Preventing suicide in public places

A best practice toolkit

Bridges | Cliffs | Parks | Railways
Roads | Waterways | Historic sites

Rialtas na hÉireann
Government of Ireland

Connecting for Life

Published by The HSE National Office for
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Contents

Content advisory

The authors of this toolkit and the HSE would like to acknowledge the many lives lost to suicide every year in Ireland.

The goal of this toolkit is to prevent deaths by suicide, by creating awareness and putting preventative measures in place at locations where such tragedies have occurred.

This toolkit describes the type of locations where people often attempt suicide or die by suicide. This type of information should be treated sensitively and with care.

If you are sharing any information from this toolkit – or are a journalist or media professional covering a suicide-related issue, carefully consider the World Health Organisation's (WHO) **Preventing suicide: A resource for media professionals** and **Samaritans Ireland Media Guidelines for Reporting Suicide** because of the potentially damaging consequences of irresponsible reporting.

In particular, the Guidelines advise avoiding:

- Details of specific methods of death by suicide, particularly in headlines.
- Referring to a specific site or location as popular or known for suicide incidents, for example, 'notorious site' or 'hot spot' and refrain from providing information, such as the height of a bridge or cliff.
- Speculation about the cause of death, or about any events and circumstances that may, or may not have been factors in the death by suicide.
- Sites or locations becoming a place where cases of suicide and/or self-harm are glorified, which may 'attract' people at risk of suicide to these sites/locations.

Any examples or case studies of public places in this toolkit, that are of sites in Ireland, are unnamed in this document – so as to not draw any unnecessary or unhelpful attention to them.

Families, friends and communities who have been bereaved by suicide may also find some of the information in this toolkit sensitive, upsetting or triggering. Readers should be mindful of this, and to be aware of their own needs and self-care in this space.

Information on mental health, services and support is available at **www.yourmentalhealth.ie**.

your mental health.ie
Information | Support | Services
1800 111 888

> “My Father ended his life in a public place, so I am very aware of the impact this has on family and also on other members of the public who are directly affected by such a death. This toolkit can support initiatives to prevent suicide, and help to minimise the distressing consequences for others, of such an event at a public place.”

– Lived Experience Panel Member

Executive summary

Over 500 people die by suicide every year in Ireland, and many thousands more are impacted by such tragic losses in their personal, professional or community circles. The ripples of impact can be devastating and leave people feeling powerless and wondering how to prevent such tragedies again in the future.

In principle, preventing deaths by suicide is possible. However, suicide is complex and many different personal, health, situational or social factors can come together to increase someone's risk.

Preventing suicide in public places: A best practice toolkit, gives particular attention to deaths by suicide that occur in public places – at bridges, cliffs, parks, railways, roads, waterways or historic sites. It is primarily for public bodies, agencies or stakeholders responsible for these public places in Ireland, and for those involved in related health, public health or suicide prevention/postvention responses, locally and nationally.

Indications are that about one third of people who die by suicide in Ireland, die at a public location (indoor or outdoor), and not in their own home. These deaths pose a unique set of challenges for numerous reasons. Sometimes, the act of suicide is very public, and people in the vicinity are impacted if they witness it or are at the scene.

The authorities or agencies responsible for the public location, are usually tasked with handling the immediate scene and can be challenged by the traumatic nature of the death, and the practical and logistical measures required thereafter. They may also need to handle media enquiries and attention about the death, and to develop a practical response that is sensitive to, and respectful of the person who has died, the people bereaved, and others impacted by the death.

Considering that so many deaths by suicide occur in public places, opportunities also exist to develop prevention or intervention measures at these locations. Measures that restrict access to means of suicide, while at the same time equipping communities with suicide prevention skills and knowledge, have been consistently shown to be effective in reducing numbers of deaths by suicide, or suicide attempts at locations. However, deciding on what measures could be reasonably implemented at a particular location, who should work together on implementing them, and whether they will be effective or not, can be complex.

Suicide prevention is most effective when approached collaboratively and systematically, with strong consideration of evidence, careful implementation, and ongoing monitoring of outcomes. This toolkit therefore provides clear and sequential steps that can support collaborative working to prevent deaths by suicide in public places. They are:

- forming the correct partnerships from the outset
- understanding any data available
- deciding actions and interventions
- implementing actions and interventions
- monitoring and understanding their impact.

The toolkit ultimately aims to support the implementation of preventative actions wherever possible and contains a variety of case studies on interventions that have been implemented in public places, nationally and internationally. These examples highlight innovative ideas and learning across unique settings.

While many of these examples are not necessarily like-for-like to the Irish context, and do not represent 'one-size-fits-all' solutions, they do demonstrate that constructive and meaningful preventative efforts are possible, when the right agencies work collaboratively, with the shared objective to prevent suicide.

Preventing suicide in public places: A best practice toolkit was developed by **Cruinn Advisory** for the **HSE National Office for Suicide Prevention (NOSP)** with the support of a multi-sectoral Project Advisory Group which provided invaluable experiences and perspectives across a variety of stakeholders in Ireland.

This Group would like to thank Professor Ella Arensman and Dr Gregory Martin for providing a review of the toolkit from their specific areas of expertise.

The Group is also particularly thankful to the people with 'lived experience' of suicide, who reviewed it to provide advice and guidance on its contents. Collaborative working to prevent suicide in public places should, as a priority, sensitively consider people who have died by or attempted suicide, and their families and communities. Listening to and learning from their experiences can always improve collective understanding of suicide and increase the likelihood of prevention measures being successfully implemented in the future.

Terminology

Public places or locations

About a third of people who die by suicide in Ireland die outside the home in a public location **[1]**. Public places or locations may be indoor (for example, a hotel, public building or shopping centre) or outdoor (for example, a park, forest, beach, industrial estate, railway track, car park, historic site or lay-by).

Public places are not necessarily busy places and the term 'public' does not necessarily mean highly visible. The key distinction is between deaths that occur in the privacy of the home (the deceased's own home or that of an acquaintance) and those that occur outside the home **[2].**

Any death that occurs in a public place or location offers potential death by suicide to be witnessed by members of the public, or for the body to be found by someone unknown to the deceased.

For the purposes of this toolkit, the following types of outdoor public places are considered:

- **Bridges** – including those located over roads, rivers and rail.
- **Cliffs** – including those within coastal areas near the sea, beaches or inland (for example, quarries).
- **Parks** – including woodlands, wetlands, estates, urban parks or public gardens.
- **Railways** – including track lines, platforms or rail stops.
- **Roads** – all public roads including National, Regional and Local Roads.
- **Waterways** – including seas, inshore bays and estuaries, rivers, canals, lakes and other inland waterways accessible to the public.
- **Historic sites** – including historical buildings and monuments.

Frequently used locations

The term 'frequently used location' means a place that is considered to be frequently used for suicide (or suicide attempts) and that provides either means or opportunity for suicide.

However, verifying such incidents, or the nature of available data, can be challenging. Therefore, relevant agencies may adopt varying definitions of a 'frequently used location', depending on their own context. For example:

- Samaritans define 'high-frequency locations' as public places where two or more deaths by suicide or suicide attempts have occurred – within no specified timeframe **[3]**.
- Public Health Scotland identify 'locations of concern' that can be broadly defined as a specific, usually public, sites that are used as a location for suicide and that provide either means or opportunity for suicide. One or more incidents of suicidal behaviour at a particular location suggests that action should be considered to address the site **[4]**.
- The National Suicide and Self-harm Prevention Team in Wales define a 'high-risk location' as one where three or more deaths by suicide have occurred over a two-year period **[5]**.

Specific and agreed definitions of such places will be required for stakeholders to consider, research and develop approaches to prevent suicide at a particular public place.

However, consideration should be given as to how to refer to these types of places publicly. Over use of terms such as 'frequently-used…', 'high risk…' or 'high frequency…' when talking about places where people have died may sound insensitive, impersonal, or further stigmatise a particular location, and the people who have died there.

Probable suicide

In Ireland, the decision as to whether someone has died by suicide is a legal determination made by Coroners. There is a time delay in the availability of such information, as Coronial investigations, inquests and registration processes must be completed.

Therefore in the immediacy of such a death, it can be more sensitive and appropriate to refer to them as 'probable' suicide, especially in the early days. It can take some time for the authorities to find evidence of death by suicide (or not), and officially record a person's death as intentional (or not). The term 'suspected' suicide is also also commonly used, although some people can find this term stigmatising.

Background

Strategic context

Connecting for Life is Ireland's National Strategy to Reduce Suicide (2015-2024) **[6]**. The cross-sectoral, evidence-based strategy outlines 69 key actions under 7 overarching goals.

The development of this toolkit supports actions under Goal 6: To reduce and restrict access to means of suicidal behaviours. This is known to be one of the most effective methods of preventing suicide **[7]**.

It also supports the implementation of similar actions that are in local Connecting for Life Action Plans across the country. These plans are led by HSE Mental Health Services and coordinated by **HSE Resource Officers for Suicide Prevention (ROSPs)** nationwide.

The seven overarching goals in Connecting for Life, Ireland's National Strategy to Reduce Suicide.

Goal 1
To improve the nation's understanding of, and attitudes to, suicidal behaviour, mental health and wellbeing.

Goal 2
To support local communities' capacity to prevent and respond to suicidal behaviour.

Goal 3
To target approaches to reduce suicidal behaviour and improve mental health among priority groups.

Goal 4
To enhance accessibility, consistency and care pathways of services for people vulnerable to suicidal behaviour.

Goal 5
To ensure safe and high-quality services for people vulnerable to suicide.

Goal 6
To reduce and restrict access to means of suicidal behaviours.

