

THE NATIONAL CONFIDENTIAL INQUIRY INTO SUICIDE AND SAFETY IN MENTAL HEALTH

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Homicide Questionnaire

Version 1
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If other mental health professionals have been involved in the management of this patient, please consult them before completing this questionnaire. At the end of the patient questions there are some additional questions about the impact the homicide had on you. We appreciate how traumatic these incidents are for professionals. If you find completing this questionnaire upsetting, please find additional sources of support on our NCISH website.

*****Insert link / QR code to resources page on NCISH website for further support*****

The National Confidential Inquiry will protect the confidentiality of this form but cannot do so for any copies. You are therefore advised not to keep a copy of this questionnaire once it is completed.

	Initials	Date
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Directors: Professor Sir Louis Appleby & Professor Nav Kapur

Work commissioned by The Healthcare Quality Improvement Partnership (HQIP)

SECTION 1: DEMOGRAPHIC INFORMATION

(At the time of the homicide)

1.1	Age in years	<input type="checkbox"/>
1.2	Sex (a question on gender identity follows below) Male = 1 Female = 2	<input type="checkbox"/>
1.3	Civil Status 1 Divorced/separated 2 Married/civil partnership/co-habiting 3 Single 4 Widowed 9 Not known	<input type="checkbox"/>
1.4	Employment Status 1 In paid employment (including part-time and self-employed) 2 Unemployed 3 Housewife/husband 4 Full-time student 5 Long-term sick (4 weeks or more) 6 Retired 7 Apprenticeship/training scheme 8 Disability benefit/long-term disability allowance 9 Family carer 88 Other (please specify) 99 Not known	<input type="checkbox"/>
1.5	Ethnicity/Nationality (based on ONS categories) Black/African/Caribbean/Black British 1 Black African 2 Black Caribbean 3 Any other Black/African/Caribbean background (please specify) Asian/Asian British 4 South Asian (please specify either 5, 6 or 7 if known) 5 Indian 6 Pakistani 7 Bangladeshi	<input type="checkbox"/>

Enter what you consider to be the most accurate answer in the box on the right-hand side. If not known, enter 9 or 99 if not otherwise specified.

	<p>8 Chinese</p> <p>9 Any other Asian background (please specify)</p> <p>White</p> <p>10 White British</p> <p>11 Irish</p> <p>12 Gypsy or Irish traveller</p> <p>13 White East European</p> <p>14 Any other White background (please specify)</p> <p>Other</p> <p>15 Mixed/multiple ethnic group</p> <p>16 Arab/Middle Eastern</p> <p>88 Other (please specify)</p> <p>99 Not known</p>	
1.6	<p>To your knowledge, what is the patient's religion?</p> <p>0 No religion</p> <p>1 Christian</p> <p>2 Buddhist</p> <p>3 Hindu</p> <p>4 Jewish</p> <p>5 Muslim</p> <p>6 Sikh</p> <p>7 Other religion (please specify.....)</p> <p>9 Not known</p>	<input type="checkbox"/>
1.7	<p>To your knowledge, what is the patient's sexual orientation?</p> <p>1 Heterosexual</p> <p>2 Lesbian or gay</p> <p>3 Bisexual</p> <p>8 Other (please specify)</p> <p>9 Not known</p>	<input type="checkbox"/>
1.8	<p>Does the patient identify as trans (e.g. transgender, non-binary group, gender diverse)?</p> <p>0 No</p> <p>1 Yes, a trans woman</p> <p>2 Yes, a trans man</p> <p>3 Yes, non-binary</p> <p>4 Other (please specify)</p> <p>9 Not known</p>	<input type="checkbox"/>

Enter what you consider to be the most accurate answer in the box on the right-hand side. If not known, enter 9 or 99 if not otherwise specified.

1.9	<p>Was the patient:</p> <p>a) seeking permission to stay in the UK? (e.g. asylum seeker, refugee; visa had expired and individual seeking to continue living in the UK)</p> <p>No = 0 Yes = 1 Not known = 9</p> <p>b) resident in the UK for less than 5 years?</p> <p>No = 0 Yes = 1 Not known = 9</p>	<input type="checkbox"/>
1.10	<p>Accommodation at the time of homicide (for in-patients, give accommodation prior to admission)</p> <p>1 Homeless/no fixed abode</p> <p>2 Bed & breakfast (long-term)</p> <p>3 Hostel (supervised or unsupervised)/local authority accommodation</p> <p>4 Secure children's home/secure training centre</p> <p>5 Nursing/care home</p> <p>6 Prison/Young Offender Institution</p> <p>7 Immigration Removal Centre/Short-term Holding Facility</p> <p>8 Sheltered/supported accommodation</p> <p>9 Other (please specify)</p> <p>99 Not known</p>	<input type="checkbox"/>
1.11	<p>Living Circumstances (for in-patients, give accommodation prior to admission)</p> <p>1 Alone</p> <p>2 With parent(s)</p> <p>3 With spouse/partner (with or without children)</p> <p>4 With child(ren) only (aged under 18)</p> <p>5 Other shared (e.g. friends)</p> <p>6 Foster/adopted family</p> <p>7 Prison/Young Offender Institution</p> <p>88 Other (please specify)</p> <p>99 Not known</p>	<input type="checkbox"/>

Enter what you consider to be the most accurate answer in the box on the right-hand side. If not known, enter 9 or 99 if not otherwise specified.

