A suicide prevention programme – a GB perspective

Dr Ann Mills
Head of Human Factors, RSSB, UK
Comparing suicides to trespass fatalities

- Confirmed trespass
- Suspected trespass
- Suspected suicide
- Confirmed suicide

Yearly fatalities from 2004/05 to 2013/14:
- 231 in 2004/05
- 269 in 2005/06
- 267 in 2006/07
- 259 in 2007/08
- 264 in 2008/09
- 284 in 2009/10
- 232 in 2010/11
- 289 in 2011/12
- 278 in 2012/13
- 300 in 2013/14

Graph showing the comparison of suicides to trespass fatalities over the years.
The national picture in relation to railway suicides

- 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
Programme details (2013)

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
Mid platform barriers
Programme & Evaluation challenges

- 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

<table>
<thead>
<tr>
<th>Issues</th>
<th>Actions</th>
<th>Outputs</th>
<th>Outcomes</th>
<th>Impacts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anticipated rise in suicides</td>
<td>Route and TOC reps appointed</td>
<td>Managing Director instructs Station Managers Route Reps send info on courses Head of Stations nominate staff</td>
<td>Staff recruited for training (in sufficient numbers)</td>
<td>Staff proactive in identifying other risks</td>
</tr>
<tr>
<td>Proven interventions not being used</td>
<td>Priority locations identified</td>
<td>Staff training developed</td>
<td>Change in staff attitudes and confidence to intervene</td>
<td>(More) staff identify potential suicides and intervene</td>
</tr>
<tr>
<td>Sources of data</td>
<td>Network rail team site visits</td>
<td>Staff use folders and other materials</td>
<td>Increased understanding of Samaritan’s role</td>
<td>Staff proactive in ensuring posters displayed/using call out service</td>
</tr>
<tr>
<td>Interviews with Samaritan team and trainers</td>
<td>Folders, cards and posters distributed</td>
<td>Samaritan data on numbers/roles/ location of attendees Data on referral patterns of network rail and TOC reps (interviews)</td>
<td>Post course questionnaires Staff survey (WP6) for evidence of changes in knowledge, attitudes and confidence</td>
<td>Data on staff interventions WP2 and WP6 Data on partnership working at a local level WP4</td>
</tr>
</tbody>
</table>
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

- 2001: 49
- 2002: 45
- 2003: 43
- 2004: 39
- 2005: 57
- 2006: 56
- 2007: 74
- 2008: 81
- 2009: 79
- 2010: 68
- 2011: 56
- 2012: 53

Priority locations 2012
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

- Samaritans
- Own organisation
- Train Operating Companies
- BTP
- Network Rail

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

Worse No effect Better
Perceived effectiveness of programme activities

**Perception of how effective each programme activity is at reducing suicides**

- **Physical barriers**: 0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%
- **Samaritans Metal signs**: 0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%
- **MSC training**: 0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%
- **Posters**: 0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%
- **Local suicide prevention plans**: 0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%
- **External engagement**: 0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%
- **Samaritans info for staff**: 0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%
- **ESOB**: 0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%
- **Risk assessments**: 0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%
- **Memorials policy**: 0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

- **Would increase the number of suicides**
- **Don’t know**
- **Would decrease the number of suicides**
Willingness to participate in programme activities

Staff willingness to take part in programme activities

<table>
<thead>
<tr>
<th>Activity</th>
<th>Would/might refuse to take part</th>
<th>Don’t know</th>
<th>Willing/keen to take part</th>
</tr>
</thead>
<tbody>
<tr>
<td>TST</td>
<td></td>
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<td></td>
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<tr>
<td>Local suicide prevention plans</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>MSC</td>
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<tr>
<td>Samaritans info for staff</td>
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<tr>
<td>External engagement</td>
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<tr>
<td>Station risk assessment</td>
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<tr>
<td>ESOB</td>
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</table>

Would/might refuse to take part
Don’t know
Willing/keen to take part
Introduction to the ATTS

• 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

Average attitude score (max 5)

<table>
<thead>
<tr>
<th>Attitude factor</th>
<th>Yes</th>
<th>No</th>
<th>Overall</th>
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</thead>
<tbody>
<tr>
<td>Obligation to prevent</td>
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<tr>
<td>Preventability</td>
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<tr>
<td>Openness/acceptance of suicide</td>
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<tr>
<td>Reasons why people take their own life</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unpredictability of suicide</td>
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<td></td>
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<tr>
<td>Suicide as a long-lasting issue*</td>
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<tr>
<td>Suicide as a taboo subject to talk about</td>
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</table>
• 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)

- Tell them you know how they feel*
- Give advice about how to solve problems
- Physically restrain them
- Request Samaritans ESOB service
- Ask for permission to pass contact details to Samaritans*
- Approach and ask how they are*
- Provide Samaritans contact details*
- Encourage the person to talk and listen*
- Introduce yourself and ask their name*
- Try to show empathy and understanding*
- Contact BTP
- Offer safe place to go to talk*

Attendance at MSC training Yes (N ~ 83) Attendance at MSC training No (N ~ 212)
Summary of findings

- 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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Dr Ann Mills
ann.mills@rssb.co.uk