**Manual for suicidal ideation coding**

There are two stages to the coding:

1. Mention level
   * Code as positive, negative, uncertain or unrelated
2. Document level
   * Code as suicidal, non-suicidal, uncertain or not relevant

The document level annotation should be marked on the 1st line of text (which states the created and updated dates).

If there is no mention of suicidality in a document, then mark as ‘not relevant’. Every document should have a code to make sure that no document has been missed.

**Definition of suicidality** for this purpose is: Desire to kill ones self/end one’s life or to be dead/to die

NOTE: All uncertain or unrelated (mention level) annotations should have a comment in the comments section. Where possible, the first part of the comment should consist of one of the items listed in bold below.

**MENTION LEVEL CODES**

**Annotate the following as UNRELATED:**

**Medication**: relates to explanation of possible medication side effects

**Family**: relates to family member suicidality

**Friend**: relates to friend/acquaintance suicidality

**Crisis plan**: relates to crisis plan should they become suicidal (unless it refers to the presence of current suicidality for example: ‘in the case of further suicidal thoughts’

**Treatment goal:** as for crisis plan, if a generic plan includes the aim of avoiding suicidal thoughts, code as unrelated however if it is a goal to ‘reduce’ suicidality, this suggests there is current or past suicidality therefore code as positive.

**Form**: contents of form/assessment

**Annotate the following as UNCERTAIN:**

**Harm:** Expressed desire to harm self, or denied thoughts or plans to harm self

**Overdoses:** Uncertain unless it explicitly says whether or not it was with suicidal intent

**Self-harm/Cutting**: Uncertain unless it explicitly says whether or not it was with suicidal intent

**Hanging/ligature:** Uncertain unless it explicitly says whether or not it was with suicidal intent

**Suffocate:** Uncertain unless it explicitly says whether or not it was with suicidal intent

**Other method:** Uncertain unless it explicitly says whether or not it was with suicidal intent

**Self-injury:** For example in Learning Disability**.** Even though in some cases, this is unlikely to be suicidal, to code as uncertain unless explicit about the presence or absence of suicidal intent

**Low suicide risk:** code as uncertain unless more explicit negation of suicidality as someone could still be suicidal but be at low risk of completed suicide

**Risk of harm to self: No** – code as uncertain as not explicit re suicidality

**No concerns re safety** – not explicit re suicidality or indeed deliberate harm to sel

**Feels able to keep safe** – code as uncertain as this is a way of saying someone is able to prevent themselves from harming themself/ending their life but not explicit re suicidality

**Absence of mention**: ‘Did not express any suicidal ideation’ or ‘no issues raised re suicidality’ - code as uncertain as it is an absence of a mention rather than a denial.

**No longer expressing:** No longer expressing suicidal thoughts: Code as uncertain as although it is negative in some ways, it refers to there having been suicidal thoughts in the past

**Annotate the following as POSITIVE:**

**Passive thoughts**: statements such as ‘I see no reason to live’, ‘I want to die’, ‘life is not worth living’ , ‘I would be better off dead’ etc, code as positive

**Researching:** Researching and looking at websites: positive unless the context suggests otherwise (eg was looking at websites because they were worried about their friend)

**Talk of suicide**: positive unless context suggests otherwise (e.g talking about suicide as they were worried about a friend)

**Others would be better off:** Statements about ‘others would be better off if I was dead/killed myself’ code as positive (however statements that ‘x would be upset if I killed myself’ code as uncertain unless accompanied by a clear statement of suicidality)

**Concerns:** code as positive if someone else reporting explicit expression of suicidality, otherwise code as uncertain.

**Voices:** Voices suggesting/commanding that patient kills themselves should be coded as positive even if the patient states that they are not their own thoughts

**Annotate the following as NEGATIVE:**

**Negation of attempts/plans but not thoughts:** Negation of any aspect of suicidality/suicidal behaviour counts as a negation. For example negation of plans or negation of attempts in the absence of the negation of suicidality in general.

(DOCUMENT LEVEL – if this is the only mention, code as a negative document)

**Several phrases which make up the context:**

There is no fixed ‘unit’ for annotation. If there is a whole paragraph which is made up of several pieces of information which together, form a clear positive or negated mention of suicidality, this should all be annotated in one block.

**DOCUMENT LEVEL ANNOTATIONS**

**Document level coding where only mention is ‘unrelated’:**

If the only mention in a document refers to one of the categories coded as ‘unrelated’ (e.g 3rd party suicidality/crisis plan/medication etc) then the document is coded as ‘not relevant’ as it contains no information about the patient’s suicidality.

**Document level coding where there are negations and uncertain codes:**

Even if there is a negation, the fact that there are also some uncertain annotations means that the document level annotation should be uncertain.

**Positive documents:**

Any document which contains a positive mention should be a positive document, regardless of other uncertain or negated mentions within the same document

**Notes:**

**TIMING:** Write in comments where timing of the mention refers to CAMHS having become aware of suicidality at an earlier date, including prior to the defined time window

**2nd person**: If document is a letter addressed to the patient e.g. ‘you came to see me today with concerns about suicidal thoughts’ – the subject is still the patient, even though referred to as ‘you’

**CHECKS TO BE DONE AFTER ANNOTATION:**

Only 4 mention codes used on mentions

Only 4 document codes used on documents

No documents without annotation

Every uncertain mention should have a comment

Any document with a positive mention should be a positive document

Positive documents should have a comment re the date

Mostly, where there are any mention level annotations, the document annotation should not be ‘not relevant’ (there are a few exceptions)

For any document marked positive for suicidality – check view date against updated and created dates to see if we can be sure when the information was documented.