



## Form B12 – Apparent Suicide

MSCB Reference

CD11/12 xxxx

### Form B12 – Apparent Suicide

The local case review meeting should be held, even if other processes including section 47 enquiries or family court or criminal proceedings are ongoing, though the timing of the meeting will need to be agreed by all agencies. When section 47 enquiries or family court or criminal proceedings are being considered or are ongoing there may need to be some restriction of the information available to the local case review. However the opportunity provided by the local case review for information sharing and planning of future care for the family and others affected by the death is important, and only in exceptional circumstances should this meeting not be held.

Similarly, the CDOP should discuss all such deaths, but full information may not be available until after the completion of the legal or other proceedings as noted above. In such circumstances the CDOP may decide to have an initial discussion, before the completion of such proceedings, utilising only that information that has been disclosed, in order to assess any public health or public protection implications and identify lessons to be taken forward to prevent such deaths and/or improve service provision. The preliminary meeting should be followed by a full review and early lessons will need to be reviewed in light of any new information once the legal proceedings have been completed.

Method (If more than one, give direct cause)

- |                          |  |
|--------------------------|--|
| <input type="checkbox"/> | Carbon monoxide poisoning                  |
| <input type="checkbox"/> | Suffocation                                |
| <input type="checkbox"/> | Hanging / strangulation                    |
| <input type="checkbox"/> | Burning                                    |
| <input type="checkbox"/> | Drowning                                   |
| <input type="checkbox"/> | Electrocution                              |
| <input type="checkbox"/> | Firearms                                   |
| <input type="checkbox"/> | Cutting or stabbing                        |
| <input type="checkbox"/> | Jumping from a height                      |
| <input type="checkbox"/> | Jumping / lying before a train             |
| <input type="checkbox"/> | Jumping / lying before a road              |
| <input type="checkbox"/> | Other, please specify                      |
| <input type="checkbox"/> | Not known                                  |
| <input type="checkbox"/> | Self-poisoning                             |
| <input type="checkbox"/> | Household products, please specify         |
| <input type="checkbox"/> | Prescription medicines, please specify     |
| <input type="checkbox"/> | Non-prescription medicines, please specify |
| <input type="checkbox"/> | Other, please specify                      |
| <input type="checkbox"/> | Not known                                  |

Was a suicide note left?		Y <input type="checkbox"/> N <input type="checkbox"/> Not Know <input type="checkbox"/>
Was the victim known to mental health services?		Y <input type="checkbox"/> N <input type="checkbox"/> Not Know <input type="checkbox"/>
Was the victim known to have suicidal tendencies?		Y <input type="checkbox"/> N <input type="checkbox"/> Not Know <input type="checkbox"/>
Had the victim previously engaged in any deliberate self harm?		Y <input type="checkbox"/> N <input type="checkbox"/> Not Know <input type="checkbox"/>
Were any of the following thought to have been a factor in relation to the death?	<input type="checkbox"/> Sexual abuse <input type="checkbox"/> Physical abuse <input type="checkbox"/> Emotional abuse <input type="checkbox"/> Neglect <input type="checkbox"/> Domestic violence <input type="checkbox"/> Family discord <input type="checkbox"/> Relationship problems <input type="checkbox"/> Bullying <input type="checkbox"/> Sexual identity <input type="checkbox"/> School exclusion <input type="checkbox"/> Other school problems <input type="checkbox"/> Mental illness <input type="checkbox"/> Physical illness <input type="checkbox"/> Bereavement	

If not already covered, please provide any details known to you of the incident  
**Consider:** the nature of the incident, whether premeditated or impulsive; any recognised motive, contributory or precipitating factors