Good Practice in Action 069
Legal Resource

Sharing records with clients, legal and other professionals and the courts in the context of the counselling professions

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Context

This resource is one of a suite prepared by BACP to enable members to engage with the current BACP *Ethical Framework for the Counselling Professions* (BACP 2018) in respect of sharing records with clients, legal and other professionals and the courts.

Using the Legal Resources

The membership agreement with BACP establishes a contractual commitment by members to abide by the *Ethical Framework for the Counselling Professions*, which includes a responsibility for members to keep the skills and knowledge relevant to their work up to date. Please note that the *Ethical Framework* (BACP 2018) is currently under review, and will be replaced in autumn 2026. Members should watch for the publication of the new *Ethical Framework*, and note its implementation date when this is announced by BACP, after which members will then be required to abide by the new *Ethical Framework* (BACP 2026).

The Legal Resources cannot constitute legal advice or guidance in specific cases, nor are they sufficient on their own to resolve legal issues arising in practice. The Legal Resources do not give a full statement of the law. They are solely intended to support good practice by offering general information on legal principles and policy applicable at the time of writing. The Legal Resources are intended for information purposes only and are not a substitute for professional advice. BACP and the author accept no responsibility for and accepts no liability as a result of any person acting or refraining from acting on the basis of the Legal Resources.

Practice issues and dilemmas are often complex, and may vary depending on clients, particular models of working, the context of the work and the therapeutic interventions provided. We therefore strongly recommend consulting your supervisor, and also, wherever necessary, a suitably qualified practitioner or lawyer. Some professional insurers will provide legal advice as part of their service. BACP and the author make no representation or warranty as to the completeness or accuracy of the information contained in the Legal Resources.

References in this resource were up to date at the time of writing but there may be changes in particular to the law, government departments, government policies and guidance, websites and web addresses. Organisations and agencies may also change their practice or policies, so please be alert for any changes that may affect your therapy practice.

In this resource, the words 'counselling,' 'therapist' and 'therapy' are used to refer specifically to counselling and psychotherapy.

The terms 'practitioner', 'counselling professional', and 'counselling related services' are used generically in a wider sense, to include the practice of the counselling professions, including counselling, psychotherapy, coaching, professional mentoring and pastoral care.

This resource is intended to help you to:

- Understand the principles upon which client confidentiality arises
- Identify situations where confidentiality may need to be breached for the purpose of sharing information with clients, other professionals including legal practitioners, and the courts
- Identify situations where legal or other professional advice should be sought in relation to information sharing and which advice would be appropriate
- Make decisions concerning information sharing and breaching confidentiality which are within the law and comply with the BACP's *Ethical Framework for Good Practice in the Counselling Professions* (BACP 2018) (the *Ethical Framework*)
- Document information sharing in a way that preserves an accurate and useful record of the reason why client personal information was shared, what was disclosed and to whom, and the date that the information was shared.

Please also see the BACP's Good Practice in Action resources: GPiA 014 *Managing confidentiality*; also GPiA 105 *The United Kingdom General Data Protection Regulation* (UK-GDPR) *legal principles and practice notes for the counselling professions*; GPiA 128 *Working with the Crown Prosecution Service Pre-trial Therapy Guidance* (CPS 2022) *in therapy with adult and child witnesses in the criminal courts in England and Wales.*

A. Law and practice principles relevant to confidentiality

Confidentiality is one of the most fundamental ethical and legal obligations owed by counsellors, psychotherapists, and counselling practitioners to their clients.

This general principle seems to be widely accepted by the public and professionals alike, but its implementation raises complex issues of law and ethical practice in which sometimes a therapist may consider that there is a professional and ethical responsibility to breach confidentiality, but where the client may not readily accept the need for that disclosure – and it is in these grey and potentially conflictual areas of practice that an understanding of the law and current ethical guidance are particularly helpful.

1 Legal principles relevant to confidentiality and information sharing

Legal rights to confidentiality arise in the legal system in the UK in various ways:

- 'Statute law' is embodied in Acts of Parliament and is enforced by the civil and criminal courts in their judgments, which reflect the courts' interpretation of the statute law.

- The 'common law' is the term used for the body of law created by court decisions. The judgments of the higher courts must be obeyed by the lower courts. The decisions of the Supreme Court bind all lower courts. This structural hierarchy also applies to the other criminal and civil courts. It follows that the courts' interpretation of statute law in judgments are handed down and become embedded in the 'common law', for example clarifying the meaning of some of the more general definitions laid down in statute.

> **Note:** as professionals, particularly since BACP qualified practitioner members are now registered voluntarily with the PSA, we have a duty, stated in the *Ethical Framework* to 'keep accurate records that are adequate, relevant and limited to what is necessary for the type of service being provided [and that] comply with the applicable data protection requirements', (Good Practice, point 15, and see www.ico.org.uk).

The decision about what is appropriate will take into account the ethical and legal requirements for processing (includes making, keeping, using and sharing) records. See Information Commissioner's Office www.ico.org.uk for the latest information, and the current *Ethical Framework for the Counselling Professions*.

Areas of law: Contract and tort

There are certain general areas of law, which will include both statute and common law, and which are particularly relevant to the provision of counselling and psychotherapy. Our profession is a business, and so there will be a business contract between a practitioner and their clients, which should contain the terms of working mutually agreed between them, and likely to include the type of therapy provided, e.g. payment, attendance, confidentiality, consent, complaints procedures, retention and access to records, and other important issues relevant to the therapeutic work. Contract law is a branch of the civil law which governs such contracts. Contract law applies even though the counselling may be provided on a voluntary basis, e.g. in the context of working for a charitable organisation.

Contracts in counselling and psychotherapy may exist between a number of people/organisations in relation to our work, and the terms of the various contracts may therefore need to be compatible e.g.:

- therapist and client
- therapist and supervisor
- therapist and agency/organisation
- therapist/agency/statutory bodies
- trainee therapist/training organisation/placement agency/supervisor.

See GPiA 039 *Making the contract within the counselling professions* for further information.

Another area of law relevant to our work is that of 'Tort' (known as 'Delict' in Scotland), which is the area of law applicable to legal wrongs, which include professional negligence, i.e. falling below the standards of care expected of practitioners; nuisance of various kinds; personal injuries, etc. Confidentiality is an integral part of a therapist's professional duty of care to a client, and therefore enforceable in the law of Tort.

