

National Mental Health Information Sharing Framework



This page is intended to only have the statement below acknowledging the traditional custodians of Country (see below)

The Australian state and territory governments acknowledge the Traditional Custodians of Country throughout Australia and recognise the continuing connection to lands, waters and communities.

We pay our respects to Aboriginal and Torres Strait Islander cultures and to Elders past and present.

Statement from Health and Mental Health Ministers

Australian Health Ministers and Mental Health Ministers agreed to develop a National Mental Health Information Sharing Framework (the National Framework) to improve information sharing between jurisdictions as an important step along the path to better support individuals receiving mental health care and treatment.

The National Framework will help mental health professionals both in hospitals and community mental health settings. It is the outcome of thorough consultation with a broad spectrum of stakeholders, including state and territory governments, health professionals, consumer and carer representatives and community members.

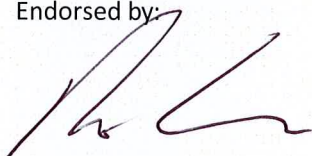
This National Framework provides a high-level commitment to information sharing between states and territories, providing principles that encourage jurisdictional health and mental health authorities to work collaboratively to ensure the best service and treatment outcomes for consumers who are interacting with multiple or cross-jurisdictional agencies.

The National Framework builds on existing interjurisdictional agreements and provides guidance to ensure that there are no unnecessary barriers to information sharing between clinicians across jurisdictions. The National Framework provides clarity on relevant responsibilities and high-level obligations. It also requires jurisdictions to ensure their respective legislative frameworks allow for information sharing under the National Framework.

The development of the National Framework is principles-based and is intended to be jointly led by state and territory governments via the Mental Health and Suicide Prevention Senior Officers Group. The principles of the framework are supported by the Commonwealth of Australia.

Our commitment is to improve the mental health wellbeing of all Australians, and to deliver national guidance in responding to information sharing to better support service delivery for mental health consumers across jurisdictions.

Endorsed by:



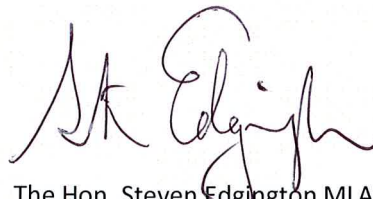
The Hon. Ryan John Park MP
Minister for Health, New South Wales



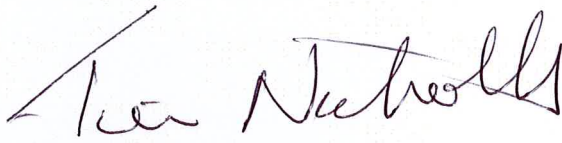
The Hon. Rose Jackson MP
Minister for Mental Health, New South Wales



Rachel Stephen-Smith MLA
Minister for Health and Minister for Mental Health,
Australian Capital Territory



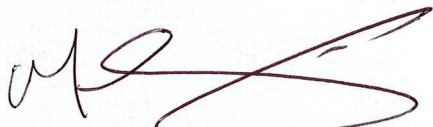
The Hon. Steven Edgington MLA
Minister for Health and Minister for Mental
Health, Northern Territory



The Hon. Tim Nicholls MP
Minister for Health, Queensland



The Hon. Chris Picton MP
Minister for Health and Wellbeing, South Australia



The Hon. Mary-Anne Thomas MP
Minister for Health, Victoria



Ingrid Stitt MP
Minister for Mental Health, Victoria



The Hon. Bridget Archer MP
Minister for Health, Mental Health and
Wellbeing, Tasmania



The Hon. Meredith Hammat MLA
Minister for Health and Mental Health, Western
Australia

Introduction

Mental health consumers of public health services, either voluntary or involuntary, may move between jurisdictions for various reasons, either by choice or due to what has been determined to be in their best interests for their care. The National Framework aims to provide a clear set of principles for best practice, to promote a high-level of commitment to information sharing processes across jurisdictions and ensure timely access to relevant information on mental health consumers. This can also be used as a reference by mental health consumers and carers and by people working within the mental health system at all levels. It has been informed by people with lived experience of mental ill-health, including family members and carers.

While legislation and interjurisdictional agreements, like those that will result from the National Mutual Recognition of Mental Health Orders project, may support information sharing for individuals under a Mental Health Order, the National Framework goes further. It outlines high-level principles for all patients accessing services across multiple or cross-jurisdictional agencies and encourages collaboration between health and mental health authorities to ensure the best service and treatment outcomes for mental health consumers.

The Framework is intended to align with the principles in the National Mental Health and Suicide Prevention Agreement, in particular the principles of working together to build a better people-centred mental health and suicide prevention system, and working together to close the gap and improve mental health and wellbeing outcomes and reduce suicide for vulnerable cohorts.

