

## National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH) Homicide methodology

The National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH) collected in-depth information on all mental health patients convicted of homicide in the UK between 1996 and 2018. Since 2018, data collection has continued but is limited to identification of patient homicide only, without detailed data collection.

Here we describe the stages to the data collection, including changes over time:

1. Data on all perpetrators convicted of homicide in England and Wales are obtained annually from the Home Office Homicide Index. Information relating to perpetrators (including addresses, alias names, alias dates of birth, and antecedents) is obtained from the Police National Computer, accessed via Greater Manchester Police. In Scotland, perpetrator data are obtained from the Scottish Courts and Tribunals Service.
2. We ascertain which healthcare organisation (i.e., Trust/Health Board) is likely to have provided mental health care for the area that the perpetrator lived. We then liaise with our administrative contacts at healthcare organisations to identify whether the homicide perpetrator had contact with mental health services at any time prior to the homicide, as determined via information in patient record systems. Mental health contact includes psychiatric, drug and alcohol, child and adolescent or learning disability services (if they are within mental health services), usually under a consultant psychiatrist. These contacts include a range of patients, from those seen for a one-off assessment to those who had been under the long-term care of services. Patients who were seen for a one-off assessment in a liaison setting with no follow-up arranged would not meet our criteria.

### **Methodology described below is relevant only to data collection between 1997 and 2018**

*For each perpetrator who had contact with mental health services at any time before the homicide, administrative staff within the healthcare organisations provide the name and address of the consultant psychiatrist (or other senior professional) responsible for the patient's care. If this is not possible, our contacts identify the medical professional who last saw the patient before the homicide. 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 consultant psychiatrist responsible for the patient's care.*

3. *Once the appropriate consultant psychiatrist (or other senior professional) is identified, we ask them to complete our questionnaire, 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 suicide may also complete the questionnaire.*
4. *Perpetrator details are sent to the Crown Court where the perpetrator was convicted of the homicide, to obtain any psychiatric reports prepared to establish the perpetrators mental state at the time of offence. In Scotland, both the reports and antecedents are obtained from the Crown Office & Procurator Fiscal Service (COPFS). Collection of psychiatric reports ceased in 2016.*

### **Northern Ireland**

*Prior to 2015, homicide data was obtained via the Northern Ireland Courts and Tribunals Service, and Belfast Coroners Court. All data collection from Northern Ireland ceased in 2015 due to changes in the law regarding transfer of identifiable information overseas.*