regular communication and sharing of information with them about the consumer's treatment plan and their mental health condition.

#### 4. Sharing information to prevent serious risk to life, health or safety

All Queensland Health staff have a duty of care to disclose any relevant information about a consumer to avert a serious risk to the life, health or safety of the consumer, carer or others in the community.

Disclosure in these situations can only be made with the written authority of the Director-General, or a position that has been delegated authority by the Director-General in writing. In these circumstances clinicians should speak to their team leader to ascertain who has this delegation within the local service.

**For example:**

- If a consumer expresses an intention to harm a relative, you need to consult with your team leader as soon as possible to decide whether relevant authorities or others in the community need to be alerted.

#### 5. Sharing information for the protection, safety or well-being of a child

All Queensland Health staff have a duty of care to disclose information for the purpose of protecting the safety and well-being of a child.

**For example:**

- A clinician may provide information to a grandparent who shares the care of a child whose parent has a mental illness. The consumer's mental health condition and treatment requirements should be discussed with the grandparent, if it will assist in ensuring the safety and well-being of the child.

#### 6. When permitted under a memorandum of understanding or formal agreement

A clinician may disclose information about a consumer if there is a formal agreement between Queensland Health and another State or Commonwealth government department which allows for the disclosure.

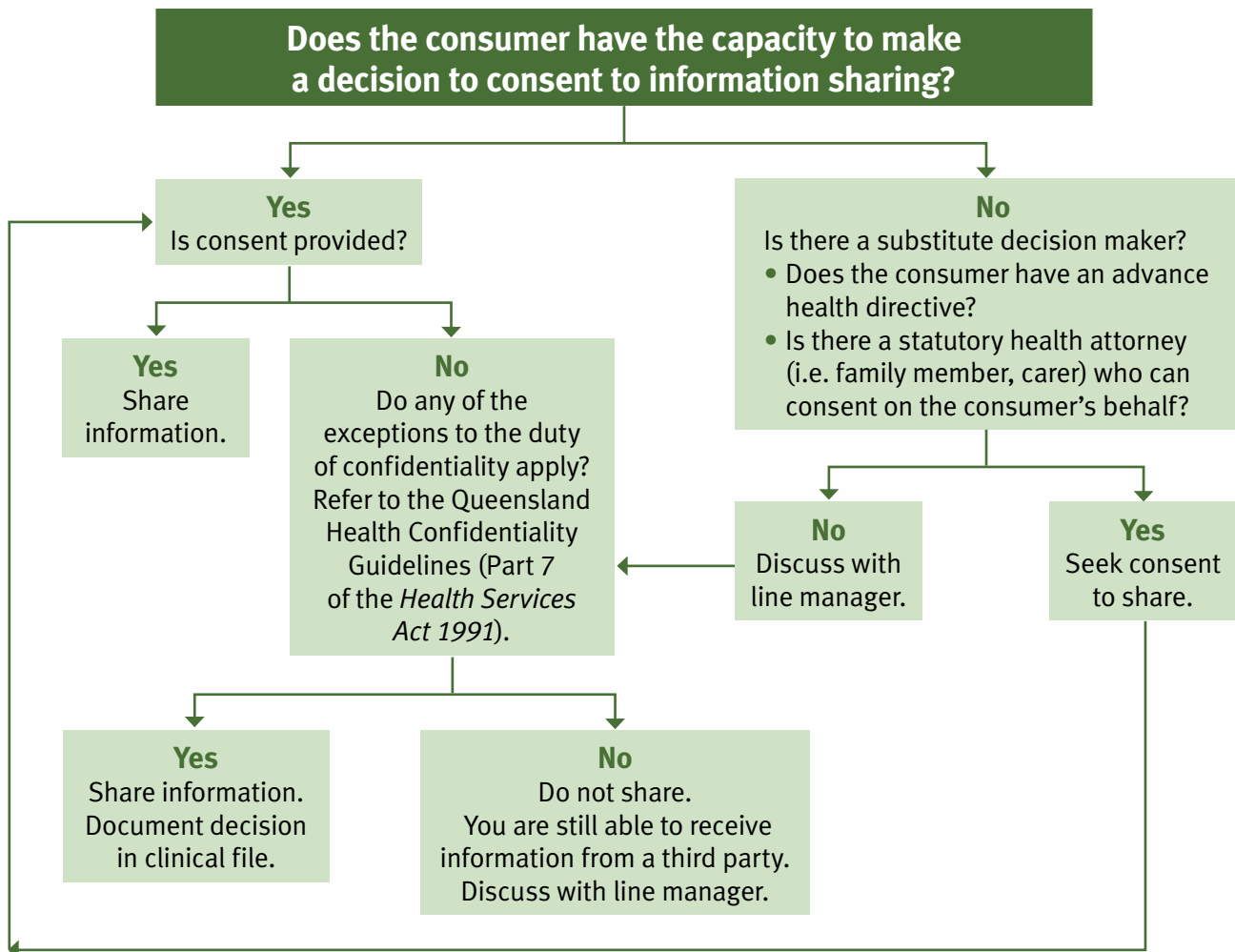
**For example:**

- Queensland Health has a formal agreement with the Queensland Police Service which allows sharing specific information about a mental health consumer in a crisis situation involving risk to the consumer or others.

## Information sharing process for mental health workers

### Key principles

- 1** Appropriate and relevant information sharing is essential for quality treatment and care.
- 2** Information sharing with consumer consent is always preferable.
- 3** Where it is not practicable to obtain consent, good clinical practice requires that sharing certain information as permitted by law should be considered.
- 4** Where the consumer lacks capacity to consent, ongoing attempts should be made to seek consent, particularly as the consumer's mental health improves.
- 5** There is no barrier to receiving information.



## References

### This document is guided by:

Queensland Health, *Health Services Act 1991 Part 7 Confidentiality Guidelines*, Brisbane, 1991, viewed 1 June 2011, [www.health.qld.gov.au/foi/docs/conf\\_guidelines.pdf](http://www.health.qld.gov.au/foi/docs/conf_guidelines.pdf)

Queensland Government, *Carer (Recognition) Act 2008*, Brisbane, 2008, viewed 1 June 2011 [www.legislation.qld.gov.au/LEGISLTN/CURRENT/C/CarersRecA08.pdf](http://www.legislation.qld.gov.au/LEGISLTN/CURRENT/C/CarersRecA08.pdf)

Queensland Health. *Consumer, carer and family participation framework 2010*, Brisbane, 2010, viewed 1 June 2011, [www.health.qld.gov.au/mentalhealth/ccfpf.asp](http://www.health.qld.gov.au/mentalhealth/ccfpf.asp)

Commonwealth Government. *National standards for mental health services 2010*, Canberra, 2010, viewed 1 June 2011, [www.health.gov.au/internet/main/publishing.nsf/Content/mental-pubs-n-servst10](http://www.health.gov.au/internet/main/publishing.nsf/Content/mental-pubs-n-servst10)

Queensland Health and Queensland Police Service, *Preventing and responding to mental health crisis situations and information sharing guidelines 2006*, Brisbane, 2006, viewed 1 June 2011, [http://qhps.health.qld.gov.au/mentalhealth/docs/police\\_32012.pdf](http://qhps.health.qld.gov.au/mentalhealth/docs/police_32012.pdf)

Commonwealth Government, *COPMI Guidelines for principles and actions for services and people working with children of parents with a mental illness*, Brisbane, 2004, viewed 1 June 2011, [www.copmi.net.au/common/download.html](http://www.copmi.net.au/common/download.html)



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