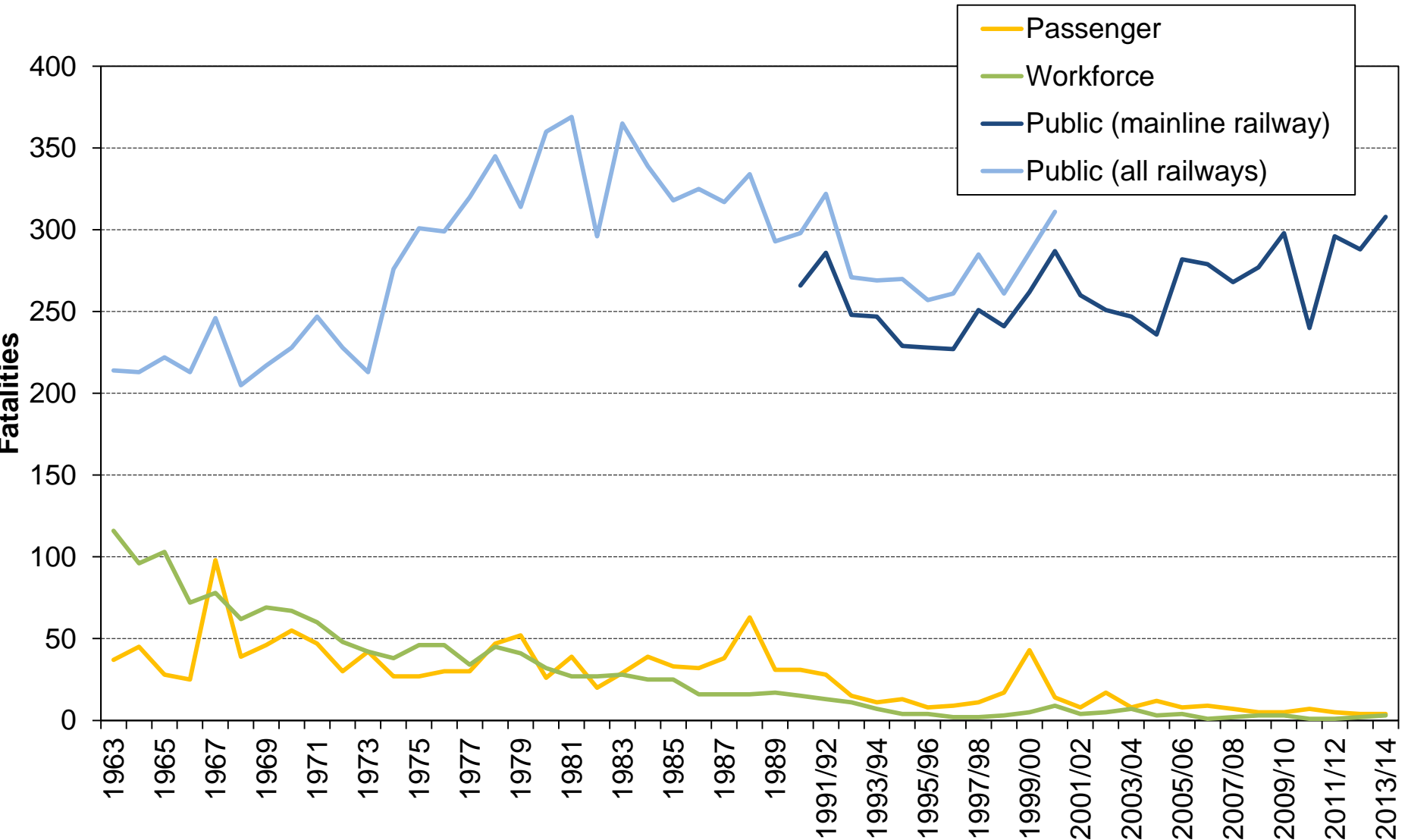


A suicide prevention programme – a GB perspective

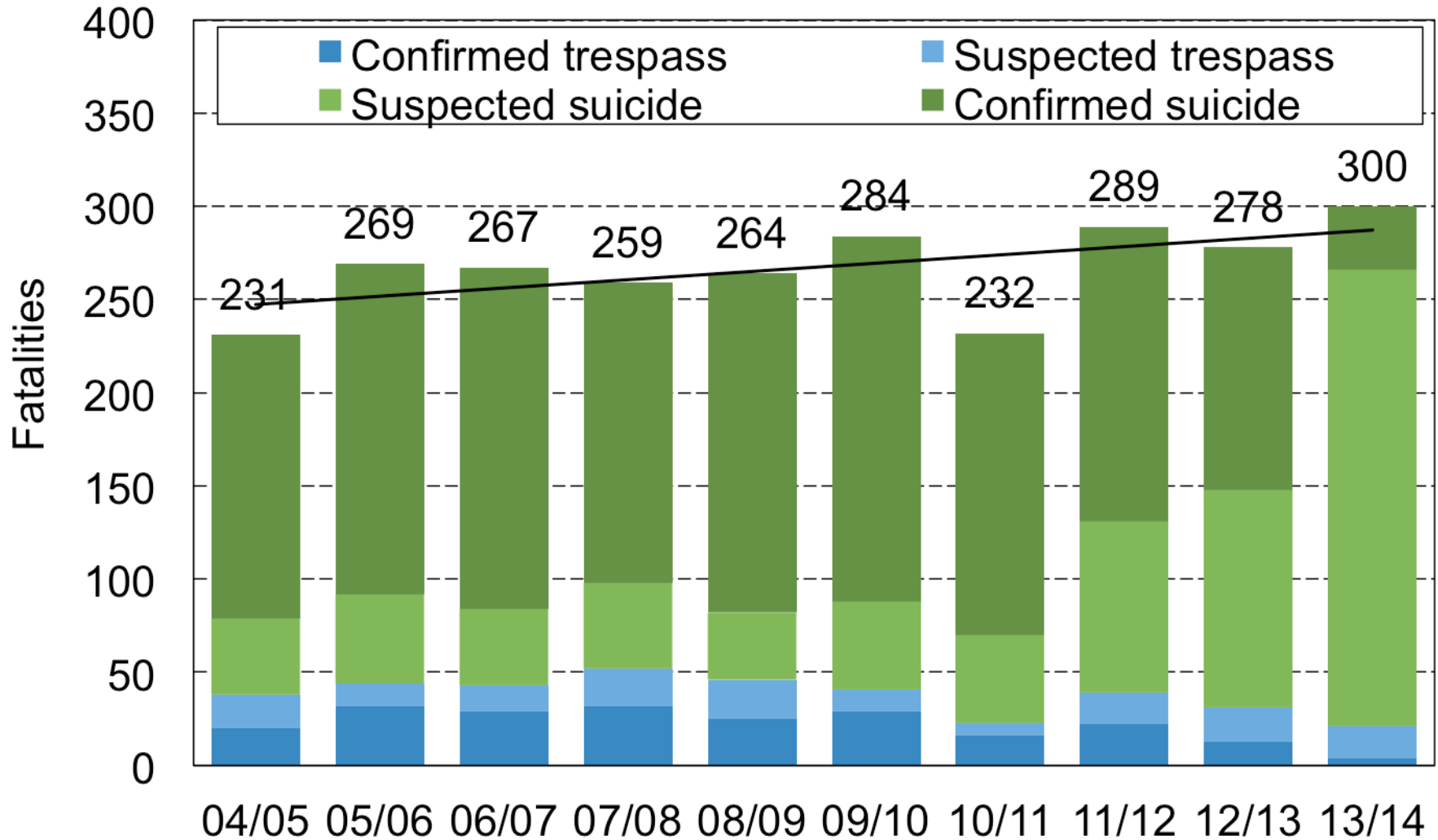
Dr Ann Mills

Head of Human Factors, RSSB, UK

Historical railway fatalities



Comparing suicides to trespass fatalities



- Estimated that there were 5,688 suicides in the UK in 2012, or one every 94 minutes
- Twice as likely to die by suicide as in a road traffic accident
- 4% take place on railway
- More men than women take their own lives
- Around 80% of railway suicides are by men
- Men aged 30-55 are the highest risk group

Partnership working

- National Suicide Group/working group
- Identification of priority locations
- Joint Suicide Prevention plans
- Wider third party engagement



Prevention

- Managing suicide contacts training (MSC)
- Public awareness campaign (posters, leaflets & contact cards, signs)
