

Probable suicide deaths by mental health in-patients and recently discharged patients

The National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH) has developed a “real-time” data collection of suspected suicide deaths by people under the recent care of mental health services via reporting of an anonymised minimum dataset. This is designed to collect real-time data on suspected suicide deaths by patients whose deaths occurred in closest proximity to services: in-patients and those recently discharged (within 14 days) from in-patient care.

Please take time to read this information sheet, and discuss with others if you wish. If anything is not clear to you, or if you have any further questions about providing NCISH with anonymous questionnaire data about a patient who has died by suicide, please contact ncish@manchester.ac.uk.

<p>Purpose of the data collection</p>	<p>This NCISH data collection process has been designed to collect a real-time minimum data-set of probable suicide deaths in in-patients and patients recently discharged from in-patient care (those who die within 14 days of discharge from in-patient care), with specific aims to (i) monitor numbers and rates of suicides by mental health in-patients and post-discharge patients in England, and (ii) examine changes in the characteristics of in-patients and post-discharge patients who die by probable suicide. We will make recommendations based on this data to inform suicide prevention strategies.</p>
<p>Inclusion criteria</p>	<p>Please complete this anonymous questionnaire if you work in secondary mental health services in England, and are aware of a suspected suicide death in an in-patient or a patient recently discharged from in-patient care (within 14 days) and the death occurred from 01 January 2024.</p>
<p>Information to be collected</p>	<p>We will ask you for the age, sex, and ethnicity of the patient, the method of suicide and primary psychiatric diagnosis. We will also ask for the name of your mental health trust. We will ask you if the patient experienced any adverse life events (e.g., loss of job, bereavement, increased use of alcohol) and questions related to in-patient admission and post-discharge and follow-up (as applicable).</p>
<p>Participation</p>	<p>We recognise that losing a patient is a distressing experience and would like to thank yourself and trust colleagues for participating in our work. We would also like to share the below resources in case these might be helpful.</p> <p>If a patient dies by suicide – a resource for psychiatrists (PDF)</p> <p>If a patient dies by suicide – a resource for mental health professionals (PDF)</p>

	<p>We are also aware of the pressures on your time and estimate that completing our questions will take no more than 10 minutes. There will be no burden on your time in terms of follow-up or further contact, and you are free to withdraw at any time without giving a reason and without detriment to you. However, it will not be possible to remove the answers you have provided if you withdraw midway and the information you provide may be used.</p>
Confidentiality	<p>We ask you <u>not</u> to provide any information that might identify you (or someone else). For example, please do not write your name, or the name of the patient whose care you were providing, particularly in the additional information free text response. The information you provide should remain anonymous and individual responses will be treated as confidential. We will not ask for your contact details.</p>
Use of information	<p>Findings will be shared with NHS England/Improvement, the UK Health Security Agency and Department of Health and Social Care as aggregate figures. National learning from this real-time surveillance system will also form part of future NCISH annual reports. We never publish individual level trust data. Conclusions will identify risk factors associated with in-patient and post-discharge patient suicide and inform prevention strategies.</p>
Disposal of information	<p>We are required by our commissioner to store all our research data securely for six years, after which it will be securely destroyed.</p>
Approval	<p>This voluntary reporting of a minimum NCISH dataset has NHS ethics approval (ref: ERP/96/136), and the Confidential Advisory Group (CAG) (ref: 23/CAG/0024, previously PIAG 4-08(d)/2003) have been notified.</p>
Legal basis	<p>We are collecting and storing this information in accordance with data protection law which protect your rights. These state that we must have a legal basis (specific reason) for collecting your data. For this minimum dataset, the specific reason is that it is “a public interest task” and “a process necessary for research purposes”.</p>
Funders	<p>NCISH is commissioned by the Healthcare Quality Improvement Partnership (HQIP) as part of the National Clinical Audit and Patient Outcomes Programme (NCAPOP). The programme is funded by NHS England, the Welsh Government and, with some individual projects, other devolved administrations and crown dependencies.</p>