Goal 7
To improve surveillance, evaluation and high-quality research on suicidal behaviours.

Why this toolkit was developed

In Ireland, research from the **Irish Probable Deaths Study (IPSDS)** 2015-2018 suggests that approximately one third of deaths by suicide take place in a public location. Between 2015 and 2018 there were 2,349 deaths by probable suicide, of which 30% (n=711) occurred in a public location. The vast majority of deaths in public locations occurred in an outdoor public place (83%) **[1]**.

Those people who died in public locations were more likely to have died by drowning (37%) than those who died in a private location (1%). Deaths by hanging (38%) were less likely to happen in a public location than in a private location (72%), and similarly, those who died by poisoning (6%) did so in a public place when compared to those who died in a private location (17%). Notably, 69% of people in homeless accommodation who died by probable suicide, did so in a public place **[1]**.

Nevertheless, if a public location offers means and opportunity for suicide, it also offers means and opportunity for prevention or intervention. For example, in principle, deaths by suicide in public places may be more easily preventable than those that occur in the privacy of the home. In public places, while bystanders will likely be impacted by witnessing such an event, there are greater chances of last-minute interventions by members of the public **[2]**.

In this context, suicide prevention training and awareness programmes are important for members of the public, and especially for those who are more likely to encounter a person who is in distress, or at a location of concern.

Approaches that restrict access to means of suicide, while at the same time equip communities with suicide prevention skills and knowledge, have been consistently shown to be effective in reducing suicide across different countries and settings.

Such approaches can take place at national level (for example, via legislation and regulations) or at local level (for example, by improving safety at specific locations of concern) **[8]**.

In this context, the HSE National Office for Suicide Prevention (NOSP) works with various Local Authorities and key stakeholders to consider, develop, and implement measures where practical to restrict access to identified locations and settings where people are at risk of engaging in suicidal behaviour and assist in reducing risk factors in public locations.

Some limitations

No suicide prevention or deterrent measure at a particular location will ever be fully guaranteed to prevent a person dying by suicide. Even if a suicide attempt is prevented at one particular place, a person may repeat their attempt again, or move to a different location.

However, in most instances when a person's immediate plan or means to die by suicide is interrupted, they will abandon their attempt and substitution to using another method is limited. Research also indicates that a safety measure at a location can have its intended impact at preventing suicide over the longer term, despite some short-term rises (be they attributable or not) at other nearby locations **[9]**.

Furthermore, interrupting a person's suicide attempt will not always address their underlying difficulties, intention to die, or relieve their distress. However, it can buy them some time, give them a chance to reconsider things, and increase the likelihood of them finding some form of help and getting to a place of safety **[10]**.

How this toolkit was developed

This toolkit was developed by **Cruinn Advisory**, for the **HSE National Office for Suicide Prevention (NOSP)**, with the support of an accompanying Project Advisory Group. The group comprised expert representatives from a variety of responsible agencies that oversee the public locations addressed in this toolkit, and key stakeholders in suicide prevention:

- HSE NOSP.
- **HSE Resource Officers for Suicide Prevention (ROSPs).**
- Local Authorities.
- Local Government Management Agency CCMA – Rural Development, Community, Culture & Heritage (RCCH) Committee.
- Iarnród Éireann (Irish Rail).
- Water Safety Ireland (WSI).
- Samaritans.
- Transport Infrastructure Ireland (TII).
- National Suicide Research Foundation (NSRF).
- Chief Fire Officers Association.
- An Garda Síochána.

The toolkit was developed using evidence, lived experiences of stakeholders (including those working in suicide prevention) and best practices adopted from similar toolkits for the prevention of suicide in public places.

The development of the toolkit involved:

- A systematic review of the scientific literature on interventions to reduce deaths by suicide in public places, including studies published up to the end of 2023.
- A review of international guidance and grey literature including Google Scholar searches and personal contacts used to locate relevant research reports, policies, guidance documents and online resources from statutory, community and voluntary sectors in the UK, Ireland and internationally.
- Consultation with Project Advisory Group stakeholders involved in the development and implementation of site-specific suicide prevention plans and sites accessible to the public.
- Interviews with academics, researchers, public health and community leaders to learn what they were doing to address locations of concern in local areas. Selected respondents were followed up with via video conference meetings.
- Interviews with key representatives from lead agencies responsible for suicide prevention at specific sites where suicide rates were prevalent. This was to learn from their experiences and to inform the toolkit's development.
- Reviewing a series of international and illustrative case studies of local actions and restrictions put in place to reduce suicide in public places and any impact of interventions used.
- A survey of HSE Resources Officers for Suicide Prevention (ROSPs) to capture their experience of working collaboratively to prevent death by suicide in public places across their respective areas. This included follow-up interviews with a small sample of ROSPs.

An expert review of the document was carried out by:

- Professor Ella Arensman, Head of University College Cork's School of Public Health, Research Professor School of Public Health and Chief Scientist, National Suicide Research Foundation (NSRF).
- Dr Greg Martin, Consultant in Public Health Medicine, National Health Improvement, HSE.
- Patricia Smith and Amanda Connell, members of the NSRF Lived Experience Panel.

Key agencies and stakeholders in Ireland

The following is a list of key agencies and stakeholders in Ireland, that have responsibilities with or involvement in public places as outlined in this toolkit, for example, bridges, cliffs, parks, railways, roads, waterways and historic sites.

Bridges

Including for example, 'road over road' bridges, 'road over river' bridges, 'road over rail' bridges.

- **Local Authorities** own all bridge assets within their administrative boundaries along Local, Regional and National roads. There are approximately 40,000 bridges in Ireland. Local Authorities in each region are responsible for all bridges, except those along National roads where TII maintains oversight responsibilities.
- **Transport Infrastructure Ireland (TII)** is the public body responsible for the inspection and maintenance of bridges along the National road network in Ireland. There are 3,419 National road bridges of which:
  - 1,839 are maintained by TII
  - 984 are maintained by Motorway Maintenance and Renewal Contractors (MMaRCs)
  - 596 are maintained by Public Private Partnerships (PPPs).
- **An Garda Síochána** is responsible for Ireland's national police and security services. For Emergencies, call 112 or 999. To report traffic/bridge related incidents call Traffic Watch on 0818 205805. An Garda Síochána operate mobile safety cameras across Irish roads with a total of 1,363 safety camera zones nationwide (September 2023).

Cliffs

Including for example, cliff faces and edges, inland quarries.

- **Irish Coast Guard (IRCG)** is responsible primarily for maritime search and rescue, maritime casualty and emergency response services. The Coast Guard is a Division in the Irish Maritime Directorate (IMD) of the Department of Transport. It is neither a law enforcement agency nor a military organisation.

  The Coast Guard Unit and Support section is responsible for the management, resourcing, and training of the volunteer Coast Guard Units on the coast. The volunteer Coast Guard Units provide a very important local maritime emergency response. There are 44 Coast Guard Units around the coast made up solely from the local communities comprising approximately 1,000 volunteers.

  Coast Guard Units provide a coastal search capability on the shore. In addition to coastal search capability, some units are trained to provide a cliff rescue capability, boat rescue and support capability and Unmanned Aerial Vehicle search capability. Coast Guard Units are available to enhance community resilience during emergencies, such as incidents of probable suicide, when requested by Principal Response Agencies/Principal Emergency Services.
- **Water Safety Ireland (WSI)** is responsible for public awareness and education on drowning prevention in Ireland. WSI strives to reduce fatalities by increasing water safety awareness and by changing attitudes and behaviours so that aquatic environments can be enjoyed with confidence and safety.
- **Private Land Owners or Local Authorities** may have ownership of some locations.

Parks

Including for example, national/local parks, public/botanic gardens, forest parks, woodlands, wetlands, public/private estates, historic buildings, monuments and castles.

- **National Parks and Wildlife Service** is responsible for Ireland's National Parks located in Burren, Connemara, Glenveagh, Killarney, Mayo and Wicklow. Nature Reserves in Ireland are owned and operated by the State. However, some are owned by organisations or private landowners.
- **The Office of Public Works (OPW)** is responsible for protecting, preserving and presenting Ireland's most important heritage sites. These sites include many historic parks, gardens and historic sites including some 31 iconic Historic Properties and over 750 National Monuments.
- **Local Authorities** are responsible for the upkeep of including public realm, public parks and gardens within local areas of their designated city/county.
- **Coillte** is Ireland's semi-state forestry company and is responsible for managing 440,000 hectares of primarily forested lands, 12 state forest parks and 260 recreational forests nationwide.

Railways

Including for example, mainline stations, Luas lines, level crossings, rail tracks, regional stations.

- **Iarnród Éireann (Irish Rail)** is responsible for providing passenger and freight rail services including:
  - Intercity services between Dublin and Belfast, Sligo, Ballina, Westport, Galway, Limerick, Ennis, Tralee, Cork, Waterford and Rosslare.
  - Regional services include the Limerick to Galway line, Cork commuter network (including the Cork to Midleton line), Limerick Junction to Waterford, and Limerick to Ballybrophy (via Nenagh).
  - The DART service between Greystones, Howth/Malahide, commuter service in the Dublin area (between Gorey and Drogheda), the M3 Parkway line and the Maynooth and commuter service to Kildare.

The maintenance and renewal of the track, structures and buildings of Iarnród Éireann is the responsibility of the Chief Civil Engineer – to maintain tracks, bridges, level crossings, stations, platforms, tunnels and embankments.

- **Transport Infrastructure Ireland (TII)** contracts the operation of the Red and Green lines to Transdev Dublin Light Rail Ltd, for the operation of the Luas. Transdev is responsible for maintenance of the infrastructure and rolling stock (sub-contracted to Alstom Ireland Ltd/ Veolia and Alstom Ireland Ltd., respectively).