- Outreach (ESOB)
- Physical measures (barriers)



Postvention

- Suicide trauma support training (TST)
- Post incident support
- Guidance to rail staff/industry on responding to media enquiries
- Memorials Policy



At Level Crossings



A close-up portrait of an older man with a serious expression, wearing a white scarf and a red tie. The background is a plain, light color.

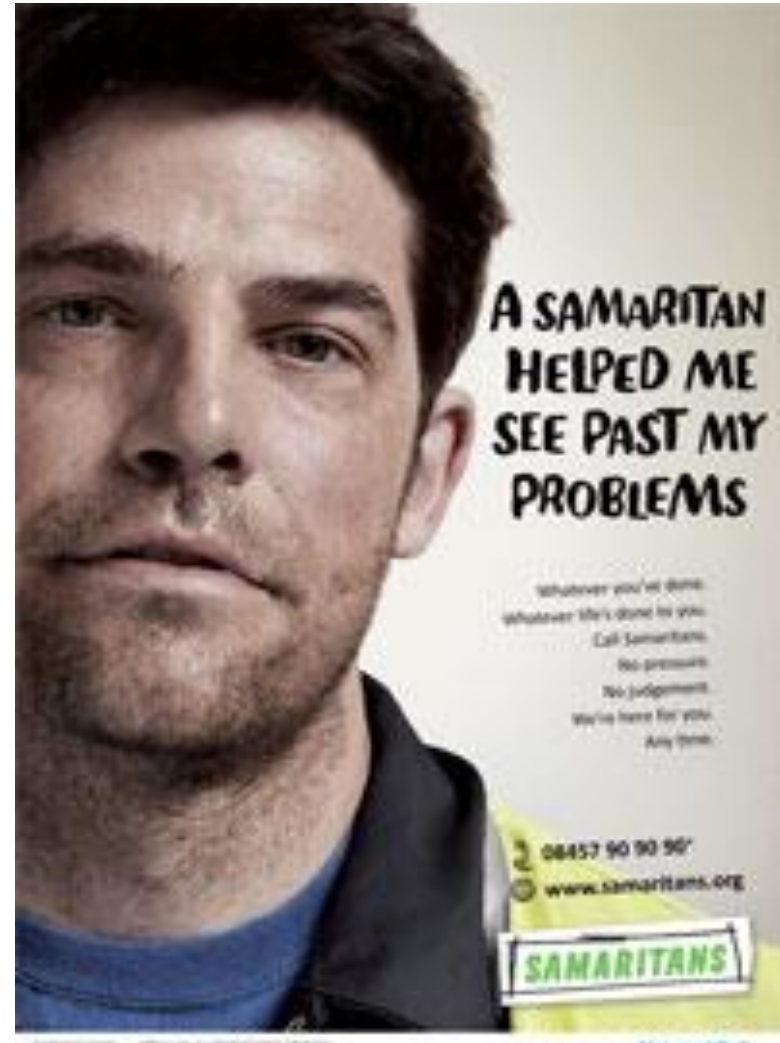
**A SAMARITAN
HELPED ME
THROUGH
TOUGH TIMES**

Whatever you've done,
whatever life's done to you,
Call Samaritans.
No pressure.
No judgement.
We're here for you.
Any time.

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SAMARITANS

Partnership with Network Rail

A close-up portrait of a younger man with a serious expression, wearing a blue t-shirt. The background is a plain, light color.