All these forms of law are enforceable by various legal orders e.g. injunctions (a court order to refrain from doing something); court directives (orders to do something); orders awarding damages (e.g. for breach of contract) or orders for compensation in actions under the law of tort (e.g. for breach of the professional duty of care, etc.). See the relevant chapters Mitchels and Bond (2010; 2012), for more on contract and tort as these areas of law apply in counselling and psychotherapy work.

Common law (the law made by the judgments of the courts as they interpret statute law i.e. Acts of Parliament) imposes a duty of confidentiality where information has been disclosed in confidence or in circumstances where a reasonable person should know that the information ought to be confidential. *This principle will apply irrespective of whether a legal contract exists between the parties, for example it will apply where a therapist comes to know personal information about a third party in the course of their work with a client.* It is not an absolute duty but is based on the balance of public interest in protecting confidences (A-G v Guardian Newspapers Ltd (No 2) [1990] AC 109 [1988] 3 All ER 477).

Statutory provisions (e.g. the Acts of Parliament, for example the Data Protection Act 2018, Freedom of Information Act 2000, Human Rights Act 1998 Article 8 – right to private life, etc. and European Regulations such as the *United Kingdom General Data Protection Regulation (UK-GDPR)* (see the references and useful information list at the end of this resource).

See the government guidance at www.gov.uk/data-protection and also the Data (Use and Access) Act 2025, which came into force on 19 June 2025, and which will be implemented in a staged process. Only a small part of this is in force at the moment, and for details of its progress, see the government factsheets at www.gov.uk/government/publications/data-use-and-access-act-2025-factsheets/data-use-and-access-act-factsheet-uk-gdpr-and-dpa. The ICO will be publishing guidance on the impact of the new law, and for progress, see https://ico.org.uk/about-the-ico/what-we-do/our-plans-for-new-and-updated-guidance/general-data-protection.

1.1 Situations where client information may have special protection from disclosure, including response to requests from the data subject

Under the data protection law, a person (data subject) who has sensitive personal data held about them has a right of access to their personal and sensitive information (the right of data subject access, but it may not always be advisable or safe to disclose information in accordance with that right, particularly where to do so may place the person or others in physical or other danger, or risk damage to their health or welfare – for example in child protection and safeguarding, terrorism, mental health care, etc.

Under various provisions of the Data Protection Act 2018 as amended, there are listed exemptions to the general provisions of Article 15 of the UK-GDPR regarding disclosures. For more on this, see GPiA 105 *the United Kingdom General Data Protection Regulation (UK-GDPR) legal principles and practice notes for the counselling professions*. Under these exemptions, data controllers may refuse disclosure of information about the data subject (e.g. including a disclosure to the data subject themselves, or to those with parental responsibility for a child who is a data subject), where the result of that disclosure could cause serious harm to the physical or mental health of the data subject or another individual. See the specific provisions in the DPA 2018 appliable in the context of professionals working in the context of crime and public protection, the judiciary, law enforcement, intelligence, health care, social work and education. See DPA 2018, Schedule 3 parts 2-4. There are additional specific provisions concerning child abuse data in DPA 2018 Part 5 Schedule 3 (see end of this section). The current exemptions are listed by the ICO at https://ico.org.uk/for-organisations/uk-gdpr-guidance-and-resources/exemptions/a-guide-to-the-data-protection-exemptions/#top but are subject to change because of new legislation. The Data (Use and Access) Act 2025, which came into force on 19 June 2025, and will be implemented in a staged process. Only a small part of this is in force at the moment, and for details of its progress, see the government factsheets at: www.gov.uk/government/publications/data-use-and-access-act-2025-factsheets/data-use-and-access-act-factsheet-uk-gdpr-and-dpa.

The ICO will be publishing guidance on the impact of the new law, and for progress, see https://ico.org.uk/about-the-ico/what-we-do/our-plans-for-new-and-updated-guidance/general-data-protection.

Practice Note

See ' A 10 step guide to sharing information to safeguard children' available at https://ico.org.uk/for-organisations/uk-gdpr-guidance-and-resources/data-sharing/a-10-step-guide-to-sharing-information-to-safeguard-children.

In the context of general counselling services, in some circumstances, a refusal to disclose data may require the support of an appropriate Registered Health Professional, which would include a GP or other registered medical professional such as a doctor or nurse, or a practitioner registered with the Health and Care Professions Council such as a Practitioner Psychologist, or a Speech and Language Therapist (see the full list at the Health and Care Professions Council website, at www.hcpc-uk.org/check-the-register. If unsure whether this applies, refer to the ICO guide to exemptions at www.ico.org.uk.

Part 5 of Schedule 3 of the Data Protection Act 2018 applies a separate additional exemption allowing practitioners to maintain the confidentiality of child abuse data, and to refuse disclosure of such information in response to a data subject request. This exemption does not apply to requests for disclosure of data about child abuse made by the courts or made by professionals or authorities who are legitimately requesting information in the course of criminal investigations, or for child protection or safeguarding purposes.

2 Practice principles relevant to confidentiality and information sharing

In the counselling and psychotherapy professions, practice rights and principles are usually set out by the relevant professional bodies in their policies and procedures, and in their professional guidance, codes of ethics and practice.

Practitioners are usually required to agree to abide by these professional conduct principles and procedures as a term of their contract of employment, terms of voluntary work, or as an integral part of their professional memberships, e.g. BACP requires compliance with the current *Ethical Framework* by those in membership and in registration agreements. Practice principles are usually enforceable by complaints and disciplinary proceedings.

In certain circumstances, there may also be legal action challenging the actions of a public body by way of judicial review. For someone with a grievance over confidentiality, these professional conduct procedures often involve less financial risk than court proceedings and the outcomes from a disciplinary hearing may be considered more likely to prevent a repetition by the therapist.

For information on the legal and practice principles that apply to sharing information with clients (i.e. clients asking for access to their own records), see 3, and for sharing information with others (i.e. disclosures to third parties, for example disclosures, referrals and reports), see 4.

3 Law and principles relating to sharing information with clients (e.g. providing clients with access to their own records)

Note: any provisions of the United Kingdom General Data Protection Regulation (UK-GDPR) are subject to any orders or directions of the UK courts, which will take priority. If a court makes an order for disclosure, this overrides any rights of confidentiality under the UK-GDPR as will be amended by the Data (Use and Access) Act 2025 when implemented.

