

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

Address: Professor Louis Appleby, PO Box 86, Manchester, M20 2EF Tel: 0161 275 0700/0701

## Scottish Suicide Questionnaire

Version: 04/2023

*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)

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.

***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 teams\* at the time of suicide?

☐

No = 0      Yes = 1

\* By crisis teams 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  
 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

☐

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.



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 = 1      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).....

**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 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
- 7 Not applicable – no recent self-harm

**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

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

☐

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 (please specify).....

**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 public place (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 Emergency detention (Part 5 MH (C&T) (s) A 2003)
- 3 Short term detention (Part 6 MH (C&T) (s) A 2003)
- 4 Compulsory treatment order (Part 7 MH (C&T) (s) A 2003)
- 5 Compulsion order (s.57 A CP (S) A 95)
- 6 Compulsion order with restriction (s.57 A + s.59 CP (S) A 95)
- 7 Detained under other forensic section
- 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) .....

☐

**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 En-suite 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
- 8 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.

### 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 Emergency detention (Part 5 MH (C&T) (s) A 2003)
- 3 Short term detention (Part 6 MH (C&T) (s) A 2003)
- 4 Compulsory treatment order (Part 7 MH (C&T) (s) A 2003)
- 5 Compulsion order (s.57 A CP (S) A 95)
- 6 Compulsion order with restriction (s.57 A + s.59 CP (S) A 95)
- 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

☐

## 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 Zooms, 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

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.

## Compulsory Treatment Order

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**6.16 Was the patient made subject to a Compulsory Treatment Order (CTO) in the community 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 in the community 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 a 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 297

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**6.21 Was the patient conveyed to a hospital based place of safety under S297 of the MHA 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 S297 of the MHA 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?**

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

☐

Liaison psychiatry

☐

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.

Maternal/perinatal mental health

☐

Older people's mental health services

☐

Probation

☐

Recovery/rehabilitation

☐

Specialist military mental health services

☐

Specialist personality disorder service

☐

Specialist psychotherapy services

☐

Other (please specify).....

☐

**6.26 Was the contact the patient had with services a one-off contact?**

☐

No = 0      Yes = 1

**6.27 Was there a transfer of care from another trust (health board) in the 12 months prior to suicide?**

☐

No = 0      Yes = 1

If yes, please specify.....

**6.28 Had the patient been subject to an urgent referral to specialist mental health services by a GP in the 3 months prior to suicide?**

☐

No = 0      Yes = 1

**6.29 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) .....

**6.30 Had the patient been subject to a routine referral to specialist mental health services by a GP in the 3 months prior to suicide?**

☐

No = 0      Yes = 1

**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 Section 297 MH (C&T) (s) A 2003
- 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

☐
**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

☐
**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

☐

**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 safe 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.....

## 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