1 **Appendix 1.**

2

3 **Round one of the Delphi study.**

4 Dear respondent,

5 This questionnaire is about quality indicators for measuring and improving suicide prevention
6 in the mental health service. You have been sent this questionnaire because we would like to
7 ascertain your opinion of the suitability of various proposed indicators in day-to-day practice.
8 Your opinion and those of your fellow practitioners will enable a limited set of indicators to be
9 included in the SUPRANET (mental health care) programme.

10 The aim of SUPRANET (www.supranetggz.nl) is to optimize the quality of care for people
11 with suicidal ideation. Introducing feasible, relevant and action oriented indicators that can
12 improve suicide prevention in the mental health service is paramount in this connection.

13 Introduction

14 The quality indicators are indicative of the care provided and how it is organized. They are
15 the 'knobs' that we need to turn in the expectation of producing better outcomes – in our
16 case, fewer suicide attempts and fewer suicides on the part of patients being treated in
17 mental health facilities. A group of professionals have now drawn up a list of possible quality
18 indicators. These have been checked and added to, based on the multidisciplinary guidelines
19 and the existing literature. The items on the list were then specifically formulated by the
20 SUPRANET Quality of Care Group so as to be measurable. A definition has been drawn up
21 for each indicator to make it clear precisely what it means.

22 What we would like you to do

23 We would like to invite you, in your capacity as a mental health professional, suicide expert
24 and/or expert with experiences in suicidal behaviour, to be involved in the next step in this
25 development process, weighing up and prioritizing the selected indicators. This will provide
26 us with a limited, supported set of indicators.

27 How the questionnaire works

28 You are asked to rate each of the eleven indicators on a scale from 1 to 5 in terms of the
29 extent to which the indicator is relevant and action oriented in your opinion.

30 • Relevance: How important is this indicator when it comes to preventing suicides or
31 suicide attempts?
32 • Action orientation: Could the facility or care provider directly improve anything in
33 terms of the indicator and/or take action?

34 Using your input and that from some 75 fellow practitioners we shall prioritize the set of
35 provisional indicators. We shall also write an international article about this 'Delphi round'.
36 We shall only report at group level (i.e. completely anonymously).

37 Thank you in advance for completing the questionnaire.

38

Name

Demographic details

Below we ask a few general questions about yourself.

Gender
○　Male
○　Female

How old are you?

How long have you been working in mental health care?

What is the highest level of education you have completed?

○　Junior secondary vocational
○　Senior secondary vocational
○　Higher vocational
○　University

If applicable: How many years of experience do you have as an experience-based expert/member of the patient advisory board?

I am a member of the SUPRANET Quality of Care Group.
○　Yes
○　No
◉　I am involved with SUPRANET in some other way.

Which of the following best describes your situation?
○　Working in the mental health service
○　Academic/researcher/psychiatrist/psychologist not working in the mental health service
○　Experience-based expert/member of the patient advisory board

80   Questionnaire

81   Eleven indicators are set out below. For each indicator we give the definition formulated by
82   the Quality of Care Group of SUPRANET, the scientific literature and the Dutch
83   multidisciplinary guideline on suicidal behaviour.* You should rate the indicators based on
84   the following criteria:

85   1. Relevance
86   2. Action orientation

87   For each criterion you should select the appropriate rating on a scale of 1 to 5.

88   *Multidisciplinary guideline on suicidal behaviour (van Hemert et al., 2012).*

89

90   Indicator 1: Availability for eHealth focusing on suicidality

91   **Definition**: The use of digital information and communication technologies, or online
92   treatment with one or more treatment aspects, focusing specifically on suicidal ideation and
93   freely accessible to all patients in the mental health service, with the aim of supporting the
94   care provided and improving patients' health as regards suicidal ideation.

95   Measurement method

96   **Numerator**: The total number of patients with suicidal ideation/behaviour at a facility who
97   were being treated (in an outpatient and/or clinical setting) at any time during the data
98   collection period and had access to an eHealth self-help programme focusing on suicidal
99   ideation during that period.

100   **Denominator**: The total number of patients at a facility who were being treated (in an
101   outpatient and/or clinical setting) during the same data collection period.