**A SAMARITAN
HELPED ME
SEE PAST MY
PROBLEMS**

Whatever you've done,
whatever life's done to you,
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SAMARITANS

Partnership with Network Rail

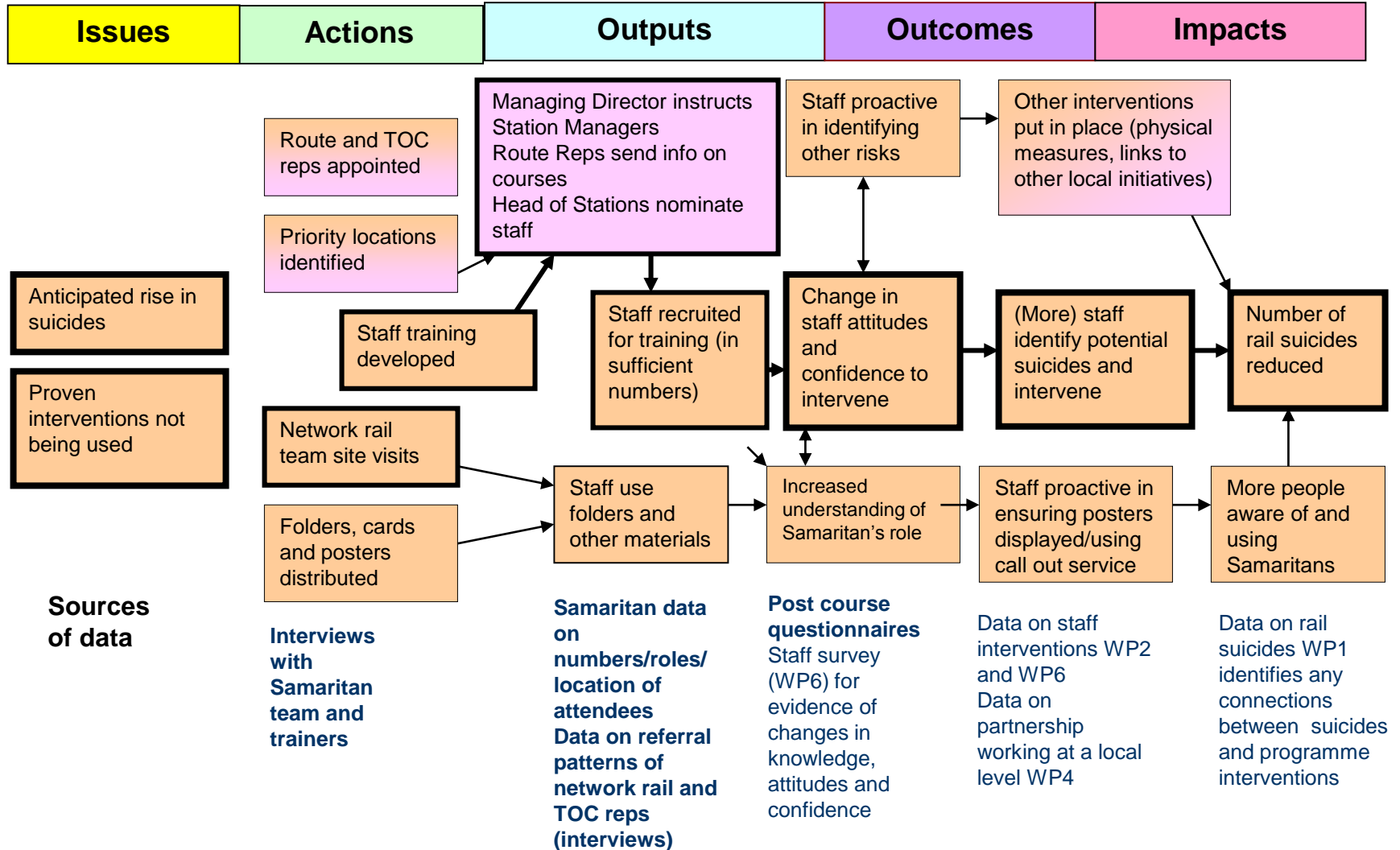
Mid platform barriers



- Complex, evolving programme, involving lots of parties
- Programme gaining momentum & impact
- Challenges in consistent delivery of programme
- Impact being felt not just at priority locations
- Other parties undertaking activities that are not formally 'part of programme'