The National Framework is also intended to align with and operate alongside states' and territories' legislation to set a minimum standard and ensure jurisdictions can support any person who may be moving between jurisdictions to receive care and treatment, while providing safeguards that protect their right to privacy. The National Framework does not override existing legislative provisions regarding information sharing and privacy in each jurisdiction but instead offers principles to guide best practice.

All public health services are expected to follow the guiding principles under the National Framework.

The National Framework is intended to provide jurisdictions with guidance on when information about any given mental health consumer can and should be shared with another jurisdiction's health department or health service. It is not intended to impose additional notification obligations on jurisdictions, particularly where jurisdictions do not have the same information sharing provisions in their legislation. This will be a matter for individual jurisdictions to consider when implementing this National Framework.

Principles

The National Framework is underpinned by guiding principles. Consultations with state and territory governments, consumers, carers and other mental health sector stakeholders highlighted the importance of a consistent approach to ensure a person moving between jurisdictions can continue to receive appropriate treatment and care while protecting their right to privacy as much as possible.

When sharing information, health service providers are to be guided by the following principles:

Principle 1 Jurisdictions should provide a high-level commitment to information sharing to support the continued care for a mental health consumer when moving between jurisdictions

Principle 2 Jurisdictions should ensure there are no legislative barriers to information sharing

Principle 3 Jurisdictions should always consider a consumer's human rights when sharing information, including their right to privacy

Principle 4 Balance the safety and privacy of consumers and others while enabling mental health care and support

Principle 5 Facilitate continuing collaboration between jurisdictions and ensure mental health information, where required, is shared responsibly and appropriately across jurisdictional boundaries

Principle 1

Jurisdictions should provide a high-level commitment to information sharing to support the continued care for a mental health consumer when moving between jurisdictions

Although each jurisdiction will have its own legislation relating to the care of mental health consumers, and privacy of information (including health information), a high-level commitment to information sharing will better facilitate the movement of mental health consumers across borders and work towards improving processes for information sharing where needed.

A high-level national commitment to supporting the continued care for persons receiving mental health care is exemplified through policies and initiatives as outlined in the [National Mental Health and Suicide Prevention Agreement](#), [Vision 2030](#) and the [National Mental Health Workforce Strategy](#).

Jurisdictions should ensure that all mental health service providers can share consumer information to interstate health departments or health services, and law enforcement and emergency services where required. This includes being able to share consumer information where the consumer may not have already provided informed consent, where a jurisdiction has identified a serious risk for the imminent safety of consumers, their families, carers, support people or the wider community.

Engaging effectively between health services promotes safety and wellbeing for consumers, carers, mental health services and the community.

A high-level commitment to information sharing necessitates effective dispute resolution and review processes. Disputes between jurisdictions regarding the interpretation or systemic barriers to implementation of the National Framework and sharing of information must be referred for resolution to the relevant MHSPSO state and territory Contact Officers overseeing and acting as formal decision-makers. The state and territory Contact Officers are to attempt in good faith to resolve any interjurisdictional dispute arising under this National Framework within seven (7) business days. If the Contact Officers cannot resolve the dispute, the dispute will be referred to the Mental Health and Suicide Prevention Senior Officers (MHSPSO) group for resolution. Where there is a dispute between jurisdictions regarding individual clinical matters in relation to information sharing, these should be escalated directly to the relevant jurisdiction's Chief Psychiatrist for resolution. Consumers with concerns or complaints about what information is shared or how their information is shared should be directed by jurisdictions to the relevant privacy, information and health care complaints authorities within their jurisdictions.

All states and territories acknowledge that failure to resolve a dispute arising under this National Framework will jeopardise its continued existence and the safety and wellbeing of consumers. It is acknowledged that states and territories will cooperate and act in good faith to seek a satisfactory resolution of any such dispute.

The MHSPSO group is responsible for the ongoing monitoring of the National Framework and any edits to the National Framework are to be agreed by the MHSPSO group with involvement of consumers, carers and other mental health sector stakeholders wherever possible and appropriate.

Principle 2

Jurisdictions should ensure there are no legislative barriers to information sharing

To effectively share information, jurisdictions must work collaboratively to prevent unnecessary barriers that may be hindering effective and timely information sharing with other jurisdictions.

