

# THE NATIONAL CONFIDENTIAL INQUIRY INTO SUICIDE AND SAFETY IN MENTAL HEALTH

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## Suicide Questionnaire

Version: 4/2023

*If other mental health professionals have been involved in the management of this patient,  
please consult them before completing this questionnaire*

|                     | Initials | Date |
|---------------------|----------|------|
| Checked by          |          |      |
| Inputted by         |          |      |
| Counterchecked by   |          |      |
| FOR OFFICE USE ONLY |          |      |

**Director: Professor Louis Appleby**

Work commissioned by The Healthcare Quality Improvement Partnership (HQIP)

***The National Confidential Inquiry will protect the confidentiality of this form but cannot do so for any copies. You are therefore advised not to keep a copy of this questionnaire once it is completed.***

## SECTION 1: Priority patients

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The National Confidential Inquiry is particularly interested in suicides that occur in the circumstances described below. Please answer the following questions about the patient:

**1.1 Was he/she a psychiatric in-patient at the time of suicide (including patients on leave)?**

☐

No = 0      Yes = 1

**1.2 Did he/she die within 3 calendar months of discharge from psychiatric in-patient care?**

☐

No = 0      Yes = 1      Not applicable - in-patient at time of death = 7

**1.3 Was he/she under the care of a crisis team\* at the time of suicide?**

☐

No = 0      Yes = 1

\* By crisis team care we mean patients receiving home-based acute care as an alternative to an in-patient admission or to facilitate step-down care, e.g. allowing early discharge. Frequently these are called crisis resolution and home treatment (CRHT) teams but other names are also used.

## SECTION 2: Demographic information (at the time of death)

### 2.1 Age in years

### 2.2 Sex

M = 1

F = 2

### 2.3 Civil Status

- 1 Divorced/separated
- 2 Married/co-habiting
- 3 Single
- 4 Widowed
- 5 Same sex marriage/civil partnership

### 2.4 Employment Status

- 01 In paid employment (including part-time and self-employed)
- 02 Unemployed
- 03 Housewife/husband
- 04 Full-time student
- 05 Long-term sick
- 06 Retired
- 07 Apprenticeship/training scheme
- 08 Disability benefit/long-term disability allowance
- 88 Other (please specify) .....

### 2.5 Ethnicity/Nationality (based on ONS categories)

#### Black/African/Caribbean/Black British

- 01 Black African
- 02 Black Caribbean
- 03 Any other Black/African/Caribbean background (please specify).....

#### Asian/Asian British

- 04 South Asian (please specify either 5, 6 or 7 if known)
- 05 Indian
- 06 Pakistani
- 07 Bangladeshi
- 08 Chinese
- 09 Any other Asian background (please specify).....

#### White

- 10 White British
- 11 Irish
- 12 Gypsy or Irish traveller
- 13 White East European
- 14 Any other White background (please specify).....

Enter what you consider to be the most accurate answer in the box on the right-hand side. If not known, enter 9 if not otherwise specified.

**Other**

- 15 Mixed/multiple ethnic group  
 16 Arab/Middle Eastern  
 88 Other (please specify).....  
 99 Not known

**2.6 To your knowledge what was the patient's sexual orientation?**

- 1 Heterosexual or straight  
 2 Lesbian or gay  
 3 Bisexual  
 8 Other (please specify).....

☐**2.7 Did the patient identify as trans (e.g. transgender, non-binary group)?**

No = 0      Yes = 1

☐**2.8 Was the patient:**

- a) seeking permission to stay in the UK?** (e.g. asylum seeker, refugee; visa had expired and individual seeking to continue living in the UK)

No = 0      Yes = 1

☐

- b) resident in the UK for less than 5 years?**

No = 0      Yes = 1

☐**2.9 Accommodation at the time of suicide (for in-patients, give accommodation prior to admission)**

- 01 Homeless/no fixed abode  
 02 Bed & breakfast (long-term)  
 03 Hostel (supervised or unsupervised)/local authority accommodation  
 04 Secure children's home/secure training centre  
 05 House or flat  
 06 Nursing/care home  
 07 Prison/Young Offender Institution  
 08 Immigration Removal Centre/Short-term Holding Facility  
 09 Sheltered/supported accommodation  
 88 Other (please specify) .....  
 99 Not known

☐

**2.10 Living Circumstances**

- 1 Alone
- 2 With parent(s)
- 3 With spouse/partner (with or without children)
- 4 With child(ren) only (aged under 18)
- 5 Other shared (e.g. friends)
- 6 Foster family
- 7 Prison/Young Offender Institution
- 8 Other (please specify).....

