

Section 1: Personal Details

Although this questionnaire is confidential, to give us an idea of the background of those who have kindly agreed to help, we ask you to complete the following. The information we have kept, as you will see, to an absolute minimum to maintain your privacy. *Please respond to all items by ticking the appropriate boxes.*

1. Age (in years)

Under 36	36-40	41-45	46-50	51-55	56-60	Over 60
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1.2 Gender

Male	Female
1	2
<input type="checkbox"/>	<input type="checkbox"/>

1.3 Number of years in psychiatry (in whole time equivalent years)

1.4 Number of years as a consultant

1.5 Specialty/subspecialty

Please respond by ticking all those that apply.

General adult	<input type="checkbox"/>	Old Age	<input type="checkbox"/>
Rehabilitation	<input type="checkbox"/>	Learning disability	<input type="checkbox"/>
Substance misuse	<input type="checkbox"/>	Forensic	<input type="checkbox"/>
Liaison	<input type="checkbox"/>	Psychotherapy	<input type="checkbox"/>
Child	<input type="checkbox"/>	Other (please specify below)	
Adolescent	<input type="checkbox"/>	<input type="text"/>	

Section 2: General Views

Please respond to all items by ticking the appropriate boxes.

2.1 The Department of Health White Paper, "Health of the Nation" (1992), includes as two of its three main targets in the field of mental health:

- (i) a reduction in the overall suicide rate by at least 15% by the year 2000
- (ii) a reduction in the suicide rate of severely mentally ill people by at least 33% by the year 2000.

(a) In relation to *target (i)*, do you think there should be any such target in relation to suicide?

Yes	No
1	2
<input type="checkbox"/>	<input type="checkbox"/>

If "Yes", do you believe that the prescribed figure is:

Much too high	A bit too high	About right	A bit too low	Much too low
1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(b) In relation to *target (ii)*, do you think there should be any such target in relation to suicide?

Yes	No
1	2
<input type="checkbox"/>	<input type="checkbox"/>

If "Yes", do you believe that the prescribed figure is:

Much too high	A bit too high	About right	A bit too low	Much too low
1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.2 In general, how *predictable* is the suicide of a patient?

Not at all	To some extent	To a great extent	Completely
1	2	3	4
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.3 In general, how *preventable* is the suicide of a patient?

Not at all	To some extent	To a great extent	Completely
1	2	3	4
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.4 SINCE YOU BECAME A CONSULTANT have any of your patients *whilst under your clinical care* committed suicide?

Yes
1

No
2

If “*No*”, you need not answer the rest of the questionnaire, but please return the questionnaire in the enclosed stamped addressed envelope. **THANK YOU FOR YOUR TIME AND CO-OPERATION.**

If “*Yes*”, please put the number of patient suicides in the box below, and continue with the last section.

Number of patient suicides experienced:

Section 3: The “Most Distressing” Suicide

In this section we would like to ask you about the *most distressing* case of a patient committing suicide whilst under your care. By “*most distressing*” we mean in terms of its emotional impact upon you personally.

In relation to THAT suicide could you please complete the following items.

Patient’s Details

3.1 What was the patient's age?

Under 14

14-18

19-30

31-40

41-50

51-60

61-70

Over 70

3.2 What was the patient's gender?

Male
1

Female
2

3.3 What was the patient's diagnosis at the time of suicide? *Please state in the box below.*

3.4 Was this the first time that the patient had engaged in deliberate self harm?

Yes 1	No 2	Don't know 3
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If "No", please put the number of previous episodes in the box below.

Number	Don't know
<input type="text"/>	<input type="checkbox"/>

3.5 Were you personally treating the patient at the time of the suicide?

Yes 1	No 2
<input type="checkbox"/>	<input type="checkbox"/>

3.6 Please indicate the status of the patient at the time of suicide.

In-patient 1	Day-patient 2	Out-patient 3
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If the patient was an "Out-patient" or "Day-patient", please go to question 3.7

If the patient was an "In-patient", please answer the following three questions.

(i) Was he/she subject to compulsory detention at the time of suicide?

Yes 1	No 2
<input type="checkbox"/>	<input type="checkbox"/>

(ii) Was he/she subject to one to one (ie. constant or special) nursing observations at the time of suicide?

Yes 1	No 2
<input type="checkbox"/>	<input type="checkbox"/>

(iii) Where did the incident occur?