Each jurisdiction must have legislative provisions that allow relevant jurisdictional staff to use or disclose personal information to the extent necessary to allow the person, or other relevant person, to perform their functions under mental health legislation. This includes disclosure of information to interstate health departments and mental health services to support the movement, and treatment of consumers, or return of an absent consumer, between jurisdictions. Each jurisdiction must ensure their respective legislative frameworks allow for effective information sharing, where necessary, in absence of consent. These provisions should aim to limit consumer distress and balance consumer safety and privacy rights with public safety and care continuity.

If necessary, jurisdictions may enter into interstate bilateral agreements to provide further clarity and guidance to clinicians on the specific legislative provisions that permit information sharing and operational aspects of how information is shared between those jurisdictions.

Principle 3

Jurisdictions should always consider a consumer's human rights when sharing information, including their right to privacy

The primary goal of a mental health service and of mental health practitioners is to promote the wellbeing of consumers and to support personal recovery by providing accessible, high quality, and person-centred care. Central to this process is ensuring that information is shared where required between clinicians, consumers, carers and those aiding in a person's recovery. This includes information sharing where a person may be moving between interstate health services. Transfer of information should enhance rather than disrupt care continuity.

Jurisdictions should recognise rights of mental health consumers when considering sharing a consumer's information with other health services. Jurisdictions should give full and thorough consideration to Commonwealth, State and Territory privacy and anti-discrimination statutes as well as any human rights legislation specific to jurisdictions.

At all points of service, especially when a consumer enters another jurisdiction, proactive attempts should be made to check in with consumers on their view of the information shared about them and what information has been shared.

Jurisdictions should maximise reliance on consent-based information sharing, keeping non-consensual information sharing to a minimum and limited to situations where it is deemed necessary (see principle 4). Jurisdictions should therefore seek to obtain informed consent in the first instance from consumers about what information they are comfortable sharing with other jurisdictions should the need arise. Jurisdictions should adhere to local operational policies, guidance and procedures around how consent is obtained, recorded and revoked, and guidance around how supported decision-making is implemented.

When considering whether information is shared with a consumer's carers, priority should be given to the consumer's expressed preferences about who their information can be shared with. Information should only be shared with carers where a consumer has provided consent, unless disclosure is required and/or enabled by legislation. Consumer requests that certain carers not be provided information about them should be upheld to the fullest extent possible within the jurisdiction's legislative framework.

The *United Nations Convention on the Rights of Persons with Disability*, to which Australia is a signatory, provides that "*States Parties shall protect the privacy of personal, health and rehabilitation information of persons with disabilities on an equal basis with others*" (Article 22.2). Further, consumer health information is to be protected against unauthorised use or disclosure, in line with the *Privacy Act 1988* (Cth), and equivalent state and territory legislation. Jurisdictions should refer to the [Guide to health privacy](#) published by the Office of the Australian Information Commissioner, which aims to assist health service providers understand their obligations under the *Privacy Act 1988*, and embed good privacy in their practice.

Jurisdictions should ensure that consumers and carers are aware of the relevant privacy, information, health care complaints and other authorities within their jurisdictions which can consider concerns they might have, about how their information may have been shared or dealt with.

Principle 4

Balance the safety and privacy of consumers and others while enabling mental health care and support

Consumers themselves, carers and mental health services hold essential knowledge and play a critical role in supporting effective mental health service delivery for consumers. Health services should work in partnership with consumers and carers wherever possible and appropriate to share information in the consumer's best interests. Jurisdictions should follow local policies and procedures regarding how consumers, carers and other key persons are engaged in mental health service delivery.

Treating clinicians should be able to have access to relevant information which is appropriate for the care of a consumer. The primary objective of information sharing is to provide continuity of care; however, it may also be necessary to prevent serious harm to a mental health consumer, carers, health services, others, or to the community.

Disclosure of information with the consumer's informed consent should be considered the standard approach. However, as outlined in Principle 2, each jurisdiction must ensure their respective legislative frameworks allow for effective information sharing, where necessary, in absence of consent.

In line with Standard 4 of the National Mental Health Standards for Mental Health Services, jurisdictions should consider the cultural and social diversity of consumers accessing their services (Aboriginal and Torres Strait Islander, Culturally And Linguistically Diverse (CALD), religious / spiritual beliefs, gender, sexual orientation, physical and intellectual disability, age and socio-economic status), and ensure practices of information sharing, including how consent is obtained, how supported decision-making is implemented, and how consumers and carers are engaged, are carried out in a culturally safe way.

Sharing information with interstate health services allows for serious risks to be identified and managed, helping to ensure continuity of care and maximise opportunities for services to provide timely, coordinated support. This, in turn, can create conditions that better support consumers to engage with care.