SECTION 2: PSYCHOSOCIAL AND FORENSIC HISTORY

The following questions ask about the patient's psychiatric history prior to the homicide.

2.1	<p>When was the first contact with adult mental health services prior to the homicide?</p> <p>1 Less than 3 months ago 2 3-12 months ago (but less than a year) 3 1-5 years ago 4 More than 5 years ago 9 Not known</p>	<input type="checkbox"/>
2.2	<p>Did the patient previously have a childhood psychiatric diagnosis?</p> <p>No = 0 Yes = 1 Not known = 9</p>	<input type="checkbox"/>
2.3	<p>What was the main childhood diagnosis?</p> <p>1 ADHD 2 Conduct disorder 3 Autism spectrum disorder 4 Emotional disorder (e.g. depression, anxiety) 5 Psychosis 6 Other (please specify) 7 Not applicable 9 Not known</p>	<input type="checkbox"/>
2.4	<p>Had the patient been under the care of the following agencies or services as a child/minor:</p> <p>No = 0 Yes = 1 Not known = 9</p> <p>Child and adolescent mental health services (CAMHS)</p> <p>Local Authority Care (e.g. in a children's home or foster care)</p> <p>Youth Justice Team</p> <p>Young Offender Institution or secure children's home</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Enter what you consider to be the most accurate answer in the box on the right-hand side. If not known, enter 9 or 99 if not otherwise specified.

	<p>Learning Disability services</p> <p>Autism services</p> <p>Other (please specify e.g. Speech and Language Services).</p> <p>.....</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<p>This section refers to diagnosis in the last period of care leading up to the homicide (please complete even if the patient had lost contact with services at the time of the homicide)</p>		
2.5	<p>Main psychiatric diagnosis being treated</p> <p>1 Schizophrenia or other primary psychotic disorders</p> <p>2 Drug-induced psychotic disorder</p> <p>3 Bipolar affective disorder</p> <p>4 Depressive disorder</p> <p>5 Anxiety disorder/phobia/panic disorder/OCD</p> <p>6 Post Traumatic Stress Disorder</p> <p>7 Eating disorder</p> <p>8 Dementia</p> <p>9 Alcohol dependence</p> <p>10 Drug dependence</p> <p>11 Personality disorder</p> <p>12 Adjustment disorder</p> <p>13 Organic disorder</p> <p>14 Learning disability</p> <p>15 Autism spectrum disorder</p> <p>16 ADHD</p> <p>17 Conduct-dissocial disorder</p> <p>18 Somatoform/somatisation disorder</p> <p>19 Mental disorder present but not able to specify</p> <p>20 No information available/information lacking</p> <p>77 No mental disorder (i.e. not 01 to 19 or 88)</p> <p>88 Other (please specify)</p> <p>99 Not known</p>	<input type="checkbox"/>
2.6	<p>Additional diagnosis (coding as above)</p> <p>1) <input type="checkbox"/> 2) <input type="checkbox"/> 3) <input type="checkbox"/></p>	

Enter what you consider to be the most accurate answer in the box on the right-hand side. If not known, enter 9 or 99 if not otherwise specified.

2.7	<p>If the answer to 2.5 or 2.6 was 'Schizophrenia or other primary psychotic disorders', please specify the nature of the psychosis, using the following ICD-11 categories:</p> <ul style="list-style-type: none"> 1 Schizophrenia 2 Schizoaffective disorder 3 Schizotypal disorder 4 Acute and transient psychotic disorder 5 Delusional disorder 6 Symptomatic manifestations of primary psychotic disorders 7 Other specified primary psychotic disorder 8 Schizophrenia or other primary psychotic disorders, unspecified 9 Secondary psychotic syndrome 88 Other (please specify) 99 Not known 	<input style="width: 40px; height: 30px;" type="text"/>
2.8	<p>If the answer to 2.5 or 2.6 was 'Personality disorder', please specify the type of personality disorder diagnosed</p> <p>.....</p> <p>.....</p> <p>.....</p>	
2.9	<p>How long prior to the homicide did they receive a diagnosis (e.g. duration since clear onset of first episode if multiple episodes)?</p> <ul style="list-style-type: none"> 1 Less than 3 months 2 3-12 months (but less than a year) 3 1-5 years 4 More than 5 years 7 No mental disorder 9 Not known 	<input style="width: 40px; height: 30px;" type="text"/>
2.10	<p>How many episodes of the main diagnosis stated above, has the patient experienced?</p> <ul style="list-style-type: none"> 1 This episode was the first episode 2 Two to five episodes 3 More than 5 episodes 7 Not applicable, as not an episodic disorder 9 Not known 	<input style="width: 40px; height: 30px;" type="text"/>
2.11	<p>Did the patient have a history of the following?</p> <ul style="list-style-type: none"> a. History of suicidal ideation / suicide attempts 	

Enter what you consider to be the most accurate answer in the box on the right-hand side. If not known, enter 9 or 99 if not otherwise specified.