☐**2.11 Was the patient providing care for anyone else in the home?**

No = 0      Yes = 1

☐**2.12 Was the patient registered with a GP?**

No = 0      Yes = 1

☐**2.13 Was the person a former member of the Armed Forces?**

- 0 No
- 1 Yes, less than a year ago
- 2 Yes, between a year and 5 years ago
- 3 Yes, more than 5 years ago
- 4 Yes, but not known when

☐

## SECTION 3: Psychosocial history

### 3.1 Primary psychiatric diagnosis

- 01 Schizophrenia or other primary psychotic disorders
- 02 Drug-induced psychotic disorder
- 03 Bipolar affective disorder
- 04 Depressive disorder
- 05 Anxiety disorder/phobia/panic disorder/OCD
- 06 PTSD
- 07 Eating disorder
- 08 Dementia
- 09 Alcohol dependence/misuse
- 10 Drug dependence/misuse
- 11 Personality disorder
- 12 Adjustment disorder
- 13 Organic disorder
- 14 Learning disability
- 15 Autism spectrum disorder
- 16 ADHD
- 17 Conduct-dissocial disorder
- 18 Somatoform/somatisation disorder
- 19 Mental disorder present but not able to specify
- 20 No information available/information lacking
- 77 No mental disorder (i.e. not 01 to 19 or 88)
- 88 Other (please specify) .....
- 99 Not known

### 3.2 Secondary Diagnosis (coding as above)

- 1)  2)  3)  4)

### 3.3 If the patient was diagnosed with personality disorder, what type was it?

- 1 Antisocial
- 2 Emotionally unstable/Borderline
- 3 Other (please specify).....
- 7 Not applicable

### 3.4 If the patient had psychosis, was the most recent episode a first episode psychosis?

No = 0      Yes = 1      Not applicable = 7

Enter what you consider to be the most accurate answer in the box on the right-hand side. If not known, enter 9 if not otherwise specified.

**3.5 If the patient had an autism spectrum disorder, had this been diagnosed before contact with mental health services?**

No = 0      Yes = 1      Not applicable = 7

☐

**3.6 Duration of mental illness (since clear onset of disorder coded under 3.1)**

- 1      Less than 3 months
- 2      3-12 months (but less than a year)
- 3      1-5 years
- 4      More than 5 years
- 7      No mental disorder

☐

**3.7 When was the first contact with mental health services?**

- 1      Less than 3 months ago
- 2      3-12 months ago (but less than a year)
- 3      1-5 years ago
- 4      More than 5 years ago

☐

## Physical illness

The following questions ask about any major physical illness the patient had at the time of death.

**3.8 Did the patient have a major physical illness at the time of death?  
(include conditions even if well controlled by treatment)**

☐

No = 0      Yes = 1      [If no, please go to question 3.10]

**3.9 If yes, did the patient have any of the following major physical illnesses?**

No = 0      Yes = 1

Cancer

☐

Cardiovascular disease, including cerebrovascular disease

☐

Chronic pain

☐

Diabetes

☐

Digestive system disease

☐

Disease of the nervous system

☐

Endocrine and metabolic disease

☐

Impaired mobility

☐

Musculoskeletal disease

☐

Respiratory disease

☐

Other (please specify).....

☐

Specific physical diagnosis (optional).....

☐

**3.10 Did the patient have any hearing impairments at the time of death?**

☐

No = 0      Yes = 1

**3.11 If yes, was the patient in contact with any specialist mental health support services relating to this hearing impairment?**

☐

No = 0      Yes = 1      Not applicable (patient had no hearing impairment) = 7

## Patients aged under 25

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The following questions are for patients who were aged under 25 at the time of death. If the patient was not aged under 25, please go to question 3.16.

**3.12 Was there a history of Local Authority Care?**

(e.g. in a children's home or foster care)

☐

No = 0      Yes = 1

**3.13 Did the patient previously have a childhood psychiatric diagnosis?**

☐

No = 0      Yes = 1

**3.14 If the answer to 3.13 is yes, what was the primary diagnosis?**

☐

- 1      ADHD
- 2      Conduct disorder
- 3      Autism spectrum disorder
- 4      Emotional disorder, e.g. depression, anxiety, etc
- 5      Psychosis
- 8      Other (please specify).....

Enter what you consider to be the most accurate answer in the box on the right-hand side. If not known, enter 9 if not otherwise specified.

**3.15 Had the patient been under the care of the following agencies as a child/minor:**

No = 0

Yes = 1

Young Offender Institution

Child protection

Youth justice team

Secure care under Local Authority services  
(e.g. secure children's home/secure treatment centre)

Child and adolescent mental health services

Other (please specify).....

☐  
☐  
☐  
☐  
☐  
☐
**Lifetime history**

The following questions ask about the lifetime experience of the patient.

**Did the patient have a history of any of the following at any time?**

No = 0

Yes = 1

**3.16 Admission to a high security hospital/medium secure unit****3.17 Treatment by specialist military mental health services****3.18 Being in prison** (including being a remand prisoner)**3.19 Exposure to suicide** (family, partner, friends)**3.20 Self-harm****3.21 Alcohol misuse****3.22 Drug misuse**
☐  
☐  
☐  
☐  
☐  
☐  
☐
**3.23 If there was a history of drug misuse, which substances were misused?**  
(Base your answer on frequency and potential harmfulness)

No = 0

Yes = 1

Not applicable = 7

Heroin/other opiates

Stimulants (e.g. amphetamines, LSD, mushrooms, crack/cocaine, ecstasy)

☐  
☐

Enter what you consider to be the most accurate answer in the box on the right-hand side. If not known, enter 9 if not otherwise specified.

