

Outcome measures

Data Dictionary

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

September 2019

About this data dictionary

- > This data dictionary has been derived from the National Confidential Inquiry into Suicide and Safety in Mental Health's (NCISH) review of outcome measures from 8 pre-identified (Wave 1) Sustainability Transformation Partnerships (STPs) selected to develop suicide prevention quality improvement plans. The purpose of the review was to ensure that the outcome measures were appropriately defined to show change over time following the implementation of interventions.
- > The purpose of the dictionary is to provide a selection of process measures that STPs in Wave 2, and those not in the quality improvement programme, can choose from to measure change.
- > We suggest there are a number of elements to the gathering of information that will help to measure change, to consider when choosing outcome measures:
 - (i) Is there robust baseline data, against which the change can be measured?
 - (ii) What data could be used to measure or evaluate the impact of the intervention?
 - (iii) Is the data of sufficient quality to robustly measure change (i.e. how were the data collected and by who, how complete is the data, was data collection standardised or mandatory, were there any inclusion/exclusion criteria)?
- > The data dictionary is divided into three sections (i) high-level measures; (ii) mid-level measures, and (iii) process measures. High and mid-level measures should be used consistently by all STPs in measuring change, but the process measures selected will vary according to local focus.
- > This resource has been developed by the National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH).

HIGH LEVEL MEASURES

SUICIDE DATA

| Description | Denominator (if applicable) | Baseline (if applicable) | Additional comments |
|---|--|---|--|
| Suicide rate in the general population | Office for National Statistics (ONS) mid-year population estimates (age 10 and over) | Baseline data collected prior to implementation | Denominator data to be taken from Estimates of the population for the UK, England and Wales, Scotland and Northern Ireland |
| Suicide rate in men | Office for National Statistics (ONS) mid-year population estimates (age 10 and over) | Baseline data collected prior to implementation | See above |
| Suicide rate in patients of mental health services | Patient activity obtained from NHS Digital (England) | Baseline data collected prior to implementation | NCISH measures contact as within 12 months of death. Denominator data to be taken from NHS Digital Mental Health Bulletin |
| Suicide rate in male patients of mental health services | Patient activity obtained from NHS Digital (England) | Baseline data collected prior to implementation | See above |
| Suicide in in-patients (rates and numbers) | Patient activity obtained from NHS Digital (England) | Baseline data collected prior to implementation | NCISH measurement of in-patient suicide includes patients on authorised and unauthorised leave. See above for link to denominator data |

SELF-HARM DATA

| Description | Denominator (if applicable) | Baseline (if applicable) | Additional comments |
|---|--|---|--|
| Rate of hospital presentations of self-harm | Office for National Statistics (ONS) mid-year population estimates (age 10 and over) | Baseline data collected prior to implementation | Local data to be taken from Emergency Departments and General Hospitals. Denominator data to be taken from Estimates of the population for the UK, England and Wales, Scotland and Northern Ireland |
| Rate of self-harm admissions | Office for National Statistics (ONS) mid-year population estimates (age 10 and over) | Baseline data collected prior to implementation | Data to be taken from Hospital Episode Statistics . NB: there are caveats with using this data: https://bmjopen.bmj.com/content/6/2/e009749 . See above for link to denominator data |

MID-LEVEL MEASURES

| Description | Denominator (if applicable) | Baseline (if applicable) | Additional comments |
|--|---|---|---|
| Proportion of suicide serious incidents | All serious incidents within mental health services | Baseline data collected prior to implementation | Include the ratio of serious to non-serious incidents |
| Overall implementation of the NCISH 10 ways to a safer service | | | Download of PDF toolkit Download of word toolkit |
| Overall implementation of NICE Quality Standard for Self-Harm | | | Download of PDF toolkit Download of word toolkit |