	<p>No = 0 Yes = 1</p> <p>b. History of self-harm</p> <p>No = 0 Yes = 1</p>	<input type="checkbox"/> <input type="checkbox"/>
2.12	2'	<input type="checkbox"/>
2.13	<p>Has the patient previously been admitted to any of the following services? If the answer is yes, please indicate how long before the homicide the <u>last admission</u> was. Please select all services that apply.</p> <p>1 Less than 6 months (before the homicide – go to 2.14) 2 6-12 months (but less than a year) 3 1-5 years 4 More than 5 years 7 Not applicable 9 Not known</p> <p>In-patient care</p> <p>Voluntary admission to in-patient care</p> <p>Admission under the Mental Health Act</p> <p>Psychiatric Intensive Care Unit</p> <p>Low security hospital</p> <p>Medium security hospital</p> <p>High security hospital</p> <p>Prison</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Enter what you consider to be the most accurate answer in the box on the right-hand side. If not known, enter 9 or 99 if not otherwise specified.

2.14	<p>If the patient had been admitted to any psychiatric in-patient hospital within 6 months of the homicide, what was the nature of the last admission?</p> <p>(If there were multiple admissions in the 6 months before the homicide, complete the following questions for the last admission).</p> <p>0 None</p> <p>1 Informal/voluntary</p> <p>2 Detained for assessment (section 2)</p> <p>3 Detained for treatment (section 3)</p> <p>4 Detained under short term emergency section or under doctors' or nurses' holding powers (section 4 or 5)</p> <p>5 Detained under forensic section (Part 3 of MHA or similar, e.g. s35,36,37,47,48)</p> <p>6 Under the power of recall of a Community Treatment Order (CTO)</p> <p>8 Other (please specify)</p> <p>.....</p> <p>.....</p>	<input data-bbox="1366 286 1445 367" type="checkbox"/>
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Community Treatment Order (CTO) & conditional discharge under Section 37/41

2.15	<p>Was the patient ever subject to either of the following:</p> <p>0 No</p> <p>1 Yes (including at the time of homicide)</p> <p>2 Yes (within 6 months but not at the time of homicide)</p> <p>3 Yes (but more than 6 months before the homicide)</p> <p>A Community Treatment Order (CTO)</p> <p>Conditional discharge under section 37/41</p>	<input data-bbox="1358 1451 1437 1532" type="checkbox"/> <input data-bbox="1358 1547 1437 1628" type="checkbox"/>
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2.16	<p>Was the patient known to have breached the conditions of either of the following within 6 months of the homicide?</p> <p>No = 0 Yes = 1 Not applicable = 7</p> <p>A Community Treatment Order (CTO)</p> <p>Conditional discharge under section 37/41</p>	<input type="checkbox"/> <input type="checkbox"/>
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Section 136

2.17	<p>Was the patient conveyed to a place of safety under S136 of the MHA in the 6 months prior to homicide?</p> <p>No = 0 Yes = 1 9 = Not known</p>	<input type="checkbox"/>
2.18	<p>If yes, was a mental health assessment carried out at that time?</p> <p>No = 0 Yes = 1 Not applicable = 7 Not known = 9</p>	<input type="checkbox"/>

History of violence

The following questions ask about the patient's known history of violence as documented in the case notes (**not necessarily leading to conviction**) (if the patient had no history of violence, please indicate so in question 2.19 and move to question 2.26).

2.19	<p>Did the patient have any previous history of violence?</p> <p>No = 0 Yes = 1</p>	<input type="checkbox"/>
2.20	<p>Did the patient perpetrate any of the following acts of violence/abuse?</p> <p>0 No 1 Yes (in the last 6 months before the homicide) 2 Yes (but not in the last 6 months before the homicide)</p>	<input type="checkbox"/>

Enter what you consider to be the most accurate answer in the box on the right-hand side. If not known, enter 9 or 99 if not otherwise specified.

		Toward intimate partner	Toward parent-child, siblings, relatives, or roommates	Toward anyone else (including fellow patients, staff/ friends /police)	Towards a stranger	Relationship not known	In response to psychotic symptoms
	Serious violent threats (threats to kill or causing significant distress)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Sexual assault	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Physical assault	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Psychological or emotional abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Stalking / harassment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Hate crime (motivated by prejudice on the basis or perceived basis of ethnicity, religion, sexual orientation, disability)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Enter what you consider to be the most accurate answer in the box on the right-hand side. If not known, enter 9 or 99 if not otherwise specified.

