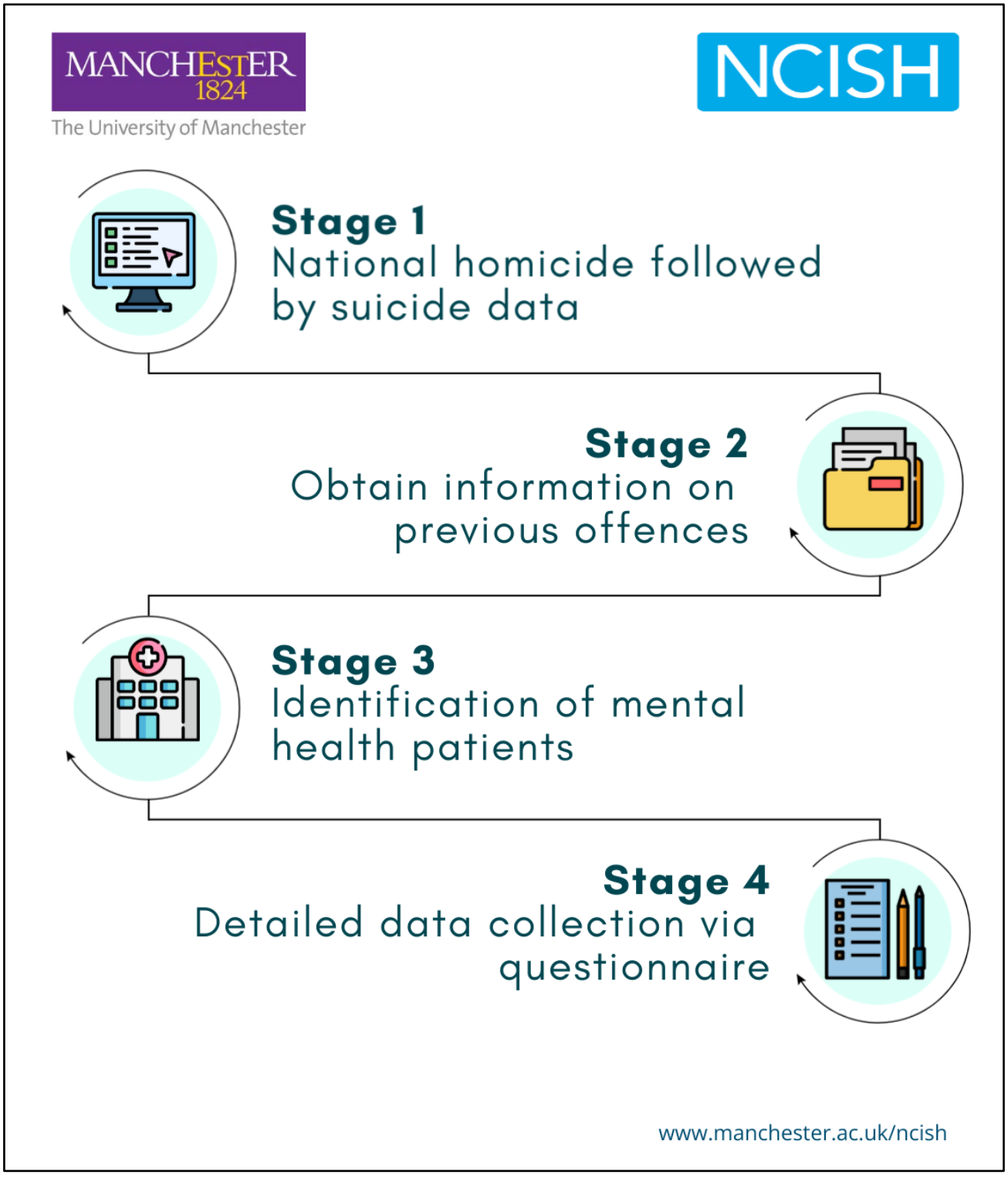
Homicide followed by Suicide Methodology



NCISH methodology

The National Confidential Inquiry into Suicide, Homicide and Safety in Mental Health (NCISH) is an internationally unique project. The NCISH core dataset is a national consecutive case series that examines the circumstances leading up to and surrounding homicide followed by suicide 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 followed by suicide and to make recommendations to reduce the number of homicides followed by suicide by people receiving mental health care, as well as to improve safety for all patients. Our dataset includes all people who committed homicide then died by suicide in England.

There are four stages of data collection:

1. Data on all incidents of homicide followed by suicide in England are obtained from the Home Office Homicide Index and from police forces nationally.
2. We receive data from the Police National Computer (PNC), including information on convictions, adjudications, cautions
3. From the address provided we are able to ascertain which healthcare organisation 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 committed homicide followed by suicide had contact with secondary mental health services 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 with mental health services prior to the offence, administrative staff within the healthcare 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 ascertained according to our criteria, we ask for the name and contact details of the supervising clinician.

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. Alternatively, another member of the mental health team who had cared for the patient prior to their offence may also complete the questionnaire. The NCISH questionnaire requests information on the patient 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 concordance with medication; last contact with mental health services). The NCISH questionnaire is regularly updated to reflect current concerns in homicide 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 homicide followed by suicide less likely).

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