Ketamine

☐

Benzodiazepines (other than as prescribed)

☐

Cannabis

☐

Skunk (or other potent forms of cannabis)

☐

New psychoactive substances (often called 'legal highs')

☐

Other (please specify).....

☐

### 3.24 Childhood abuse

No = 0      Yes = 1

Physical

☐

Psychological or emotional

☐

Sexual

☐

### 3.25 Domestic/intimate partner violence, i.e. as a victim

No = 0      Yes = 1

Sexual assault

☐

Physical assault

☐

Psychological or emotional abuse

☐

### 3.26 Violence as a perpetrator (includes serious threat)

No = 0      Yes = 1

Sexual assault

☐

Physical assault

☐

Psychological or emotional abuse

☐

## Recent experiences

The following section is on life events or stressors experienced in the **3 months** before the suicide.

**Did the patient recently experience any of the following?**

No = 0      Yes = 1

### *Social:*

**3.27 Serious financial difficulties**

☐

**3.28 If yes, did these financial difficulties relate to any of the following?**

No = 0      Yes = 1      Not applicable = 7

Debt (e.g. loans, credit or store cards)

☐

Mortgage/rent arrears

☐

Loss of welfare benefits/disability benefits

☐

Instability or loss of job

☐

Loss of housing

☐

Other (please specify).....

☐

**3.29 Workplace stressors (e.g. intimidation or bullying)**

☐

**3.30 Assessment for, or change in, welfare benefits such as Universal Credit, Personal Independence Payment (PIP), Adult Disability Payment**

☐

**3.31 Gambling**

☐

**3.32 Alcohol misuse**

☐

**3.33 Drug misuse**

☐

**3.34 If there was recent drug misuse, which substances were misused?**

(Base your answer on frequency and potential harmfulness)

No = 0      Yes = 1      Not applicable = 7

Heroin/other opiates

☐

Enter what you consider to be the most accurate answer in the box on the right-hand side. If not known, enter 9 if not otherwise specified.

Stimulants (e.g. amphetamines, LSD, mushrooms, crack/cocaine, ecstasy)

☐

Benzodiazepines (other than as prescribed)

☐

Cannabis

☐

Skunk (or other potent forms of cannabis)

☐

Ketamine

☐

New psychoactive substances (often called 'legal highs')

☐

Other (please specify).....

☐

***Criminality and violence:***

**3.35 Criminal charges**

☐

**3.36 Victim of:**

Crime

☐

Hate crime

☐

Stalking

☐

Intimidation

☐

**3.37 Domestic/intimate partner violence, i.e. as a victim**

Sexual assault

☐

Physical assault

☐

Psychological or emotional abuse

☐

**3.38 Violence as a perpetrator (includes serious threat)**

Sexual assault

☐

Physical assault

☐

Psychological or emotional abuse

☐

***Emotional and physiological:***

**3.39 Bereavement**

☐

Enter what you consider to be the most accurate answer in the box on the right-hand side. If not known, enter 9 if not otherwise specified.

**3.40 Menopause**

**3.41 Fertility problems or concerns**

**3.42 Insomnia**

**3.43 Self-harm**

**If there was no recent self-harm, please go to question 3.48**

**3.44 When did this episode of self-harm occur before the suicide?**

- 1 Less than 1 week
- 2 More than a week but less than a month
- 3 Between 1 and 3 months

**3.45 What method of self-harm was used in this recent episode?**

.....

**3.46 Did this episode of self-harm lead to contact with services (including the Emergency Department)?**

No = 0      Yes = 1

**3.47 If yes, what was the result?**

- 1 Not assessed
- 2 Assessment only - no follow-up
- 3 Referral to a mental health team for further follow-up
- 4 Referral to another service for follow-up
- 5 Admission to a psychiatric bed
- 7 Not applicable
- 8 Other (please specify) .....

**3.48 Any other recent life events or stressors (please specify).....**

.....

.....

.....

.....

## Coronavirus (COVID-19) outbreak

**3.49** Was the COVID-19 outbreak, or any restrictions, implicated as contributing to the suicide?

No = 0

Yes = 1

☐

**3.50** If yes, did any of the following occur due to the COVID-19 outbreak?

No = 0

Yes = 1

Not applicable = 7

Loss of job

☐

Other financial stressors

☐

Physically ill with the virus

☐

Bereavement

☐

Disruption to formal support from mental health services

☐

Isolation or limitations to daily life

☐

Victim of domestic violence

☐

Increased use of alcohol

☐

Other (please specify) .....

☐

.....

## SECTION 4: DETAILS OF SUICIDE

Before sending you this form, we have usually been informed that the death has been classified as suicide or undetermined.

### 4.1 Method (if more than one, please give direct cause)

- 01 Self-poisoning
- 02 Strangulation
- 03 Hanging
- 04 Drowning
- 05 Firearms
- 06 Cutting or stabbing
- 07 Jumping from a height/multiple injuries
- 08 Jumping/lying before a train
- 09 Jumping/lying before any other vehicle
- 10 Burning
- 11 Electrocution
- 12 Suffocation/asphyxiation
- 13 Inhalation of gases (please specify)

.....  
88 Other (please specify)

.....  
99 Not known

### 4.2 If self-poisoning, specify substance (if more than one substance, select most likely cause of death). If not self-poisoning, please go directly to question 4.5.