DETAILS OF THE HOMICIDE

2.27	<p>Where did the homicide occur?</p> <p>1 Institution (e.g. hospital/prison)</p> <p>2 Hostel (supervised or unsupervised)/local authority accommodation</p> <p>3 Secure children's home/secure training centre</p> <p>4 Victim's home</p> <p>5 Perpetrator's home</p> <p>6 Victim and perpetrator's shared home</p> <p>7 Public place (please specify)</p> <p>8 Other</p>	<input type="checkbox"/>
2.28	<p>Was the victim known to the perpetrator?</p> <p>No = 0 Yes = 1 Not known = 9</p>	<input type="checkbox"/>
2.29	<p>Was the perpetrator known to have threatened, harassed or assaulted the victim prior to the homicide?</p> <p>No = 0 Yes = 1 Not known = 9</p>	<input type="checkbox"/>
2.30	<p>Did the victim and perpetrator live together?</p> <p>No = 0 Yes = 1 Not known = 9</p>	<input type="checkbox"/>
2.31	<p>Was the victim known to mental health services?</p> <p>No = 0 Yes = 1 Not known = 9</p>	<input type="checkbox"/>
2.32	<p>Was this a homicide followed by suicide?</p> <p>No = 0 Yes = 1 Not known = 9</p>	<input type="checkbox"/>
2.33	<p>Was more than one victim killed in the incident?</p> <p>No = 0 Yes = 1 Not known = 9</p>	<input type="checkbox"/>

Enter what you consider to be the most accurate answer in the box on the right-hand side. If not known, enter 9 or 99 if not otherwise specified.

2.34	<p>Was more than one victim harmed during the incident?</p> <p>No = 0 Yes = 1 Not known = 9</p> <p>If yes, please specify the number of victims harmed if known</p>	<input data-bbox="1382 219 1461 300" type="checkbox"/>
2.35	<p>Was the homicide related to hate crime? (group/individual targeted due to a certain characteristic or belief (motivated by prejudice on the basis or perceived basis of ethnicity, religion, sexual orientation, disability))</p> <p>No = 0 Yes = 1 Not known = 9</p> <p>If yes, please provide further details:</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	<input data-bbox="1382 443 1461 524" type="checkbox"/>

Enter what you consider to be the most accurate answer in the box on the right-hand side. If not known, enter 9 or 99 if not otherwise specified.

SECTION 3: DRUG AND ALCOHOL USE

The following questions ask about the patient's history of drug and/or alcohol use.

3.1	<p>Did the patient have a history of harmful drug use?</p> <p>0 No 1 Yes (in the last 6 months before the homicide) 2 Yes (but not in the last 6 months before the homicide)</p>	<input type="checkbox"/>
3.2	<p>If there was a history of harmful drug use in the last 6 months, which substances were used? (Base your answer on frequency and potential harmfulness)</p> <p>No = 0 Yes = 1 Not applicable = 7 9 = Not known</p> <p>Heroin/other opiates (including Fentanyl)</p> <p>Stimulants: Crack Cocaine, Cocaine, Ecstasy (MDMA), LSD, Magic Mushrooms, Methadone, Methamphetamine (Crystal Meth), Amphetamines</p> <p>Cannabis (including Skunk or other potent forms of cannabis)</p> <p>Ketamine</p> <p>Barbiturates, Methylphenidate (Ritalin), Synthetic Cannabinoids</p> <p>Synthetic Cathinones (e.g. Mephedrone, Methoxetamine)</p> <p>New psychoactive substances (often called 'legal highs')</p> <p>Other (please specify)</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3.3	<p>Did the patient have a history of harmful alcohol use?</p> <p>0 No 1 Yes (in the last 6 months before the homicide) 2 Yes (but not in the last 6 months before the homicide)</p>	<input type="checkbox"/>
3.4	<p>If the patient had a history of drug and/or alcohol use, had they been referred to drug and alcohol services, and seen?</p> <p>0 No, not referred 1 Yes, referred but waiting to be seen</p>	<input type="checkbox"/>

Enter what you consider to be the most accurate answer in the box on the right-hand side. If not known, enter 9 or 99 if not otherwise specified.

	<p>2 Yes, referred and in contact at the time of the offence</p> <p>3 Yes, referred and seen more than 6 months prior to offence</p> <p>4 Yes, referred in last 6 months but not in contact at the time of the offence</p> <p>5 Yes referred, but not known if in contact</p> <p>7 Not applicable</p>	
<p>3.5</p>	<p>Was the patient ever excluded or discharged from mental health services because of their drug or alcohol use?</p> <p>No = 0 Yes = 1</p> <p>If yes, (please explain the circumstances)</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	<div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div>

Enter what you consider to be the most accurate answer in the box on the right-hand side. If not known, enter 9 or 99 if not otherwise specified.

	<p>Buprenorphine</p> <p>Acamprosate calcium</p> <p>Oral naltrexone hydrochloride</p> <p>Other substance use medication (please specify)</p> <p>.....</p> <p>Other drug treatment for mental health problems</p> <p>(please specify)</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<p>4.2</p>	<p>Were they taking all of their medication as prescribed (i.e. concordant) before homicide?</p> <p>0 No, non-concordant with any or all medication</p> <p>1 No, only partially concordant</p> <p>2 Yes (full concordance)</p> <p>7 Not applicable - no medication was prescribed</p> <p>9 Not known</p>	<input type="checkbox"/>
<p>4.3</p>	<p>If they were non-concordant, what was the reason for not taking medication as prescribed? (Please select all options that are applicable)</p> <p>0 No</p> <p>1 Yes</p> <p>2 Was taking all medication as prescribed</p> <p>7 Not applicable – no medication was prescribed</p> <p>9 Not known</p>	<input type="checkbox"/>
	<p>Lack of insight</p> <p>Substance use</p> <p>Stigma / negative attitude toward taking medication</p> <p>Side effects</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Enter what you consider to be the most accurate answer in the box on the right-hand side. If not known, enter 9 or 99 if not otherwise specified.