  TII are the asset owners of the Luas infrastructure and rolling stock, and therefore have responsibility for ensuring that a strategic focus to the management of its infrastructure and vehicle assets is achieved, and is classed as a Railway Organisation.

Roads

Including all National, Regional and Local public roads.

- **Local Authorities** are the Road Authorities for all roads, including national roads. They own all road assets within their administrative boundaries along Local, Regional and National Roads. There are approximately 100,000km of road in Ireland.
- **An Garda Síochána** is responsible for increasing public confidence in safety on Irish roads including the reduction of number of deaths and serious injuries on Irish roads, via the Garda National Roads Policing Bureau (GNRPB).
- **The Road Safety Authority (RSA)** is responsible for:
  - road safety awareness and road safety education
  - reporting official statistics on fatal and injury collisions that have occurred on public roads in line with its statutory remit
  - analysing collision data to inform the development of evidence-based interventions and road safety research.
- **Transport Infrastructure Ireland (TII)** secures the provision of a safe and efficient network of national roads having regard to the needs of all users. Under the Government's Infrastructure Guidelines, TII is the approving authority for National road projects and works in partnership with Local Authorities, which are the road authorities for all roads, including National roads.

  TII is responsible for the primary and secondary National road network in Ireland comprising 5,306km of road. They directly manage 900km of this network through Motorway Maintenance and Renewal Contracts. PPP companies manage 300km of this network, with the remainder managed by the respective road authorities. TII is also responsible for three tunnels as part of the National Motorway Network – Dublin Tunnel (M50) and Jack Lynch Tunnel (N40) operated and maintained by Egis, and Limerick Tunnel (N18) which is operated by Direct Route, on behalf of TII.

Waterways

Including for example, rivers, canals, seas, beaches, rivers, lakes, reservoirs.

- **Irish Coast Guard (IRCG)** is responsible primarily for maritime search and rescue, maritime casualty and emergency response services. The Coast Guard is a Division in the Irish Maritime Directorate (IMD) of the Department of Transport. It is neither a law enforcement agency nor a military organisation.

  The Coast Guard Unit and Support section is responsible for the management, resourcing, and training of the volunteer Coast Guard Units on the coast. The volunteer Coast Guard Units provide a very important local maritime emergency response. Coast Guard Units are available to enhance community resilience during emergencies, such as incidents of probable suicide, when requested by Principal Response Agencies/Principal Emergency Services.
- **Water Safety Ireland (WSI)** is responsible for public awareness and education on drowning prevention in Ireland. WSI strives to reduce fatalities by increasing water safety awareness and by changing attitudes and behaviours so that aquatic environments can be enjoyed with confidence and safety.
- **Waterways Ireland** is responsible for the management, maintenance, development, and promotion of over 1,000km of inland navigable waterways, principally for recreational purposes. The waterways under its remit are the: Barrow Navigation, Lower Bann Navigation, Royal Canal, Erne System, Shannon-Erne Waterway, Grand Canal, Shannon Navigation, and Ulster Canal.

Historic sites

Including for example, historic buildings, monuments and castles.

- **The Office of Public Works (OPW)** is responsible for protecting, preserving and presenting Ireland's most important heritage sites. These include many historic parks, gardens and historic sites including some 31 iconic Historic Properties and over 750 National Monuments.
- Many historic buildings in Ireland are privately owned.

> “Preventing deaths by suicide at public places, is challenging. However, the five stages outlined in this toolkit clearly describe how it is possible – especially by forming strong partnerships, gathering accurate information, implementing actions and interventions, and then monitoring and evaluating their effectiveness.”

– Lived Experience Panel Member

Stages to preventing suicide in public places

The following are sequential stages and associated considerations that are required to develop an approach to prevent suicide at a particular public place. The information is for guidance purposes – some stages may be of greater relevance than other stages, depending on the type of agency or stakeholder involved.

Stage 1 – Form partnerships

Encouraging 'collective responsibilities' and building collaborative approaches between multiple agencies is advised to prevent suicide in public places. In order to develop feasible and effective approaches, it is important to firstly identify and form constructive partnerships with the most relevant agencies that have responsibilities with, or involvement in, the type of public place involved. This will reduce the potential for duplication of effort and resources.

In some instances, there may be pre-existing networks involving these agencies that provide an opportunity for access and engagement in the first instance. Foremost, the nationwide network of HSE Resource Officers for Suicide Prevention (ROSPs), HSE Health Regions, and the HSE National Office for Suicide Prevention (NOSP) may hold pre-existing relationships nationally or locally, that could be accessed. For example, these relationships may be with Local Authorities, An Garda Síochána, non-governmental organisations (such as Samaritans) and other state agencies or local media outlets.

HSE ROSPs are also a point of contact for local suicide prevention action plans and associated implementation groups – of which there are currently 10 Connecting for Life groups nationwide. Any agency considering a suicide prevention initiative for a public place, should consult with their local HSE ROSP to discuss and agree the most appropriate course of action and lead responsibilities.

Stage 2 – Gather and analyse data

Probable suicide and self-harm data

Identifying locations involved in suicidal behaviour and prioritising locations of greatest concern requires the systematic collection and analysis of timely data. In some areas, formal data sharing protocols exist with An Garda Síochána or local Coroners. Other areas rely on more informal processes and engagement with key stakeholders.

Where a team is reliant on more informal data sources (for example, from community organisations/members, health and social care professionals, a local Garda station or websites such as RIP.ie) a method of triangulation should be used to verify the information. Triangulation in this context means to examine multiple data sources to validate results, increase credibility and gain a more detailed understanding of findings.

For example, if the initial notification comes from a community member, the data should be verified by cross-checking the information with two other reliable sources such as a local Garda station and a health professional.

In order to determine whether a location or site is associated with repeated cases of probable suicide and/or self-harm, accurate data will be required over multiple years. Local intelligence and real-time data will help improve knowledge and understanding of suicidal behaviour.

Equally, the lived experiences of people affected by suicide are essential for understanding localised factors or trends and the potential impact or suitability for taking appropriate actions and/or preventative measures. In some cases it might be possible to gather important information from people who have attempted suicide at the site or those tragically bereaved by suicide.

Any engagement with people with lived experience of suicide at the site should be done in a highly sensitive and respectful manner, including providing access to specialised support services for people who are affected.

Recording of data

For each case of probable suicide or suicide attempt, data to identify locations of concern and examine patterns of use should be collected and entered into a database, where it is available. Personal data is needed in order to ensure no records are duplicated. Other variables can also help to establish a profile of users of particular locations and highlight specific methods used. The database can include the following items.

- Person's name/names (encrypted).
- Date of birth.
- Gender.
- Ethnicity.
- Marital status.
- Address/addresses (including educational institution).
- Accommodation status.
- Inpatient/outpatient of HSE Mental Health Services in 12 months prior to death.
- Recent (days or weeks) discharge from HSE Mental Health/Addiction/ED Services.
- Other known risk factors (for example, recent bereavement).
- Date and time of probable suicide/ attempted suicide.
- Specific location of probable suicide/attempted suicide (with GPS coordinates).
- Distance from the person's home.
- Method(s) used.
- Possible links with previous cases of probable suicide and/or self-harm associated with the same location/site.
- Distance from hospital.

It is very important that all data is gathered and stored in line with GDPR, data privacy principles and the relevant record retention polices.

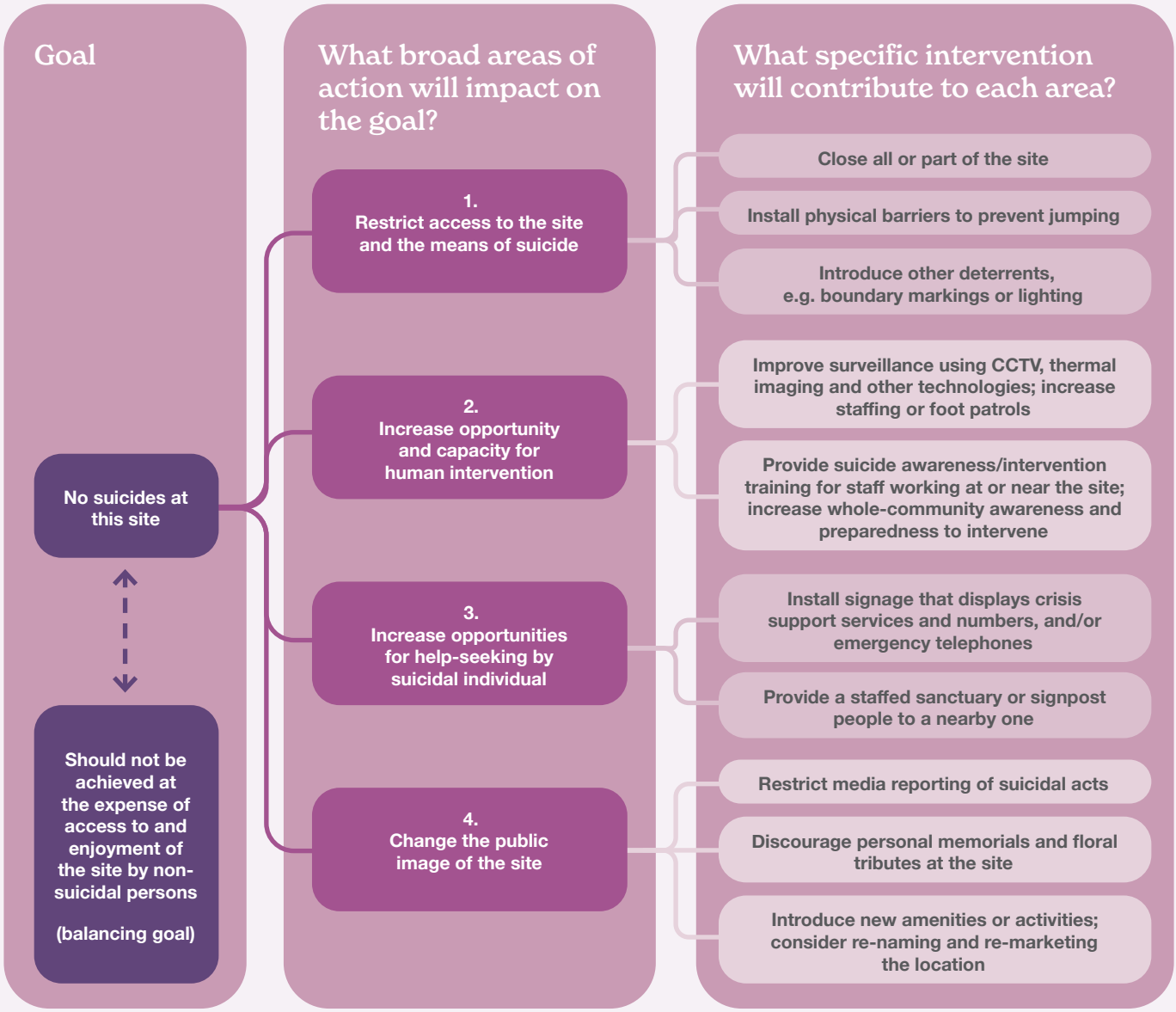
Once as much reliable information as possible has been collected, it should be analysed. For each site the team should seek to answer the following questions:

- How many deaths or attempts have there been at the site?
- What methods of suicide have been used at the site? A range of methods may have been used at a single site, for example jumping and hanging.
- How large is the site? If it is an extensive area (for example, a country park or stretch of cliffs), where exactly are the most dangerous locations?
- Are they concentrated in a particular spot or scattered across the site? How far did individuals travel to the site?
- How did the individual(s) get there? This may indicate a need for suicide awareness/intervention training for transport providers.
- Are there any particular days or times at which suicides/suicide attempts occur at the site? It may be possible to increase surveillance and/or staffing at key times.
- Do the individuals share addresses or any personal characteristics? For example, they may be residents of a local hostel or users of a nearby service.
- What lighting systems/sources are available at the location/site? Reduced lighting can be associated with increased risk of suicide.

Manually plotting the data onto a map or by using geographical information system (GIS) software can also assist with this process. Mapping can highlight the proximity of locations of concern to other relevant locations such as hospitals or community mental health inpatient units.

In addition, monitoring and surveillance of probable suicide and self-harm will contribute to increased understanding of specific profiles of people who may access certain locations/sites when considering suicide **[11].**

Figure 1: Framework for site-specific suicide prevention adapted from the Preventing suicides in public places: A practice resource. Public Health England 2015.



Stage 3 – Decide actions and interventions

Once a site of concern has been identified, the multi-agency working group (stage 1) creates a site-specific plan.

Figure 1 provides a framework for carrying out a site audit. It can be used as the basis for drawing up a suicide prevention plan for each priority site. The framework consists of a:

- primary goal, namely no suicides at this site, together with a balancing goal to protect the interests of non-suicidal persons
- set of four broad areas of action that will impact on the goal
- set of specific interventions that will contribute to each.

Additionally, a full assessment of the site should be carried out when drawing up a site-specific action plan using the framework, noting:

- all available access routes and methods of transport to the site
- particular features of the site that provide means or opportunity for suicide
- what suicide prevention arrangements are already in place
- what further actions could be taken.

Area of Action I – Restrict access to the site and the means of suicide. For example:

- Close all or part of the site.
- Install physical barriers to prevent access/ jumping that are architecturally designed and aligned with the environment.
- Introduce other deterrents for example, boundary markings, lighting or planting of vegetation that is difficult to cross.

Area of Action 2 – Increase opportunity and capacity for human intervention. For example:

- Improve surveillance using CCTV, thermal imaging and other technologies, increase staffing or foot patrols. CCTV can act as a deterrent, but also as a means for intervention (if monitored) as would often be the case on train platforms, railway crossings, bridges, etc **[12].**
- Provide suicide awareness/intervention training for staff working at or near the site, increasing whole-community awareness and preparedness to intervene.

  For information on free training see: **www.nosp.ie/training**

Area of Action 3 – Increase opportunities for help seeking by the suicidal individual. For example:

- Erect Samaritans signs and/or free emergency telephones.
- Provide a staffed sanctuary or signpost people to a nearby one.

Area of Action 4 – Change public image of site to dispel any negative reputation. For example:

- Introduce new amenities/activities: re-naming and re-marketing the location but avoid prominent focus in the media.
- Ensure media reporting of suicides or suicide attempts is in line with Samaritans guidelines on media reporting.
- Discourage and remove personal memorials and floral tributes at the site **[13].**

See the Examples and case studies section for further information on actions taken at different locations, **page 24**.

Guidance for using Samaritans' crisis signs

Crisis signs are designed to highlight the Samaritans' helpline number to a vulnerable person considering taking their own life in a public place. Research on the effectiveness of crisis signs is mixed. No studies have examined the use of signs on their own, so it is not possible to attribute success solely to the use of signs. The available evidence does not support placing signage everywhere. This is because crisis signs could draw attention and highlight a particular location as a method of suicide to the public.

Wherever possible, signs should be used in conjunction with other interventions and suicide prevention activities in the local area to increase the likely impact. Consideration should be given to ensure signage is visible to someone vulnerable who may be thinking of taking their own life and that it doesn't inadvertently promote the location as a potential means of suicide. Information from past incidents should be used to help inform where signs are placed and the impact of the signage should be monitored.

For further information about the evidence around signage, email **research@samaritans.org**

Stage 4 – Implement actions and interventions

Agreed interventions should be introduced in collaboration with partner agencies and stakeholders, in particular the local Suicide Prevention Action Group, led by the HSE. HSE Resource Officers for Suicide Prevention (ROSPs) can also advise on how the intervention can be supported by wider community initiatives.

Care should be taken in balancing the need for the intervention with the impact on regular ongoing users of the area, and where possible, utilising materials and methods that minimise disruption. Where an agreed intervention involves reducing physical access to a particular public place, due consideration should be given to local communities and regular users of the place.

Before plans for a site advance, formal processes – such as obtaining planning permission or conducting an environmental impact assessment – may need to be completed. Local media should be asked to refrain from reporting on the implementation of any suicide prevention plans at a particular site, as any publicising of the site's association with suicide may encourage further attempts.

Stage 5 – Monitor and evaluate

Ongoing monitoring of suicidal behaviour at the site is important in order to assess whether the intervention has been effective. It is also important to ensure that similar sites nearby are monitored in order to check for displacement effects. All site-specific evaluations should be reported to the local Suicide Prevention Oversight Group (this can be done via the HSE ROSP.

Small-scale local suicide prevention initiatives can be difficult to evaluate formally using quantitative measures. If the project or overall programme of work is of sufficient size and importance, it may be possible to engage academic partners. The **National Suicide Research Foundation** can provide advice in this regard. If resources allow, it may also be possible to interview survivors of non-fatal suicide attempts, witnesses and rescuers. This will generate further learning about the location, the reasons why suicidal individuals are attracted to it, and what can be done to improve safety.

Findings of positive benefits will help to support continued investment in effective interventions in a local area/place and contribute to the development of an evidence base to help reduce and prevent suicide in public places in Ireland.

> “It is encouraging to see that collaborative work can take place across multiple different agencies, so as to prevent deaths by suicide and prevent more families experiencing the type of loss that my family and I have gone through.”

– Lived Experience Panel Member

Examples and case studies

These examples and case studies provide information on previous or current suicide prevention initiatives in various public places internationally.

They will not necessarily be comparable with places in Ireland, or of direct relevance to the Irish context. Therefore they should not be taken as like-for-like recommendations of what should be introduced in Ireland.

However, the lessons learned and best practices adopted by agencies can serve as useful guidance for potential interventions or initiatives in Ireland.

Note: The listed examples and case studies that are of Irish sites, are unnamed in this document so as to not draw any unnecessary or unhelpful attention to them.

Bridges

[redacted]

Cliffs

[redacted]

Parks

[redacted]

Railways

- Network Rail (UK)
- Finnish Rail (Finland)

Roads

- Vision Zero (Sweden)

Waterways

[redacted]

- Vision Zero (Sweden)

Historic sites

[redacted]

As the number of deaths by suicide on road bridges is relatively small and the network is very large, it is important that exact locations are identified so that areas can be identified and prioritised.

Bridges

Structural interventions on bridges – such as vertical barriers or horizontal nets – are the most effective suicide deterrent on bridges, based on research. However, the implementation of structural interventions is frequently limited by structural capacity, aesthetics and other economic or cultural factors. For example, the installation of fencing may not be possible owing to the particular physical construction of the bridge, the need for consideration on the impact to regular users of it, or a mixture of both **[14]**.

Nevertheless, installing barriers or fencing along the length of bridges has been found to reduce the number of attempts and deaths by suicide at some locations, by up to 90% **[15]**. They can impede the speed at which a person can cross or climb over them. This could allow extra time for observers to reach the person, or for services to arrive **[16]**. However, these barriers could equally physically impede any observers or services, from reaching the person themselves and so careful consideration of their benefits is required.

Furthermore, knowing which specific characteristics and dimensions are appropriate for bridge barriers is important. It is even more important that barriers are completed across all relevant parts of the structure, as incomplete measures could lead to displacement of people to other parts of the bridge.