- 01 Antipsychotic drugs
- 02 Tricyclic anti-depressant
- 03 SSRI/SNRI anti-depressant
- 04 Lithium/Mood stabiliser
- 05 Other anti-depressant
- 06 Benzodiazepine/Hypnotic
- 07 Paracetamol
- 08 Paracetamol/opiate compound
- 09 Other analgesic
- 10 Opiate (heroin, methadone, etc)
- 11 Insulin
- 12 Other poisons (e.g. weed killer)
- 88 Other substance (please specify)

.....  
99 Not known

Enter what you consider to be the most accurate answer in the box on the right-hand side. If not known, enter 9 if not otherwise specified.

**4.3 If the substance in question 4.2 was an opiate, what type was it?**

- 1 Heroin/morphine
- 2 Methadone
- 3 Codeine
- 4 Tramadol
- 7 Not applicable – substance was not an opiate
- 8 Other (please specify).....
- .....

☐**4.4 If the substance in question 4.2 was an opiate or a paracetamol/opiate compound, how was it obtained?**

- 1 Prescribed for the patient for treatment of pain
- 2 Prescribed for the patient for treatment of drug misuse
- 3 Prescribed for someone else
- 4 Illicitly
- 5 Not prescribed, i.e. over the counter
- 7 Not applicable – substance was not an opiate or paracetamol/opiate compound
- 8 Other (please specify).....
- .....

☐**4.5 Did the suicide occur in the following circumstances?**

No = 0      Yes = 1

Homicide followed by suicide

☐

Died in a suicide pact

☐**4.6 Was there evidence of suicide-related internet use?**

No = 0      Yes = 1

Obtained information (e.g. method details) on how to die by suicide  
(please specify source of information)

.....

☐

Visited websites that may have discussed/encouraged suicide, including chat rooms

☐

Communicated suicidal ideas/intent online

☐

Communicated suicidal ideas/intent via social media (e.g. Twitter, Instagram,  
Facebook)

☐

Experienced online bullying

☐

Other (please specify).....

☐

Enter what you consider to be the most accurate answer in the box on the right-hand side. If not known, enter 9 if not otherwise specified.

**4.7 Did the suicide occur in a woman who was pregnant or post-natal?**☐

- 0 No  
 1 Yes, woman was pregnant  
 2 Yes, suicide was less than one year after childbirth

**4.8 Did the suicide occur in any of these settings?**☐

- 01 Home  
 02 Hospital ward  
 03 Multi-storey car park  
 04 Bridge  
 05 Coastal location  
 06 River location  
 07 Railway location  
 08 Road/highway location  
 09 Park/woods  
 88 Other setting (please specify)

.....  
 99 Not known

**4.9 To your knowledge, was the location of suicide a place of emotional significance?**☐

- 0 No  
 1 A place of death of a family member or friend  
 2 A place someone else they knew died by suicide  
 3 Any other emotionally significant place (please specify)

**4.10 To your knowledge, did the suicide occur on or near an anniversary or a significant date?**☐

- 0 No  
 1 The patient's birthday  
 2 Anniversary of a death of a family member or friend  
 3 Any other significant date (please specify)

**4.11 Was the suicide thought to be part of a cluster of suicides?**☐

No = 0      Yes = 1

## SECTION 5: In-patient suicides

Complete this section only if the patient was a **psychiatric in-patient** at the time of suicide (including patients on leave). Otherwise, go to Section 6 (page 21).

### 5.1 Date of admission to the in-patient unit

| Day                  | Month                | Year                 |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

### 5.2 Did the suicide occur within 7 days of admission?

No = 0      Yes = 1

☐

### 5.3 Please provide the time of death (if unknown please put best estimate using 24-hour clock)

### 5.4 Was the ward where the patient died within the local in-patient unit?

No = 0      Yes = 1

☐

### 5.5 Type of ward (if patient was on leave, where they were prior to leave)

- 1 General psychiatry open ward
- 2 Psychiatric intensive care ward
- 3 Low/medium secure unit or high secure hospital
- 4 Rehabilitation unit
- 5 CAMHS ward (including forensic ward)
- 6 Eating disorders ward/unit
- 7 Older person's unit
- 8 Other (please specify) .....

☐

### 5.6 Patient's legal status at the time of suicide

- 1 Informal/voluntary
- 2 Detained for assessment  
(section 2 in England & Wales; forms 7, 8 or 9 in Northern Ireland)
- 3 Detained for treatment  
(section 3 in England & Wales; forms 10, 11 or 12 in Northern Ireland)
- 4 Detained under short term emergency section or under doctors' or  
nurses' holding powers  
(section 4 or 5 in England & Wales; forms 5 or 6 in Northern Ireland)
- 5 Detained under forensic section (Part 3 of MHA) or similar
- 8 Other (please specify) .....

☐

Enter what you consider to be the most accurate answer in the box on the right-hand side. If not known, enter 9 if not otherwise specified.