On the ward

1

Elsewhere in the hospital

2

Other (*please specify*)

3

Characteristics of that suicide

3.7 Approximately how long ago was that patient suicide? *Please specify in the box below.*

<input type="text"/>	Years	<input type="text"/>	Months	<input type="text"/>	Weeks	<input type="text"/>	Days
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3.8 Below are listed various methods of committing suicide. Could you please indicate the method of suicide used by that patient. *If more than one method was used, please respond by ticking all those that apply.*

Self poisoning/ Overdose 1 <input type="checkbox"/>	Hanging 2 <input type="checkbox"/>	Exhaust asphyxiation 3 <input type="checkbox"/>	Firearm 4 <input type="checkbox"/>	Jumping 5 <input type="checkbox"/>
Drowning 6 <input type="checkbox"/>	Cutting/slashing 7 <input type="checkbox"/>	Other (<i>Please specify</i>) 8 <input type="text"/>		

3.9 Did you see the body at any time?

Yes 1 <input type="checkbox"/>	No 2 <input type="checkbox"/>
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If "Yes", was this:

At the scene 1 <input type="checkbox"/>	At the mortuary 2 <input type="checkbox"/>	Elsewhere(<i>Please specify</i>) 3 <input type="text"/>
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3.10 With hindsight, how *predictable* do you think was that suicide?

Not at all 1 <input type="checkbox"/>	To some extent 2 <input type="checkbox"/>	To a great extent 3 <input type="checkbox"/>	Completely 4 <input type="checkbox"/>	Don't know <input type="checkbox"/>
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3.11 With hindsight, how *preventable* do you think was that suicide?

Not at all 1 <input type="checkbox"/>	To some extent 2 <input type="checkbox"/>	To a great extent 3 <input type="checkbox"/>	Completely 4 <input type="checkbox"/>	Don't know <input type="checkbox"/>
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3.12 Please specify the features of that patient suicide which made it the "most distressing" to you personally in the box below.

Consequences of that suicide

3.13 Were you aware of any press publicity about that suicide?

Yes
1

No
2

If “Yes”, how *distressing* was this publicity to you personally?

Not at all
1

Not particularly
2

Moderately
3

Extremely
4

3.14 Were you *distressed* at the possibility of litigation?

Not at all
1

Not particularly
2

Moderately
3

Extremely
4

3.15 Below is a list of events which sometimes take place following a patient suicide. Please tick one box opposite each of the listed events to indicate to what extent you found the event helpful to you in coming to terms with that incident. Please respond to all the items by ticking the appropriate boxes. Some items may not apply to you. If this is so, please tick the column marked “Not applicable”.

	Not applicable 8	Very helpful 1	Helpful 2	Neutral 3	Unhelpful 4	Very Unhelpful 5
1. Fatal accident inquiry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Trust disciplinary procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Legal proceedings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Critical incident review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Team meeting/review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Attending the patient’s funeral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Other (please specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.16 Please tick one box opposite each of the listed individuals to indicate to what extent you found the individual(s) helpful to you in coming to terms with that incident. Please respond to all the items by ticking the appropriate boxes. Some items may not apply to you. If this is so, please tick the column marked "Not applicable".

	Not applicable	Very helpful	Helpful	Neutral	Unhelpful	Very Unhelpful	
	8	1	2	3	4	5	
1. Clergyman/Spiritual leader	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Your own family/partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Your own friend(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The patient's family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The patient's friend(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Other patient(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Your own General Practitioner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Your own team colleague(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Other psychiatrist colleague(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Other mental health professional(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Medical Defence Union representative(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.17 Obviously the suicide of a patient might adversely affect aspects of your personal and professional lives.

(i) Did you experience any adverse effects in relation to your personal life?

Yes	No
1	2
<input type="checkbox"/>	<input type="checkbox"/>

If "Yes", please indicate those *two* aspects of your *personal life* which were most adversely affected as well as the approximate duration of these effects.

Personal aspects adversely affected:

	Up to 1 week	1 week - 1 month	1-3 months	Longer than 3 months
1. <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(ii) Did you experience any adverse effects in relation to your professional life?

Yes 1	No 2
<input type="checkbox"/>	<input type="checkbox"/>

Professional aspects adversely affected:

	Up to 1 week	1 week - 1 month	1-3 months 3 months	Longer than 3 months
1. <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.18 Did you take any time off work as a result of that patient suicide?

Yes 1	No 2
<input type="checkbox"/>	<input type="checkbox"/>

If "Yes", please state the approximate number of days you were absent from your work.

3.19 To what extent, if at all, did this event lead you to consider the possibility of taking early retirement?

Not at all 1	Yes, to some extent 2	Yes, seriously 3
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.20 Did this event lead to any change(s) in *your* future clinical practice with regard to the management of potentially suicidal patients?

Yes 1	No 2
<input type="checkbox"/>	<input type="checkbox"/>

If "Yes", please state briefly in the box below what changed.

3.21 In view of your own experience, do you have any other comments to make in relation to the post-incident management of patient suicides? *If so, please state in the box below.*

If you have any additional comments to make, we would be pleased to hear them.

(i) Please write any comments relating to the *personal impact* of patient suicide in the box below.

(ii) Please write any *general comments* in the box below.

**WE THANK YOU FOR YOUR TIME AND CO-OPERATION IN
COMPLETING THIS QUESTIONNAIRE.**