102

103   Your opinion:

104   The scale runs from 1 = not relevant at all to 5 = highly relevant

	Do not know	1	2	3	4	5
Relevance	○	○	○	○	○	◉

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106
107   The scale runs from 1 = not action oriented at all to 5 = highly action oriented

	Do not know	1	2	3	4	5
Action orientation	○	○	○	○	○	○

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109 Indicator 2: Active use of eHealth focusing on suicidality

110 **Definition**: The use of digital information and communication technologies, or online
111 treatment with one or more treatment aspects, focusing specifically on suicidal ideation and
112 freely accessible to all patients in the mental health service, with the aim of supporting the
113 care provided and improving patients' health as regards suicidal ideation.

114 Measurement method

115 **Numerator**: The total number of patients with suicidal ideation/behaviour at a facility who
116 were being treated (in an outpatient and/or clinical setting) at any time during the data
117 collection period and had actively made use of an eHealth self-help programme focusing on
118 suicidal ideation during that period.

119 **Denominator**: The total number of patients at a facility who were being treated (in an
120 outpatient and/or clinical setting) during that data collection period.

121

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123 Your opinion:

124 The scale runs from 1 = not relevant at all to 5 = highly relevant

	Do not know	1	2	3	4	5
Relevance	○	○	○	○	○	◉

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126
127 The scale runs from 1 = not action oriented at all to 5 = highly action oriented

	Do not know	1	2	3	4	5
Action orientation	○	○	○	○	○	○

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138   Indicator 3: Screening for suicidal thoughts and behaviour

139   **Definition**: All patients, during any type of treatment contact, are asked* about the presence
140   and severity of suicidal thoughts and behaviours.
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142   *(* Examples of possible questions about suicidal ideation during a screen: Have you had*
143   *suicidal thoughts during the past month? If so, what are your reasons for dying and what are*
144   *your reasons for living? How strong is your intent to commit suicide? Have you made any*
145   *preparations?)*

146   Measurement method

147   **Numerator**: The number of individual treatment contacts with all patients during the data
148   collection period at which they were demonstrably asked about the presence and severity of
149   suicidal thoughts and behaviours.

150   **Denominator**: The total number of treatment contacts with all patients during the same data
151   collection period.

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155   Your opinion:

156   The scale runs from 1 = not relevant at all to 5 = highly relevant

	Do not know	1	2	3	4	5
Relevance	○	○	○	○	○	●

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159   The scale runs from 1 = not action oriented at all to 5 = highly action oriented

	Do not know	1	2	3	4	5
Action orientation	○	○	○	○	○	○

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163   Indicator 4: Safety plan

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165   **Definition**: A safety plan is an early warning plan, care plan or treatment plan, drawn up
166   jointly by a patient and his or her care provider, that focuses specifically on safety from
167   suicidal ideation.

168   Measurement method

169   **Numerator**: The total number of patients for whom at any time during treatment (in an
170   outpatient and/or clinical setting) a safety plan focusing on suicidal ideation was recorded in
171   their medical records. A safety plan must meet the following criteria:

172   •   The safety plan drawn up jointly by the patient and the therapist is no more than one
173   year old.
174   •   The safety plan focuses on suicidal ideation.
175   •   A third party is involved in the safety plan.
176   •   The safety plan for a patient who has suicidal ideation or has attempted suicide was
177   updated at the most recent treatment contact.

178   **Denominator**: The total number of patients at a facility who were being treated (in an
179   outpatient and/or clinical setting) during the same data collection period.

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182   Your opinion:

183   The scale runs from 1 = not relevant at all to 5 = highly relevant

	Do not know	1	2	3	4	5
Relevance	○	○	○	○	○	◉

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186   The scale runs from 1 = not action oriented at all to 5 = highly action oriented

	Do not know	1	2	3	4	5
Action orientation	○	○	○	○	○	○

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192 Indicator 5: Waiting time

193 Definition based on the Supranet Care minimum data set*

194 For each patient who had his or her first treatment contact (T2) during the data collection
195 period, the length of time between registration (T0) and the first treatment contact (T2).**

196 - *T0 is the time of registration.*
197 - *T1 is the time of intake.*
198 - *T2 is the time of the first treatment contact between the patient and the therapist.*

199 Measurement method

200 **Numerator**: The total number of patients who had their first treatment contact during the data
201 collection period, with a maximum of two weeks between registration and the first treatment
202 contact.***

203 **Denominator**: The total number of patients who had their first treatment contact during the
204 same data collection period.