Access to records by agreement with the client

A fundamental legal and ethical commitment to clients in our work is valuing and respect, also protection of their confidentiality. In the interests of openness and transparency, practitioners commit to agree at the outset of working with clients how they will work together. Such an agreement may include an understanding that the client may have free access to all their own client records on request, but it is worthwhile to consider that in some circumstances, full unconditional access to client records could potentially be problematic. If for example, the practitioner then feels that a physical or mental health risk may by posed to that client or others if the client saw all that is contained in their records. As we have seen, data protection law allows some limited exemptions in this situation, and practitioners may therefore wish to consider negotiating client agreements for access to records which takes this risk into account.

3.1 Client access to records under data protection legislation

For full information on the current data protection legislation, please refer to GPiA 105 *the United Kingdom General Data Protection Regulation (UK-GDPR) legal principles and practice notes for the counselling professions.* The data protection legislation applies to the gathering, processing, storage and dissemination of sensitive personal client data. For exemptions to the client right of access to their records please see part 1.1 of this resource.

A fee may be payable by data controllers where data are kept and stored electronically, no matter what the format, (e.g. this may include clients' information on computers, laptops, mobile phones, discs, tapes, or any other form of recordings etc.).

Under the UK-GDPR as amended, supported by other areas of law, clients have basic ethical and legal rights in law in relation to their information.

These are:

i) to know the extent and limitations of the confidentiality that they are being offered by the therapist

ii) to give explicit consent to the making and keeping of records that contain personally sensitive information – a requirement of the UK-GDPR and the Data Protection Act 2018 that will apply to most records and notes written by therapists (but note that there will be some situations where the data subject is a child or vulnerable adult, and so entitled to additional protection of their personal data, and there are exemptions regarding information relevant to child protection and safeguarding)

iii) to be told the circumstances in which the therapist may wish to breach confidentiality and to have an opportunity to discuss and negotiate this with the therapist at the outset of their work together

iv) to have a clear therapeutic contract with terms that they fully understand, accept and support, see GPiA 039 *Making the contract within the counselling professions*

v) to know who will make, keep and have access to their notes and records, how they will be kept, for how long, and for what purposes they may be retained/destroyed/disclosed.

For further details see *Confidentiality and Record Keeping in the Counselling Professions 3rd edn* Mitchels and Bond (2021)

vi) to be informed when the therapist may have to or is about to breach their confidentiality unless there are cogent, legally and ethically defensible reasons why this cannot be the case, for example in cases of terrorism, certain child protection situations (such as where it may be dangerous to a child or others to alert a person about impending disclosure, or may compromise a police investigation) or mental incapacity

vii) to know how, why and to whom information will be given by the therapist

viii) to know the importance of and/or see what is being said about the client if they wish to do so.

Practice Note

There are safeguarding exemptions under the Data Protection Act 2018 to the general provisions of the UK-GDPR regarding the rights of disclosure. These exemptions may apply in child protection, medical, social work or educational contexts. See 1.1 of this resource for details.

Data protection law provides additional protection for clients, including:

- **Consent** – data controllers must be able to demonstrate that consent was freely given by the data subject before processing started.
- **Fair processing notices** – data controllers must provide more detailed information to data subjects about how their data will be processed.
- **Data breach notification** – the Information Commissioner's Office (ICO) will have to be notified about any breaches, which may pose a risk to the rights and freedoms of individuals.
- **Fines** – the ICO will be able to impose fines at different levels, depending on the nature, gravity and duration of the infringement.
- **Data subjects' rights** – these include the right to be forgotten, to correct data which are wrong or to restrict certain processing, and the right for data subjects to ask for their personal data to be handed back so that they can be sent to another data controller (known as 'data portability'). Data subject access requests will have to be responded to, within a month and without a requirement to pay a fee, unless the request is 'manifestly unfounded or excessive'.

In current data protection law, briefly, most of the information held by therapists will be regarded as 'sensitive personal data'. Sensitive personal data contain information about:

- racial or ethnic origin
- political opinions
- religious beliefs or beliefs of a similar nature
- trade union membership
- physical or mental health condition
- sex life
- criminality, alleged or proven
- criminal proceedings, their disposal and sentencing.

The use of sensitive personal data requires the client's explicit consent. The client has to actively state that they are agreeing to a record being kept and used in the knowledge of the purpose(s) for which the record is being made, how it will be used and any limitations on confidentiality. It should be the routine practice of therapists to provide clients with a 'privacy notice' stating their client's rights under the data protection law, and to ensure that the client understands and agrees its content. BACP is currently developing guidance for members on drafting privacy notices.

For details of data protection law and checklists, see also https://ico.org.uk.

If the Data Protection legislation applies, then we must ensure that personal data (including our client records) shall be:

1. Processed fairly and lawfully
2. Obtained only for one or more specified and lawful purposes, and shall not be processed in any manner incompatible with that purpose or those purposes
3. Adequate, relevant and not excessive
4. Accurate and, where necessary, kept up to date
5. Not kept longer than necessary
6. The clients' rights must be respected.

7. Kept and processed with appropriate security measures.

8. Personal data shall not be transferred outside the European Economic Area (All EU Member States plus Iceland, Liechtenstein and Norway).

This right is referred to as a 'subject access right' to the data held about the client in all electronically stored records and in structured manual files. The aim is to enable data subjects to know what information is being processed about them. A written request, proof of identity (if required) and a fee if applicable, payment of the prescribed fee (a first data subject access request is free of charge see GPiA 105) entitle the data subject to be informed about what data are being processed, for what purpose, to whom they have been or may be disclosed, and to be provided with a copy of those data.

A client who considers that there is an inaccuracy in the record may ask for it to be corrected with the agreement of the therapist. If there is disagreement about what would be a correct record, it is good practice to include a record of the client's objections in the notes.

Any therapist who is concerned about the client's response to seeing their records may offer to be present and explain the records or to arrange for another suitably qualified person to be present.

Note: If the therapist is concerned that access to the notes would cause serious harm to the physical or mental health of the data subject and that access to the notes may constitute a health risk, it may be possible to refuse or defer access with the authorisation of the health professional who is currently or was most recently responsible for the clinical care of the person concerned. The legal presumption in favour of access to personal data makes this an exceptional provision that ought not to be sought or granted lightly.

Practice Note

In the provision of counselling services, practitioners receiving a data protection right of access request for disclosure of notes and records or other client information may possibly be able to negotiate with clients about the amount or range of material from the client's records to be disclosed to the client.