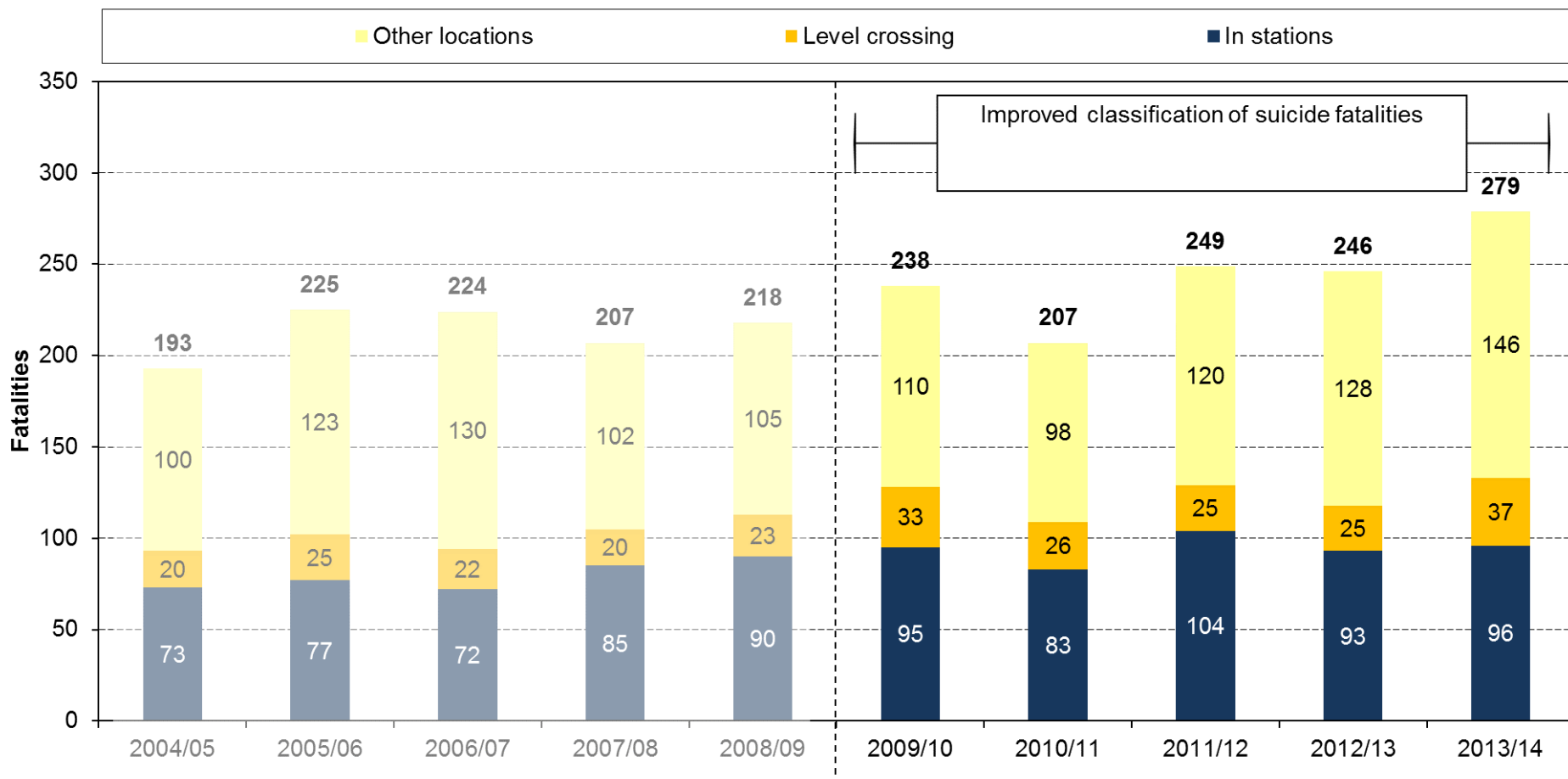
- Changes in suicide rates – too crude a measure?

Example Theory of Change map

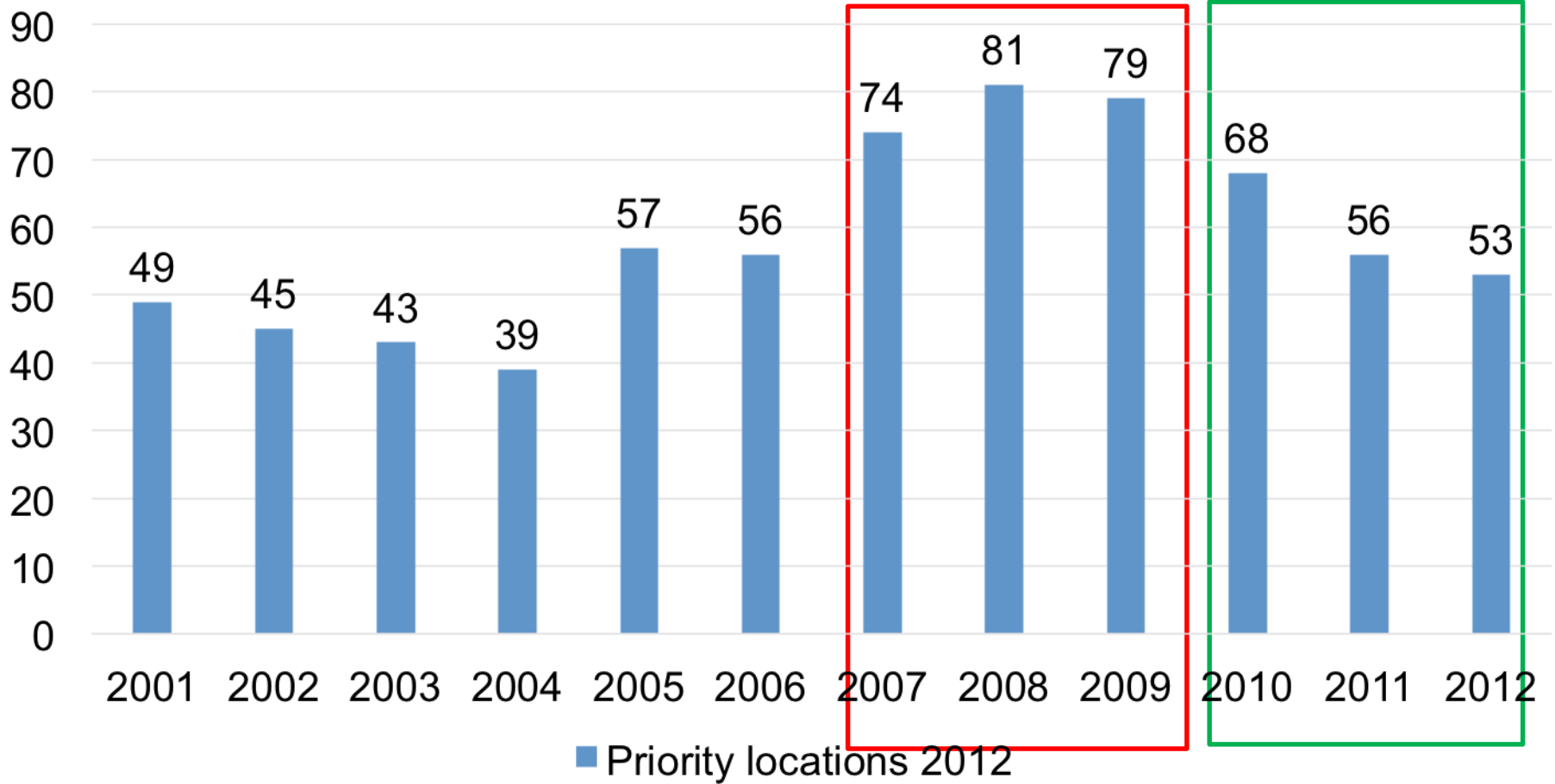







1. Analysis of number of suicides
2. Analysis of delay minutes, costs and staff absenteeism
3. Survey of partners
4. Station/Intervention case studies
5. Front line staff survey

Reduction?