205 ** The minimum data set is the core records of Supranet Care. This data set contains variables that*
206 *need to be collected in order to obtain a baseline for feedback. The current data set includes such*
207 *things as sociodemographic details (gender, age, marital status), information on the care provided*
208 *(treatment setting, treatment duration, principal diagnosis), organizational parameters (total length of*
209 *stay, total number of days at the facility with/without overnight stay, number of psychiatric beds), and*
210 *the number of suicides and suicide attempts.*

211 *** Treatment of patients suspected of mental incapacity must always start on the day they are*
212 *registered.*

213 **** Calendar day of both registration and first treatment contact known.*

214

215 Your opinion:

216 The scale runs from 1 = not relevant at all to 5 = highly relevant

	Do not know	1	2	3	4	5
Relevance	○	○	○	○	○	◉

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219 The scale runs from 1 = not action oriented at all to 5 = highly action oriented

	Do not know	1	2	3	4	5
Action orientation	○	○	○	○	○	○

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222   Indicator 6: Early follow-up on discharge

223   **Definition**: The patient should have been in contact with the care provider again within two
224   weeks of discharge from the facility. Contact can be treatment or counselling by or feedback
225   to the same care provider. This must be personal, face-to-face contact, and may take place
226   outside the facility if appropriate.

227   Excluded are patients who have been referred back or referred to their GP (or practice
228   support worker), front-line mental health care or a facility other than their (integrated) facility.

229   Measurement method

230   **Numerator**: The number of patients who during the data collection period, following
231   discharge from the facility, had a face-to-face follow-up contact with that facility.

232   **Denominator**: The total number of patients discharged from the facility during the same data
233   collection period.

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236   Your opinion:

237   The scale runs from 1 = not relevant at all to 5 = highly relevant

	Do not know	1	2	3	4	5
Relevance	○	○	○	○	○	◉

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240   The scale runs from 1 = not action oriented at all to 5 = highly action oriented

	Do not know	1	2	3	4	5
Action orientation	○	○	○	○	○	○

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248 Indicator 7: Continuity of care

249 **Definition**: Transfer of the patient from one therapist to another, preceded by a verbal
250 consultation between the two therapists, with a transition or change in the patient's current
251 care allocation.

252 Measurement method

253 **Numerator**: The total number of patients who had a transfer preceded by a verbal
254 consultation from one therapist to another during the data collection period.

255 **Denominator**: The total number of patients being treated at the facility who were transferred
256 during the same data collection period.

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259 Your opinion:

260 The scale runs from 1 = not relevant at all to 5 = highly relevant

	Do not know	1	2	3	4	5
Relevance	○	○	○	○	○	◉

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263 The scale runs from 1 = not action oriented at all to 5 = highly action oriented

	Do not know	1	2	3	4	5
Action orientation	○	○	○	○	○	○

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276 Indicator 8a: Involvement of family or significant others

277 **Definition**: In the case of all patients there was contact with one or more loved ones at the
278 start of, during and at the end of treatment, or (in the event of objections on the part of the
279 patient or loved ones) achieving this was a goal of treatment. A loved one is anyone who is
280 part of the patient's support system.

281 Measurement method

282 **Numerator 1**: The number of patients being treated (in an outpatient and/or clinical setting)
283 during the data collection period in whose case there was contact with one or more loved
284 ones during and at the end of treatment.

285 **Denominator**: The total number of patients who were being treated (in an outpatient and/or
286 clinical setting) during the same data collection period.

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289 Your opinion:

290 The scale runs from 1 = not relevant at all to 5 = highly relevant

	Do not know	1	2	3	4	5
Relevance	○	○	○	○	○	◉

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293 The scale runs from 1 = not action oriented at all to 5 = highly action oriented

	Do not know	1	2	3	4	5
Action orientation	○	○	○	○	○	○

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304   Indicator 8b: Involvement of family or significant others

305   **Definition**: In the case of all patients there was contact with one or more loved ones at the
306   start of, during and at the end of treatment, or (in the event of objections on the part of the
307   patient or loved ones) achieving this was a goal of treatment. A loved one is anyone who is
308   part of the patient's support system.

309   Measurement method

310   **Numerator 2**: The number of patients being treated (in an outpatient and/or clinical setting)
311   during the data collection period in whose case a current contact person was entered in the
312   patient's electronic medical record.

313   **Denominator**: The total number of patients who were being treated (in an outpatient and/or
314   clinical setting) during the same data collection period.

