

# Suicide-safer universities: sharing information with trusted contacts

A guide for universities on when and how to involve families, carers or trusted contacts when there are serious concerns about a student's safety or mental health



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# Foreword by Professor Julia Buckingham CBE

Making sure that students experiencing mental health difficulties get the care and support they need was a priority for me when I was Vice-Chancellor of Brunel University London and during my term as President of Universities UK (UUK).

I was pleased to take on the chair of UUK's Information Sharing Task Group, which brought together student representatives, bereaved parents, professional and clinical staff working within universities, legal advisers, the NHS, government departments, clinical leaders and others to set out a common understanding of when and how universities should share information with families, carers and trusted contacts.

Though the Covid-19 pandemic put the work on hold, the mental health of our students has continued to be under increasing pressure and the urgent need for clarity on this issue has only grown. I welcome this guidance's compassionate tone and clear recommendations.

**Professor Julia Buckingham CBE**  
**Chair, Universities UK information sharing taskforce**

# Foreword by Professor Steve West CBE

Universities have a collective ambition to prevent student deaths from suicide. We are working hard to mitigate risks and enhance protective factors as part of our wider commitment to mentally healthy universities.

But if we want to improve how we identify and support students who may be at risk, we need to work in close partnership not just with statutory and emergency services but also with families, carers and trusted contacts

Always putting students at the centre of decisions about their care, this guidance on when and how universities involve students' families, carers and friends, when there are serious concerns about student safety or mental health, encourages us to work more closely together and, when it is necessary, to 'contract' families, carers and trusted contacts into the circle of care. Our common objective is to save young lives.

**Professor Steve West CBE**

**President, Universities UK and Vice-Chancellor, University of the West of England**

# Foreword by Ged Flynn

It can be a relatively small thing that can help to prevent suicide. A word. A smile. A conversation. These small connections might be with a care practitioner or even a stranger, but so often it is family or trusted contacts who reach out in time and with love. This important document brings home that truth.

Managing emotional distress is difficult for all parties. For those whose job it is to care for that person, getting it right can be a daunting prospect. This guidance helps all concerned and resizes that fear into a more achievable set of tasks.

PAPYRUS is enriched by the passion and dedication of many parents and families who are torn apart by the devastating reality of young suicide. I'm pleased to see that many of them have informed what is written here. Together we can share information which saves young lives.

**Ged Flynn**  
**CEO, PAPHYRUS Prevention of Young Suicide**



# Key messages

- Universities can help save lives when they adopt a proactive response to suicide prevention.
- An important part of that proactive response is involvement of families, carers and trusted contacts.
- Students should be at the centre of decisions about their care, including who they want to be involved when there are serious concerns about their safety or mental health.
- Universities should develop clear policies and capabilities about when and how to involve families, carers and trusted contacts when there are serious concerns about a student's safety or health.
- Universities should take and refresh trusted contacts in an inclusive and open conversation about why and how they may be used.
- Where it is not possible to obtain agreement from the student about involving trusted contacts, universities may make a risk-based and properly recorded decision to involve others.

# Who is this guide for?

This guide is for everyone involved in creating suicide-safer universities.

It's for practitioners and staff with responsibilities for student safety and wellbeing. It's for the families, carers and trusted contacts of students. But it's also for students themselves, for all student-facing staff, academic and professional services, and for senior leaders. Suicide prevention is everybody's business.

## Suicide-safer universities

64 students died by suicide in England and Wales in 2019–2020.<sup>1</sup> Each death has a devastating impact on family, friends, and the wider university community.

We know that suicides are preventable and that universities can help to save lives when they adopt a proactive, rather than a reactive approach, to student suicide. This means giving confidence to our communities to reach out to students at risk and having plans and people in place to respond effectively, quickly and with compassion.

