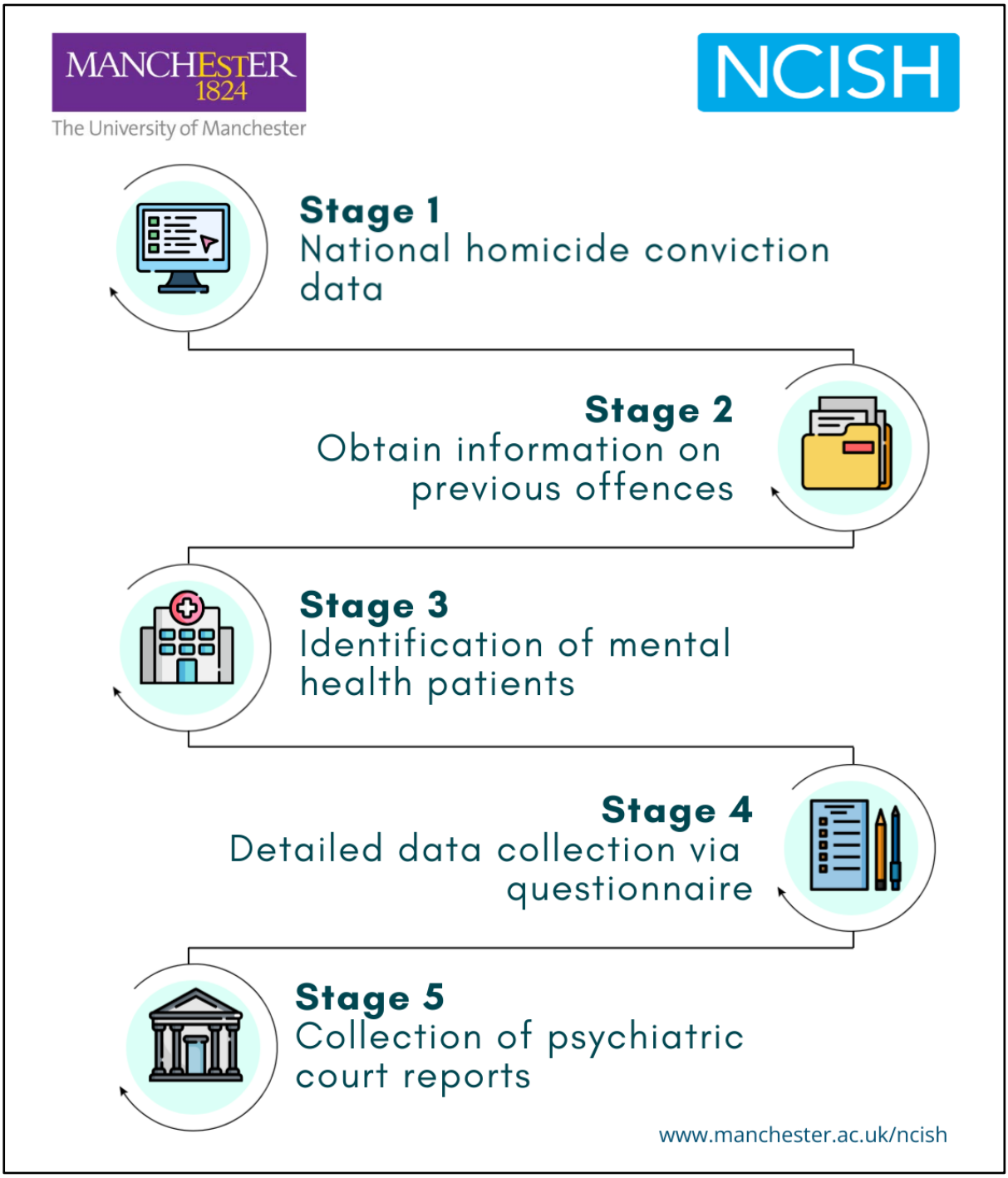
Homicide Methodology



NCISH methodology

Homicide by patients with mental illness is one of the most sensitive subjects in mental health and we recognise how much families, friends and staff are affected by these tragic incidents. The National Confidential Inquiry into Suicide, Homicide and Safety in Mental Health (NCISH) core dataset is a national consecutive case series that examines the circumstances leading up to and surrounding homicide by people under the care of mental health services. The NCISH team uses this case series to identify common factors in the management and care of people with mental illness who commit homicide and to make recommendations to reduce the number of homicides by people receiving mental health care, as well as to improve safety for all patients. Our dataset includes all people who were convicted of homicide[1] in England.

There are five stages of data collection:

1. Information on all homicide convictions[1] in England are obtained from the Home Office Homicide Index.
2. We receive data from the Police National Computer (PNC), including information on convictions, adjudications, cautions, and the address where the person was residing prior to the offence.
3. From the address provided we ascertain which healthcare organisation provided mental health care for that area. We then liaise with our administrative contacts to identify whether those people who committed homicide had contact with secondary mental health services at any point prior to the offence, as determined via information in patient record systems. Mental health contact includes psychiatric inpatient and community, crisis resolution and home treatment, early intervention services, drug and alcohol, child and adolescent or learning disability services (if they are within mental health services), usually under a psychiatrist. These contacts include a range of patients, from those seen for a one-off assessment (including patients who were seen for a one-off assessment in a liaison setting in a general hospital with no follow-up arranged) to those who had been under the long-term care of services, and people who were in-patients at the time of the offence.

   For each person who had contact, organisations provide the name and address of the consultant psychiatrist (or other senior professional, for example the Team Manager) responsible for the patient's care. If this is not possible, our contacts identify the medical professional from the mental health team who last saw the patient before the offence. 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 confirmed, we ask for the name and contact details of the supervising clinician.

[1] Received a homicide conviction for murder, manslaughter, infanticide, or verdict of not guilty by insanity or unfit to plead.

4. 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. The NCISH questionnaire comprises 10 sections including: demographic information, clinical history, and clinical management. The questionnaire is regularly updated to reflect current concerns in homicide prevention and any changes in practice. Occasionally during local inquiries patient records and information are restricted. When we are unable to access clinical data we extract data from alternative published clinical sources, for example Care Quality Commission reviews or NHS England reports.
5. At the same time we liaise with our contacts within HM court service to determine whether psychiatric reports were prepared by independent experts prior to the homicide trial. If available, we obtain a copy of the reports and using a proforma we extract information including demographic information previous violence and potential risk, symptoms of mental illness and details of the offence.

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