

**THE NATIONAL CONFIDENTIAL INQUIRY INTO SUICIDE AND SAFETY IN MENTAL HEALTH (NCISH)
SUICIDE BY PEOPLE IN CONTACT WITH DRUG AND ALCOHOL SERVICES
IN THE YEAR PRIOR TO DEATH**

Information Sheet

Who will conduct the research?

The study will be conducted by the National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH) based within the Centre for Mental Health and Safety at the University of Manchester. The study has been commissioned and funded by the Healthcare Quality Improvement Partnership (HQIP).

What is the purpose of the research?

People with alcohol and drug use and dependence problems are at increased risk of also having mental health difficulties, and suicide. Following 10 years of NHS reforms, alcohol and drug services in the UK have changed and third sector organisations, such as charities and private providers, play a bigger role than the NHS and specialist mental health care services. This has made national investigations of people in contact with alcohol and drug services harder to complete.

The aim of this new study is to improve safety for people under the care of alcohol and drug services. We will do this by linking existing databases and collecting new data to:

- Estimate the number of people in contact with alcohol and drug services in the year before suicide;
- Identify the sociodemographic, mental health and substance misuse characteristics of these people that could be a focus of suicide prevention in this group;
- Examine suicide risk management in people under the care of alcohol and drug services who have died by suicide.

What information will be collected?

(1) Data linkage between existing databases

Alcohol and drug national database holders in England and Wales (Office for Health Improvement and Disparities (OHID)(England), Digital Health & Care Wales (DHCW)), will link data from the Office for National Statistics (ONS; England and Wales) on people whose deaths have been registered as suicide (including probable suicide) at coroner's inquest for a 12-month sample of data (deaths registered between 1st October 2021 to 30th September 2022) to national drug databases (i) the National Drug Treatment Monitoring System (NDTMS) in England and (ii) the Welsh National Database for Substance

Misuse (WNDSM). Alcohol and drug national database holders in Scotland (Public Health Scotland (PHS)) will link data from National Records of Scotland (NRS) on people whose deaths have been registered as suicide (including probable suicide) at coroner's inquest for a 6-month sample of data (deaths registered between 1st April 2022 to 30th September 2022) and (iii) the Drug and Alcohol Information System (DAIsy). This linkage will allow us to select a group of people who died by suicide within 12 months of contact with alcohol and drug services. We will then link this cohort to our NCISH patient suicide database to determine those people who were in contact with alcohol and drug services *and* mental health services before death (objective 1).

(2) Comparing existing data. A case-control analysis

Within this 12-month sample in England and Wales, OHID and DHCW will match on age and sex, those people who have died by suicide and had contact with alcohol and drug services in the year prior to death with people who had contact with alcohol and drug services but did not die. This will enable us to compare the demographic and clinical characteristics of those who die by suicide and those who do not (objective 2).

Once data are linked, **all** identifiable information will be removed and, using a unique identification number (OHID/DHCW ID) as the only identifier, OHID and DHCW will provide NCISH with the following information for those alcohol and drug service users identified as having died by suicide and service user controls:

- Demographic characteristics (e.g. age, gender, ethnicity, marital status);
- Drugs and alcohol use details (e.g. type, frequency);
- Treatment type and details.

The NCISH research team will then use a second unique identification number (NCISH ID) to link this information to our patient suicide database. By this stage, all identifying information will have been removed. This will identify the deaths by suicide of alcohol and drug service users who were also under the care of specialist mental health services in the previous 12 months.

(3) Data collection. Serious Incident Reports

In England and Wales, we will collect further detailed clinical data about people who died by suicide while under the care of alcohol and drug services from serious incident reports, where available. We will use a study data extraction pro-forma to gather clinical data on suicide risk factors, including at last service contact (objective 3). We will examine the following information, if available:

- Demographic and family characteristics, including marital and employment status, provider role, life or career opportunities;

- Socio-economic characteristics, including debts, gambling, receipt of or problems with benefits, other financial losses, social isolation;
- Medical history, including health and treatment (e.g. medications prescribed);
- Mental health history, including any diagnosis of mental illness, history of self-harm, and the use of alcohol and drugs;
- Contact with services, including contact with primary and secondary health services, criminal justice, social care, and also including access to psychological and drug treatments;
- Recent events, including relationship, workplace and financial problems;
- Life events;
- Bereavement.

All information will be collected and stored in accordance with the General Data Protection Regulation (GDPR) and entered on a study database against a unique identifier. This study database will not contain any identifying information.

What permissions do we have to hold this information?

Processing of the information that we will hold for this study is necessary in the public interest, for scientific and statistical research purposes in accordance with Article 89(1) of the General Data Protection Regulation (GDPR). We will only hold and process information which is necessary to our aim of informing safer practice to reduce suicide in alcohol and drug service users.

We will not be sent health records of people who have not consented to their health data being stored on the national drug and alcohol databases NDTMS, WNDSM, and DAIsy. People who do not consent for their data to be being entered onto the NDTMS, WNDSM, or DAIsy are not included. Therefore, this data would not be held on these databases and would not be shared with NCISH.

What will happen to the information we obtain?

Information held by OHID/DHCW/PHS will be securely transferred to the NCISH office via online secure platforms. Once received, confidential identifiable information will be stored separately from further information collected on that person (e.g. information on mental health history). This information will be linked to an alcohol and drug service user by means of a unique number not their name. Only authorised members of the NCISH research team will have access to confidential information (and fully anonymous information about living alcohol and drug service users) provided for the study. This information will be stored on a secure research site – electronic records can only be accessed via encrypted, and password protected computers on a network that is not connected to the internet. Paper records will be stored in locked filing cabinets in a locked office, on a corridor that can only be

accessed via swipe card entry. Confidential identifiable information will only be used to link OHID/DHCW/PHS and NCISH information. Information that is not linked will be securely deleted. Therefore, the only confidential identifiable information that NCISH will retain will be about people who died by suicide. Information we receive from OHID and DHCW on living alcohol and drug service users will be **fully anonymous**.

How will we use this information?

This study will provide figures for suicide in alcohol and drug service users and those who were also under the care of mental health services. It will also describe the characteristics and factors before these suicide deaths. Findings will help inform safer practice among alcohol and drug services to reduce suicide in this vulnerable population.

We will only publish aggregate figures, and we will follow ONS guidance about small numbers – we will not publish low numbers, and we **never** share information about an individual.

We will **not** hold any identifying information on living alcohol and drug service users. If you have not consented for your health data being used for anything other than care and treatment, this will be applied by OHID/DHCW/NRS or by the relevant health organisation, and your health records will not be shared with us.

Who do I contact if I would like to find out more about the study?

If you wish to be informed of publication of the study's findings or would like to find out more about the study, please see [our website](#) or contact alison.baird@manchester.ac.uk.