Impact at priority locations

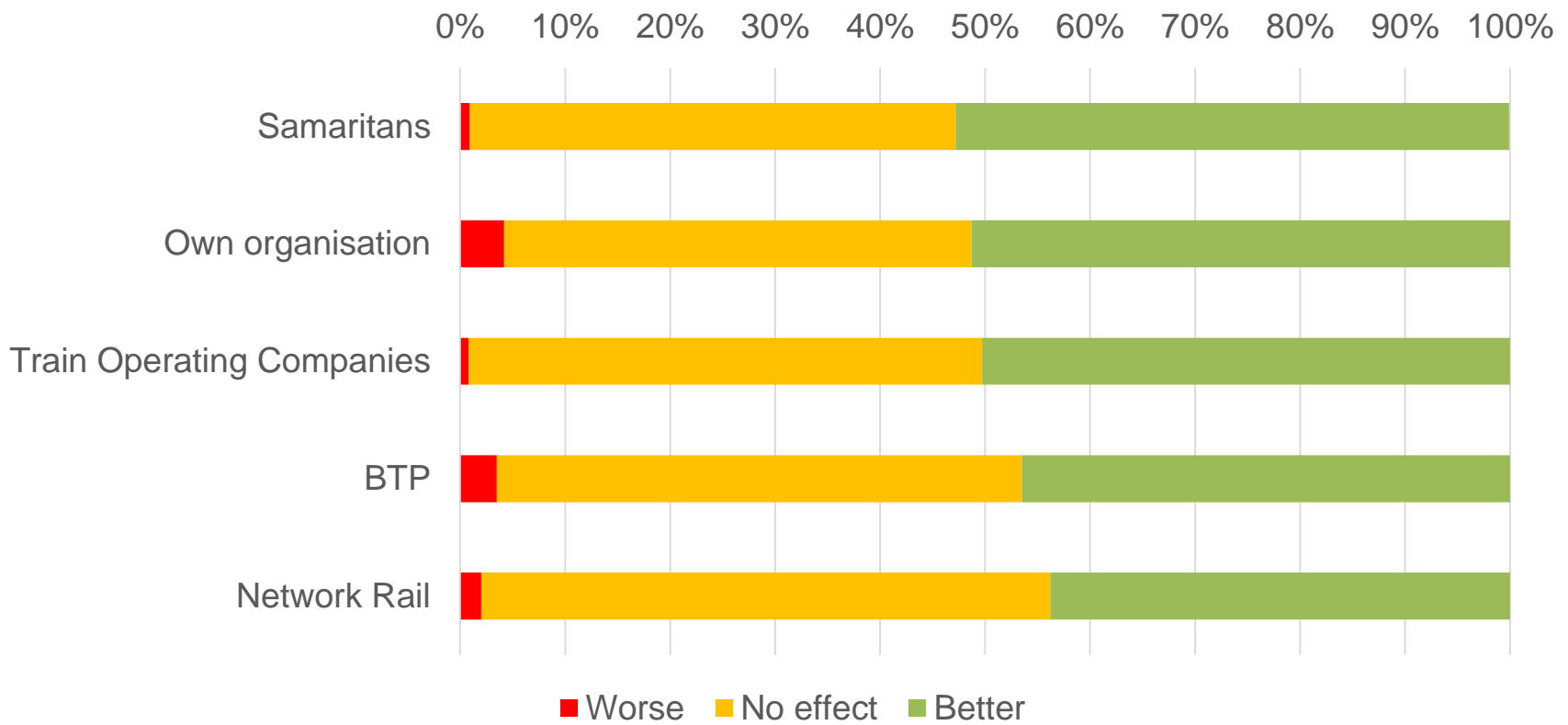


-  Establishment of National Suicide Prevention Steering Group & Working Group
-  87% felt programme improved partnership working
-  77% felt programme reduced staff distress
-  77% felt programme had reduced service disruption
-  37% felt good practice effectively implemented nationally

Effect of the programme on relationship between your organisation and other organisations