	<p>Patient found no positive effect from medication</p> <p>Cognitive impairments</p> <p>Needle fear</p> <p>Other (please specify)</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
4.4	<p>Was there a plan in place prior to the homicide to monitor medication concordance that had been agreed with the patient?</p> <p>0 No, no plan in place 1 Yes 7 Not applicable, no medication was prescribed 9 Not known</p>	<input type="checkbox"/>
4.5	<p>Had the patient previously received psychological treatment?</p> <p>No = 0 Yes = 1 9 = Not known</p> <p>If yes, please select all that apply</p> <p>Dialectical Behavioural Therapy (DBT)</p> <p>Mentalisation Based Therapy (MBT)</p> <p>Eye Movement Desensitization and Reprocessing Therapy (EMDR)</p> <p>Cognitive Behavioural Therapy (CBT)</p> <p>Interpersonal Psychotherapy (IPT)</p> <p>Any offender behaviour interventions</p> <p>Group therapy</p> <p>Family therapy</p> <p>Peer support</p> <p>Other (please specify)</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Enter what you consider to be the most accurate answer in the box on the right-hand side. If not known, enter 9 or 99 if not otherwise specified.

SECTION 5: IN-PATIENT HOMICIDE

Only complete questions 5.1 to 5.10 if the patient was an **in-patient** at the time of homicide. If they were not an in-patient when the homicide occurred, go to Section 6.

5.1	<p>Was the patient a psychiatric in-patient at the time of homicide (including patients on leave)?</p> <p>No = 0 (go to question 6.1) Yes =1</p>	<input type="checkbox"/>
5.2	<p>Did the homicide occur within 7 days of admission?</p> <p>No = 0 Yes =1</p>	<input type="checkbox"/>
5.3	<p>Where was the patient an in-patient at the time of the homicide (if patient was on leave, where they were prior to leave)?</p> <p>1 General psychiatry open ward 2 Psychiatric intensive care ward 3 Low secure unit 4 Medium secure unit 5 High secure hospital 6 Rehabilitation unit 7 CAMHS ward (including forensic ward) 8 Eating disorder ward/unit 9 Older person's unit 88 Other (please specify)</p>	<input type="checkbox"/>
5.4	<p>Patient's legal status at the time of homicide</p> <p>1 Informal/voluntary 2 Detained for assessment (section 2) 3 Detained for treatment (section 3) 4 Detained under short term emergency section or under doctors' or nurses' holding powers (section 4 or 5) 5 Detained under forensic section (Part 3 of MHA or similar, e.g. s35,36,37,47,48) 8 Other (please specify)</p>	<input type="checkbox"/>
5.5	<p>Where did the homicide take place?</p> <p>1 On the ward 2 In hospital grounds (not on the ward) 3 Off hospital grounds 8 Other (please specify)</p>	<input type="checkbox"/>

Enter what you consider to be the most accurate answer in the box on the right-hand side. If not known, enter 9 or 99 if not otherwise specified.

5.6	<p>If the patient was off the ward, was the patient:</p> <p>0 Patient was not off ward 1 On agreed leave as part of treatment (with staff agreement) 2 On escorted leave (with a member of staff or family) 3 On unescorted leave 4 Patient was off the ward – absent without staff agreement 5 Other (please specify)</p>	<input type="checkbox"/>
5.7	<p>Who was the patient's last contact with?</p> <p>1 Psychiatrist 2 Mental Health Nurse (RMN) 3 Psychologist 4 Psychotherapist / Counsellor 5 Healthcare Support Worker / Nursing Assistant 6 Occupational Therapists (OT) 7 Social Worker 8 Junior Doctor / Medical Officer 9 Ward Manager 10 Other (Please specify.....)</p>	<input type="checkbox"/>
5.8	<p>When did this last contact occur before the homicide?</p> <p>1 Less than 12 hours 2 12 to 24 hours 3 1 to 3 days 4 4 to 7 days 5 7 days+</p>	<input type="checkbox"/>
5.9	<p>Was there clear evidence of any of the following at last contact prior to the homicide?</p> <p>No = 0 Yes = 1</p> <p>Changes in mental health:</p> <p>Deterioration in mental state Increased symptoms of psychosis (delusions/hallucinations) Increased use of alcohol/drugs Decrease in social support Increasing suicidal ideas or self-harm</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Enter what you consider to be the most accurate answer in the box on the right-hand side. If not known, enter 9 or 99 if not otherwise specified.

	<p>Increasing violence</p> <p>Increasing thoughts of violence</p> <p>Increased lack of self-care</p> <p>Changes in social circumstances:</p> <p>Employment</p> <p>Finance</p> <p>Housing</p> <p>Relationships</p> <p>Caring responsibilities (e.g. children or adults)</p> <p>Other (please specify)</p> <p>.....</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<p>5.10</p>	<p>Please provide us with any further detail relating to the period of in-patient care prior to the homicide (e.g. deterioration of mental state, if patient was off the ward without agreement what were the reasons for this, were there problems observing the patient due to ward layout or staffing shortages).</p> <p>No = 0 Yes = 1</p> <p>If yes</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	<input type="checkbox"/>

Enter what you consider to be the most accurate answer in the box on the right-hand side. If not known, enter 9 or 99 if not otherwise specified.

