

Confidentiality: best practice for mental health professionals

Researchers from the Institute of Psychiatry and Rethink have proposed a guide for mental health professionals – called a ‘best practice framework’ – to use when people do not agree to share information with their family members.

The research was published as a paper called *Best practice when service users do not consent to sharing information with carers* in the British Journal of Psychiatry in 2007.

The best practice framework was based on the results of surveys with people who have psychosis, family members, health professionals and academics carrying out research.

The interviews with service users were dominated by the importance of patient confidentiality while family members and other carers emphasised the importance of having information that was relevant to their supporting role. They said they felt professionals often lacked the confidence, empathy, skills, time and organisational backing to support them as well as offer care to service users.

The research paper spells out guidance for mental health professionals and the support that organisations running health services can offer. This includes making resources and information available to family members, and making information available to professionals who work with them about confidentiality, with advice on resolving dilemmas about information-sharing and guidance on legal responsibilities.

The study also highlighted the difference between ‘general’ information that can help family members support someone more effectively, and ‘personal’ information that is specific to an individual. The definition of what is general and what is personal depends on each person: information about schizophrenia would be ‘general’ if a family knew the diagnosis, but ‘personal’ if they did not, for example.

Researchers recommend mental health professionals have enough time to talk to and work with family members and people who are ill about information-sharing issues.

If someone does not agree to sharing information with their family, a mental health professional should talk about that decision with them, explaining the benefits of involving family members, and the potential consequences of not doing so. They should revisit the decision regularly and, if appropriate, discuss issues of confidentiality with both the individual and his or her family member.

They should try to understand someone’s reasons for not sharing information and suggest different ways of making sure family members have the information they need.

Most carers said they found out general information from voluntary organisations, carer support groups, other carers, the internet or community psychiatric nurses. Only 60 per cent said they had been given the opportunity to discuss general information they had collected from different sources with other mental health professionals.

54 per cent of the carers surveyed said they had not been given personal information about the person they were supporting in the previous year. This lack of information was not just because the individual they are helping to look after said no – it was also because mental health professionals had not conveyed the information. The sort of personal information that would be helpful, they said, included details of whom to contact in a crisis; treatment and possible different options; early signs of relapse; and what was likely to happen in future to the individual.

More than half (55 per cent) of service users surveyed said they felt comfortable with their family member being involved in their care.

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