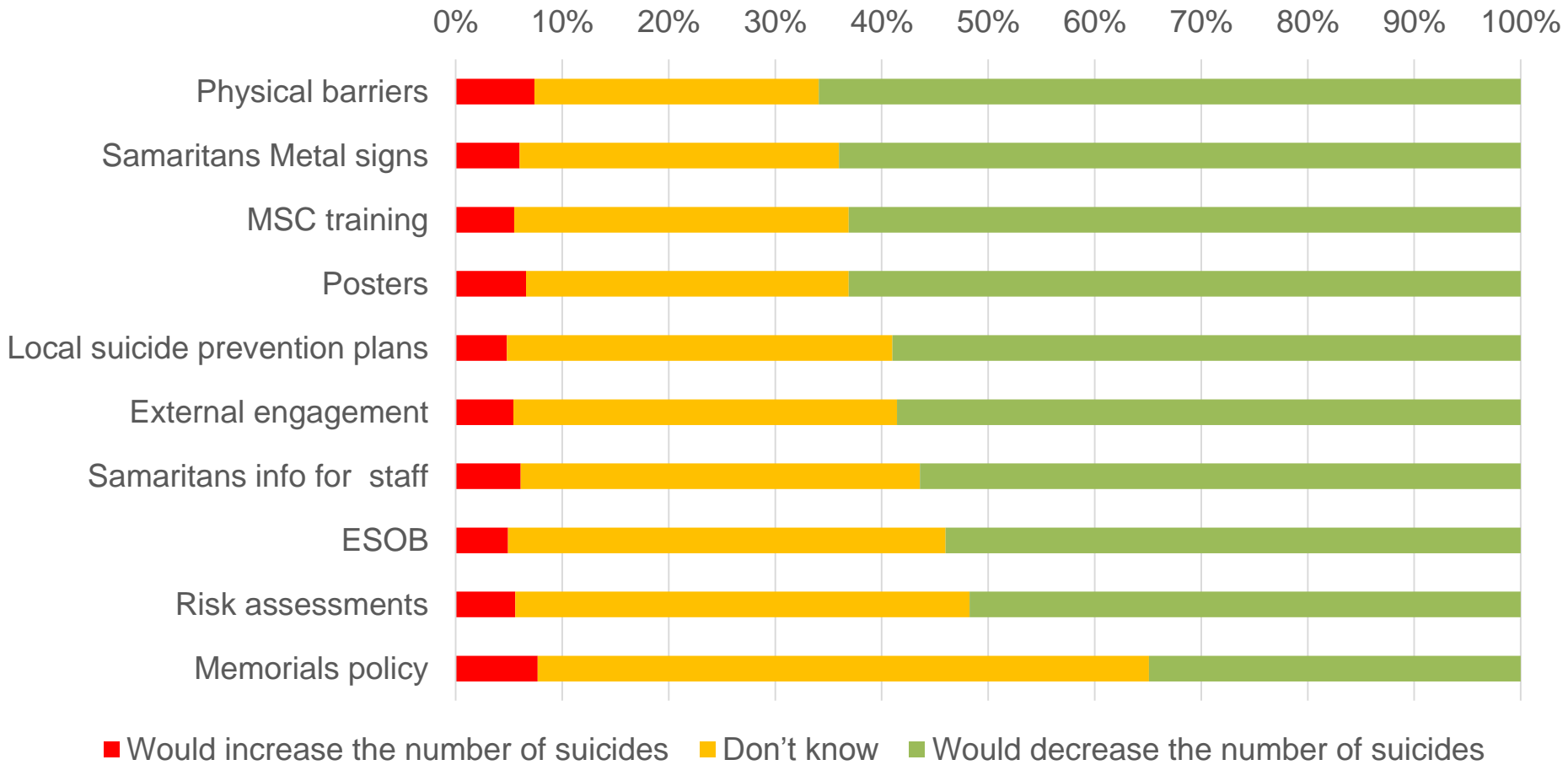
Perceived effect of programme on relationships with different organisations



Perceived effectiveness of programme activities



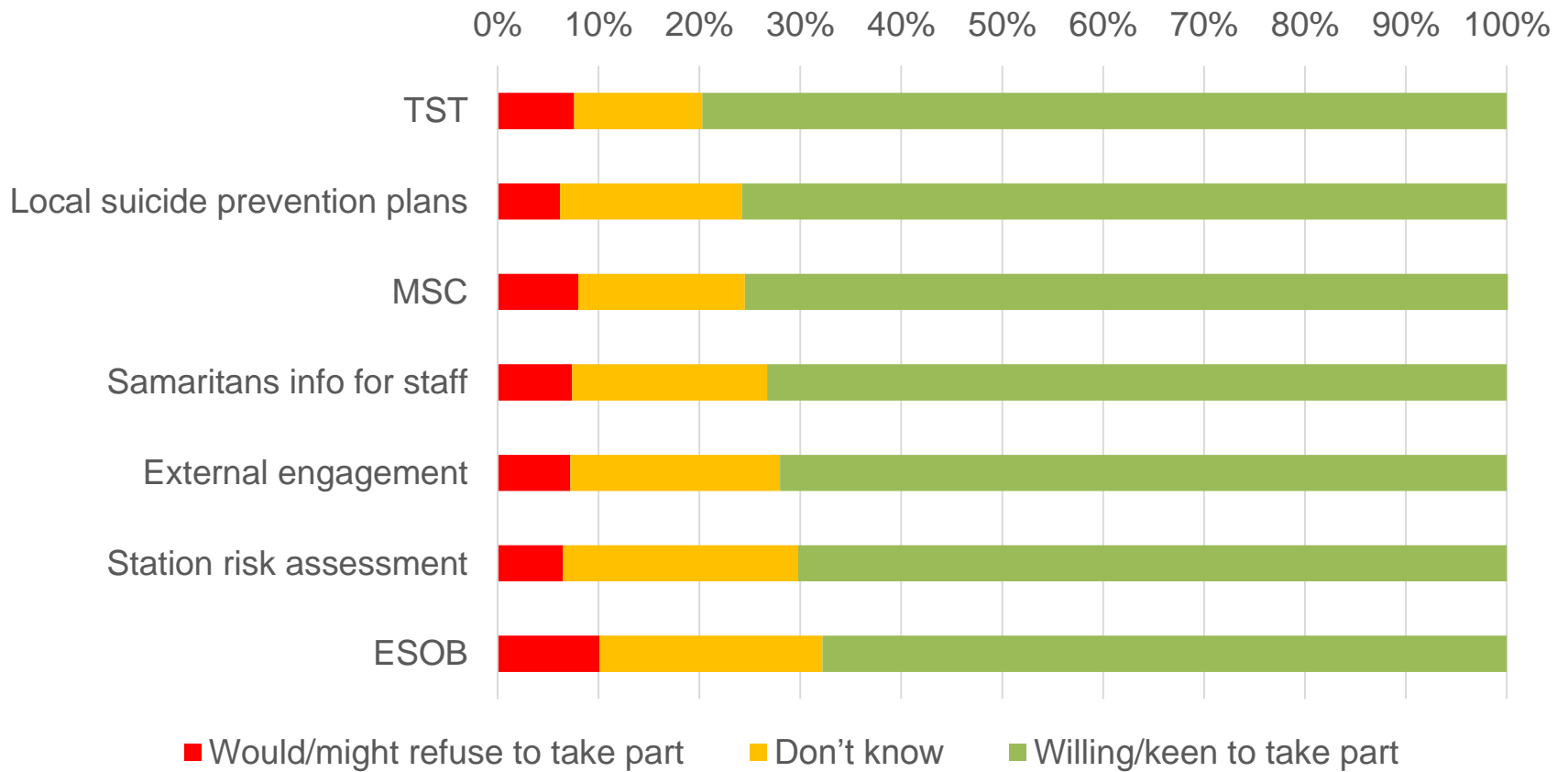
Perception of how effective each programme activity is at reducing suicides