In 2018, UUK and PAPYRUS produced [Suicide-safer universities](#). The guide sets out how universities should:

- take proactive steps to prevent student suicide
- step in when there are serious concerns about a student's safety or mental health
- respond appropriately and compassionately to suspected suicides
- work in close partnership with health and emergency services
- learn from each death to improve systems and cultures

## Involving trusted contacts

Parents who have been bereaved by suicide have called for universities to share more information and to involve them more readily. Some say that doing so would have allowed them to intervene earlier, and possibly to save a life.

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<sup>1</sup> ONS (2022) [Estimating suicide among higher education students, England and Wales: Experimental Statistics: 2017 to 2020](#).

Families, carers, and trusted contacts can play an essential part in supporting a student who is at risk or about whom there may be serious concerns. Referred to as the triangle of care, this asserts that care is best delivered when trusted contacts, people needing support and professionals/practitioners work together to ensure the best outcome.

In 2021, the Department for Health and Social Care (DHSC) published a consensus statement on information sharing and suicide prevention. It developed the statement together with professional bodies, including the British Psychological Society and the Royal College of Psychiatrists.

It said:

*‘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.’*

## Sharing information in urgent and emergency situations

There will be some situations in which gaining specific consent from a student to share information with their contacts is not possible or practical. University staff are required to navigate difficult decisions about when and how to involve students’ family members, carers or trusted contacts .

In this guide, we set out how university practitioners and leaders can develop an approach to navigating these situations that:

- acknowledges the key role that trusted contacts can play
- gives staff clarity about their roles and responsibilities
- is consistent with legal obligations
- keeps students at the heart of decisions about their safety and wellbeing



## The Universities UK Information Sharing Taskforce

Chaired by Professor Julia Buckingham, the taskforce was established to address how and when universities share information to support students in mental health crisis.

Its work was given momentum by the then Secretary of State for Education, who gave his commitment:

*to ensure universities are doing all in their power to support students' wellbeing. That includes gaining a fuller understanding of the rules enabling them to reach out to nominated contacts when it becomes clear this is in the best interests of a student's health.*



# 1. Asking students about their trusted contacts

Universities should hold up-to-date contact information for their students. Most universities will already ask students for this information when they first enrol through an emergency contact or next of kin form. However, there are steps all universities can and should take to support as many students as possible to provide the right information.

## Be clear about who counts as a contact

Some students will not feel comfortable listing a parent, carer, or trusted other as their emergency contact.

For example, this might be true for LGBTQ+ students who are not out to their families. Mature students may prefer to list a spouse or partner. Hesitancy might also apply to students from cultural backgrounds where stigma around mental health problems is particularly acute.

Universities should make clear that students are welcome to list a trusted other as their emergency contact. Universities should also avoid using phrases like 'next of kin', which are unnecessarily restrictive. In this guidance, we use the term 'trusted contact' to reflect the importance of students choosing contacts who they feel comfortable with.

## Tell students how their contact information will be used

A student may have different preferences about who they would want to be contacted if they were experiencing a mental health crisis, or if there were serious concerns about their safety or mental health.

When faced with an emergency contact form, many people will answer with physical accidents and injuries in mind. Some universities prefer to avoid the term emergency contact as they may choose to involve contacts outside of emergencies, but where there are nonetheless serious concerns.

When asking students for their trusted contacts, universities should give examples of situations where they may share information, including at least one which relates to mental health. They should also provide a link to the university's policy on information sharing.

See [section 3](#) of this guide for more information on how to develop an information sharing policy.

## **Build questions about trusted contacts into the enrolment process**

While some students may explicitly choose not to provide trusted contacts, others may simply not get round to returning the form.

Universities should review how their process for collecting contact information is designed, including how they can provide reminders or prompts where a form has not been returned.

Where possible, they should include the question as part of the mandatory requirement for students early in the enrolment and registration process. They should build information about why the contact is required and when they might be involved into the process.

## **Refresh trusted contact information regularly**

Students' choices about their trusted contacts may change over time.