PROCESS MEASURES

BEREAVEMENT/POSTVENTION SUPPORT

| Description | Denominator (if applicable) | Baseline (if applicable) | Additional comments |
|---|--|---|--|
| Feedback from those receiving bereavement support | | Feedback to be sought before and after implementation | Incorporate questions that measure well-being at initial and repeat attendances |
| Number and proportion of cases in which professionals contact next of kin after a suicide | Number of suicides | Number of families contacted prior to establishing the intervention | |
| Number of referrals by [e.g. primary care] to bereavement support service | | Zero (if no pathway previously in place) or baseline data to be collected prior to implementation | |
| Number of people referred/signposted to bereavement support service | | Zero (if no pathway previously in place) or baseline data to be collected prior to implementation | |
| Number of families recruited into bereavement support service | | | This would be different to the number of referrals/signposts and could be used to calculate uptake |
| Number and proportion of staff (incl. primary and non-health care staff) trained in bereavement support | Number of staff <i>eligible</i> for training (e.g. might be certain grades, or all members of certain teams) | | |

BEREAVEMENT/POSTVENTION SUPPORT

| Description | Denominator (if applicable) | Baseline (if applicable) | Additional comments |
|--|---|--------------------------|---------------------|
| Number and proportion of 'champions' (incl. in primary or secondary care) trained in postvention support | Number of 'champions' <i>eligible</i> for training (e.g. might be certain grades, or all members of certain teams). | | |

DIGITAL TECHNOLOGY (e.g. Apps)

| Descriptions | Denominator (if applicable) | Baseline (if applicable) | Additional comments |
|--|-----------------------------|--|--------------------------------------|
| Number of clicks through from the app to partner or other support websites (i.e. local services, local MIND) | | | Count unique users only, if possible |
| Number of visits to the [Trust] resource pages in the app | | | Count unique users only, if possible |
| Number and proportion of people signposted to other services following use of the app | | | |
| Number of downloads of the app in local area (evidence of user involvement) | | Zero (if a new app) or baseline data to be collected prior to implementation | |
| Number of clicks through to support pages in the app; | | | |
| Feedback from users | | | This may be embedded in the app |

FOLLOW-UP AFTER DISCHARGE FROM MENTAL HEALTH SERVICES (48 OR 72 HOUR FOLLOW UP)

| Description | Denominator (if applicable) | Baseline (if applicable) | Additional comments |
|---|--|---|--|
| Number and proportion of patients who receive follow-up within 48 [or other criteria] hours | Number of patients <i>eligible</i> for 48 hour [or other criteria] follow-up | Zero (if no follow-up pathway previously in place) or baseline data to be collected prior to implementation | |
| Number and proportion of patients who disengage from follow-up | Number of patients <i>eligible</i> for 48 hour [or other criteria] follow-up | Zero (if no pathway previously in place) or baseline data to be collected prior to implementation | It is useful to have a measure of engagement with follow-up, as some patients are likely to disengage/or be unable to contact for follow-up. This will measure actual uptake |
| Number of patients who re-attend service that were discharged from | | | |
| Number of patients signposted to other support services after follow-up | | | |
| Patient feedback | | To be measured (i) prior to discharge, (ii) at initial follow-up, and (iii) at further follow-up or if signposted to other services | Incorporate questions on well-being, perception of mental health, level of suicidal ideation/intent |

LIAISON PSYCHIATRIC PATHWAYS FOR SELF-HARM (e.g. brief therapy/intervention)