**5.7 Did any of the following occur at the last admission?**

No = 0      Yes = 1

Manual restraint ☐Seclusion ☐Urgent intramuscular (IM) or intravenous (IV) medication ☐**5.8 Patient's observation status at the time of suicide** ☐

1      Constant (observation within eyesight or within arm's length)

2      Intermittent (observation every 15-30 minutes)

3      General observation

7      Not applicable – patient was on leave

8      Other (please specify) .....

**5.9 Were there particular problems in observing this patient on the ward because of any of the following?**

No = 0      Yes = 1

Ward design ☐Staff shortages ☐Staff were busy, e.g. with other patients, handover ☐Other (please specify) ..... ☐**5.10 Where did the suicide take place?** ☐

1      On the ward

2      In hospital grounds (not on the ward)

3      Off hospital grounds

8      Other (please specify) .....

**5.11 If the patient was off the ward, to what extent had leave been granted at the time of suicide?** ☐

1      Patient was on agreed leave

2      Patient was off the ward with staff agreement

3      Patient was off the ward without staff agreement

4      Patient was off the ward and had not returned from agreed leave

7      Not applicable – patient was on the ward at the time of suicide

8      Other (please specify) .....

Enter what you consider to be the most accurate answer in the box on the right-hand side. If not known, enter 9 if not otherwise specified.

**5.12 If the patient was off the ward with staff agreement, was the patient:**

No = 0      Yes = 1      Not applicable = 7

On agreed leave as a step towards planning discharge ☐On escorted leave (with a member of staff or family) ☐**5.13 If the patient was off the ward without staff agreement, how did they leave?**

No = 0      Yes = 1      Not applicable = 7

Through the main unit door ☐By scaling a barrier (e.g. perimeter fence) ☐Other (please specify) ..... ☐**5.14 If the suicide took place on the ward, what was the location of the suicide?**

- 1 Shared room or dormitory ☐
- 2 Single bedroom
- 3 Toilet/bathroom
- 4 Ensuite bathroom
- 7 Not applicable – suicide occurred off the ward
- 8 Other (please specify).....

.....

**5.15 If the suicide occurred on the ward by hanging/strangulation or asphyxiation:****a) What did the patient use in dying by this method?** ☐

- 1 Sheet, towel etc.
- 2 Tie
- 3 Belt
- 4 Shoelaces
- 5 Item brought in specifically for purpose (e.g. rope)
- 6 Plastic bag
- 7 Not applicable – death was not by hanging/strangulation or asphyxiation on ward
- 8 Other (please specify).....

.....

**b) What did the patient hang/strangle themselves from?**☐

- 01 Bed curtain rail
- 02 Pipes
- 03 Hook or handle
- 04 Door
- 05 Bed head
- 06 Window
- 07 Self-strangulation, i.e. no ligature point
- 77 Not applicable – death was not by hanging/strangulation on ward
- 88 Other (please specify).....

.....

**c) Did the patient use a low-lying ligature point (i.e. below head height)?**

No = 0

Yes = 1

Not applicable – death was not by  
hanging/strangulation on the ward = 7

☐

## SECTION 6: Community patients (including patients no longer in contact with services)

Complete this section if the patient was living outside hospital at the time of suicide. Questions relating to CTO will only apply to England and Wales.

### Last admission

#### 6.1 Nature of last admission to psychiatric in-patient care

- 0 None [If none, please go directly to question 6.13]
- 1 Informal/voluntary
- 2 Detained for assessment  
(section 2 in England & Wales; forms 7, 8 or 9 in Northern Ireland)
- 3 Detained for treatment  
(section 3 in England & Wales; forms 10, 11 or 12 in Northern Ireland)
- 4 Detained under short term emergency section or under doctors' or nurses' holding powers  
(section 4 or 5 in England & Wales; forms 5 or 6 in Northern Ireland)
- 5 Detained under forensic section (Part 3 MHA) or similar
- 6 Under the power of recall of a Community Treatment Order (CTO)
- 8 Other (please specify) .....
- .....

☐

#### 6.2 Was the last admission to the local in-patient unit?

No = 0 Yes = 1

☐

#### 6.3 Duration of last admission

- 1 3 days or less
- 2 4-7 days
- 3 More than 1 week but less than 4 weeks
- 4 Between 4 and 13 weeks
- 5 More than 13 weeks

☐

#### 6.4 Was this a re-admission within 3 months of a previous discharge from psychiatric in-patient care?

No = 0 Yes = 1

☐

Enter what you consider to be the most accurate answer in the box on the right-hand side. If not known, enter 9 if not otherwise specified.

## Post-discharge and follow-up

### 6.5 Date of last discharge from psychiatric in-patient care (if patient was discharged in last year)

| Day                  | Month                | Year                 |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

(Note. Please enter **77** if the patient was not discharged in last year or enter **99** if date was unknown)

### 6.6 When did the suicide occur after discharge?

- 1 Less than 3 days
- 2 Between 3 and 6 days
- 3 7 days or more

### 6.7 Nature of last discharge from psychiatric in-patient care

- 1 Planned
- 2 Discharge following self-harm or breach of ward rules (e.g. drinking, violence)
- 3 Self-discharge
- 8 Other (please specify) .....