For example, if a student is struggling with their academic performance or with problems with drugs or alcohol, they may prefer that someone other than a parent is involved.

Universities should ask students to update their contact information at the start of each academic year. They should make clear that students can update these contacts if circumstances change. Staff providing support to students in difficulty should also regularly revisit questions about trusted contacts over the course of those conversations.

## **‘Contracting in’**

Asking for and refreshing contacts should be accompanied by a reminder that students should ask for the consent of the person they choose to list, and explain to them what the contact might be used for.

Some universities suggest to contacts that they are ‘contracting in’ to a shared objective regarding the safety and health of the student. This reinforces the ‘triangle of care’ and makes explicit the involvement of trusted contacts when there are serious concerns about a student’s safety or mental health.

## 2. Starting normal conversations early

Between 2017 and 2021, more than half of 17–23-year-olds in England experienced worsening mental health, with nearly one in six showing signs of a probable mental health disorder.<sup>2</sup> Universities across the UK have seen a growing number of students seeking help for mental health difficulties. When students approach university support services for help, practitioners can play an important role in opening up early conversations about sharing information with their trusted contacts.

### Support students to express their preferences around sharing information

When students first seek support, practitioners should give them an opportunity to update their trusted contacts and express their wishes about sharing information. This should form the basis of ongoing conversations with students about these issues.

Some students may be comfortable with some information being shared with their contacts, as long as specific pieces of sensitive information are omitted. This could include information about their sexual orientation or gender identity, or difficulties with drugs or alcohol.

The [SHARE guidance](#), produced by the Zero Suicide Alliance, provides practical advice for professionals navigating these conversations about confidentiality, information-sharing, and consent.

### Record relevant conversations

Practitioners should keep up-to-date records detailing conversations about consent and information-sharing. This is crucial when it comes to making sure that students'

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<sup>2</sup> NHS (2021) [Mental Health of Children and Young People in England 2021 – wave 2 follow up to the 2017 survey](#).

choices are considered in an emergency. It is important to be transparent with students about sharing information without consent.

Practitioners working in university support services are often required to balance the need to create a confidential and trusted space for students to discuss their problems with the need to act in situations where a student may be at risk of harm. In some circumstances, this could include sharing information within the university, with emergency services or with a students' contacts without their consent.

Talking openly about the university's process for sharing information will help students understand what to expect. It also gives students the opportunity to reflect on what they would like to happen in the case of an emergency. This can help make sure that their choices, their privacy, and their dignity are given proper weight in the decision-making process.

## **Consider what information should be shared with other health professionals**

Practitioners should ask students about their relationships with other health professionals, including their GP or community mental health team.

If a student gives consent for information to be shared, this can help make sure that there is a coordinated effort to spot signs of risk and to keep them safe.

Universities should consider establishing data-sharing agreements with local partners (such as students' unions) and suppliers (such as accommodation providers) to help facilitate appropriate information sharing.

## What professional bodies say

In 2021, the Department for Health and Social Care (DHSC) published a consensus statement on information sharing and suicide prevention<sup>1</sup>. The statement was agreed among nine professional bodies, including the [Royal College of Psychiatrists](#) and the [British Psychological Society](#). It promotes open conversations with people using mental health services about their wishes:

*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.*

University practitioners should also consult the guidance of their relevant professional bodies.

## Case study: University of Bristol

### Background

At registration and then at the start of each academic year, students are required to provide information for a designated contact, which could be a parent, guardian, or friend.

They are informed that this person would be contacted without the student's consent if the university believes that doing so is in their 'vital interests' – a term used in data protection legislation to describe life or death situations. This approach is common to most universities.

In addition, students are also invited to give advance consent for the university to share information with their designated contact if the university has serious concerns about the student's wellbeing. This pre-emptive approach is sometimes known as an 'opt in' scheme. Students are also told that they can withdraw their consent at any time.

Since the policy was introduced in 2017, levels of opting-in have remained above 90%.

