

Roads and bridges suicide prevention

Guidance



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Content warning

This guidance was produced in collaboration with Samaritans and contains sensitive content related to suicide. Please proceed thoughtfully and with sensitivity when communicating about suicide attempts or deaths. If you need support for your own wellbeing or further resources, section 6 of this guidance provides links to a range of support services.

Working in partnership



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Introduction to the guidance

Purpose

The purpose of this guidance is to raise awareness of, and provide information about, suicide prevention within road user safety management. Specifically, the guidance aims to:

- provide contextual information for suicide prevention in the UK
- provide information about the responsibility of the road sector in reducing suicides
- raise awareness and provide information about some common risk factors for suicides on roads and bridges
- raise awareness and provide information about the measures which can help to reduce suicide risk

Scope

This guidance is intended for highway authorities and managers, bridge owners, and those who design, deliver, operate and maintain roads and bridges, including local authorities.

This guidance is advisory and sets out an approach to the prevention of suicides on roads and bridges.

This guidance has been prepared by National Highways in consultation with advisors in suicide prevention, Samaritans and devolved administrations. It should be noted that while this document is based on the best available evidence, this is an emerging field.



1 Background

The objective of this section is to define suicide and suicide prevention, highlight the data around suicides in the UK, outline the governments and relevant highway authorities' strategies, and identify the at-risk groups.

1.1 Suicides in the UK

Suicide may be defined as, 'the action of killing oneself intentionally' (**Oxford English dictionaries**). It is a serious public health concern that has lasting effects on individuals, families, and communities. With appropriate measures, suicides are preventable.

The road sector plays an important role in a multi-agency approach to **suicide prevention** by promoting conditions which protect against suicide risk and raising awareness of suicide, risk factors and its prevention.

Suicides can be prevented through a collection of efforts and strategies at government, community, and individual levels.

1.1.1 Nationally available data

Understanding suicide data is important to inform and target suicide prevention efforts, but it must always be remembered that the data is about real people, their families, friends and communities.

England and Wales

The Office for National Statistics provides data on deaths by suicide; this is publicly available on its website: www.ons.gov.uk. Data can be downloaded which shows numbers and rates of death by suicide per 100,000 population. Rates are important as they account for the age and size of populations, so it is more reliable to use rates when comparing suicide across age groups and areas. According to the most recent Office for National Statistics report at the time of writing:

- 5656 suicides were registered in England in 2023
- the overall suicide rate in England was 11.1 per 100,000
- 413 suicides were registered in Wales in 2023
- the overall suicide rate for Wales was 14.0 per 100,000

The Office for Health Improvement and Disparities publishes **near to real-time suspected suicide surveillance (nRTSSS) data**¹ for England and Wales, which is monthly reporting of deaths by suspected suicide. This acts as an early warning system for indications of changes in suspected suicides to inform suicide prevention. The data outputs from the nRTSSS work programme are primarily for national and local organisations working on suicide prevention.

The designation 'suspected suicide' is provided by the police and the term is used because the cause of death has not yet been confirmed by coroner inquest.

Scotland

National Records of Scotland provide information on the numbers of deaths which were known to be, or are thought likely to be, the result of intentional self-harm.

- 792 deaths by suicide in 2023.
- the overall suicide rate was 14.6 per 100,000.

Northern Ireland

The **Northern Ireland Statistics and Research Agency (NISRA)** publishes statistics on suicides.

- 221 suicides were registered in 2023.
- the overall suicide rate was 13.3 per 100,000.

To understand how suicide data is collected, and how to interpret the data, please refer to resources in section 7.

For every person who dies by suicide, an average of 135 people would have known them and therefore may be affected.² Behind every statistic is a family and community devastated by their loss.³ People bereaved by suicide have an increased risk of suicide or having **suicidal thoughts**.⁴

Suicidal thoughts refer to thoughts about wanting to take one's own life, including considering or planning suicide.

Suicides in public places account for one third of all suicides,⁵ people who witness the event may also feel varying degrees of distress.

1.2 National strategies

In 2023, the government published its **five-year cross-sector strategy for suicide prevention in England**⁶ which sets out national ambition for suicide prevention in England and the actions to achieve this. Scotland, Wales, and Northern Ireland have their own suicide prevention strategies, outlined below.

- **Scotland:** 'Creating hope together: suicide prevention strategy 2022 to 2032', was published in 2022. A Suicide prevention action plan 2022 to 2025 was published alongside.
- **Wales:** 'Suicide and self-harm prevention strategy for Wales 2015-2022', was published in 2015. A review of the strategy was published

in 2023, and a draft Suicide and Self-harm Prevention Strategy 2024 to 2034 is out for consultation.

