

## Real-time data collection of probable suicide deaths: frequently asked questions

### General

➤ **How long should we contribute to this real-time surveillance data collection for?**

We expect that this will be ongoing on a long-term basis. Therefore, please complete our data collection questionnaire when you become aware of a patient who meets the inclusion criteria (see below).

➤ **Will NCISH contact trusts to request completion of a real-time data collection questionnaire for a patient, as with the core NCISH data collection?**

No, NCISH will not contact trusts regarding the real-time data collection as we will not be aware of suspected suicides deaths in mental health in-patients and post-discharge patients who died within 14 days of discharge soon after they occur. We will instead be relying on clinicians within the trust and our co-ordinators to complete the questionnaire without you receiving a request from NCISH.

➤ **If a real-time surveillance questionnaire is completed for a patient, would a full NCISH questionnaire have to be completed later for core NCISH data collection if a coroner's conclusion is that the death was by suicide?**

The real-time data collection system provides NCISH with early notification of a suspected suicide death of an in-patient or a patient recently discharged from in-patient care, and brief information related to this. This process runs alongside our core NCISH work. Therefore, should a suspected suicide death later be confirmed at a coroner's inquest, we will contact your trust to request the completion of our full NCISH questionnaire for the same patient.

➤ **Who is the best person to complete this questionnaire?**

This would be the person who is in the best position to do so. For example, it could be the clinician who was involved in the patient's care, or the person who collates the information for a serious incident review.

➤ **If the best person to complete the questionnaire is a clinician, is there a preferred clinician?**

A clinician in any role may complete this questionnaire. We do not have a preferred clinician.

➤ **Is there a time frame for when we should return a real-time data collection questionnaire by?**

We do not have a specific time frame from when the death occurred for the questionnaire to be completed. However, given the emphasis on the real-time nature of this data collection, we would appreciate if a questionnaire is returned as soon as possible after the death whilst accommodating for the impact of the patient's death on staff.

- **Are there any resources that we can share with clinicians who have experienced the death of a patient by suicide?**

We recognise that losing a patient is a distressing experience and thank you and your trust colleagues for participating in this work. Please see (and share) the below resources in case these might be helpful.

- [If a patient dies by suicide – a resource for psychiatrists \(PDF\)](#)
- [If a patient dies by suicide – a resource for mental health professionals \(PDF\)](#)

- **Would it be possible to download a copy of submitted responses to support local learning?**

Yes, a summary of responses will be available for you to download as a PDF after you have submitted your responses.

- **Can we keep a copy of information we submit to this real-time surveillance data collection to improve local learning and to identify areas of concern?**

Yes, you can keep a copy of the anonymous submitted information for this purpose.

- **If we think that the death may have been part of a cluster but are not certain, should we answer the question ‘Was there evidence to suggest that this death was part of a possible cluster?’ as ‘yes’?**

Yes. If there is reason to believe that this death was part of a cluster, please answer this question as yes and provide us with any available further information.

### **Inclusion/exclusion criteria**

- **Should we complete your online questionnaire for a patient who was assessed at our trust but then transferred to another trust or private provider out of area, and the patient was not admitted as an in-patient within our trust?**

In this instance, an online questionnaire is not required. Please only complete a questionnaire if the patient died by suspected suicide either during an in-patient admission or within 14 days of discharge from an in-patient admission within your trust.

- **Should a person brought in for a place of safety admission be included in this data collection?**

If they had an in-patient admission following this and died by suspected suicide either during the in-patient admission or within 14 days of discharge from the in-patient admission, then yes please complete our online questionnaire.

- **Should patients under the care of older people's mental health services or CAMHS be included in this data collection?**

Yes, please include patients who had been under the care of these services and who died by suspected suicide either during an in-patient admission or within 14 days of discharge from an in-patient admission.

- **Should we include unexpected deaths in this data collection if suicide is not mentioned?**

If there is an unexpected death of a mental health in-patient or of a patient within 14 days of discharge from mental health in-patient care, and suicide is not suspected, please do not include this patient.

- **If a suicide death is suspected but has not yet been confirmed by a coroner, should we complete this real-time data collection questionnaire?**

Given the close to real-time nature of this data collection, please complete our questionnaire if a death occurred either during a mental health in-patient admission or within 14 days of discharge from a mental health in-patient admission and suicide is suspected. We do not require a coroner's inquest to have been completed before a real-time data collection questionnaire is returned to us.