## How the policy is used

The policy is used when the university has serious concerns about someone's safety, such as a mental health crisis, domestic abuse, or if a student is believed to be at high risk, and is unable to contact them despite their best efforts.

The decision is escalated to a small group of senior staff and is made on a case-by-case basis depending on each student's personal circumstances.

During the course of the last academic year 2021–2022, a decision has been made to involve designated contacts 98 times.

## Risks

There are risks associated with using opt-in versus not using it. These are assessed based on the student's potential history of trauma, the impact it may have on their engagement with support, and how able the emergency contact is to offer support.

In most cases, students are informed in advance and are included in deciding what information would be helpful to share. Where information is shared with a contact, this is part of a proactive discussion.

## Evidence informed policy

The University of Bristol has conducted research to better understand barriers to opting-in among students<sup>3</sup>.

The research identified four common concerns among students:

- not knowing what would happen once contacts were notified
- students' difficulties not being serious enough to warrant contacts being notified
- fears emergency contacts may not be emotionally equipped to help
- wanting to be treated as a self-sufficient independent adult.

Opting-in was also lower amongst students experiencing anxiety and depression.

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<sup>3</sup> Linton MJ, Biddle L, Bennet J, Gunnell D, Purdy S, Kidger J. [Barriers to students opting-in to universities notifying emergency contacts when serious mental health concerns emerge: A UK mixed methods analysis of policy preferences](#). *Journal of Affective Disorders Reports* (2022), Jan 1;7:100289.



These findings highlight the value of clear communication with students about the importance of their active role within the process of involving emergency contacts. They also highlight the need to encourage students to keep records up-to-date with an emergency contact most equipped to support their safety – particularly among students engaging with support services.

## Opting in schemes

According to freedom of information requests, around 30 universities have adopted so called ‘opt in’ schemes like the University of Bristol’s model.

Whilst fully recognising the value of involving trusted contacts when there are serious concerns about a student’s safety or mental health, this guidance does not consider that opting in is the only route to universities taking a more proactive stance on this issue. It cautions there may be emerging risks around students not opting in or opting out.

This guidance does not specifically recommend the adoption of such schemes, but encourages continuing evidenced discussion of their benefits and risks.



## 3. Sharing information in an emergency

If staff are concerned about a student, they should make every reasonable effort to secure consent before involving their contacts. However, in an emergency, it may not be possible or practical to do this. There are some circumstances in which a university can and should share information with emergency services and with trusted contacts, even where they have not been able to secure consent.

### What the law says

#### Data protection law

The UK General Data Processing Regulation (UK GDPR) and the Data Protection Act 2018 (DPA 2018) contains provisions that allow universities and other public bodies to lawfully share sensitive information about a student when there is a concern that they may be at risk of serious harm.

In September 2021, the Information Commissioner's Office (ICO) published a short guide to this issue, saying:

*We know that universities and colleges work hard to provide support to students who are struggling. That means that universities and colleges often have to handle sensitive personal information about them. And we are aware that, sometimes, universities and colleges are hesitant to share students' personal data in an urgent or emergency situation, citing data protection as the problem. That should not be the case.*

Put simply, university and college staff should do whatever is necessary and proportionate to protect someone's life. Data protection law allows organisations to share personal data in an urgent or emergency situation, including to help them prevent loss of life or serious physical, emotional or mental harm.<sup>4</sup>

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<sup>4</sup> ICO (2021) [Blog: Sharing personal data in an emergency – a guide for universities and colleges](#).

## Duty of confidentiality

Students may provide sensitive information to universities which falls under a common law duty of confidentiality and ordinarily should not be shared without consent.

Two exceptions to this duty include where a student lacks capacity or when disclosing the information is in the public interest.