As an example, if there are many records and the copying or electronic transmission of all the records would be onerous, or if there is information in the records for which disclosure would be detrimental to the client's health and wellbeing.

If the grounds on which disclosure is refused are that the proposed disclosure of records would put the data subject or others at risk, or would be detrimental to their health and welfare, the support of a registered healthcare professional may be required to justify a refusal to disclose personal data to a client, (or to another person making a legitimate data request such as a person with parental responsibility for a child, a guardian, or the holder of a power of attorney for a vulnerable adult). For more on these listed exemptions, please refer to part 1.1. of this resource and see the ICO website www.ico.org.uk for further information.

In this situation, it may also be helpful to seek appropriate legal advice and/or the assistance of a suitably qualified person.

3.2 Client access to information received from third parties (e.g. letters and reports)

Reports sent to the therapist and referral letters received by a therapist are usually considered to be part of the client record, and therefore accessible under the data protection legislation in the same way as other parts of the client record.

Information sharing between clients in couples, families, and groups

Sometimes, when one practitioner works with several people e.g. a couple, or a family, a group, or a workplace team; or where two or more practitioners may be working as a team with couples, families or groups of people, it may be helpful to agree with the clients that information acquired in separate sessions may be shared with the other professionals in the team and/or with other members of the client group (this is often referred to as the 'circle of confidentiality').

In this situation, confidentiality should be discussed and agreed with all the clients and practitioners concerned at the outset of the work, and a clear understanding established of the boundaries and extent of confidentiality, with appropriate consent obtained for the information sharing necessary for the therapy.

Access to client's records after the client's death

In England there is no statutory protection of confidences about someone following their death, nor may a breach of confidence following the death of the confider be actionable (Pattenden, 2016).

The United Kingdom General Data Protection Regulation (UK-GDPR) does not apply after the data subject's death. Despite this lack of legal protection, the normal ethical expectation for health workers and psychological therapists is that respect for confidentiality continues after the death of the person concerned. This is an example where professional ethics aim at a higher standard than that strictly required by law. Ethical disclosure of information after death may occur with appropriate consent, or under the authority of statute or a court order, or because disclosure is justifiable in the public interest. In certain circumstances, professionals may take the view that the length of time that has passed after a death may be relevant to the ethical consideration of disclosure of personal information about the deceased, particularly the disclosure of information contained in historical records – for example the academic and clinical exploration of the work of Freud and Jung.

Under the legislation relevant to the legal powers and process of the Coroner's Court, a coroner may require access to client records following the death of that client, see GPiA 060 *Coroner's Court.*

4 Law and principles relating to sharing client information with others (e.g. disclosures, referrals, and reports)

Table 4.1 Basic rights of the client

These are:

To give explicit consent to the making and keeping of records that contain personally sensitive information – a requirement of *the United Kingdom General Data Protection Regulation* and the Data Protection Act 2018 – that will apply to most records and notes written by therapists.

To be told the circumstances in which the therapist may wish to breach confidentiality and to have an opportunity to discuss and negotiate this with the therapist at the outset of their work together.

To have a clear therapeutic contract, including a data protection privacy notice, with terms which they fully understand, accept and support.

To know:

- the extent and limitations of the confidentiality that they are being offered by the therapist
- who will make, keep and have access to their notes and records, how they will be kept, for how long, and for what purposes they may be retained/destroyed/disclosed.
- how, why and to whom information will be given by the therapist
- the import of and/or see what is being said about the client if they wish to do so.

To be informed when the therapist may have to or is about to breach their confidentiality **unless there are cogent, legally defensible reasons why this cannot be the case**, for example in cases of terrorism, certain child protection or child or adult safeguarding situations (e.g. where it may be dangerous to a child or others to alert a person about impending disclosure, or where disclosure may compromise a social care or police investigation, or possibly where there is an issue of mental incapacity).

For BACP's good practice guidance relevant to confidentiality, please refer to the current *Ethical Framework*. Note that BACP will publish a new *Ethical Framework*, to be implemented in autumn 2026.

For further details see GPiA 014 Legal Resource: *Managing confidentiality within the counselling professions*; GPiA 105 Legal Resource: *the United Kingdom General Data Protection Regulation (UK-GDPR) legal principles and practice notes for the counselling professions.*

4.1 Situations where confidentiality may be breached

Confidentiality may be breached, and information from client records disclosed when:

a) Law requires: compulsory disclosure under the law (i.e. statute or court orders)

b) Law permits: disclosure in the public interest (i.e. we may use our discretion within the law, even if the client has not consented)

c) The client consents.

a) Law requires: compulsory disclosure under the law

The United Kingdom statutory law may require compulsory disclosure, (e.g. terrorism legislation).

The Terrorism Act 2000, s.38B, which applies to England, Wales, Scotland and Northern Ireland, makes it a criminal offence for a person to fail to disclose, without reasonable excuse, any information which the person either knows or believes might help prevent another person carrying out an act of terrorism or which might help in bringing a terrorist to justice in the UK.

The mere fact of the client's disclosure having taken place is sufficient to create a legal obligation to disclose the required information, but the obligation extends to no more than the specific relevant information required. It is unlikely that professional confidentiality would ever be regarded in these circumstances as a reasonable excuse by a court. The punishment on conviction ranges from a fine to imprisonment.

Note: Section 39 of the Terrorism Act 2000 makes it an offence to alert another person (e.g. a client) to the therapist's intention to disclose information about acts in relation to terrorism, if that alert could amount to 'tipping off' and interfering or prejudicing a criminal investigation (for more detail, see Terrorism Acts 2000 and 2006 as amended by subsequent legislation.

A statutory duty to report or to provide information to the authorities when requested to do may arise under court orders made in relation to evidence in civil or criminal proceedings, including court directions made for discovery of documents under statutory powers such as the Coroners and Justice Act 2009 or the Serious Crime Act 2007, etc. Recent developments in child protection law and guidance have increased many therapists' obligations with regard to the protection of children. An example of this is compliance with an order of the court to disclose the whereabouts of a missing child under Section 50 (3)(c) of the Children Act 1989.

In addition, the Female Genital Mutilation Act 2003 (as amended by section 74 of the Serious Crime Act 2015) introduced a mandatory reporting duty for all regulated health and social care professionals and teachers in England and Wales.