SECTION 6: COMMUNITY PATIENTS

The following questions refer to the **last formal contact or appointment with a member of the mental health team** at any time before the homicide.

6.1	<p>Which service was this community patient under the last time you saw them? (This may have been close to the time of the homicide or a variable period of time before). Please indicate yes (1) to all that apply.</p> <p>No = 0 Yes = 1</p> <p>Acute day hospital</p> <p>Community Mental Health Team (CMHT)</p> <p>Early Intervention Team</p> <p>Crisis Resolution Home Treatment (CRHT)</p> <p>Forensic Community team</p> <p>(Assertive) outreach service</p> <p>CAMHS</p> <p>Criminal justice liaison and diversion team/street triage</p> <p>Liaison psychiatry</p> <p>Maternal/perinatal mental health</p> <p>Older adult mental health services</p>	<input type="checkbox"/> <input type="checkbox"/>
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Enter what you consider to be the most accurate answer in the box on the right-hand side. If not known, enter 9 or 99 if not otherwise specified.

	<p>Specialist military mental health services (including veterans service)</p> <p>Specialist personality disorder service</p> <p>Drug and alcohol services</p> <p>Psychotherapy services (NHS or private)</p> <p>Other mental health services (please specify)</p> <p>.....</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<p>6.2</p>	<p>How long before the homicide did the last contact occur?</p> <p>1 Less than 24 hours</p> <p>2 1-7 days</p> <p>3 1 week-6months</p> <p>4 6-12 months (but less than a year)</p> <p>5 1-5 years (but less than 5 years)</p> <p>6 More than 5 years</p> <p>7 Not applicable</p>	<input type="checkbox"/>
<p>6.3</p>	<p>What was the nature of the last contact?</p> <p>1 Face-to-face</p> <p>2 Telephone</p> <p>3 SMS or email (response received)</p> <p>4 Letter (response received)</p> <p>5 Zoom, Teams, Skype (or similar)</p> <p>8 Other (please specify)</p>	<input type="checkbox"/>
<p>6.4</p>	<p>What was the reason for this last contact?</p> <p>1 Routine/non-urgent</p> <p>2 Urgent request by patient</p> <p>3 Urgent request by family</p> <p>4 Urgent request by professional</p> <p>5 Formal police referral (e.g. Section 136)</p> <p>6 Assessment after self-harm</p> <p>8 Other (please specify)</p>	<input type="checkbox"/>

Enter what you consider to be the most accurate answer in the box on the right-hand side. If not known, enter 9 or 99 if not otherwise specified.

<p>6.5</p>	<p>Was there clear evidence of any of the following at last contact?</p> <p>No = 0 Yes = 1</p> <p>Changes in mental health:</p> <p>Deterioration in mental state</p> <p>Increased symptoms of psychosis (delusions/hallucinations)</p> <p>Increased use of alcohol and/or drugs</p> <p>Decrease in social support</p> <p>Increasing suicidal ideas or self-harm</p> <p>Increasing violence</p> <p>Increasing thoughts of violence</p> <p>Decrease in self-care</p> <p>Changes in social circumstances:</p> <p>Employment</p> <p>Finance</p> <p>Housing</p> <p>Relationships</p> <p>Caring responsibilities (e.g. children or adults)</p> <p>Other (please specify)</p> <p>.....</p>	<p><input type="checkbox"/></p>
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Enter what you consider to be the most accurate answer in the box on the right-hand side. If not known, enter 9 or 99 if not otherwise specified.

MISSED LAST APPOINTMENT

The following questions ask about patients who missed their last appointment with services. If this does not apply to your patient, please select the options provided.

6.6	<p>Did the patient miss their last appointment (with any member of the mental health team in a clinic or in the community)? If no, go to question 6.10.</p> <p>No = 0 Yes = 1</p>	<input type="checkbox"/>
6.7	<p>If yes, how long before homicide was the missed appointment?</p> <p>1 Less than 24 hours 2 1-7 days 3 1 week-6months 4 6-12 months (but less than a year) 5 1-5 years (but less than 5 years) 6 More than 5 years 7 Not applicable</p>	<input type="checkbox"/>
6.8	<p>Following the missed appointment, what action was taken?</p> <p>No = 0 Yes = 1 Patient did not miss final appointment = 7</p> <p>Patient discharged from follow-up</p> <p>Further appointment/letter sent</p> <p>Telephone call to patient to arrange follow-up</p> <p>Professional home visit (face-to-face)</p> <p>GP informed</p> <p>Discharged to GP</p> <p>Contact between mental health team and patient's family</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Enter what you consider to be the most accurate answer in the box on the right-hand side. If not known, enter 9 or 99 if not otherwise specified.