On this second test, the DHSC consensus statement says:

*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 individuals and the public interest in keeping it confidential. Determining where to draw the line is a matter for professional judgement in each individual case.*

Please note that 'consent' in its commonly understood sense – agreement for a university or healthcare practitioner to share information – is not the same thing as the lawful basis of consent in data protection law. It is important to ensure they are not confused and important that consent as lawful basis is properly applied. For more details on this, please see [the ICO's interactive lawful basis guidance tool](#).

## Decide who can take the decision to share information in an emergency

Universities should make sure that decisions about whether to share information without consent are taken by staff who are appropriately trained.

This should include familiarity with the relevant legal frameworks and with supporting students experiencing mental health problems.

## Develop a policy on sharing information in an emergency

Staff, students, and their contacts should all have clarity about how the university makes decisions about sharing information in an emergency.

Universities should produce clear and publicly available policies which cover:

- examples of when staff may share information without consent
- who within the university can make the decision to share information without consent

- what steps the university will take to reach a student's contacts in an emergency
- how many staff members need to be involved in the decision-making process
- how other members of staff can escalate a concern
- how students can report a concern about another student
- how decisions are recorded and reviewed
- any variations in the process for out-of-hours emergencies

This information could form part of a standalone policy or be incorporated into the university's wider policies on safeguarding, suicide prevention, or data processing.

Section 5 of this guidance sets out how universities can make sure that all staff are supported to put these policies into practice.

## **Consider the individual context behind each decision**

Wherever it is possible to do so, university staff should seek a student's consent before sharing information with their contacts.

Where it has not been possible to reach a student, staff will need to make an individual decision about whether a student is at risk of serious physical, emotional, or mental harm, and what further action to take.

This decision will need to be sensitive to the particular context and wherever possible informed by a clinical assessment of the risk to the student.

Situations that are likely to meet the 'serious harm' criteria include where a student:

- has unexpectedly been admitted to hospital for non-routine treatment
- has suffered a serious physical injury, including those relating to self-harm
- has not been seen for an extended period of time and cannot be contacted
- has an ongoing illness and appears to be significantly deteriorating
- is experiencing a mental health crisis

University staff should also consider whether a duty of confidentiality applies, and if so, whether the circumstances fall under the relevant exemptions.

## **Share information internally to build a full picture**

There are some situations that are not by themselves an indicator that a student is at risk of harm, but which require a decision that is sensitive to the individual context.

For example, a student who receives an unexpected poor grade should not automatically be considered at risk of serious harm. However, difficulties relating to poor grades or withdrawal from studies can become a trigger for a mental health crisis or suicide attempt. A student in those circumstances may disclose information about their state of mind to their tutors, to university support services, or to others around them which indicates that they are at risk of harm.

Universities should make sure that their information sharing policies, staff training, and student databases all work to support staff to share concerns about a student and escalate those concerns appropriately.

## **Mitigate any risks associated with sharing information**

When making the decision to share information without consent, universities should consider any potential risks involved and how they might mitigate them. They should also consider any preferences that the individual had previously expressed to the university.

For example, would sharing the full background of a student's difficulties involve disclosing sensitive information about their sexual orientation or gender identity? If so, sharing more limited information in the moment may be a proportionate way to balance ensuring a student's safety with respecting their privacy and their wishes.

## **Keep clear records**

Staff responsible for decisions about information sharing should keep records about the decisions they have taken, including:

- what information they have shared
- who they have shared it with
- the rationale behind the decision to share or not share information

## Case study: University of Manchester

All students at the University of Manchester can access a student emergency contact statement, which sets out the circumstances under which the university may share information. As part of the annual registration process, all students are asked to read and acknowledge this statement.

They are also required, as part of registration, to review and update their emergency contact details. Students have a choice of who they nominate, but it is explained that they must be able and willing to act on their behalf in the event of an emergency or where it is considered that their health, wellbeing or welfare is at risk.