Additional interventions can also be used on some bridges. For example:

- Public art installations can enhance the emotional resilience and well-being of people, and so reduce the likelihood of their developing ideation or beginning a suicide attempt **[17]**.
- Surveillance technologies and patrols where a bridge authority is in place **[14]**.
- Emergency telephones and signage **[14]**.
- Lighting and anti-climb paint **[14]**.
- Combining structural interventions with non-structural ones, such as providing foot patrols on or near the bridge (where a bridge authority is in place), or the installation of signage containing support information and crisis telephone/text numbers.
- Applying general restrictions to pedestrians having access to bridges has also been found to be beneficial **[14]**.

As the number of deaths by suicide on road bridges is relatively small and the network is very large, it is important that exact locations are identified so that areas can be identified and prioritised.

[redacted]

What was introduced

Owing to the original design and construction of the bridge in the 1980s, it was not possible to retrospectively install any physical measures on the bridge at that time. However, approximately 10 years after the bridge opened, six suicide crisis telephones were introduced in response to concerns about people dying by suicide, by jumping from it. Red signs also let people know that help is available, encouraging them to pick up one of the phones. The phones were installed and are maintained by the Highway Patrol service, who are responsible for responding to suicide attempts.

The [redacted] (which is responsible for the bridge) noticed a rise in deaths in 2017 and 2018 at the bridge, and at other bridges, and so began to explore the potential efficacy of introducing measures at the bridge, and began conducting research on bridges in other locations and countries.

The Department then identified that – although commonly cited as a successful measure – suicide crisis telephones alone had little effectiveness in deterring people from ending their lives there. However, it also identified that technologies at that time, allowed for the introduction of safety fences to the bridge. The bridge would be able to safely bear the weight of these fences, and safely withstand additional wind stresses caused by their presence. The installation and maintenance of them was funded through the toll charges on the bridges. Transparent materials were used for the fences, to minimise any negative visual impact on users of the bridge and maintain views of the surrounding landscape. The stainless steel, diamond-patterned safety fences are nearly 11 feet high. The fences extend on each side of the span, to where the bridge is only about 50 feet above the water.

Results

Before the installation of the safety fences, the number of deaths by suicide from the bridge averaged between 12 and 15 a year. In the first year after the fences were completed (June 2021) it was reported that two people died by jumping, eleven people attempted to jump but were stopped, while another 80 made 'threats' to end their life during the same time period. One person ended their own life by other means and was found in a rest area.

The management of the bridge (with regards to suicide prevention) is not formally linked to any networks or partnerships, but there are informal links with the [redacted] (who lead on responding to suicide attempts) and the local County Crisis Centre. This led to the [redacted] becoming aware that to reduce the risk of a person ending their lives by suicide at the bridge, multiple interventions were required before they reached a crisis point in their lives. They see their role as reducing the opportunity people have to end their life by suicide.

[redacted]

What was introduced

Operators have taken holistic and integrated approaches to reducing the numbers of deaths by suicide at the [redacted]. These have been influenced by restrictions placed on it owing to planning considerations and being in an urban area.

In keeping with many other bridges, fencing was introduced in 1998 – although for architectural planning reasons the installation of fences did not cover the full length of the bridge. The fencing includes removable mesh panels to enable emergency services easier access to assist anyone in distress on the main part of the bridge.

The bridge is privately owned and operated by a charitable trust, and its operators fund all suicide deterrent work from toll charges revenue. This has enabled operators to introduce a range of measures. In addition to fencing, there is night time lighting and a number of CCTV cameras. All staff who work at the bridge on a 24/7 basis receive specialist training in suicide awareness, intervention and negotiation.

Results

In the four years after the installation of fencing, the number of deaths by suicide at the bridge reduced from eight deaths per year to four **[15]**.

Close partnerships between the police and a local suicide prevention group are maintained to coordinate efforts and issue alerts. In the event of a successful intervention to an attempted suicide, there is also a quiet/warm room where people can safely await the arrival of emergency services.

Other approaches undertaken include managing the narrative about the bridge's association with suicide, this is done through running historic tours, landscaping the area, the removal of any memorials placed, and a general policy to not respond to any media queries for information about deaths from the bridge.

Cliffs

In comparison to other locations of suicide, there is relatively little literature available on utilising cliffs as a means of suicide. The literature that does exist highlights a dual approach to effectively deterring suicide at these locations.

- Larsen et al (2020) highlight that fencing alone is a weak deterrent, but if the fencing is connected to alarm systems, these can alert emergency services to have the opportunity to intervene sooner **[18]**.
- Public Health England (2015) identified that making it harder to access cliff sites by reducing vehicle access to them can also reduce the likelihood that people will use them to attempt suicide **[2]**.

In Ireland, there are a number of scenic cliffs that are popular attractions for locals and tourists alike. Such sites can be hazardous, especially given the inhospitable and changeable weather conditions. Deaths by accident and suicide can occur at these locations; and as such, it is essential that there is a balance between allowing access to these areas for tourism and economic purposes and ensuring the safety of visitors.

[redacted]

What was introduced

Estimates of the number of annual deaths at [redacted] vary, with an average of 23 deaths per year.

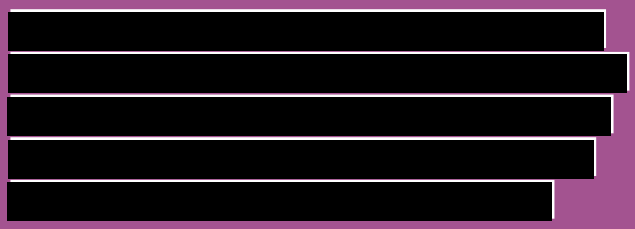
The local [redacted] conducts regular day and evening patrols of the site. Signage is in place with the telephone number of the Samaritans urging people to call them, and steps were taken to alert local workers – publicans and taxi drivers – to people contemplating suicide.

A key challenge to introducing interventions at [redacted] is that most deaths are unobserved, and reporting protocols – and therefore data – are limited. However, the available data suggests that a significant number of people travel from outside of the area to [redacted] to end their life. Attempts are therefore being made to alter the wider public perception of the area. This is done by removing any informal memorials that are installed, and enhancing the surrounding landscaping to create a 'place of reflection' – to allow people who travel there to have more opportunities for interaction with others.

Local Council Officers who are involved in the informal network associated with [redacted] report that the physical landscape and surrounds are important. When at the cliff, a person might have limited awareness of other people being in the area and there may be no visible roads or dwellings that could otherwise offer them a visual connection to other people. They understand that this isolating environment could re-enforce a person's sense of despair and decision, and any interventions should overcome this local contextual factor.

Results

The management of the [redacted] site is led by the Local Council (who own the land) who facilitate an informal network of local agencies (including Police, Health, and the Coastguard). This network shares information and ideas to inform activities or initiatives in the area. However, with no formal lead agency responsible for reducing suicides at this site, there are no specific resources or budget available to fund particular interventions. The informal network meets annually to discuss related issues at [redacted], and to identify opportunities for potential funding and investment. In the past, deaths at [redacted] have been significantly reported in the news; therefore, more moderate coverage of incidents – that ensure a mention of available services and supports – is now encouraged with local media.



What was introduced

Suicide prevention training is offered on a voluntary basis to all staff who work at the cliffs. If staff so wish, training is available through the **HSE's ASIST** (Applied Suicide Intervention Skills Training) programme, or via a series of ongoing staff development activities.

Staff are further supported to be observant of people who might be at risk of suicide at the cliffs, and to actively have 'eyes and ears' on visitors. They are encouraged to be alert to some people or behaviours, for example a person who is not appropriately dressed for the weather, lone travellers, those behaving erratically, purchasing a one-way ticket for a journey, or those who return to the site the next day, or repeatedly.

Staff patrol the coastal walk area around the cliffs and alongside the safety barriers and flagstones, which are in place to prevent people jumping off the cliffs. The number of visitors accessing the area is also a deterrent in itself. The presence of large numbers or crowds means a person might be less likely to attempt suicide – given that the majority of suicide attempts occur in solitary locations or in isolation. Crisis signage has also been erected at the site.

On occasion, the Irish Coastguard are engaged in search and rescue activities at the cliffs, however these activities are often described as 'training exercises' to those enquiring as to their presence.

Results

Staff and management at the cliffs have developed processes and protocols over time, including securing rapid access to An Garda Síochána and streamlining notifications to families impacted by a death by suicide on or near the cliffs.

Inter-agency meetings occur twice per annum with An Garda Síochána, Irish Coastguard, Fire and Ambulance Services, Samaritans, the HSE and HSE Mental Health Services. Data sharing protocols are in place and First Aid training and supports are provided.

The responsibility for the site lies with the Local County Council. The cost of maintenance of pathways, barriers and flagstones for ongoing repairs is significant, at €500k. There is a lack of public lighting and the area has 'Special Protected Status' by an EU directive as a bird breeding sanctuary. A night-time and 24 hour volunteer service was proposed previously but was deemed unfeasible, due to these factors.

Management have reported that staff approaches and interventions have been successful in preventing a number of suicide attempts at the cliffs.

Staff and management receive requests for private memorial services to be held at the cliffs by families who have been bereaved by suicide. These are handled on a case-by-case basis and with due sensitivity and care.

Further suicide postvention supports are offered to staff through an Employee Assistance Programme (EAP) and optional counselling is made available for any member of staff who has witnessed or been impacted by an event. However, support for general bystanders is minimal, aside from signposting to relevant agencies, by staff on duty.

[redacted]

What was introduced

In 2006, during an extended closure of the road for maintenance, it was observed that there were no deaths at the site. Although alternate routes were available to the cliff, they were cumbersome and not as easy to traverse.