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317   Your opinion:

318   The scale runs from 1 = not relevant at all to 5 = highly relevant

	Do not know	1	2	3	4	5
Relevance	○	○	○	○	○	●

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321   The scale runs from 1 = not action oriented at all to 5 = highly action oriented

	Do not know	1	2	3	4	5
Action orientation	○	○	○	○	○	○

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331   Indicator 9: Structural diagnosis

332   **Definition**: A structural diagnosis is a diagnosis that is as descriptive and explanatory as
333   possible of a patient's suicidal state during the past month (thoughts, intentions, plans,
334   motives). It should include at least the nature, intensity and consequences of suicidal
335   behaviour, perpetuating, protective and risk factors, and the patient's mental capacity as
336   regards suicide.

337   Measurement method

338   **Numerator**: The total number of patients during the data collection period who had suicidal
339   ideation and at any time during treatment (in an outpatient and/or clinical setting) had a
340   structural diagnosis that meets the following criteria:

341   • The structural diagnosis was recorded in the electronic medical record (EMR) during
342   treatment.
343   • The current structural diagnosis is no more than one year old, and in the case of
344   repeated attempts it has been updated during treatment.
345   • During the course of the illness the structural diagnosis has been reviewed regularly
346   to see whether any factors in it have changed over time.

347   **Denominator**: The total number of suicidal patients* at a facility who were being treated (in
348   an outpatient and/or clinical setting) at any time during the same data collection period.

349   * i.e. patients with suicidal thoughts and/or behaviour.

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352   Your opinion:

353   The scale runs from 1 = not relevant at all to 5 = highly relevant

	Do not know	1	2	3	4	5
Relevance	○	○	○	○	○	◉

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356   The scale runs from 1 = not action oriented at all to 5 = highly action oriented

	Do not know	1	2	3	4	5
Action orientation	○	○	○	○	○	○

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361 Indicator 10: Evidence-based medication

362 **Definition**: Drug treatment for patients with a depressive disorder who display suicidal
363 ideation as a syndrome. The drug treatment is designed to reduce suicidal ideation in the
364 patient and aims to prevent suicidal thoughts and suicide attempts. The drug treatment is
365 rational and applied in line with the guidelines or based on other considerations.

366 Measurement method

367 **Numerator**: The number of patients with a depressive disorder (in an outpatient and/or
368 clinical setting) who had suicidal ideation as a syndrome of the psychiatric disorder and
369 received evidence-based drug treatment during the data collection period.

370 **Denominator**: The total number of patients with a depressive disorder (in an outpatient
371 and/or clinical setting) who had suicidal ideation as a syndrome of the psychiatric disorder
372 during the same data collection period.

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375 Your opinion:

376 The scale runs from 1 = not relevant at all to 5 = highly relevant

	Do not know	1	2	3	4	5
Relevance	○	○	○	○	○	◉

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379 The scale runs from 1 = not action oriented at all to 5 = highly action oriented

	Do not know	1	2	3	4	5
Action orientation	○	○	○	○	○	○

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390   Indicator 11: Evidence-based psychotherapy

391   **Definition**: Psychotherapy for a depressive disorder, in which the patient has suicidal
392   ideation as a syndrome of the psychiatric disorder, designed to directly influence the severity
393   of the suicidal behaviour and reduce it. The treatment includes promoting both safety and the
394   working relationship, treating psychiatric dysregulation, determining the correct setting for
395   treatment and promoting continuity of care. The psychotherapy is applied in line with the
396   guidelines* or based on other considerations.

397   Measurement method

398   **Numerator**: The number of patients with a depressive disorder (in an outpatient and/or
399   clinical setting) who had suicidal ideation as a syndrome of the psychiatric disorder and
400   received evidence-based psychotherapy during the data collection period.

401   **Denominator**: The total number of patients with a depressive disorder (in an outpatient
402   and/or clinical setting) who had suicidal ideation as a syndrome of the psychiatric disorder
403   during the same data collection period.

404

405   Your opinion:

406   The scale runs from 1 = not relevant at all to 5 = highly relevant

	Do not know	1	2	3	4	5
Relevance	○	○	○	○	○	◉

407
408
409   The scale runs from 1 = not action oriented at all to 5 = highly action oriented

	Do not know	1	2	3	4	5
Action orientation	○	○	○	○	○	○

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418 Of the eleven indicators that you have rated, please list the top three that you consider to be
419 most important.

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421 Number 1 (most important)
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425 Number 2
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429 Number 3
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