The student emergency contact statement explains the relevant aspects of data protection law, saying:

*Under current data protection legislation, we are permitted to share personal information about you without your consent where we believe that this is necessary to protect your vital (immediate) interests or those of another person and where it is not possible to obtain your consent. This usually means that you will have been involved in, or that there is a risk of, an incident or an emergency situation where we believe you or others may come to serious or lasting harm.*

The statement also provides a list of example circumstances in which the university may share information with an emergency contact without consent. These include during a mental health crisis, when a student has not been seen and has not been contactable, or if they have been the victim of a serious crime. Wherever possible, and if not felt to be detrimental to do so, consent will be discussed with the student before contact is made.

The statement explains how the university makes decisions about sharing information without consent. This includes the titles of the designated members of staff who take these decisions. It also explains that the university will keep a record of the decision made including the justification, the nature of the information shared, and who it was shared with. There is also an escalation process for complex cases – these decisions always involve a practitioner and another colleague.

All staff are also made aware of the process, alongside how to escalate concerns about a student. Both the student statement and the staff procedure are reviewed annually.

## 4. Supporting families, carers, and friends

Conversations about information sharing often focus on the decisions that university staff need to make in an emergency. However, family members, carers, and trusted contacts often have an important role to play in supporting a student as they recover from a crisis and plan their next steps. Universities should consider how they can best support students and their contacts throughout this period.

### **Communicate with respect, compassion, and transparency**

Families, carers and other contacts should know that their concerns will be heard and taken seriously. Where the university has chosen not to share information, it should be prepared to respond transparently to questions about the decision-making process.

### **Plan for emergency contact liaison**

Once the university has first shared information with a contact, university mental health services should consider what kind of ongoing liaison they can offer. This should involve further conversations with students about how they would like their contacts to be involved in their care.

It might lead to steps such as:

- providing advice on supporting someone with a mental health problem
- bringing together students and their contacts to develop a joint crisis plan
- agreeing to further information sharing (with consent)

As set out in [section 2](#) of this guidance, practitioners should regularly revisit conversations about information sharing and consent with students throughout the course of providing support.

## Supporting trusted contacts who are students themselves

Where a student has been supported by a friend who is also a student at the university, staff should consider how they can offer support.

Carers may not recognise that they are struggling with their own mental health or may feel that their needs are not the priority for the university's response. This makes it important for universities to offer proactive support.

## Give designated staff flexibility over how they support students and their contacts

Providing compassionate support will often require flexibility. For example, if there are serious concerns about a student, their contacts may struggle to make arrangements for their travel and accommodation at short notice.

Wherever possible, designated staff should be given the flexibility and budgets to offer the help that will make the most difference in the moment.

## Case study: University of the West of England (UWE), Bristol

UWE has developed a set of competencies around critical incident liaison. The main purpose is to:

*provide a consistent point of contact for family, friends and students during and following a critical incident with the university, acting as conduit between those affected and support services, ensuring support is available, proportionate and timely.*

The accountabilities for critical incident liaison include:

- developing supportive relationships with trusted contacts
- making sure those affected have up-to-date information about the university's response
- helping families and other trusted contacts access support services
- helping students secure deferrals or extensions for academic work



Key competencies and skills for the role include emotional awareness, the ability to listen and empathise, the ability to build relationships, and the ability to identify risks.

## 5. Making a whole-university commitment to sharing information responsibly

Student suicides can occur with very little warning and in situations where students have had minimal contact or no contact with university mental health services.<sup>5</sup> This makes it important for universities to support all staff who work with students to know the signs that a student may be at risk and to share those concerns with the appropriate people.

### Give staff clarity about their roles and responsibilities

Academic staff and others working outside of university support services can feel uncertain when responding to a student who has disclosed that they are at risk of harm. Some staff may avoid taking any action, and others may feel a responsibility to try to provide support that goes beyond the boundaries of their role.

Universities can address this by making sure that all staff who work with students have training in applying the relevant information-sharing policies.