### 6.8 In your opinion, had the patient been discharged before risk had sufficiently been reduced?

No = 0      Yes = 1

### 6.9 If yes, in your opinion was this due to any of the following factors?

No = 0      Yes = 1      Not applicable = 7

Pressure on beds

Pressure from the patient or family

Policy locally

Other (please specify) .....

### 6.10 Was the patient being discharged to any of the following unresolved problems?

No = 0      Yes = 1

Housing, financial, employment problems

Poor social support

Enter what you consider to be the most accurate answer in the box on the right-hand side. If not known, enter 9 if not otherwise specified.

Drug/alcohol misuse

☐

Physical ill health

☐

Other (please specify).....

☐

**6.11 Following discharge from psychiatric in-patient care, when was the first follow-up contact with a member of the multi-disciplinary team?**

☐

0 No follow-up arranged [If no follow-up, please go to question 6.14]

1 Within 3 days

2 More than 3 days but within a week

3 A week or more

8 Other (please specify).....

**6.12 Did the suicide occur before the follow-up appointment took place?**

☐

No = 0 Yes = 1

**6.13 What was the nature of the first follow-up contact with psychiatric services?**

☐

1 Face-to-face

2 Telephone

3 SMS or email

4 Zoom, Teams, Skype (or similar)

8 Other (please specify).....

## Crisis teams/CRHT

**If the patient was not under the care of CRHT at the time of death, please go to question 6.16**

**6.14 How long had the patient been under the care of CRHT services?**

☐

1 Less than 24 hours

2 More than 1 day but less than 1 week

3 A week or more

**6.15 Did the care plan under CRHT include provision of additional social support at home, e.g. from a relative, friend or neighbour?**

☐

No = 0 Yes = 1

## Community Treatment Order

---

**6.16 Was the patient made subject to a Community Treatment Order (CTO) at the time of his/her last discharge?** ☐

No = 0      Yes = 1      Not applicable – no previous admission = 7

**6.17 Was the patient subject to a CTO at the time of death?** ☐

- 1      Yes
- 2      No, CTO revoked
- 7      Not applicable – not subject to CTO or no previous admission

**6.18 How long had the patient been under CTO?** ☐

- 1      Less than 6 months
- 2      Between 6 months and a year
- 3      A year or more
- 7      Not applicable – not subject to CTO or no previous admission

## Early intervention

---

**6.19 Was the patient seen under Early Intervention services?** ☐

No = 0      Yes = 1

**6.20 If yes, was the patient seen within two weeks of referral?** ☐

No = 0      Yes = 1      Not applicable – patient not seen under EI = 7

## Section 136

---

**6.21 Was the patient conveyed to a hospital based place of safety under S136 of the MHA (or Article 130 MHO in Northern Ireland) in the 3 months prior to suicide?** ☐

No = 0      Yes = 1

**6.22 If yes, what was the result?** ☐

- 1      Assessment only – no follow-up
- 2      Referral to a mental health team for further follow-up
- 3      Referral to another service for follow-up
- 4      Admission
- 7      Not applicable
- 8      Other (please specify) .....

Enter what you consider to be the most accurate answer in the box on the right-hand side. If not known, enter 9 if not otherwise specified.

**6.23 Was the patient conveyed to a custody based place of safety under S136 of the MHA (or Article 130 MHO in Northern Ireland) in the 3 months prior to suicide?**

☐

No = 0

Yes = 1

**6.24 If yes, what was the result?**

☐

- 1 Assessment only – no follow-up
- 2 Referral to a mental health team for further follow-up
- 3 Referral to another service for follow-up
- 4 Admission
- 7 Not applicable
- 8 Other (please specify) .....

### Recent contact with services

We have asked you about contact the patient had with a range of specialist services. In addition to these, we would like to know whether there was contact with other teams or services.

**6.25 Which other services was the patient under at the time of death? (please tick all that apply)**

No = 0

Yes = 1

Acute day hospital

☐

Alcohol services

☐

(Assertive) outreach service

☐

CAMHS

☐

Children's social services (including child protection services)