| Description | Denominator (if applicable) | Baseline (if applicable) | Additional comments |
|---|--|--|--|
| Number of individual attendances for self-harm | This is the denominator for the proportion of people who re-attend A&E for self-harm | | NB: data on self-harm should be distinguishable by attendances and people (as some individuals will attend frequently) |
| Number and proportion of people who re-attend for self-harm | See above | Baseline data to be collected prior to implementation | |
| Number and proportion of patients <i>offered</i> brief intervention/therapy | Number of patients <i>eligible</i> for intervention/therapy | Zero (if no intervention pathway previously in place) or baseline data to be collected prior to implementation | |
| Number and proportion of patients who <i>attend</i> brief intervention/therapy | Number of patients <i>eligible</i> for intervention/therapy | Zero (if no intervention pathway previously in place) or baseline data to be collected prior to implementation | This is different from the number who actually take up the offer and attend therapy, and could be used to calculate uptake |
| Number and proportion of patients who <i>engage</i> with brief intervention/therapy | Number of patients <i>eligible</i> for intervention/therapy | Zero (if no pathway previously in place) or baseline data to be collected prior to implementation | It is useful to have a measure of engagement with the brief intervention or therapy, as some patients are likely to disengage. This will measure actual uptake |
| Patient feedback | | To be measured before and after receiving the brief intervention/therapy | Incorporate questions on well-being, perception of mental health, level of suicidal ideation/intent |

PRESCRIBING

| Description | Denominator (if applicable) | Baseline (if applicable) | Additional comments |
|---|---|--|--|
| Volume indicators of opiate (and other substances commonly associated with overdose, based on local data) prescribing | | | |
| Number and proportion of staff (incl. primary and secondary care) attending awareness training | Number of staff <i>eligible</i> to receive training would provide the denominator data for the proportion trained | | |
| Evaluation of training | | To be used (i) pre-implementation of the training, (ii) immediately post-training, and (iii) 3-month post- training. | Incorporate questions on knowledge/awareness of drugs used in fatal overdose |

SAFER WARDS

| Description | Denominator (if applicable) | Baseline (if applicable) | Additional comments |
|---|--|---|---------------------|
| Number and proportion of patients who died by hanging on the ward | Number of deaths on the ward would provide the denominator data for the proportion who died by hanging | Baseline data to be collected prior to implementation | |
| Number and proportion of patients who died after absconding from the ward | Number of absconding incidents | | |
| Number and proportion of observations carried out by agency staff | Number of observations would provide the denominator for the proportion carried out by agency staff | | |
| Number and proportion of self-harm incidents by hanging on the ward | Number of serious/self-harm incidents on the ward | | |

SAFETY PLANS ON DISCHARGE

| Description | Denominator (if applicable) | Baseline (if applicable) | Additional comments |
|---|---|---|---------------------|
| Number of comprehensive management plans based on assessment of person/individual risks | | | |
| Number and proportion of staff that have received training of risk assessment (including how to assess, formulate and manage risk) and training on being comfortable asking about suicidal thoughts | Number of staff responsible for risk assessment and co-production of safety plans | | |
| Number and proportion of patients with a safety plan in place at discharge | Number of patients discharged would provide the denominator data for the proportion with a safety plan | Baseline data to be collected prior to implementation | |
| Number and proportion of safety plans that are collaboratively developed, including with families and carers, where appropriate | Number of patients with a safety plan would provide the denominator data for the proportion that were collaboratively developed | Baseline data to be collected prior to implementation | |

SOCIAL MARKETING CAMPAIGNS (e.g. Movember, It Takes Balls to Talk, Release the Pressure)

| Description | Denominator (if applicable) | Baseline (if applicable) | Additional comments |
|--|---|---|---|
| Number of people recruited into public health men's programmes | | Baseline data to be collected prior to implementation | |
| Number of attendees at events | This is the denominator for, e.g. proportion signposted to other services | | |
| Number and proportion of attendees engaged in 'meaningful conversations' | | | |
| Number and proportion of attendances to primary care/mental health services following exposure to campaign | | Baseline data to be collected prior to implementation | |
| Number of visits/clicks through to partner websites (i.e. local services) | | Baseline data to be collected prior to implementation | |
| Number of clicks through to resource materials from partner websites | | | |
| Distribution of campaign materials | | | Include number of networks (i.e. schools/colleges) materials distributed to |
| Number of visits to campaign websites | | Zero (if no website previously in place) or baseline data to be collected prior to implementation | Count unique users only, if possible |