This should include how to:

- recognise the signs that a student may be at risk
- refer students to support, including crisis support
- escalate a concern that a student may be at risk

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<sup>5</sup> Rodway, C. et al (2020) Suicide in children and young people: [Can it happen without warning?](#) Journal of Affective Disorders, Volume 275, 2020.

## Develop a university-wide approach to referral

When a student discloses that they are at risk of harm, the way in which they are referred to support can make a difference to their likelihood of taking up that support.

Universities should review how their training and information sharing policies support staff to refer students.

This should include:

- making sure all staff know who within the university they can contact
- providing information to share with students about what will happen next and who will make contact with them
- setting out any variations for disclosures that happen out-of-hours

## Provide training appropriate to staff members' levels of responsibility

Universities can provide standalone training on information sharing, or this can form part of wider staff training on suicide prevention.

Universities should consider how they segment staff and provide training appropriate to different levels of responsibility for student welfare. The most effective way to do this will depend on a university's existing training.

The following approach can be a useful starting point:

Level of understanding	Indicative staff groups
<p><b>Situational:</b> Staff need to be broadly aware of the signs of someone in mental health crisis, understand university policy and who they refer to.</p>	<ul style="list-style-type: none"> <li>– All staff</li> </ul>
<p><b>Functional:</b> staff who should be aware of the criteria for serious risk of harm, know</p>	<ul style="list-style-type: none"> <li>– Advice and wellbeing teams</li> <li>– Security teams</li> <li>– Relevant student union staff</li> </ul>

when to activate a crisis response and refer to staff leading the response.

**Practitioner:** appropriately trained, designated staff who are able to conduct a risk assessment, implement and record a crisis response, including liaison with families, carers or trusted friends.

- Support services/mental health teams
- Heads of student services

# Resources

**UUK and PAPYRUS, Suicide-safer universities (2018)**

Guidance for university leaders and practitioners on developing a suicide prevention strategy.

It covers topics including steps to prevent student suicide, intervening when students are in difficulty, and best practice for responding to student suicides.

**ICO, Sharing personal data in an emergency – a guide for universities and colleges (2021)**

A short guide setting out the position of the Information Commissioner's Office (ICO) on sharing personal data in an urgent situation or in an emergency, as well as practical advice for universities.

**ICO, Data sharing information hub**

The ICO's data sharing information hub provides clear guidance and practical tools for organisations and businesses on how to share data lawfully, while protecting people's personal information.

**Department for Health and Social Care (DHSC), Consensus statement for information sharing and suicide prevention (2021)**

A statement that aims to address the balance between reducing suicide risk through sharing of information and respecting patient confidentiality. It reflects the current legal position, including the implementation of the UK General Data Protection Regulation (UK GDPR).

**Zero Suicide Alliance, SHARE: consent, confidentiality and information sharing in mental healthcare and suicide prevention (2021)**

A resource designed to support health and social care staff on how to use the DHSC's consensus statement for information sharing and suicide prevention and how to engage with patients when discussing confidentiality and consent to share information.

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- Geraldine Swanton, Shakespeare Martineau
- Paula Tunbridge, University of York
- Yinbo Yu, National Union of Students (NUS)

## **Mental Health in Higher Education Advisory Group**

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- Virginie Assal, National Union of Students (NUS)
- David Bass, Advance HE
- Aled Blake, Universities Wales
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- Dominique Thompson, The Mental Wellbeing in Higher Education Expert Group (MWBHE)
- Rosie Tressler, Student Minds
- Simon Wessely, Kings College, London (KCL)
- Emma Nieminen, Nightline
- Kate Wicklow, GuildHE, NHS Confederation MH Network

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- Professor Sarah Purdy, University of Bristol
- Dr Alison Golden-Wright, University of Bristol
- Dr Myles-Jay Linton, University of Bristol

This guidance was written by John de Pury.