Where therapists know that they are working in circumstances where they have a specific obligation to pass on information, or where they sense that a client is about to give information during therapy that could create an obligation on the therapist to pass the information on to others, there is an ethical case for alerting the client to the consequences of their impending disclosure before it is made, **but please note there are important exceptions:** it is illegal to give a warning to clients in certain situations e.g. cases such as terrorism. Also, in any situation involving child safeguarding or child protection, or the safeguarding or protection of a vulnerable adult, therapists should exercise great caution and/or take appropriate advice, before giving a warning to clients (or to those with parental responsibility for a child client), because in certain situations, a prior warning of disclosure might endanger a child or vulnerable person or it could seriously compromise a police investigation.

Safeguarding procedures and the *Ethical Framework* support these exceptions as appropriate ethical and lawful practice. See also 1.1 for legal exemptions from disclosure on the grounds of the risk of serious harm to the client's mental health and welfare or that of others.

The police may contact or turn up at the office and ask to see or take away client records. Police officers are not normally permitted access to counselling records unless they have explicit client consent or are acting under the authority of a court, for example a search warrant or other court order.

Section 11 of the Police and Criminal Evidence Act (PACE) 1984 excludes material from a search, stating that:

'(1) Subject to the following provisions of this section, in this Act "excluded material" means –

a) personal records which a person has acquired or created in the course of any trade, business, profession or other occupation or for the purposes of any paid or unpaid office and which he holds in confidence'

Section 12 of PACE gives further detail of the definition of personal records:

'In this Part of this Act "personal records" means documentary and other records concerning an individual (whether living or dead) who can be identified from them and relating –

a) to his physical or mental health;

b) to spiritual counselling or assistance given or to be given to him; or

c) to counselling or assistance given or to be given to him, for the purposes of his personal welfare, by any voluntary organisation or by any individual who–

i. by reason of his office or occupation has responsibilities for his personal welfare; or

ii. by reason of an order of a court has responsibilities for his supervision.

This definition specifically includes counselling records, giving them additional protection. This protection is not absolute. If the police are investigating a 'serious arrestable offence' they may obtain a warrant from a circuit judge, a more demanding process than the usual search warrants issued by magistrates, which, when granted, will then entitle them to access to the client's records.

Unless one of the compulsory disclosure statutes apply; police or lawyers seeking access to client notes should be first asked to produce a copy of the court order requiring access to the notes, or evidence of the client's explicit consent for disclosure.

Clients may sign general consent forms agreeing to disclosure of their medical or other personal information to the police or to their lawyer.

Often there will have been very little explanation or discussion with them about what will happen to that information, and so the client may not necessarily have a clear understanding of who might see the information disclosed, and that their notes may turn up in a bundle of documents in evidence in the court, or copies provided for others to see. The court is in charge of its evidence, and so can make orders (or directions) limiting the disclosure of evidence gathered by redacting parts of documents not relevant to the case, or by setting boundaries on the dissemination of evidence, for example, a direction for distribution to solicitors and barristers only, or for documents to be viewed by a party in the lawyer's office but copies not to be taken away.

If a request arrives from a lawyer or the police asking for disclosure (in standard lawyers' letters the wording may ask for 'all notes and records' relating to the practitioner's work with their client).

The response of a practitioner to a request for client records may differ depending on the nature of the investigation or court proceedings.

- *The Crown Prosecution Service (CPS) Pre-trial Therapy Guidance and Therapist Note* (2022) may apply where a request for client records is made in the course of investigation of criminal proceedings in which the client is defined in law as a 'victim' witness, in which case, for discussion of how police should make their request, and how to respond in this context, please refer to the CPS guidance at www.cps.gov.uk and see GPiA 128 *Working with the Crown Prosecution Service Pre-trial Therapy Guidance (2022) with adult and child witnesses in criminal courts in England and Wales.*

'*Victim*' is defined in the guidance...

'For the purpose of this guidance, the term "victim" is used throughout for consistency (rather than "complainant", "survivor" or "witness") and refers to adults, young people and children who have made an allegation that a crime has been committed against them. The focus of this guidance is on victims of sexual crime, but it is also applicable to victims of other offences.'

In other situations, for example:

1. a request for client notes in a criminal case where the client is a witness of fact, but not a 'victim' as defined in the CPS Guidance (2022)

2. a request for client notes in family court proceedings

3. a request for client notes in other civil proceedings (for example in a claim for negligence, or in a claim for damages in tort).

The appropriate practitioner responses in the three situations set out above is likely to be similar, as discussed below, but if in any doubt about how to respond to such a request ethically and legally, it is wise to take legal advice through your professional insurer (most insurers provide this service free, as part of their cover), and/or discuss the request in supervision or with an appropriately experienced and qualified practitioner.

If the lawyer or police requesting client records has attached a client consent form, the practitioner is legally authorised to disclose the information requested, but it may be protective of the client to consider with the client, and in supervision, some of the possible outcomes of disclosure before doing so. In some cases, not all the client notes are relevant to the issues before the court. In addition, some of the client notes, for example historical references to earlier mental illness, childhood or former relationships, etc, may be irrelevant to the case and could cause the client emotional pain or anxiety if disclosed.

Before responding to the request for disclosure, if there is sufficient time and opportunity to do so, it may be very helpful to take the time to discuss with the client which parts of the records are relevant to the case, and what might actually happen to the disclosed information, ensuring that the client knows who is likely to see their disclosed records. The informed practitioner might perhaps also discuss how the client might seek advice on obtaining an appropriate direction from the court if the client is concerned about the effect of disclosure. The police or Crown Prosecution Service or the client's lawyer requesting the records may assist by providing this information if required.

Beware, too of any request for an 'off the record' conversation with anyone about a client. Ethically, conversations disclosing information about a client should with appropriate consent and not be 'off the record' in the interests of trust, openness and transparency. In cases where disclosure without consent is ethically and legally justifiable in the public interest, a careful record should be made of the disclosure, as it may be required in a subsequent enquiry, investigation or court proceedings, for this see part 6 of the Disclosure Checklist in this resource.

Any disclosure of client information in which the client is identifiable or identified should be lawful, i.e. made with client consent, made in accordance with statute, made in compliance with a court order, or justifiable in the public interest, and also then properly documented (see Disclosure Checklist part 5).

The court is in charge of evidence gathered, but unless the court makes a direction limiting disclosure of all or specified parts of the information disclosed, it might be made available in its entirety to all the parties in a court case, and in a criminal case, for example, could therefore be seen by the alleged perpetrator (accused).

It is possible for the client, or for a practitioner to ask to attend a case management hearing in which the court can make appropriate directions about disclosure to protect the client.

