

National Confidential Inquiry into Suicide and Homicide by People with Mental Illness

Annual Report 2015

What will these findings mean for you?

- If you have a care team, they should help you address any problems that may be putting you at risk such as financial difficulties (debt or unemployment), alcohol and/or drug misuse and social isolation. This may be particularly relevant if you are male and middle-aged as you may be at higher risk. Your mental health team should be fully aware of the impact of any problems.
- Services may offer you psychological treatment as well as drugs. They will make efforts to stay in touch with you and this way they can monitor your risk and help you to complete the course of treatment.
- If you have a long-term physical illness your care teams should be fully aware of your situation. Your physical and mental health needs (especially long-term) should be reflected in your mental health care plan. The mental health staff that care for you will ideally review your care with your GP and/or specialist clinic(s).
- You may be offered crisis resolution home treatment (CRHT) as an alternative to being admitted to hospital. It is intensive treatment and the amount of time you spend with staff at home should reflect this. If you are admitted, ideally this will not be in an out-of-area unit.
- Your family can be an important health resource. Closer contact with the patient's family by the service was viewed as a factor that might have reduced the likelihood of suicide and homicide. Where appropriate your family should be integrated into your mental health care plans. However, we do recognise this is not always beneficial.
- You should attend appointments with your mental health care team to make sure you get access to the appropriate mental health services and complete a full course of treatment.