- **Northern Ireland:** 'Protect life 2: Strategy for preventing suicide and self-harm in Northern Ireland 2019-2024', was published in 2019. It includes an aim to reduce the suicide rate in Northern Ireland by 10% in 2024. In September 2023, it was announced that the strategy had been extended to the end of 2027.



1.3 Risk factors

It is helpful to have a general awareness of factors and circumstances that increase the risk of suicide and to recognise the different demographic groups who may be more at risk. This awareness enables organisations to identify trends and at-risk populations to target action and interventions.

There are a range of individual and societal circumstances that can increase suicide risk, and often it is a combination of different factors that cause suicidal behaviour.

Individual risk factors may include previous suicide attempts, history of depression, serious illness such as chronic pain, criminal or legal problems, job or financial problems, substance use, adverse childhood experiences, relationship breakdown and exposure to violence and victimisation.

Societal risk factors may include poor healthcare, community violence, suicide cluster in the community, discrimination, easy access to lethal means, and unsafe media reporting of suicide. People who live in more deprived areas, where there is less access to things like services, work and education, are at more risk of suicide. People in the lowest socioeconomic group who also live in the most deprived areas of the country are 10 times more at risk than people in the highest socioeconomic group living in the most affluent areas.⁷

The Office for Health Improvement and Disparities' Suicide Prevention Profile, often referred to as the Suicide Prevention Fingertips Tool, collates a range of publicly available data on suicide risk factors and contact with health services among groups at increased risk. This can be accessed via: <https://fingertips.phe.org.uk/profile/suicide>



2 Changing the way suicide is thought and spoken about

The objectives of this section are to:

- highlight the common myths of suicide prevention and the facts that challenge them
- provide information about appropriate language to use when reporting and speaking about suicide

2.1 Common myths about suicide

This section aims to address some common misconceptions about suicide by presenting the facts that expose them. The initial step in suicide prevention involves breaking the associated stigma and dispelling myths. Challenging widely held misconceptions is essential for enhancing a deeper understanding of suicide and empowers individuals to take proactive measures and contribute to making a positive impact.

Below is a list of some commonly held misconceptions along with the facts.

Myth	Fact
Talking about suicide is a bad idea as it may give someone the idea to try it	Suicide can be a taboo topic, but by asking someone directly about suicide you give them permission to tell you how they feel. Once someone starts talking, they've got a better chance to reconsider and look at other options to address their suicidal thoughts.
You have to be mentally ill to think about suicide	1 in 5 adults have suicidal thoughts at some point in their life and not everyone who dies by suicide has mental health problems. However, many who take their own life do suffer with mental illness or poor mental health.
People who are suicidal want to die	The majority of those who feel suicidal do not actually want to die, rather they feel they can't continue living the life they have and therefore have no other option. Talking through other options at the right time is also therefore important.
If we prevent suicides in one location, we'll only move them to another location	Evidence suggests that this isn't true. One study reported that only a third of those who would have taken their own life from a bridge said they would have chosen another location if it wasn't available. There is further evidence from other methods that restricting access achieved an overall reduction in suicides.
If a person is serious about taking their own life, then there is nothing you can do	Feeling actively suicidal is a temporary feeling that will pass, even though it might not feel like this at the time. Getting timely support can therefore be important.
We can't stop someone from taking their own life	The act of taking one's own life can be impulsive and the actual moment of intent may be short-lived. If you can interrupt someone's suicidal thoughts at that point, you can stop them from taking their own life. People who try to take their own lives often don't want to die, but they can't bear to carry on living – they want to find a way to stop the pain. Helping people get the support they need could save their life.

2.2 How to report and talk about suicides sensitively

As the road sector's understanding of suicide grows, it's crucial to update the way it is reported and spoken about. Detailed information about method and location should be avoided when not necessary.

It is also important to use respectful language that considers the individuals affected, along with their families and communities.

Below is a list of alternative phrases to use when reporting and talking about suicide.

Instead of...	Say this...	Why?
Committed suicide	Died by suicide Lost their life to suicide Took their own life	The word "commit" implies that suicide is a sin or crime, reinforcing the stigma that it is a selfish act. Using neutral phrasing helps strip away the shame and blame element.
Successful or completed suicide	Died by suicide	The notion of a "successful" suicide is inappropriate as it frames a tragic outcome as an achievement or something positive.
Hotspot	Suicide cluster ⁸ Location of concern	The term "hotspot" may perpetuate its reputation as a place where people die by suicide, which may encourage further suicides. It also trivialises suicides and suicide attempts.
Epidemic or skyrocketing	Rising Increasing	By using quantitative and less emotionally charged terms, it avoids instilling a sense of doom or hopelessness.

According to the Health Security Agency and Office for Health Improvement and Disparities, a **suicide cluster** refers to a situation in which more suicides than expected occur in terms of time, place, or both.