Full details about these issues, and how to respond to a lawyer's request for therapeutic notes can be found in Therapists in Court (Bond and Sandhu, 2005; Mitchels and Bond 2021).

b) Law permits: disclosure under the law

There are times when a therapist may need to use their professional discretion to make a referral or disclosure to other professionals or agencies in circumstances permitted within the law, even if the client has not consented, because the public interest overrides the wishes of the client. If the therapist's decision is reasonable and justifiable in all the circumstances of the case, then if challenged, a court will usually support that decision.

In making decisions on confidentiality, it may be useful to identify situations where the circumstances are of such seriousness that they justify a breach of confidence in the public interest, and to understand the process of how such a decision ought to be undertaken. For more on the process of decision making about disclosures and referrals see GPiA 014, and Mitchels and Bond 2021).

Circumstances that might justify breaching confidentiality:

- Real risk of serious harm, and
- The threat appears imminent, and
- Disclosure is likely to be effective in limiting the harm or preventing the harm occurring

In the case of a client who threatens harm or is likely to harm themselves or others, and that harm is imminent, disclosure is likely to be justifiable in the public interest. A client who is actively planning something with a precise schedule, or who has advanced further in their intent by making physical preparations to cause harm, is moving beyond fantasy and into a preparation or action stage and, to this extent, could now be posing a real risk to themselves and/or others.

A threat to life, inflicting serious physical harm, rape and child abuse would all be examples of serious harm, as would the risk of a car accident, accident at work, or the spread of serious disease.

Suicide not only poses serious harm to self, but the method chosen may also create a risk of serious harm to others. See Reeves (2010; 2015) for further discussion of working with suicide and managing risk.

c) Client consents to disclosure

Because the law may require compulsory disclosure of information, or we may feel it necessary to make a disclosure in the public interest without client consent, we cannot promise total confidentiality to a client.

It is therefore always helpful (and required under the data protection legislation) to have discussed confidentiality with a client at the outset of working together, and to have negotiated with the client the boundaries of information sharing in compatibility with the law, the policies and procedures applicable to the practitioner's professional practice and the ethical responsibilities of their professional organisation.

B. How to share information legally and ethically

We sometimes may need to share client information with colleagues, if we are working as part of a team. Examples of this are working in a GP surgery or other healthcare setting, a school or higher educational organisation, or as part of a family support service, etc. Clients should be made aware of the extent of information sharing among the team and take this into account in giving their consent.

When writing reports for other professionals, we will normally do this at our client's request and with explicit consent, unless there is a lawful requirement or reason which justifies disclosure without consent in the public interest.

To achieve the best outcome for clients and the public interest, it is necessary to think through information sharing carefully, and preferably – in the case of a concern for client safety or welfare or that of others, if there is time – in consultation with a supervisor, trusted colleague, or the professional body. While disclosure may prove necessary, the way in which it is done, the timing, and the recipient of the information might make all the difference to the client's welfare, or to the safety or welfare of others. Careful consideration of why we feel the need to disclose information, and why now, may reveal alternative ways of averting potential harm, or in some cases, the possibility of constructive delay, if delay would not create or increase the risk of serious harm.

For more on the process of decision making about disclosures and referrals see (GPiA 014; and Mitchels and Bond 2021). See also the safeguarding page on the BACP Ethics Hub at www.bacp.co.uk.

The following checklists are based on those in *Confidentiality and Record Keeping in Counselling and Psychotherapy* (Mitchels and Bond 2021), with the consent of the authors, and may be of assistance in thinking through a dilemma regarding disclosure.

Sharing Information: Checklist

It may help therapists in the decision-making process about sharing information to consider these points.

1: Legal issues

- Is this information regulated by the Data Protection Act 2018, the United Kingdom General Data Protection Regulation (UK-GDPR), the Data (Use and Access) Act 2025, or the Freedom of Information Act 2000 (FOIA) – i.e., do the records comprise client-identifiable sensitive personal data sorted electronically, held on computer or in a relevant (organised) filing system)? If unsure, check with the government websites – the ICO has a self-assessment system at www.ico.org.uk.

- If the records hold client-identifiable sensitive personal data, but that data are **not** held electronically, and are **not** held in any form of structured filing system, the data protection legislation will not apply. ***However – note that most paper based or non-electronically held counselling records which are created and maintained in a professional manner will come under the definition of a 'structured filing system', and so the data protection law applies to them.***

- Are any of the ICO guidance and resources (at www.ico.org.uk) applicable to this situation? See:

Statutory provisions (the Data Protection Act 2018, Freedom of Information Act 2000, Human Rights Act 1998 Article 8 – right to private life, etc. and the European Regulations such as the United Kingdom General Data Protection Regulation (UK-GDPR). The government guidance can be found at www.gov.uk/data-protection.

Were the notes made by a professional working for a public body e.g. in health, education or social care?

- If working in the health community, is disclosure compliant with the Caldicott principles and guidance?

- What are the relevant rights of the person concerned under the Human Rights Act 1998?

- Are there any exemptions regarding a subject access request?

Exemptions relevant to subject access disclosure:

ICO at https://ico.org.uk/for-organisations/uk-gdpr-guidance-and-resources/exemptions/a-guide-to-the-data-protection-exemptions/#top but are subject to change because of new legislation. The Data (Use and Access) Act 2025, which came into force on 19 June 2025, and will be implemented in a staged process. Only a small part of this is in force at the moment, and for details of its progress, see the government factsheets at: www.gov.uk/government/publications/data-use-and-access-act-2025-factsheets/data-use-and-access-act-factsheet-uk-gdpr-and-dpa.

2: Decision making about sharing information

- Is this information founded on observed fact, or information from a reasonable and/or truthful and reliable source?
- Does this information stand alone, or is it supported by any other corroborative data? If unsupported, should it nevertheless be relied upon?
- Is there a formal legal requirement to share this information, for example a statutory duty or a court order?
- Is there a statutory requirement or other legal directive which limits or forbids warning the client or others about an impending disclosure (for example in terrorist activities)
- What is the likelihood of serious harm in this case?
- If I refer/disclose this information, what is likely to happen as a consequence?
- If I do not refer, would the likely consequences of non-referral include the risk of any serious harm to the client or others?
- If so, are the likely consequences of non-referral preventable? What would have to happen to prevent or mitigate the risk of serious harm to my client or others?
- Is there anything I (or anyone else) can do to assist in preventing this harm to my client or others?
- What steps would need to be taken to implement such assistance?
- How could the client be helped to accept assistance/or to support the proposed action?