Principle 5

Facilitate continuing collaboration between jurisdictions and ensure mental health information, where required, is shared responsibly and appropriately across jurisdictional boundaries

Jurisdictions should endeavour to work collaboratively to ensure mental health information is shared responsibly and appropriately in line with the above principles, and only where required. While jurisdictions will have their own regulatory and policy requirements around operationalising information sharing, the below provides for fundamental aspects of information sharing that jurisdictions should endeavour to implement. This will ensure jurisdictions are working towards the shared vision of safe, timely and effective care for mental health consumers.

What information can be shared?

The types of information that may be shared will vary depending on the circumstances of the consumer's movement to the other jurisdiction. For example, the information shared to determine whether a consumer can safely move from one jurisdiction to another in a transfer organised between the two jurisdictions in consultation with the consumer, may differ from the information shared where a consumer has relocated to another jurisdiction some time ago and has now started to receive mental health care and treatment in that jurisdiction. The information shared would also be dependent on what purpose it would be used for (e.g. treatment, managing risk). Information should not be disclosed for any other purpose other than that identified.

In some cases, a jurisdiction's legislation may specify what information is required to carry out a particular function of the legislation. Individual jurisdictions should provide guidance to staff about jurisdictional specific requirements.

However, generally, information shared may include:

- Name (including aliases)
- Date of Birth
- Known addresses
- Known carers
- Diagnoses or conditions
- Treatment needs (including medication)
- Identified risks (including history of harm to self or others, risks to consumer's safety and or/wellbeing)

In line with principle 4, in some circumstances, information sharing between state and territory agencies concerning risk to safety of the consumer or to the community is necessary to support the continued care and treatment for a mental health consumer moving between jurisdictions. Any such other

information, where safety, imminent risk or lawful authorisation is a concern, including medical records of the consumer that may be reasonably necessary or required for the continued care and treatment of the consumer, should be provided to a receiving jurisdiction, as authorised by the Office of the Chief Psychiatrist in any given jurisdiction.

In what situations can information be shared?

Information sharing should be permitted with consent, or otherwise where the disclosure is reasonably necessary for the mental health service provider to perform functions or exercise powers under a jurisdiction's mental health legislation or any other Act. Only relevant information required to achieve the intended purpose for which the disclosure is required should be shared. This should be determined on a case-by-case basis and with regard to the jurisdictions legislative provisions around information sharing and privacy. In addition to the general principles that apply to all consumers, there will be specific regulatory and legal requirements for information sharing in relation to involuntary consumers in each jurisdiction.

This may include, but is not limited to, the following examples:

- if a person is or has moved from one jurisdiction to another, and the information is reasonably necessary to continue to provide care and treatment to the consumer.
- if a person may have been subject to involuntary treatment in one jurisdiction and is at significant risk of deterioration without treatment.
- if a person is an imminent risk to themselves or others, or there is an imminent risk to the consumer by others, and information would assist police and or ambulance in providing an emergency response (where permissible by law).
- If a person is absent without leave from their originating jurisdiction and subject to apprehension

Generally, information should be shared in a timely and efficient manner to ensure continuity of care.

Who can share information?

Each jurisdiction's legislation generally provides for the specific persons, professions or position holders that are permitted to share information to other jurisdictions. Individual jurisdictions should provide guidance to staff about jurisdictional specific requirements, especially where the legislation does not prescribe specific persons, professions or position holders.

Individual jurisdictions may also have specific persons, professions or position holders specified in their legislation or operational protocols as to who in the receiving jurisdiction can receive shared information. Individual jurisdictions should provide guidance to staff about specific legislative requirements, existing bilateral agreements (if applicable) or operational protocols to provide clarity about specific operational requirements.

Information can also be shared directly with law enforcement and emergency services, if necessary, to any prescribed person, profession or position holder as determined by jurisdictional legislation or operational protocols.

Generally, where information is being shared for the continued care of a consumer across jurisdictions, this can be shared directly with the health service that will be providing care.

Where there is a concern about risk of harm to the consumer or others, information should be shared directly with the Office of the Chief Psychiatrist in the jurisdiction the consumer is or is thought to be in, in a timely manner.

Where there is a serious concern about the imminent safety of the consumer or others, the Office of the Chief Psychiatrist should consider the need to share information directly with relevant local health services, law enforcement and emergency services.

How information is shared

Information sharing across jurisdictions can be hindered by inconsistent digital platforms as each state and territory has its own systems for data management, communication, and record-keeping, which may differ in software and compatibility. This could lead to difficulties in integrating or transferring data seamlessly, resulting in delays. It is essential that all jurisdictions agree on inter-operable platforms and processes to effect efficient transfer of information in real-time across States and Territories. Jurisdictions should ensure the security of their information and communication technology systems by implementing appropriate data protection and cyber-security measures.