After the road was re-opened, restrictions were introduced to limit access to the cliffs and the road could only be crossed for a few hours on weekdays. Fencing was also installed on the headland, which was maintained by the City Council who are responsible for the wider site.

Results

These interventions resulted in no deaths occurring in the first 2 years following their implementation, in comparison with the 13 deaths recorded in the preceding 10 years.

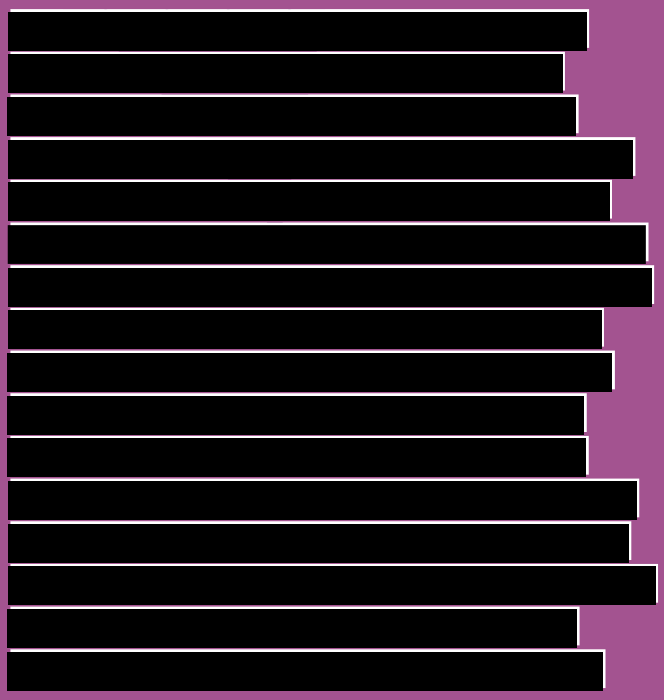
Although [redacted] has a suicide data observatory, it does not report data by location areas. However, data monitoring by the Police did indicate that the reduction in deaths because of the measures at [redacted] did not result in transference of incidents to any other nearby location.

Parks

In comparison to other locations, deaths by suicide, or suicide attempts in parks, are more likely of people who are not local to that area **[19].**

As with cliffs, the most effective deterrent to prevent people attempting suicide in parks is reducing vehicular access to them **[2]**. The installation of signage in partnership with suicide prevention agencies has also been found to have a notable impact on the number of deaths by suicide in forest parks **[19]**.

[redacted]



What was introduced

Various interventions have been implemented at [redacted] including the introduction of crisis support signage at the park and patrols by local community groups. Staff at a local café at the parks' main entrance work to try to identify people at risk as they enter the park, and to intervene at that point. There is an 'annual body search' of the park by teams (including police, volunteers, agencies) to recover bodies that would otherwise not be found or identified.

More broadly, the [redacted] government has introduced suicide awareness measures in schools and workplaces, in recognition of people travelling to the park from all over the country.

Results

While these interventions have had positive impacts in the past, the increase in unregulated social media activity about the park is now reinforcing its reputation as a destination for people to die by suicide. In order to counteract the association of the park with suicide, officials have not made any data available on attempted suicide, or deaths, since 2003. They have also introduced positive media reporting guidelines associated with the park.

What was introduced

This [redacted] site opened in 2017 and following this there was a concern about suicide at the site. However, crisis signage was not considered appropriate. Instead an initiative commenced in 2019 to install locally agreed mental health promotion signage along the route. Local HSE Resource Officers for Suicide Prevention led this initiative, in collaboration with the local city and county council and Samaritans.

The signage included positive mental health messages, and details for the Samaritans helpline. Bilingual versions were also installed at seven entry points along the [redacted] site. These were aligned with content from the ongoing HSE 'Your Mental Health' public mental health literacy campaign. The plan was to address suicide and self-harm in the area, albeit by using non-suicide specific language, in the messages used on signs.

High visibility signage installed at this site was cost-effective, and produced for less than €2,000. The local authority supported the project including meeting all fitting costs, and the continued low-level maintenance along the [redacted] entry points.

The collaborative partnerships involved in this project were grounded in the local Connecting for Life Action Plan, and its already well-established implementation structures.

Results

Although there was a concern about suicide at the site, the focus of the signage was on positive mental health promotion. Anecdotally, the community has noted a reduction in suicidal behaviour since the signage was erected. However, this has not been confirmed through evaluation. This case study is an example of how alternative measures can be put in place if suicide reduction specific ones are not considered feasible.

Railways

Most deaths by suicide on railways take place on less than 2% of a train operators' overall network **[20]**; therefore, being able to prioritise locations is important. Such understanding of local circumstances is also critical in identifying and adopting what may be the most appropriate and effective intervention **[21]**.

Examples of potential interventions:

- Fencing installed along lengths of track in areas, especially in areas of high population density.
- Supplementary camera surveillance – to identify people more quickly, and increase the likelihood of a successful intervention (for example, by a train being able to brake sooner) **[22]**.
- Platform screen doors to reduce the opportunity for people to attempt suicide from station platforms **[23]**. Such deaths at platforms are usually associated with high-speed trains that do not stop at the station **[21]**.
- Signage with crisis support messages. These have been found to have mixed impact. Site regulations and restrictions may also mean signage has limited visibility.
- In-person approaches by third parties (for example, railway staff or other passengers). The most effective way of increasing a persons' confidence to intervene in this way is through training **[23]**.
- Coordinated communications and media reporting protocols about deaths that occur on railway networks **[24]**.

There are relatively few evaluations of the full range of interventions at railways, and very limited research into the role of bystanders at these sites. However, railway related research studies (Norman, et al) broadly indicate:

- Interventions should be designed/implemented within local contexts, rather than nationally.
- The majority of deaths at railways happen on 'fast lines' where trains do not stop.
- There is no correlation between the numbers of deaths at railways, with national trends, and so railways should be distinctly considered in relation to national planning and policy.
- There is correlation between the numbers of deaths at railways, with the population density of the locality, the levels of unemployment and deprivation in the area, and the proximity of the site to in-patient mental health facilities.

Deaths at railways can be very public incidents, may disrupt travel services and media interest is commonplace, particularly locally. These incidents can cause significant distress to witnesses such as passengers, train drivers or other rail staff. Railway stations, bridges and level crossings are highly visible locations, and risk becoming learned locations if incidents are repeatedly reported in the media. Samaritans have produced best practices for the media, on reporting railway suicides and attempts. They recommend avoiding the identification of exact locations of a death, for example by naming or showing a particular station, bridge, piece of track or level crossing **[25]**.

Network Rail (UK)

Network Rail operates the UK's railway infrastructure of over 32,000km, and employs over 42,000 employees. Network Rail is a non-departmental public body of the Department for Transport. They report that in 2021–2022, there were 254 deaths by suicide, and 2,223 suicide attempts on their network [26].

What was introduced

Ongoing 20-year partnerships have worked to prevent suicide on the Network Rail infrastructure. These partnerships have included Network Rail, British Transport Police, Samaritans in the UK and affiliate partners such as Public Health England, the National Suicide Prevention Agency and academia.

In partnership with Samaritans, Network Rail have delivered suicide prevention and trauma awareness courses across their workforce. A number of campaigns (such as '**Small Talk Saves Lives**') have been introduced for rail passengers, to help them learn how to identify when another person might be at risk of suicide and how to approach them. Samaritans work with Network Rail in other ways and in line with its own strategy, for example, to install crisis support signage, to advocate for responsible media coverage of incidents, and the provision of support to people at stations, after a death has occurred.

Results

Over 32,000 rail staff have now completed training in Samaritans' suicide prevention and trauma awareness courses.

Research associated with the Samaritans 'Small Talk Saves Lives' campaign, indicated that 50% of adults did not feel confident in how to approach a stranger in a public place if they were concerned about them. The campaign aims to address this. It helps staff and passengers to be able to spot the signs a person may be in distress, and interrupt their thought process by asking innocuous questions such as "where can I get a coffee". The recurring 'Real people, Real stories' campaign takes an additional approach, with a particular focus on groups identified to be at highest risk of suicide.

In order to better understand and provide recommendations for good practice in staff mental health care, Samaritans led a **research study** on mental health and wellbeing support for the rail industry, in partnership with Mental Health at Work. It reported a significant loss of productivity and ability to deliver services when staff are off, or ill due to poor mental health, especially when linked to trauma. One third of study participants reported witnessing or involvement in suicide-related incidents or suicide.

Finnish Rail (Finland)

Finnish Rail operates the national network in Finland. Passenger trains are operated by the state-owned enterprise VR Group that runs services on 7,225km of track. In Finland, 5% all deaths by suicide occur at railways, which represents a significant level of trauma for drivers, passengers, emergency responders, and costs to wider society.

About the intervention

Railway lines in Finland are not typically contained by fencing as in other countries. Interventions that have been introduced in Finland include:

- Restricting specific site access through fencing and landscaping.
- Using long-range acoustic devices to warn of approaching trains owing to disruption to residents in locations.
- Removal of vegetation to improve visibility of drivers to trespassers on lines.