6.9	<p>If the patient missed their last appointment, what do you think were the reasons for this?</p> <p>No = 0 Yes = 1 9 = Not known</p> <p>Stigma</p> <p>Symptoms of mental illness</p> <p>Service barriers/administrative errors</p> <p>Patient-clinician trust issues</p> <p>Lack of insight into illness</p> <p>Drug/alcohol use</p> <p>Other (please specify)</p> <p>.....</p> <p>.....</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
6.10	<p>Was the patient</p> <p>a) registered with a GP?</p> <p>No = 0 Yes = 1</p> <p>a) receiving their prescription (i.e. psychotropic drugs) from their GP?</p> <p>No = 0 Yes = 1</p> <p>Not applicable (not registered with a GP) = 7</p>	<input type="checkbox"/> <input type="checkbox"/>

Post-discharge patients

The following questions ask about patients who were in the post-discharge period from hospital. If this does not apply to your patient, please select the options provided.

6.11	<p>Had the patient been discharged from in-patient services in the last 3 months before the homicide?</p> <p>No = 0 Yes = 1</p>	<input type="checkbox"/>
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Enter what you consider to be the most accurate answer in the box on the right-hand side. If not known, enter 9 or 99 if not otherwise specified.

6.12	<p>When did the homicide occur after last discharge?</p> <p>1 Less than 7 days 2 1 week to <1 month 3 1 month to 3 months 4 Over 3 months 7 Not applicable</p>	<input type="checkbox"/>
6.13	<p>Nature of last discharge from psychiatric in-patient care</p> <p>1 Planned 2 Discharge following breach of ward rules (e.g. drinking, violence) 3 Self-discharge against advice 4 Discharged by mental health tribunal 5 Other (please specify) 7 Not applicable</p>	<input type="checkbox"/>
6.14	<p>If the patient was subject to a Section 3 order, was consideration given to a CTO?</p> <p>No = 0 Yes = 1 Not applicable = 7</p> <p>Please provide further detail on why consideration was or was not given</p> <p>.....</p> <p>.....</p> <p>.....</p>	<input type="checkbox"/>
6.15	<p>Was the patient being discharged to any of the following problems?</p> <p>No = 0 Yes = 1 Not known = 9</p> <p>Housing, financial, employment problems</p> <p>Conflict with family</p> <p>Poor social support</p> <p>Harmful drug/alcohol use</p>	

Enter what you consider to be the most accurate answer in the box on the right-hand side. If not known, enter 9 or 99 if not otherwise specified.

6.19	<p>What was the nature of the first follow-up contact with psychiatric services?</p> <p>1 Face-to-face 2 Telephone 3 SMS or email (response received) 4 Letter (response received) 5 Zoom, Teams, Skype (or similar) 7 Not applicable 8 Other (please specify) </p>	<input type="checkbox"/>
6.20	<p>Did the homicide occur before the follow-up appointment took place?</p> <p>No = 0 Yes = 1</p>	<input type="checkbox"/>
6.21	<p>Were there problems contacting the patient to arrange the follow-up appointment?</p> <p>No = 0 Yes = 1 Not applicable = 7</p>	<input type="checkbox"/>

Enter what you consider to be the most accurate answer in the box on the right-hand side. If not known, enter 9 or 99 if not otherwise specified.

SECTION 7: RISK ASSESSMENT

The following questions refer to the assessment of violence risk at last contact, for all patients (in-patient, community or out of contact).

7.1	<p>How was the risk assessed?</p> <p>1 Clinical assessment</p> <p>2 Structured Professional Judgement tool (e.g. HCR-20, please specify).....</p> <p>3 Local risk tool</p> <p>4 Standardised risk tool (please specify)</p> <p>5 Other (please specify).....</p> <p>7 Not applicable – risk not considered</p> <p>9 Missed last appointment</p>	<input type="checkbox"/>
7.2	<p>If risk was categorised, how high was the <u>long-term</u> risk of violence considered to be at last contact?</p> <p>1 Risk not categorised in this way</p> <p>2 No risk</p> <p>3 Low</p> <p>4 Moderate</p> <p>5 High</p> <p>6 Risk not considered</p> <p>9 Missed last appointment</p>	<input type="checkbox"/>
7.3	<p>If risk was categorised, how high was the <u>immediate</u> risk of violence thought to be at last contact?</p> <p>1 Risk not categorised in this way</p> <p>2 No risk</p> <p>3 Low</p> <p>4 Moderate</p> <p>5 High</p> <p>6 Risk not considered</p> <p>9 Missed last appointment</p>	<input type="checkbox"/>
7.4	<p>If the immediate risk of violence was viewed as moderate or high, was this information shared with any of the following</p> <p>No = 0 Yes = 1 Not applicable = 7</p> <p>The patient</p>	<input type="checkbox"/>

Enter what you consider to be the most accurate answer in the box on the right-hand side. If not known, enter 9 or 99 if not otherwise specified.

	<p>Family/carers</p> <p>The police</p> <p>The GP</p> <p>Other (please specify.....)</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
7.5	<p>Was there an escalation in risk during the period leading up to the homicide? (e.g., emergency assessments, safeguarding concerns, A&E presentations).</p> <p>No = 0 Yes = 1 Not applicable = 7</p>	<input type="checkbox"/>
7.6	<p>Was there a difference in perceived risk between the family and clinician?</p> <p>No = 0 Yes = 1 Not applicable = 7</p>	<input type="checkbox"/>
7.7	<p>Are there documented protective factors which may have shaped decision making (e.g.. family and community support)?</p> <p>No = 0 Yes = 1</p> <p>If yes, please provide further detail</p>	<input type="checkbox"/>

Enter what you consider to be the most accurate answer in the box on the right-hand side. If not known, enter 9 or 99 if not otherwise specified.