- What is the purpose of sharing the information?
- If the information concerns a child, young person, or vulnerable adult, is sharing it in their best interests?
- Does my client have the mental capacity to give explicit informed consent (or refusal of consent) at this moment in time?
- If the client does not have mental capacity to make their own decisions, then what are my professional responsibilities to the client and in the public interest?
- If the client has mental capacity to make the decision, but does not consent to my proposed action (e.g. referral to a GP, or to the police, or to social care services, etc.), does the public interest outweigh my client's wishes and justify the intended disclosure or referral?
- Am I acting within the law?
- Am I acting according to the guidelines of BACP's current *Ethical Framework* (BACP 2018)? What would be my professional situation if I go ahead and make the referral without client consent?
- If working in the health community, is disclosure compliant with the Caldicott principles and guidance?
- Is there a legitimate requirement to share this information: e.g. statutory duty or a court order?
- Is the information confidential? If so, do I have consent to share it?
- If consent is refused, or there are good reasons not to seek consent, does the public interest necessitate sharing the information?
- Is there specific government guidance that might apply to this client, or to their situation, and does that guidance apply to this situation for me/my client/in my practice?

If the *Crown Prosecution Service (England and Wales) Pre-Trial therapy Legal Guidance* (2022) applies to this situation, is it being followed? Am I aware of its provisions, and of the Therapist Note?

3: When to share information – is this the right time?

- Is there a risk of serious harm?
- Is this serious harm imminent?
- Is there anything I (or anyone else) can do to assist in preventing this harm to my client or others?
- What steps would need to be taken to implement such assistance?
- How could the client be helped to accept assistance/or to support the proposed action I may need to take?
- Is there time to try to avert the harm, or do I need to disclose immediately?

4: Sharing information with the right person/organisation

It is important to give information to the right person or agency.

This will be someone who has the power or necessary contacts to enable them to act quickly to avert or minimise the risk of serious harm, or to step in and prevent the harm happening. The client may have given information in the course of the counselling or psychotherapy, which will assist the practitioner in identifying the right person to approach for help.

In the case of safeguarding and the protection of children and vulnerable adults, there may be organisational policies and procedures in place, which should have to be followed by the practitioner.

The Disclosure Checklist above is adapted from (Mitchels and Bond 2021), and included with the consent of the co-authors, Tim Bond and Barbara Mitchels.

For writing reports, see GPiA 083 *Writing reports and giving evidence in court*. Often this makes it easier for disclosures, because the procedures are already in place, often also with a nominated person with the experience and authority to approach for guidance.

Government guidelines will apply (and in some cases also carry statutory weight) in many work contexts, including education, healthcare, and social care, for example, see *Working together to safeguard children: A guide to inter-agency working to safeguard and promote the welfare of children*, Department for Education (2018, updated May 2025). See also Department for Education (2018a) *Working together to safeguard children: Statutory framework: legislation relevant to safeguarding and promoting the welfare of children*, which lists all the relevant legislation for reference purposes.

See also *Crown Prosecution Service (England and Wales) Pre-Trial therapy Legal Guidance (2022)* www.cps.gov.uk/legal-guidance/pre-trial-therapy; and GPiA 128 Legal Resource: *Working with the Crown Prosecution Service Pre-trial Therapy Guidance (CPS 2022) in therapy with adult and child witnesses in the criminal courts in England and Wales*.

See also the government guidance on FGM, which was recently updated, and can be found at Multi-Agency Guidance on Female Genital Mutilation. Department for Education, (2016, updated 1 August 2022), at: www.gov.uk/government/publications/female-genital-mutilation-resource-pack/ female-genital-mutilation-resource-pack.

Although the 2022 guidance is aimed at local authorities, it contains information and guidance which is helpful for regulated health and social care professionals, and is useful reading for counselling practitioners in private practice, as the updated version includes a resource pack with case studies, information on awareness raising in local communities, and links to local and national resources for information and support.

Reference to safeguarding practice in *Working Together to Safeguard Children* (DfE 2018, updated 2025), and *Working together to safeguard children (Wales)* is helpful for regulated and private practitioners, and there is a free NSPCC helpline, available on 0800 028 3550 or email fgm.help@nspcc.org.uk. Practitioners who have a role as regulated health or social care professionals, teachers, or working with a local authority, have specific responsibilities to report FGM. Other BACP member practitioners who are not so regulated (and therefore may not be under a compulsory duty to report FGM in that role) must nevertheless comply with BACP's Ethical Framework (BACP 2018), which requires us to work within the law and pay heed to relevant government guidance. For more on this please see GPiA 031 S*afeguarding children and young people in England and Wales*.

For an exploration of issues relevant to mental healthcare, capacity and the support of vulnerable adults, see GPiA 030 S*afeguarding vulnerable adults in England and Wales*; GPiA 031 *Safeguarding children and young people in England and Wales*; GPiA 029 *Mental health law within the counselling professions in England and Wales; Welsh Toolkit for Counselling in Schools*; GPiA 026 *Counselling children and young people in school contexts in Scotland*; GPiA 052 *Understanding child protection in Scotland*; GPiA 053 *Understanding the children's hearing system in Scotland*; GPiA 046 *Working with children and young people*.

It is sometimes more difficult for practitioners in private practice to find help in decisions about information sharing and in particular, in making urgent referrals, as they may not have their own formulated policies and procedures in place to follow, and they may not have immediate access to a suitably experienced and qualified colleague. Consultation with a supervisor is advised, if there is time, or with a trusted experienced colleague.

Local authority legal departments and social care departments are often happy to provide general help and advice, and they may also be the right agency to take a referral. In cases of child protection, the NSPCC helpline (0808 800 5000) is available, and useful publications at www.nspcc.org.uk. And also:

- Discussion in supervision/trusted colleague/professional organisation (if time permits)

- Select the recipient(s) of the information: disclosure should be made to a person or agency that is capable of minimising or preventing the harm.

5: Presenting information in an appropriate way

- If working in the health community, is disclosure compliant with the Caldicott principles and guidance?

- If the therapist is unfamiliar with the practice of the person or agency receiving the information, it is reasonable to ask how the information will be protected or treated in advance of disclosing it.

- Mark written or emailed communication 'Confidential' or 'In confidence.' Oral communications should be preceded by a clear statement that what is being disclosed is confidential.

