

NCISH methodology

The National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH) is an internationally unique project that has collected in-depth information on all suicides in the UK since 1996. The NCISH core dataset is a national consecutive case series that examines the circumstances leading up to and surrounding the deaths by suicide of people under the recent care of specialist mental health services. The NCISH research team uses this case series to identify common factors in the management and care of patients who died by suicide and to make recommendations to reduce the number of suicides by people receiving specialist mental health care, as well as to improve safety for all patients. Our dataset includes all deaths by intentional self-harm and deaths of undetermined intent by people aged 10 and over, as is standard in suicide research.

There are three stages to our data collection:

1. Data on all general population suicide deaths and deaths of undetermined intent are obtained from the Office for National Statistics (ONS; for deaths registered in England and Wales), National Records of Scotland (NRS; for deaths registered in Scotland) and the Northern Ireland Statistics and Research Agency (NISRA; for deaths registered in Northern Ireland).
2. The mortality data we obtain from national data providers includes information on the area where the person lived and died. From these area codes, we ascertain which healthcare organisation (i.e., Trust/Health Board) is likely to have provided mental health care for that area. We then liaise with our administrative contacts at healthcare organisations to identify whether those people who died by suicide had contact with mental health services in the 12 months prior to death, as determined via information in patient record systems. Mental health contact includes psychiatric, drug and alcohol, child and adolescent or learning disability services (if they are within mental health services), usually under a consultant psychiatrist. These contacts include a range of patients, from those seen for a one-off assessment to those who had been under the long-term care of services. Patients who were seen for a one-off assessment in a liaison setting with no follow-up arranged would not meet our criteria. In Northern Ireland, our data collection is managed by the Regulation and Quality Improvement Authority (RQIA) due to the lack of a legal basis for disclosing and processing personal data for health and social care purposes.

For each person who had contact with mental health services in the 12 months before death, administrative staff within the healthcare organisations provide the name and address of the

consultant psychiatrist (or other senior professional) responsible for the patient’s care. If this is not possible, our contacts identify the medical professional who last saw the patient before their death. We ask the medical professional to help us determine whether the patient falls within the scope of the NCISH (see above for definition of “mental health contact”). If mental health contact is ascertained according to our criteria, we ask for the name and contact details of the consultant psychiatrist responsible for the patient’s care.

3. Once the appropriate consultant psychiatrist (or other senior professional) is identified, we ask them to complete our questionnaire via a secure online portal, using their personal knowledge of the patient and the case notes relating to their care. Alternatively, another member of the mental health team who had cared for the patient prior to their suicide may also complete the questionnaire; 35% of NCISH questionnaires were completed by other team members between 2010 and 2020. The questionnaire response rate (i.e., the proportion of returned NCISH questionnaires) across the UK in the last 10 years (2010-2020) is 93%. This reflects our long-standing relationship with mental health professionals nationally.

The NCISH [questionnaire](#) comprises 11 sections including: demographic information (e.g., age, sex), clinical history (e.g., primary psychiatric diagnosis; history of self-harm), and clinical management (e.g., treatment and compliance with medication; last contact with mental health services). The NCISH questionnaire is regularly updated to reflect current concerns in suicide prevention and any changes in practice. Most questionnaire items are factual, but a minority are based on the opinion of the clinician (such as asking them to identify which factors may have made suicide less likely).

In the UK, most specialist mental health services are provided by the National Health Service (NHS). NCISH also collects data from private providers which comprise 1% of all NCISH cases. Data from private providers is less complete. Due to overriding public interest in improving safety in clinical services, NCISH data collection is exempt from applying the [national data opt-out](#).

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