

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