☐

CMHT

☐

Criminal justice liaison and diversion team/street triage

☐

Drug services

☐

Employment services

☐

Forensic community team

☐

IAPT or Primary Mental Health Support Service (PMHSS) in Wales

☐

|   |                          |
|---|--------------------------|
| Liaison psychiatry  | <input type="checkbox"/> |
| Maternal/perinatal mental health  | <input type="checkbox"/> |
| Older peoples' mental health services   | <input type="checkbox"/> |
| Probation   | <input type="checkbox"/> |
| Recovery/rehabilitation   | <input type="checkbox"/> |
| Specialist military mental health services  | <input type="checkbox"/> |
| Specialist personality disorder service   | <input type="checkbox"/> |
| Specialist psychotherapy services   | <input type="checkbox"/> |
| Other (please specify).....   | <input type="checkbox"/> |
| <b>6.26 Was the contact the patient had with services a one-off contact?</b>  | <input type="checkbox"/> |
| No = 0      Yes = 1   |                          |
| <b>6.27 Was there a transfer of care from another trust (health board) in the <u>12 months</u> prior to suicide?</b>  | <input type="checkbox"/> |
| No = 0      Yes = 1   |                          |
| If yes, please specify.....   |                          |
| <b>6.28 Had the patient been subject to an <u>urgent</u> referral to specialist mental health services by a GP in the <u>3 months</u> prior to suicide?</b> | <input type="checkbox"/> |
| No = 0      Yes = 1   |                          |
| <b>6.29 If yes, what was the result?</b>  | <input type="checkbox"/> |
| 1      Assessment only – no follow-up   |                          |
| 2      Referral to mental health team but not seen  |                          |
| 3      Admission  |                          |
| 4      Not yet seen   |                          |
| 7      Not applicable   |                          |
| 8      Other (please specify) .....   |                          |
| <b>6.30 Had the patient been subject to a <u>routine</u> referral to specialist mental health services by a GP in the <u>3 months</u> prior to suicide?</b> | <input type="checkbox"/> |
| No = 0      Yes = 1   |                          |

Enter what you consider to be the most accurate answer in the box on the right-hand side. If not known, enter 9 if not otherwise specified.

**6.31 If yes, what was the result?**☐

- 1 Assessment only – no follow-up
- 2 Referral to mental health team but not seen
- 3 Admission
- 4 Not yet seen
- 7 Not applicable
- 8 Other (please specify) .....

**6.32 Did any of the following occur when accessing mental health care? (please tick all that apply)**

No = 0 Yes = 1

- 1 A delay in providing mental health care due to the volume of referrals
- 2 Service was unable to provide the treatment requested
- 3 Patient was not accepted as the clinical problem was not severe enough
- 4 Patient was not suitable for care/treatment due to comorbid problems (e.g. self-harm, substance misuse)
- 5 Patient was on a waiting list for admission

☐  
☐  
☐  
☐  
☐
**6.33 Had there been a transition from CAMHS to adult services in the previous year?**

No = 0 Yes = 1

☐**Loss of contact with services****6.34 Did the patient miss their last appointment (with any member of the mental health team in a clinic or in the community)?**

No = 0 Yes = 1

☐**6.35 Following the missed appointment, what action was taken?**

No = 0 Yes = 1 Patient did not miss final appointment = 7

Patient discharged from follow-up

Further appointment/letter sent

Telephone call to patient to arrange follow-up

Professional home visit (face-to-face)

GP informed

Contact between mental health team and patient's family

☐  
☐  
☐  
☐  
☐  
☐

Enter what you consider to be the most accurate answer in the box on the right-hand side. If not known, enter 9 if not otherwise specified.

## SECTION 7: Treatment (all patients)

The following questions refer to the treatment that the patient was receiving at the time of death.

### 7.1 Which of the following interventions was the patient receiving at the time of death?

No = 0      Yes = 1

#### Drug treatment

Antipsychotics:

Oral

☐

Depot

☐

Antidepressants:

Tricyclics

☐

SSRI/SNRI and related

☐

Lithium/mood stabilisers

☐

Other antidepressants

☐

Benzodiazepines

☐

Other psychotropic drugs

☐

Other drug treatment (please specify).....

☐

**Psychological treatment** (a course of CBT, family therapy, IPT, group therapy)

☐

(please specify) .....

**Educational/employment support**

☐

(please specify) .....

### 7.2 Was he/she refusing to take medication as prescribed (e.g. non-adherent) in the month before death?

☐

No = 0      Yes = 1

(Note: Enter 0 if no medication was prescribed)

Enter what you consider to be the most accurate answer in the box on the right-hand side. If not known, enter 9 if not otherwise specified.

**7.3 Did the patient complain of distressing psychotropic drug side-effects?**

No = 0      Yes = 1      Not prescribed medication = 7

☐
**7.4 If yes, what type of side effects did the patient complain of?**

No = 0      Yes = 1      No side effects/not prescribed medication = 7

Weight gain

☐

Extrapyramidal symptoms

☐

Sedation

☐

Arousal/agitation/insomnia

☐

Sexual dysfunction

☐

Other (please specify) .....

☐
**7.5 What was the main reason for not taking medication as prescribed?**
☐

- 1 Side effects
- 2 Lack of insight into illness
- 3 Dependence (e.g. persistent benzodiazepine use against medical advice)
- 4 Patient found no positive effect from medication
- 5 Stigma attached to taking medication
- 6 Not applicable - patient not prescribed medication
- 7 Not applicable - patient was taking medication as prescribed
- 8 Other (please specify) .....

.....

## SECTION 8: Last contact (all patients)

The following questions refer to the **last formal contact or appointment with a member of the mental health team** before suicide (i.e. telephone or face-to-face contact). In the case of in-patients this refers to the **last consultation with a member of clinical staff**.

### 8.1 How long before the suicide did the last contact occur?

- 1 Less than 24 hours
- 2 1-7 days
- 3 More than 1 week to 4 weeks
- 4 More than 4 weeks to 13 weeks
- 5 More than 13 weeks

☐

### 8.2 What was the nature of the last contact?

- 1 Face-to-face
- 2 Telephone
- 3 SMS or email
- 4 Zoom, Teams, Skype (or similar)
- 8 Other (please specify).....