SECTION 8: CONTACT WITH FAMILY/CAREGIVERS

8.1	<p>Did the patient's family/caregiver attempt to contact services prior to the homicide?</p> <p>0 No 1 Yes (in the last 6 months before the homicide) 2 Yes (but not in the last 6 months before the homicide)</p>	<input type="checkbox"/>
8.2	<p>Did the patient's family/caregiver express concerns about the patient's alcohol or drug use?</p> <p>0 No 1 Yes (in the last 6 months before the homicide) 2 Yes (but not in the last 6 months before the homicide)</p>	<input type="checkbox"/>
8.3	<p>Did the patient's family/caregiver express concerns about the patient being violent?</p> <p>0 No 1 Yes (in the last 6 months before the homicide) 2 Yes (but not in the last 6 months before the homicide)</p>	<input type="checkbox"/>
8.4	<p>Did the patient's family/caregiver express concerns about the patient not taking their medication as prescribed?</p> <p>0 No 1 Yes (in the last 6 months before the homicide) 2 Yes (but not in the last 6 months before the homicide)</p>	<input type="checkbox"/>
8.5	<p>Did the patient's family/caregiver express concerns about a deterioration in the patient's mental health?</p> <p>0 No 1 Yes (in the last 6 months before the homicide) 2 Yes (but not in the last 6 months before the homicide)</p>	<input type="checkbox"/>
8.6	<p>If consent was given by the patient, were family members/caregivers involved in the following:</p> <p>No = 0 Yes = 1 Not applicable, consent not given = 7</p> <p>Multidisciplinary meetings</p> <p>Care planning</p>	

Enter what you consider to be the most accurate answer in the box on the right-hand side. If not known, enter 9 or 99 if not otherwise specified.

	<p>Medication and treatment monitoring</p> <p>Discharge planning</p> <p>Crisis management and safety planning</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
8.7	<p>Did the patient's relatives/caregivers take part in the healthcare review process?</p> <p>No = 0 Yes = 1 Not applicable (no review) = 7</p>	<input type="checkbox"/>
8.8	<p>Were any changes made in response to family concerns?</p> <p>No = 0 Yes = 1 Not applicable (no review) = 7</p>	<input type="checkbox"/>

Enter what you consider to be the most accurate answer in the box on the right-hand side. If not known, enter 9 or 99 if not otherwise specified.

SECTION 9: CASE REVIEW

9.1	<p>Are there any factors that could have made the homicide less likely?</p> <p>No = 0 Yes = 1</p>	<input type="checkbox"/>
9.2	<p>If you have answered yes to the question above, please provide more detail</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	
9.3	<p>Please use this section to give us any additional information that has not already been covered</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	
9.4	<p>Has there been a review or inquiry of the case following the homicide?</p> <p>0 No</p> <p>1 Yes (internal review)</p> <p>2 Yes (external review)</p> <p>3 Other (please specify.....)</p>	<input type="checkbox"/>

Enter what you consider to be the most accurate answer in the box on the right-hand side. If not known, enter 9 or 99 if not otherwise specified.

SECTION 10: YOUR INFORMATION

Please note that this information is collected confidentially and will not be identifiable to anyone outside of the NCISH team.

10.1	<p>Were you the clinician supervising the patient's care <u>at any point</u> during the year before homicide?</p> <p>No = 0 Yes = 1</p>	<input type="checkbox"/>
10.2	<p>Did you know the patient personally?</p> <p>No = 0 Yes = 1</p>	<input type="checkbox"/>
10.3	<p>Has the homicide had a negative effect upon any of the following? (Please select all that apply)</p> <p>No = 0 Yes = 1</p> <p>Your physical health</p> <p>Your emotional wellbeing</p> <p>Your mental health</p> <p>Your clinical practice</p> <p>Your personal life</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
10.4	<p>What helped you following the homicide? (please tick all that apply)</p> <p>No = 0 Yes = 1 Not applicable = 7</p> <p>Support from Trust/employer</p> <p>Self-help resources online</p> <p>Support organisations</p> <p>Private counselling</p> <p>Peer support</p> <p>Friends and family</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Enter what you consider to be the most accurate answer in the box on the right-hand side. If not known, enter 9 or 99 if not otherwise specified.

	Other (please specify)	
10.5	<p>Is there anything else that would have been helpful?</p> <p>No = 0 Yes = 1 (Please specify)</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	<input type="checkbox"/>
10.6	Completed by (Name):	
10.7	Signature:	
10.8	Job title:	
10.9	Contact telephone number or email:	

Thank you for completing this questionnaire.

We appreciate how traumatic these incidents are for professionals and we are extremely grateful that you have taken the time to support NCISH

******* Insert link / QR code to resources page on NCISH website for further support *******

Please return to Professor Sir Louis Appleby, PO Box 86, Manchester, M20 2EF