

Postvention Community Working Group (PCWG) Guidelines for Keeping a Vulnerable Persons Register

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CPRS acknowledges the complexities around sharing people's personal information. This guideline outlines the validity for doing so in a postvention situation within a PCWG. Sharing minimal personal information of potentially impacted vulnerable community members within a PCWG is believed to help strengthen a community in its suicide prevention actions and is intended to help prevent further deaths and other suicidal behaviours.

Any Postvention Community Working Group (PCWG) keeping a "Vulnerable Persons Register" (VPR) needs to be aware of and adhere to legislation governing the collection, use and storage of personal information. In New Zealand, the relevant legislation in respect of personal information is the Privacy Act (1993) and the Health Information Privacy Code (1994).

A Vulnerable Persons Register (VPR; also known as an "At Risk Register") contains personal information, and therefore becomes an official record; as such it must be managed in accordance with relevant legislation. For example, in New Zealand the Privacy Act (1993) requires that all reasonable steps must be taken to ensure that any personal information collected is for a legitimate purpose, is accurate and up to date, is held securely, and is able to be viewed by the individual concerned should a request be made to do so.

The overarching purpose of keeping a VPR is suicide prevention. Activities which are consistent with this purpose include:

- The identification of individuals who, by virtue of family, friendship, work, social, geographic or other connection may be at increased vulnerability after a suspected suicide. The purpose of identifying these individuals is to assess them for suicide risk and refer to appropriate supports and services as necessary (The CPRS Circles of Vulnerability is a useful model for considering how this might be undertaken).
- The identification of groups in the community whose members' health might be seriously threatened by others' suicidal behaviour(s) and therefore need assessment and follow-up.
- The identification of individuals in the community currently engaging in suicidal behaviours (i.e. suicidal thoughts, planning, preparations, attempts and self-harm) who may be further impacted by suspected suicide(s) and therefore require re-assessment and additional monitoring and support.
- The allocation of individuals placed on the VPR to a particular agency or service for follow-up. This is to ensure that the suicide risk of every individual on the VPR is assessed so that, where necessary, individuals receive further assessment, supports and services. The PCWG does not assume responsibility for the suicide risk assessment or management of any individuals placed on the VPR. Rather, as much as is possible, the PCWG identifies

individuals of concern and allocates agencies or services to follow-up these individuals including their suicide risk screening, assessment and subsequent management.

- Highlighting community suicide risk factors for consideration by the PCWG.
- Long term follow-up of individuals on the VPR up to and beyond the 12-month anniversary of a suspected suicide and in the event of an echo cluster in subsequent years.

Key guidelines for keeping a Vulnerable Persons Register:

- Keep only one copy of the VPR and nominate a lead agency from the PCWG which will be responsible solely for updating the VPR and managing it in accordance with relevant legislation (e.g. securely stored in a locked filing cabinet, password protected encrypted electronic copy).
- Keep only that information on the VPR sufficient for postvention purposes.
 - Typically, the information on a VPR would include:
 - Name of the vulnerable person of concern,
 - Date this name was added to the VPR,
 - Reason for concern,
 - Known connections to the deceased,
 - Agency allocated for following up this individual,
 - Outcome of that follow-up and date this occurred,
 - Information on any subsequent review or additional concern for this individual (see CPRS PCWG VPR Template).
- Do not circulate the VPR by unsecure email or any other unsecure means. The single copy of the VPR can be brought to each PCWG meeting for review and updating. At a minimum, any circulation of a VPR should only ever be considered if it can be undertaken securely, such as by using a password protected or encrypted electronic form.
- Each agency on the PCWG collects, uses and stores only that information pertaining to specific individuals on the VPR allocated to it for follow-up.
- Rather than take individuals' names off the VPR when they are no longer considered at acute risk of suicide, signal on the VPR that the individual has been followed-up, by which agency/individual, when, by what means (e.g. phone, text, appointment) this follow-up was undertaken and what the outcome was. This allows for long term follow-up of all those initially considered to be at increased vulnerability (e.g., at the 12-month anniversary mark or even years later).
- Only use the VPR with other PCWG members and only with those PCWG members who have signed a privacy agreement.
- Each agency on the PCWG keeps its own records of any assessments and interventions undertaken by its staff with any individuals from the VPR allocated to it for follow-up.
- Each agency on the PCWG follows its own established mechanisms for meeting its obligations under relevant privacy legislation for the collection, use and storage of personal information.

Links:

- View the full Privacy At 1993 at <http://www.legislation.govt.nz/act/public/1993/0028/latest/DLM296639.html>
- View the revised edition 2008 of the Health Information Privacy Code 1994 at <https://www.privacy.org.nz/assets/Files/Codes-of-Practice-materials/HIPC-1994-incl.-amendments-revised-commentary-edit.pdf>
- www.casa.org.nz

See also:

- CPRS PCWG Privacy Guidelines
- CPRS Circles of Vulnerability Model
- CPRS PCWG Guidelines for Mapping Circles of Vulnerability after a suspected suicide
- CPRS PCWG Vulnerable Persons Register template

References:

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- Public Health England (2015). *Identifying and responding to suicide clusters and contagion: A practice resource*. PHE publications, Wellington House, London.
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