SOCIAL MARKETING CAMPAIGNS (e.g. Movember, It Takes Balls to Talk, Release the Pressure)

| Description | Denominator (if applicable) | Baseline (if applicable) | Additional comments |
|---|-----------------------------|---|---|
| Event/resource feedback | | | Incorporate questions about perception of mental health, barriers to accessing/asking for help, awareness/knowledge of suicide prevention |
| Number of calls to 24 hour support service (if applicable) | | Baseline data to be collected prior to implementation | |
| Number of webchats to 24 hour support service (if applicable) | | Baseline data to be collected prior to implementation | |
| Number of calls/webchats signposted to local NHS/voluntary support services (if applicable) | | Baseline data to be collected prior to implementation | |

SUICIDE AND SELF-HARM AWARENESS AND PREVENTION TRAINING

| Description | Denominator (if applicable) | Baseline (if applicable) | Additional comments |
|--|---|--|---|
| Number of staff attending training sessions | | | This could be community facing staff, staff in primary or secondary care (including non-clinical staff), professionals working with young people (including schools/colleges), and the voluntary sector. |
| Assessment of delegate type | | | E.g. professional, charity sector, private individual, business. |
| Number and proportion of staff trained in suicide prevention | Number of staff <i>eligible</i> for suicide prevention training (e.g. might be certain grades, or all members of certain teams) would provide the denominator data for the proportion who were trained. | Baseline data to be collected prior to implementation | Could be broken down by profession type, if applicable |
| Feedback questionnaires/evaluation forms | | To be used (i) pre-implementation of the training, (ii) immediately post-training, and (iii) 3-month post- training. | Incorporate questions on knowledge and awareness of mental health and suicide/self-harm including prevention measures (e.g. Trust interventions), confidence asking questions about suicide and responding in a helpful way, the impact the training has had in practice. |

SUICIDE AND SELF-HARM AWARENESS AND PREVENTION TRAINING

| Description | Denominator (if applicable) | Baseline (if applicable) | Additional comments |
|---|---|---|---------------------|
| Number of champions/train the trainers trained/engaged in suicide prevention | | | |
| Number and proportion of patients referred or signposted to mental health/other support services by primary care professionals [presumed to have undergone suicide prevention training] | Number of patients treated in primary care for mental health, self-harm issues would provide the denominator data for the proportion who were referred on | Baseline data to be collected prior to implementation of training | |

WORKPLACE INTERVENTIONS

| Description | Denominator (if applicable) | Baseline (if applicable) | Additional comments |
|---|---|--|--|
| Number of organisations recruited/engaged in suicide prevention programme/training | | Baseline data to be collected prior to implementation – may be zero for some organisations | |
| Number of workplaces with a mental health wellbeing/suicide prevention policy in place | | | |
| Number and proportion of staff trained in suicide prevention | Number of staff <i>eligible</i> for suicide prevention training (e.g. might be certain grades, or all members of certain teams) | Baseline data to be collected prior to implementation – may be zero for some organisations | Could be broken down by profession type, if applicable |
| Number of workplaces engaged with a workplace health service | | Baseline data to be collected prior to implementation – may be zero for some organisations | |
| Number of organisations with an effective communications policy in place | | Baseline data to be collected prior to implementation – may be zero for some organisations | |
| Number of organisations with a protocol in place for the use of risk assessments to prevent stress that is regularly reviewed | | Baseline data to be collected prior to implementation – may be zero for some organisations | |

WORKPLACE INTERVENTIONS

| Description | Denominator (if applicable) | Baseline (if applicable) | Additional comments |
|--|-----------------------------|---|--|
| Number and proportion of attendances to outreach services based in high-risk work-based settings | | | |
| Feedback/evaluation | | Feedback to be sought before and after implementation of intervention | Incorporate questions on employers/employees perception of mental health, suicide awareness, knowledge of suicide prevention and mental health |