In Finland, a selection of measures – based on multi-stakeholder planning workshops and research – has been assessed. They are summarised in the following table **[24].**

Type of measure	Measure
Reduce suicide ideation	Training of railway personnel to identify suicidal people (Gatekeeper training)
	Public awareness campaigns (suicide focused) aiming to reduce the number of suicides
	Signage providing information on where to find help (for example, crisis hotline phone number)
	Training of mental health providers
Influence the decision to die by suicide in railway areas	Media guidelines: Training the media to report railway suicides in a way that does not encourage copycat behaviour
	Public awareness campaigns (railway focused) aiming to reduce the number of railway suicides
Influence access to railway areas	Restricting access to railway areas through physical means such as fencing or landscaping
	Camera surveillance
	Patrols and (human) enforcement
Improve possibilities to prevent collision	Detection systems (radar, motion detectors etc.)
	Influencing behaviour via real-time light or sound warnings
	Lighting devices to influence behaviour
	Collaboration between railway organisations, police and fire and rescue departments
	Speed restrictions
Reduce the consequences of collision	Design of train front to reduce the effects of impact
	CCTV at train front (forward-facing)
	Development of incident management (incl. training, exercises for relevant stakeholders/incident response units and improvement of cooperation)
Improve practices and/ or processes to prevent suicide	Risk assessment
	Learning from international experience
	Collaboration between organisations
	Information sharing (statistics, practices, announcements etc.)

Results

Preventative measures on railway lines and stations in Finland are combined, and have included various approaches to provide suicide prevention training to railway staff, public awareness campaigns and the installation of signage. There have also been efforts to influence people's decision to use railway sites for a suicide attempt, through media engagement and campaigns. Some sites have restricted access, and have enhanced lighting or speed restrictions in place.

There has been a decrease in the numbers of deaths by suicide in Finland by 20%, between the periods 2000 to 2010, and 2012 to 2020 **[27].**

Roads

Despite a considerable focus on the characteristics and circumstances of deaths by suicide on roads, little is known about why people choose to end their lives at these locations. While there is some general evidence that means restriction is an effective approach for preventing deaths by suicide on roads, this is not well documented in Ireland and internationally, with Sweden being an exception.

Road-related suicide methods can include jumping off or on to road infrastructures, stepping into the path of a moving vehicle, or driving off or into roads, or into another vehicle.

Measures designed to prevent access to potentially lethal sites may be particularly important, given research that indicates some people who are considering suicide at a road, are likely in a very impulsive state. The potential harmful impact on other people was a notable dissuasive factor in this research **[28]**.

The exact number of deaths by suicide on roads is difficult to establish with certainty, as road-related incidents may be misclassified as traffic accidents in official records and national statistics **[29]**. This difficulty evidences the need for more research into suicide attempts at road locations **[30]**.

- In Sweden, a re-examination of all road traffic fatalities (to take into account psychosocial information about the individual, and the circumstances of the death) resulted in a significant increase in the proportion classified as suicide **[31]**.
- A study in Switzerland found that significantly more people were killed as a consequence of road-related suicide than with other suicide methods **[32]**.
- A study into non-fatal self-harm on the roads found that the most common road-related method among men was crashing a vehicle, whereas the most common method among women was jumping from a bridge or walking out in front of a vehicle. People who die by suicide on a road, tend to be younger in comparison with all people who die by suicide **[33]**.

Vision Zero (Sweden)

In 1995, the Swedish Government introduced 'Vision Zero', an initiative that includes an aim to reduce suicide in the road transport network. It has the ambitious goal of eliminating road traffic deaths and serious injuries. Vision Zero states that no one should be killed or suffer lifelong injury from a road traffic incident. Vision Zero has been variously adopted in different countries or smaller jurisdictions, although its description varies significantly.

What was introduced

Preventive measures introduced as part of Vision Zero included restricting access to particular roads and installing fences or barriers in high-speed (or high-risk) areas. Swedish guidelines on the design of new roads and bridges now consider suicide prevention at design stage. Technological solutions have also been implemented, such as collision warnings with brake support, driver alerts, lane-keeping aids and pedestrian detection with a full auto brake.

The Swedish Road Transport Administration have acknowledged the complexity of suicide, and require a well-structured methodical approach to interventions. They examine and classify cases through a suicide prevention lens.

Similar to Finland, Swedish authorities adopt a data-driven approach to track suicide cases and to plan interventions. All road traffic fatalities undergo an in-depth review and classification by accident investigators. This may involve input from other professionals from forensic medicine, psychological and behavioural sciences and traffic safety.

Since 2010, Sweden has reported statistics on deaths by suicide on roads, separately from other deaths, using a specifically developed method. Deaths by suicide are not counted as road traffic accidents, but are reported separately in official statistics if they occurred in road traffic and a moving vehicle was involved.

Results

There was an average of 52 deaths by suicide in the road transport sector annually, on average between 2017 and 2019.

In 2017, the suicide classification scale was updated and is an important part of monitoring and planning interventions in Sweden **[34].**

Level	The result of the examination
1	Shows the manner of death was suicide Requires a farewell letter or equivalent
2	Strongly supports that the manner of death was suicide An almost certain suicide but the intention is based primarily on the course of event and psychological information of the road user
3	Cannot determine whether the manner of death was suicide or the result of an accident The information has not been sufficient to determine whether the fatality was the result of a suicide or an accident
4	Strongly supports that the manner of death was result of an accident An almost certain accident
5	Shows that the manner of death was an accident

Figure 2: Classification scale for road transport fatalities in Sweden (SWTA, 2017)

Waterways

Drowning is a global public health issue, with estimates of 372,000 people dying by drowning annually **[35]**. Suicide deaths by drowning have declined in most countries in recent years; however, the general proportion of undetermined deaths remains high **[36]**.

Gaps have been identified in published literature, including the lack of an agreed definition for rivers, rates for fatal river drownings, and the lack of consensus about particular risk factors, especially age. Further work to address research gaps would benefit among other things, prevention efforts **[37]**.

In Ireland, Water Safety Ireland policy on water safety and suicide prevention includes **[38]**:

- The promotion of water safety awareness to the public.
- The promotion of measures, including the advancement of education, related to the prevention of accidents in water.
- The provision of instruction in water safety, rescue, swimming, resuscitation and recovery drills.

According to figures from Water Safety Ireland, from 2017 to 2021 there have been an average of 118 drownings per year, where a total of 588 people lost their lives due to drowning. These figures have reduced from 142 average per year from 2012 to 2016 **[39]**.

From 2017 to 2021, males represented 70% of all drownings in Irish waters. Individuals aged between the ages of 40 and 69 years accounted for approximately 60% of all drownings in 2017-2021. During this period, 222 were drownings by suicide, accounting for 38% of all drownings. 64% of all drownings classified as suicide were male, with 36% being classified as female.

[redacted]

What was introduced

According to the Ministry of Health and Welfare's Suicide Prevention White Paper (2022) **[41]** falling from a height remains the second leading method of suicide in [redacted] (16.6%) after hanging (52.3%).

The [redacted] set up 75 suicide crisis hotlines on 19 bridges on the [redacted] Between 2011 and 2021 there were over 9,000 calls from these hotlines. Both 'Life Line' phones, and the official [redacted] suicide prevention hotline (operated by the Government), are available 24 hours every day.

Data indicates that railing augmentation appears to have curbed suicide attempts at the river in 2017, however attempts at adjacent bridges increased to 67 that year, from 42 the year before. An audit shows that 8 of the 20 bridges on the [redacted] that are managed by the [redacted] Government, did not have augmented railings, CCTV cameras or emergency bells linked to rescue workers.

Results

Data shows that there were 470 suicide attempts from bridges on the [redacted] in 2020, 615 in 2021 and 598 in the first half of 2023, indicating significant upward trends.

Consequently, authorities feel there needs to be a more consistent minimal level of preventive measures at all bridges, and especially at those bridges with high numbers of deaths or suicide attempts. They also observe the need to raise the overall height of railings.

[redacted]

[redacted]

[redacted]

What was introduced

The free Safe App can be downloaded on either Apple or Android stores and approximately 3,000 users have done so to date. Users are invited to register three 'in case of emergency' contacts in the app.

The Safe App uses a Global Positioning System (GPS) and accelerometer technologies to offer support to the student demographic detected lingering in particular waterside areas of the area, late at night or early in the morning. A Wi-Fi hotspot activates a notification system if the user is in this area for any length of time between 10pm and 6am.

A 'traffic light' graphic then invites the user to state if he or she is OK, or would like their emergency contacts notified. Alternatively, Samaritans or Emergency Services can be notified for assistance.

Marketing and communications about the Safe App, focus less on suicide prevention, and more on promoting safe messages to reduce harm or risk associated with drugs and alcohol, especially in relation to mental health factors for vulnerable 17–21 year olds in the local student population.

The app is primarily promoted via the student unions each September at the start of new academic year with a fresh intake of students. In addition, competitions or vouchers are used on social media channels to promote uptake of the app alongside a series of promotional videos and e-learning resources that have been produced by the Task Force.