Willingness to participate in programme activities



Staff willingness to take part in programme activities

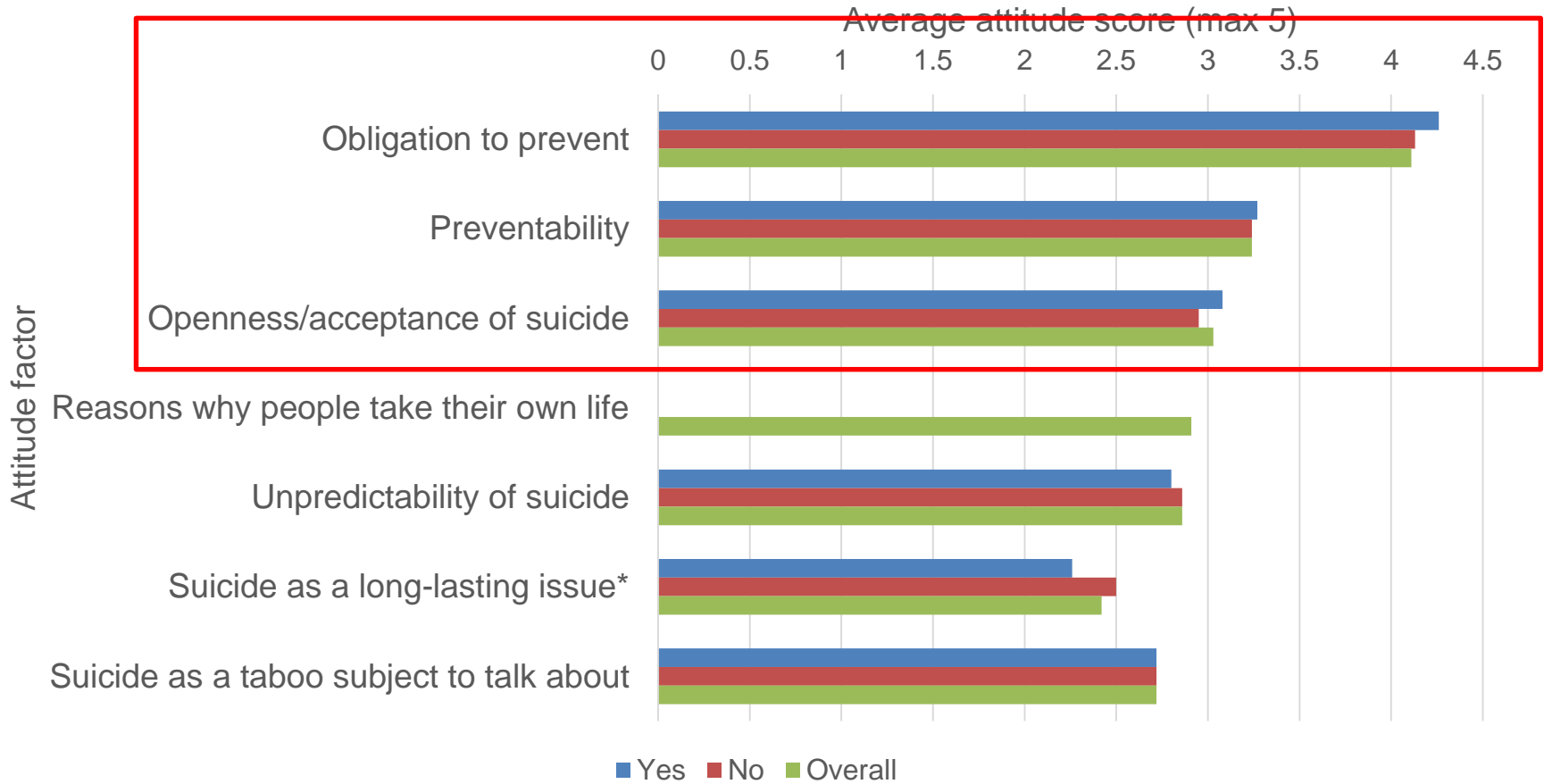


- 24 item survey
- Respondents rate agreement with attitude statements
e.g. *'It is a human duty to stop someone taking his/her life'*
- Factors:
 - Obligation to prevent
 - Acceptance of suicide
 - Unpredictability of suicide
 - Suicide as a long lasting issue
 - Suicide as a taboo subject
 - Reasons why people take their own life
 - Preventability of suicide

