KEHR SUICIDE

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A Tool For Systematic And Multidisciplinary Evaluation Of Suicide Cases

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❶ Why a new tool for multidisciplinary teams?

The Dutch multidisciplinary practice guideline on the assessment and treatment of suicidal behaviour, issued in 2012, recommends systematic evaluation of care for patients who died by suicide. It is assumed that this may enhance improvement of care for suicidal patients. However, no tools are available whereby mental health care workers can evaluate suicide cases systematically and multidisciplinary. To bridge this gap we designed **KEHR SUICIDE**; a data-guided method which is based on the new practice guideline recommendations.

❷ Why would teams use KEHR SUICIDE?

Teams may be interested if they feel the need
- to reveal differential motives, views and opinions of team members about how suicidal behaviour should be managed
- to safely discuss suicide cases without reluctance and fear to get burdened by perceptions of failure
- to set forth responsibilities of professional disciplines in multidisciplinary teams with regard to management of suicidal behaviour
- to strengthen professional performance regarding suicidal behaviour

Assessment of stress factors that may increase the suicide risk

Figure 2
Example of team performance outcome; anonymously is presented whether or not team members (n=9) assessed stress factors that may increase the suicide risk

❺ Does it work?

- Dutch mental health care institutions acknowledge **KEHR SUICIDE**'s need
- two institutions (Mental Health Care Drenthe & Parnassia Groep Mental Health Care) intend to use **KEHR SUICIDE**, which is supported by GGZ Nederland (Dutch Association of Mental Health and Addiction Care)
- it's usefulness will be closely monitored by qualitative research
- please contact if your institution would like to join or if further information is needed

❸ Why KEHR SUICIDE might be helpful

✓ **Improvement of guideline adherence**
- by using the tool professionals get familiar with the practical and theoretical starting points of the new practice guideline

✓ **Systematic evaluation of professional performance**
- adherence to guideline recommendations are systematically and multidisciplinary assessed
- teams of professionals who are engaged in a patient suicide receive a report of their multidisciplinary team performance in order to reflect on their performance

✓ **Research 'on the spot'**
- systematic collection of data on professional performance around management of suicidal behaviour
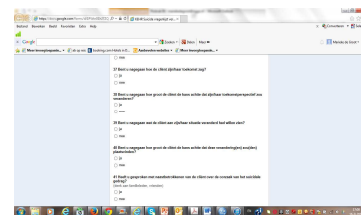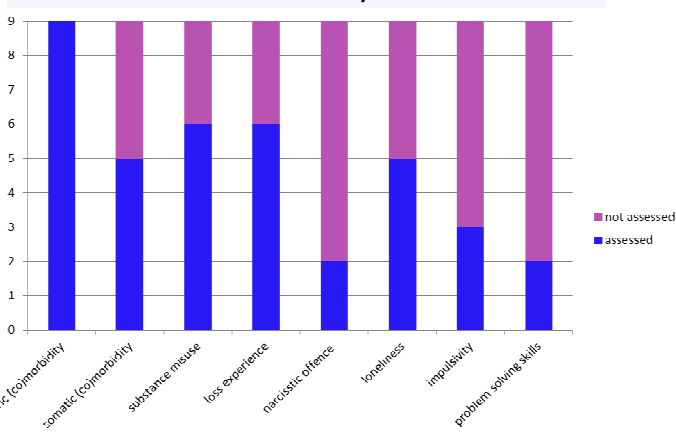

Figure 1
Online questionnaire to be completed shortly following a patient suicide

❹ How does KEHR SUICIDE work?

Online questionnaire
- shortly following a patient suicide, engaged professionals receive a online 60-item questionnaire
- the items represent guideline recommendations; responders are asked to rate whether the recommendation were adhered to or not (*yes/no*) (Figure 1)
- in the guideline, the stress-diathesis model serves as model for the onset of suicidal behaviour

Teams receive a report with anonymous outcomes
- outcomes are reported with respect to the five principle themes of the guideline: fostering a working relationship with the patient, continuity of care, systematic assessment of suicidal behaviour, patient safety and engagement of the patient's relatives
- outcomes are presented in figures representing team performance (see Figure 2)
- the report is sent by e-mail to responders
- responders discuss the outcomes with their team members who also completed the questionnaire
- based on the discussion outcome team members possibly determine desired changes in daily practice