☐

### 8.3 What was the reason for this last contact?

- 1 Routine/non-urgent
- 2 Urgent request by patient
- 3 Urgent request by family
- 4 Urgent request by professional
- 5 Formal police referral (e.g. Section 136 in England & Wales, Article 130 in N.I.)
- 6 Assessment after self-harm
- 7 Request for self-discharge (in-patient)
- 8 Other (please specify) .....

☐

### 8.4 Where did this last contact take place?

- 01 Patient's home
- 02 Community/GP clinic
- 03 Emergency department
- 04 Mental Health Unit (including outpatients and day hospitals)
- 05 Psychiatric in-patient ward
- 06 Telephone/video call contact
- 07 Medical ward
- 08 Criminal justice setting
- 88 Other (please specify).....
- 99 Not known

☐

Enter what you consider to be the most accurate answer in the box on the right-hand side. If not known, enter 9 if not otherwise specified.

**8.5 Was there clear evidence of any of the following at last contact?**

No = 0      Yes = 1

Deterioration in mental state

Increased use of alcohol/drugs

Decrease in social support

Increasing suicidal ideas or self-harm

☐  
☐  
☐  
☐
**Risk assessment**

The following questions refer to the assessment of suicide risk.

**8.6 How high was the long term risk thought to be, at last contact?**

- 1 No risk
- 2 Low
- 3 Moderate
- 4 High
- 5 Risk not considered
- 6 Risk not categorised in this way

☐
**8.7 How high was the immediate risk thought to be, at last contact?**

- 1 No risk
- 2 Low
- 3 Moderate
- 4 High
- 5 Risk not considered
- 6 Risk not categorised in this way

☐
**8.8 How was the risk assessed?**

- 1 Clinical assessment
- 2 Local risk tool
- 3 Standardised risk tool
- 8 Other (please specify).....

☐
**8.9 If the immediate risk was viewed as moderate or high, was the management plan changed after the assessment?**

No = 0      Yes = 1      Not applicable = 7

☐

Enter what you consider to be the most accurate answer in the box on the right-hand side. If not known, enter 9 if not otherwise specified.

**8.10 If the management plan was not changed, was this due to any of the following factors?**

No = 0

Yes = 1

Not applicable = 7

Patient was viewed as having mental capacity to make safety decisions

☐

Patient refused additional input

☐

The family was able to provide additional support

☐

Other please specify.....

☐

## SECTION 9: Your view on prevention

Which of the following would have made the suicide significantly less likely at that time?

No = 0

Yes = 1

9.1 Better supervision of junior/inexperienced staff

☐

9.2 Increased staffing

☐

9.3 Better staff training in risk assessment

☐

9.4 Closer supervision of patient

☐

9.5 Closer working with GP

☐

9.6 Use of mental health legislation

☐

(please specify).....

9.7 Better communication between teams

☐

9.8 Less frequent use of agency/locum staff

☐

9.9 Closer contact with patient's family

☐

9.10 Better out of hours care

☐

9.11 Greater availability of psychiatric beds

☐

9.12 Decrease in case loads

☐

9.13 Better crisis facilities

☐

9.14 Availability of dual diagnosis, alcohol or drug services

☐

9.15 Increased access or lower waiting times for psychological therapies

☐

9.16 Patient taking medication in line with treatment plan (e.g. adherence with treatment)

☐

9.17 Other (please specify).....

☐

.....

Enter what you consider to be the most accurate answer in the box on the right-hand side. If not known, enter 9 if not otherwise specified.

## SECTION 10: Case review

- 10.1** Please use this section to give us any additional information that has not already been covered

☐

.....

.....

.....

- 10.2** Can you give examples of good practice in your service that other services might adopt?

☐

.....

.....

.....

The following questions relate to the time period following the suicide:

- 10.3** Has there been a review or investigation of the case following the patient's death?

☐

No = 0      Yes = 1

- 10.4** Did the relatives/carers of the patient take part in the review process?

☐

No = 0      Yes = 1      Not applicable (no review) = 7

- 10.5** Did the relatives/carers of the patient receive any formal support following his/her death?

☐

No = 0      Yes = 1

If yes, please specify.....

- 10.6** In your opinion, were positive changes made to mental health care as a result of the review or internal investigation?

☐

0      No  
 1      Yes, within the team  
 2      Yes, within the wider trust/health board  
 7      Not applicable

If yes, please specify.....

Enter what you consider to be the most accurate answer in the box on the right-hand side. If not known, enter 9 if not otherwise specified.

## SECTION 11: Your details

**11.1** Were you the clinician responsible for the patient's care at any point during the year before death?

☐

No = 0

Yes = 1

**11.2** Did you know the patient personally?

☐

No = 0

Yes = 1

**11.3** Completed by (Name): .....

**11.4** Signature: .....

**11.5** Job title: .....

**11.6** Contact telephone number: .....

*Thank you for completing this questionnaire.  
Please return to Professor Louis Appleby, PO Box 86, Manchester, M20 2EF*

### FOR OFFICE USE ONLY:

**11.7** Country in which patient was treated:

☐

1 England

2 Wales

3 Scotland

4 Northern Ireland