Results

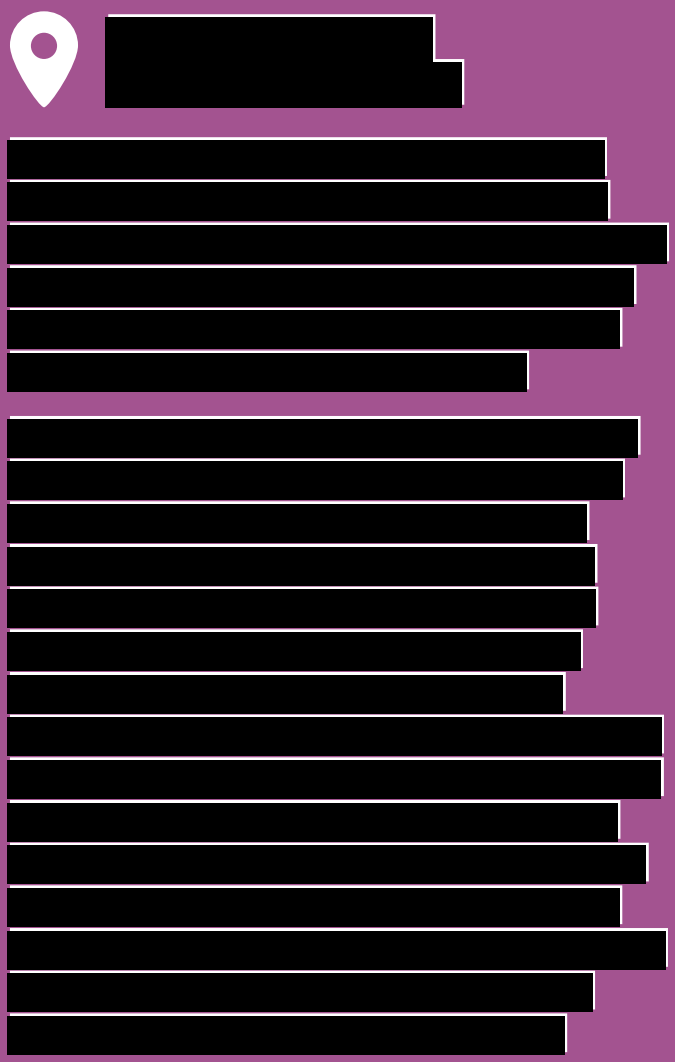
The Task Force view the app as being a preventative tool and not necessarily a panacea to reduce the number of fatalities by drowning. In addition to the app, a series of other steps have been put in place under the guidance of Water Safety Ireland in the area, including ring buoys, leaflets, posters and signage to warn of the risks and dangers of accessing the waterway or entering the river, accidentally or deliberately. Thermal imaging cameras (linked to An Garda Síochána) and suitable lighting complement these interventions.

Additional key stakeholder groups are active in the locality, providing Bystander Skills Training and working collaboratively on related activities and initiatives, such as World Drowning Prevention Day, which is held annually on July 25th.

Whilst the concept of the Safe App was the first of its kind in Ireland, exploration is underway on its potential use in other counties.

Historic sites

Some evidence from Ireland suggests that certain historic sites may negatively ‘attract’ vulnerable people, including people travelling a significant distance to get to the site.



What was introduced

In 1998 a four metre wide wire mesh net was installed seven metres below the top of the terrace. Residents were concerned however that this would lead to more people jumping instead from two high bridges within five minutes walking distance from the terrace.

Results

No people died by suicide from the terrace in the period following the installation of the safety net (1999–2002). Furthermore, an analysis of the number of people dying by jumping in the four year period before the net was installed and the four year period after showed an overall decrease in the number of people dying by suicide by jumping from all locations in Bern (95 expected; 44 observed). This indicates that there was no immediate shift to other nearby locations of concern **[42].**

> “These international case studies provide us with real evidence of how deaths by suicide in public places can be prevented – especially if interventions are planned, implemented, and monitored carefully and correctly.”

– Lived Experience Panel Member

Postvention: After suicide

Suicide bereavement is sudden and shocking and those left behind invariably have many unanswered questions such as "Why did they do it?" and "Could I have done something to prevent it?". Added to the pain of these unanswered questions are many stigmas associated with mental ill-health and this can lead to a sense of isolation that deepens the sense of loss and makes help-seeking more difficult.

It is estimated that 50% of the population will be exposed to the suicide of someone they know at some point in their life. The 2023 Healthy Ireland survey found that 69% of people know someone who has died by suicide, with 15% of people reporting that someone close to them died in this way **[43]**.

- On average up to 135 people are exposed when a suicide occurs **[44]**.
- Of these, 63 will identify as having a high/very high level of closeness with the person
- On average, 25 people will have their lives impacted in a major way
- Suicide will have a devastating impact on 11 people closest to the person **[45]**.

Anyone could find themselves being a witness to a death by suicide of someone they didn't know. They may feel that they have no right to feel sad as they did not know the person or they were not a friend or family member. Approximately 15% of the people who took part in **AfterWords: A survey of people bereaved by suicide in Ireland** reported experiencing a suicide as part of their professional role (for example, as a first responder, health professional, Garda or teacher). Over half (63%) of these participants had lost between one and five people to suicide in their professional role. Approximately 14% had experienced 16 or more deaths by suicide. These participants reported a similar prevalence of impacts of the death compared to all participants, with mental health challenges being most prominent. Just under half (46%) reported the loss had a moderate impact on their lives while over a quarter (27%) felt the loss had a major impact on their lives.

Suicide postvention is an organised immediate, short-term, and long-term response in the aftermath of a suicide. Postvention in itself is a form of suicide prevention as people exposed to suicide can have negative and long-term mental health consequences, including increased risk of suicide themselves. Postvention responses serve three main goals:

- Promote healing and support to individuals, groups and communities impacted by a death by suicide.
- Mitigate other negative effects of exposure to suicide, including the risk of contagion.
- Prevent suicide among people who are at high risk after exposure to suicide.

Regardless of the type of location a death by suicide occurs in, there are common postvention considerations that should be considered in the planning of how a site is being managed and maintained. These are important to reduce the risk of bystanders and others becoming traumatised; to challenge the image of that area becoming associated with suicide; and in contributing to the further resilience of the area against future tragedies (which may not always be linked with suicide attempts).

Reducing the known impact of a suicide or attempted suicide includes lessening the impact amongst the public and addressing the trauma of staff and any witnesses to a distressing event may experience.

It is important to review and improved procedures and processes to support those affected by suicide and other traumatic events and provide those who witness a traumatic event with appropriate advice and guidance.

Level and type of support response

The level and type of support offered and how long it will be needed for varies from person to person.

The point at which individuals decide to seek help differs too, it could be right away, several months after their bereavement or a later stage of their bereavement. Anniversaries and family events are common triggers but so are many other things. Care must be taken in the response process, because if services intervene without invitation this can disempower the bereaved family's own networks. A range of different responses may be required, depending on the situation. These include:

- **Active measures:** Vulnerable individuals are actively sought out and offered support.
- **Passive measures:** Creating awareness of and access to various services and supports, which may encourage vulnerable individuals, who may not directly seek support, to look for help themselves or with the support of concerned third parties.

Suicide postvention supports

The HSE National Office for Suicide Prevention provides and supports a range of postvention information and services. These include:

- At **www.hse.ie/grief** information is available on coping with grief after bereavement or loss and how to support others, including **IHF Bereavement Support Line**
- **National Suicide Bereavement Support Guide** – You are not alone which was co-developed with people bereaved by suicide.
- '**Safe Harbour**' is an illustrated story book for children who have been bereaved by suicide and is dedicated to bereaved children and families in Ireland.
- The Suicide Bereavement Liaison (SBL) Service offers guidance, practical information and emotional support to anyone affected in the immediate aftermath of a death by suicide including professionals or by-standers who may witness the death. It is provided by Pieta, The Family Centre and Vita House. The SBLO service is provided by Pieta, The Family Centre, Castelbar and Vita House, Roscommon.
- **Healing Untold Grief Groups (HUGG)** provide suicide bereavement peer support groups.
- **Suicide bereavement training for professionals** is a one day workshop about bereavement and grieving particularly in the context of suicide and is aimed at professionals and key contact people who, in the course of their work, come into contact with those bereaved through suicide.
- The '**Supporting people bereaved through suicide in the community**' programme is also delivered to community groups around the country by the HSE Resource Officers for Suicide Prevention and Suicide Bereavement Liaison Officers.
- **Suicide bereavement support for workplaces** has been developed by Irish Hospice Foundation.
- The Department of Education's NEPS service also provides **guidance for schools on responding to critical incidences**.

Memorials and rituals

For people bereaved by suicide related to specific locations/sites, rituals related to the location/site may be supportive, however it is important to keep a balance between the types of rituals and prevent visibility and glorification of suicides at these locations/sites. Public bodies may wish to remove tributes as quickly and sensitively as possible. Action should be taken to work closely with local bereavement support services to discourage the practice among the bereaved and suggest alternative forms of remembrance.

Many local authorities in Ireland already have a policy on roadside memorials.

See section 2.5 of the HSE's '**Suicide Prevention in the Community**' for further information about memorials.

Community Response Planning

The HSE NOSP provides operational guidance, **Developing a Community Response to Suicide**. This guidance is a resource to support those tasked with developing and implementing an Inter-Agency Community Response Plan (CRP) for incidents of suspected suicide. It outlines the processes involved in preparing such plans, how they should be governed, led and when required, activated.

A CRP aims to facilitate the early detection of potential related suicides and provide guidance and support in the provision of a timely and coordinated response amongst a number of agencies, as existing services are unable to effectively respond in isolation to the situation. A CRP is also a form of suicide postvention activity that seeks to promote healing after a death by suspected suicide (or suspected murder-suicide) and to reduce the risk of subsequent deaths by suicide. Research suggests that effective intervention in response to a suicide cluster is more likely if a response group is established than if no such group exists.

Local HSE Teams, in collaboration with other agencies, are responsible for activating CRPs. For further information see **here**.

Self-care

Specialised support should be readily accessible for professionals and volunteers involved in suicide prevention and monitoring and surveillance of suicide and self-harm at locations/sites.

Self-care is also very important for anyone supporting people bereaved by suicide. Self-care means taking the time to do things that help a person live well and improve both physical health and mental health. This can help manage stress, lower the risk of illness, and increase energy. Even small acts of self-care in a person's daily life can have a big impact. If supporting a postvention response is having too much of an impact, it is important for a person to seek professional help, for example, from a GP or a workplace Employee Assistance Programme.

> “I was surprised to read how effective limiting access to, or applying restrictions was on many sites. I was also encouraged to read how invaluable suicide prevention training is – equipping local people and workers at public sites with the knowledge and confidence to approach people who might be ‘at risk’ of suicide.”

– Lived Experience Panel Member

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Notes

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