Effect of MSC training on attitudes



Participation in MSC training and attitudes

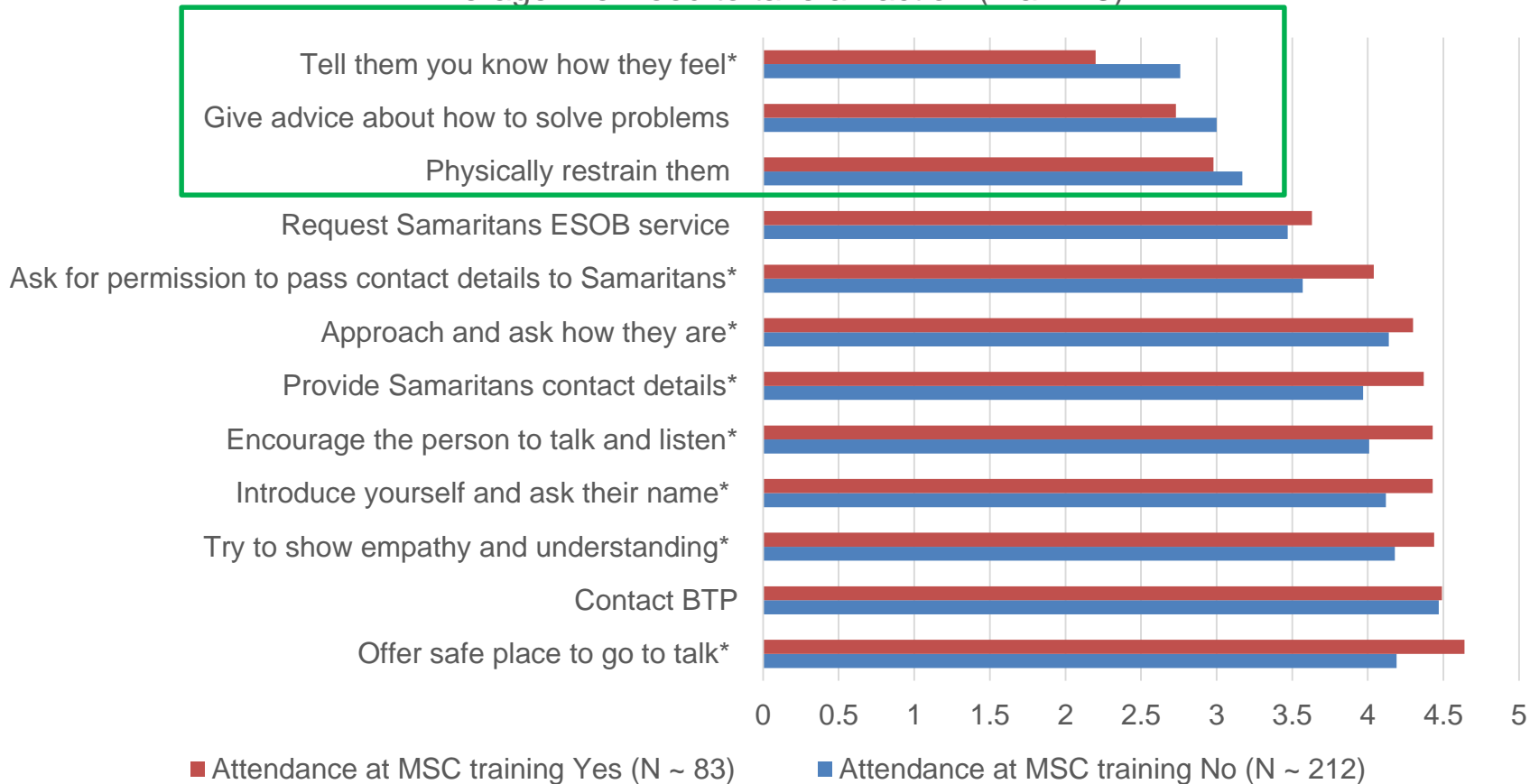


- 732 respondents to Front Line staff survey – 46% encountered someone they thought was suicidal
- 74% of these respondents had attended MSC training
- Whether a member of staff Intervened did not differ as a result of whether they had received MSC training
- 75% of staff identifying a vulnerable individual reported intervening.

Effect of MSC training on intervention actions



Average likelihood to take an action (Max = 5)

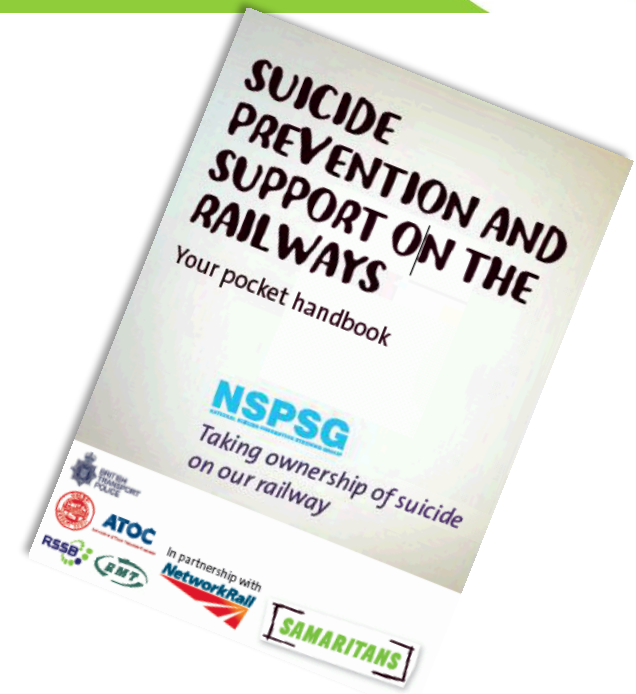


- Evaluation of a programme of this nature is challenging
- Partnership working had improved as a result of the programme
- Wide variations in level of implementation
- No evidence to date to suggest programme has led to reduction in number of suicides, reduction in delays or cancelations
- BUT Improvement in response times
- Staff willingness to be involved is high
- Programme activities are perceived as being effective at reducing suicides and staff distress
- MSC training has had a positive effect on the ability of staff to recognise when someone is suicidal and on the quality of the interventions.
- The rate of interventions when someone is recognised as potentially suicidal is high regardless of MSC training
- More interventions happening than were recorded

New elements to the programme



- Improved recording of interventions
- Pocket handbook and tactic cards
- Working with health service
- Route view
- Platform hatching
- Platform end guards
- Smart cameras
- Blue lights
- Future research



Thank you

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