- Inform the client, except in circumstances where telling the client:

  – is illegal (tipping off), or

  – will cause or increase any risk of harm to the client or others, or

  – may prejudice a police or inter-agency investigation of a serious crime.

6: Recording information sharing

If sharing the information is necessary and appropriate, limit the information disclosed to the minimum necessary in order to avert the risk, and make a note as soon as possible of the following:

- the date of providing the information
- to whom the information is given
- the content of the information shared
- the method of disclosure or referral
- whether consent was given (and by whom)
- if the disclosure is made without consent, record the reasons why this decision was made.

For writing reports, see GPiA 083 *Writing reports and giving evidence in court*.

The Sharing Information Checklists are included with the consent of the co-authors of the original *Disclosure Checklists*, Tim Bond and Barbara Mitchels.

About the author

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BACP GPiA 029 Legal Resource: *Mental health law within the counselling professions in England and Wales.* (Mitchels, B.) Lutterworth: BACP.

BACP GPiA 030 Legal Resource: *Safeguarding vulnerable adults within the counselling professions in England and Wales.* (Mitchels, B.) Lutterworth: BACP.

BACP GPiA 031 Legal Resource: *Safeguarding children and young people.* (Mitchels, B.) Lutterworth: BACP.

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BACP GPiA 105 Legal Resource: *the United Kingdom General Data Protection Regulation (UK-GDPR) legal principles and practice notes for the counselling professions.* (Mitchels, B.) Lutterworth: BACP.

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Useful contacts and resources

Legal resources

- British and Irish Legal Information Institute (BAILII, www.bailii.org). Publishes all High Court, Court of Appeal and Supreme Court judgments
- Care Council for Wales (http://sites.cardiff.ac.uk/childrens-social-care-law). Publishes *Child Law for Social Workers in Wales* in English and Welsh, with regular updates
- Family Law (www.familylaw.co.uk). Access to Jordans Publishing's *Family Law Reports*
- Family Law Directory (www.justicedirectory.co.uk/directory/family-law)
- Family Law Week (www.familylawweek.co.uk)
- Justis (www.justis.com).
- UK statute law (www.legislation.gov.uk)
- UK statutory instruments (www.opsi.gov.uk/stat.htm).

Regional Legal Contacts

England

For a list of the courts and links to regional courts' contact details, see www.justice.gov.uk/contacts/hmcts/courts

For CAFCASS see www.cafcass.gov.uk

National Office, 3rd Floor, 21 Bloomsbury Street, London, WC1B 3HF Tel: 0300 456 4000, Fax: 0175 323 5249 (*local offices are listed on the website or available from National Office*).

NAGALRO (The Professional Association for Children's Guardians, Family Court Advisers and Independent Social Workers) see www.nagalro.com
Nagalro, PO Box 264, Esher, Surrey, KT10 0WA

Tel: 01372 818504 Fax: 01372 818505 Email: nagalro@globalnet.co.uk.

Northern Ireland

See www.courtsni.gov.uk for contact details of all courts, publications, judicial decisions, tribunals and services.

The Northern Ireland Guardian Ad Litem Agency (Email: admin@nigala.hscni.net).

Wales

Children and Family Court Advisory and Support Service (CAFCASS) Cymru: (http://new.wales.gov.uk/cafcasscymru).

National Office, Llys y Delyn, 107-111 Cowbridge Road East, Cardiff, CF11 9AG.

Tel: 02920 647979; Fax: 02920 398540; Email: Cafcasscymru@Wales.gsi.gov.uk; Email for children and young people: MyVoiceCafcassCymru@Wales.gsi.gov.uk.

Eire: Republic of Ireland

An Roinn Slainte Dublin
Republic of Ireland Department of Health, Hawkins House, Hawkins Street, Dublin 2, Ireland. Main switchboard: 01 6354000. Dial +353 1 6354000 from outside Ireland.

Ombudsman for Children's Office Dublin Millennium House, 52-56 Great Strand Street, Dublin 1, Ireland. Complaints free-phone 1800 20 20 40. Otherwise call on 01 865 6800. Email: oco@oco.ie Fax number: 01 874 7333. www.oco.ie.

Practice resources

British Association for Counselling and Psychotherapy, BACP House, 15 St John's Business Park, Lutterworth, Leicestershire, LE17 4HB. Tel: 01455 883300, Email: bacp@bacp.co.uk. www.bacp.co.uk.

British Medical Association, Tavistock Square, London WC1 9JP. Tel: 020 7383 6286, www.bma.org.uk.

British Psychological Society St Andrews House, 48 Princess Road East, Leicester LE1 7DR. Tel: +44 (0)116 254 9568, Fax: +44 (0)116 227 1314, Email: enquiry@bps.org.uk www.bps.org.uk.

Childline – Childline is the UK's free, national helpline for children and young people in trouble or danger. www.childline.org.uk.

Crown Prosecution Service (England and Wales) has headquarters in London and York, and operates under a structure of 42 areas in England and Wales. London Office: 7th Floor, 50 Ludgate Hill, London, EC4M 7EX. Tel: 020 7796 8000, Fax: 020 7710 3447.

General Medical Council 178 Great Portland Street, London W1W 5JE. General Enquiries Desk: 020 7580 7642. www.gmc-uk.org.

Hands On Scotland – A new NHS website resource for anybody working with children and young people www.handsonscotland.co.uk.

Information Commissioner's Office at www.ico.org.uk.

Multi-Agency Safeguarding Hub (MASH)
This multi-agency safeguarding system operates in each geographical area, and information about how to make a referral via MASH in your area is provided by each one online. To access information, search MASH and your county name online.

Mental Health

Good Practice Guidance in Mental Health & Incapacity Law Scotland
www.mwcscot.org.uk/good-practice.

Mental Health Practice Guidance Northern Ireland
Mental Health Practice – rcni.com, www.rcni.com/mental-health-practice.

MIND
www.mind.org.uk, www.youngminds.org.uk.

NICE
www.nice.org.uk, www.nice.org.uk/guidance.

The Prevention of Professional Abuse Network POPAN
1 Wyvil Court, Wyvil Road, London SW8 2TG. Tel: 020 7622 6334, Support line: 0845 4 500 300. www.popan.org.uk.

Royal College of Psychiatrists Publications
www.rcpsych.ac.uk.

Samaritans
www.samaritans.org and
www.samaritans.org/how-we-can-help-you/contact-us.