# Annexe A: The legal framework

The legal framework relevant to sharing information and suicide prevention in universities includes:

- the university's duty of care under contract law
- General Data Protection Regulation 2018 (UK GDPR)
- Data Protection Act 2018
- the common law of confidentiality
- Medical Capacity Act
- Human Rights Act 1998
- Care Act 2014

## Universities' responsibility for student welfare

The duty of care of the university is to deliver its educational and pastoral services to a standard of reasonable competence and to act to protect the health, safety and welfare of its students.

In practice, the university should take reasonable steps to remove or reduce the risks of which the university is aware or of which it ought reasonably to be aware.<sup>6</sup>

## Confidentiality, mental capacity and the public interest

Universities are subject to a general duty of confidentiality which ordinarily precludes sharing a student's sensitive health information without their consent.

Two exceptions to this duty include where a student lacks the capacity to consent to information sharing, or when disclosing the information is in the public interest.

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<sup>6</sup> [Abrahart vs University of Bristol](#) (2022)

## Processing sensitive personal data

Processing personal data must be generally lawful, fair and transparent and compliant with other principles and requirements of the UK GDPR and the Data Protection Act 2018 (DPA 2018). This includes identifying a lawful basis for processing. You must take particular care with special category data – ie data that needs more protection because it is sensitive.

Information about a student's safety or mental health constitutes special category data under the UK General Data Protection Regulation (UK GDPR). Processing special category data must be generally lawful, fair and transparent and compliant with other principles and requirements of the UK GDPR.

In addition, you may only process special category data if you can meet one of the specific conditions in Article 9 of the UK GDPR. Some Article 9 conditions also require you to meet associated conditions and safeguards under Schedule 1 of the DPA 2018.

The ICO has clarified that data protection law allows organisations to share personal data in an urgent or emergency situation, including to help them prevent loss of life or serious physical, emotional or mental harm.

## Applying the law in practice

When staff are dealing with difficult, fast-moving situations, it is essential to have conducted detailed planning, established clear responses and assigned roles and responsibilities. A confident, compassionate approach and detailed record of decisions are more important than legalistic arguments. The interests of the student of concern should be paramount.

# Annexe B: Information sharing: PEACE framework

<b>Proactive</b>	The information sharing policy sits within a suicide-safer framework and is informed by evidence, compassion and openness.
<b>Empowering</b>	Staff are confident in their roles and responsibilities, know when to act, act within their limits and share and record decisions.
<b>Agency</b>	Students are at the centre of decisions about their care including when trusted contacts may be involved.
<b>Contacts</b>	Universities collect and refresh trusted contacts within a conversation about why and how they may be involved.
<b>Easy</b>	The information sharing policy must be easy to grasp and well understood by staff, students and trusted contacts.

With thanks to James Murray, Lee Fryatt and the LEARN group of bereaved family members campaigning to prevent further deaths by suicide.

Universities UK is the collective voice of 140 universities in England, Scotland, Wales and Northern Ireland.

Our mission is to create the conditions for UK universities to be the best in the world; maximising their positive impact locally, nationally and globally.

Universities UK acts on behalf of universities, represented by their heads of institution.

If you or someone you know feels suicidal, or may be a danger to themselves or others, call 999, contact **Samaritans**, **HOPELINEUK** or **SHOUT 85258** or contact your local crisis services via **Hub of Hope**.

**Samaritans**. We offer listening and support to people and communities in times of need. Available 24/7.

Call: 116 213. This is a free service.

Email: [jo@samaritans.org](mailto:jo@samaritans.org)

**PAPYRUS HOPELINEUK**, a suicide prevention helpline for anyone concerned that a young person could be thinking of suicide, staffed by professionals trained in ASIST.

Call: 0800 068 4141

Text: 07860 039 967

Email: [pat@papyrus-uk.org](mailto:pat@papyrus-uk.org)

**SHOUT 85258**. Free, confidential, 24/7 text messaging support service for anyone who is struggling to cope.

Text SHOUT to 85258.

**Hub of Hope** brings local, national, peer, community, charity, private and NHS mental health support and services together in one place.

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