Each highway authority will have its own escalation figure and cluster description. As an example, National Highways consider every death on its network a tragedy and would consider further investigation where two or more suicide-related or self-harm events (fatal, injury and non-injury) occur within three years and within approximately a 250-metre radius. Contact the relevant highway authority for this information.

3 Road and bridge related suicide

The objectives of this section are to provide information about:

- the road sector's responsibility
- the scale of the issue
- suicidal intent for road and bridge related suicide methods
- the wider impacts of suicide on road users and communities

3.1 The road sector's responsibility

The road sector has a role to play in making the whole road network a safer place for all. As a responsible highway authority, managing risks of harm is an important part of their duties.

Those working in the road sector need to be aware of and understand the approach to suicide prevention, where we can deliver improvements and how we can work with others.

Having a risk assessment process is necessary as procedures can be identified in the event of any civil claim against a highway authority. The same applies in coroners' inquests, where the highway authority can demonstrate how the risk was taken seriously in terms of assessment and risk management to prevent future suicides.



As an example of how the road sector is embracing its responsibility to help reduce suicides on the network, National Highways has its own suicide prevention strategy, outlined in the box below.

CASE STUDY

National Highways' suicide prevention strategy

At National Highways road safety is, and will always be, our number one priority. England's motorways and major A-roads are some of the safest in the world, but our ambition remains that no-one should be harmed while travelling or working on our roads.

National Highways acknowledges and understands the profound impact of suicide, recognising its far-reaching effects on individuals, families, and communities. Understanding its role within a community-oriented strategy for suicide prevention, National Highways works hard to influence and provide support.

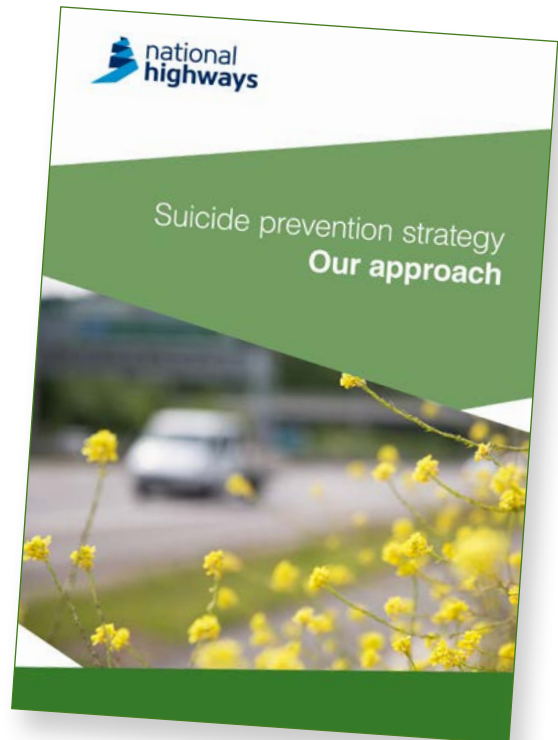
National Highways' commitment extends to working with strategic partners leading the road sector's approach to suicide prevention. The over arching goal is a network where no one attempts to take their life.

This also aligns with Road to Zero Harm which is an exciting and ambitious road safety initiative that National Highways are championing, to realise our vision, that no-one should be killed or seriously injured on the strategic road network. Achieving this shared vision will benefit the country, and the families and individuals whose lives are affected by collisions on our roads.

In 2015, National Highways adopted the latest road safety good practice called the 'Safe System'.

The Safe System is an approach to road safety management based on the principle that our life and health should not be compromised by our need to travel.

The Safe System considers how roads, vehicles, people, speeds, and post-collision care come together in the way we manage and improve safety. This extends to road and bridge related suicides. As a highway authority we are responsible for the infrastructure elements, with some part to play across all other aspects of the system. We acknowledge within the Safe System approach, that we have a shared responsibility with other organisations and partners to prevent deaths and serious injuries on our road.



3.2 Road and bridge related suicide

Road and bridge related suicide refers to suicides that occur on the highway, including roads, bridges, footpaths, and non-motorised user routes.

Approximately 50 suspected suicides take place on England's strategic road network (4,500 miles of motorways and major A-roads) each year.*

This accounts for a significant proportion of all deaths on the strategic road network.

Additionally, there are also a significant number of suicide attempts.

According to the near to real-time suspected suicide surveillance (nRTSSS) for England, nearly 10 per cent of suspected suicides were categorised in two relatable methods - jumping or lying in front of a moving object, and a fall and fracture.

Road and bridge related suspected suicides can be defined into six categories:

- jumping or falling off or onto road infrastructure with the intention of self-harm
- stepping into the path of a moving vehicle with the intention of self-harm
- driving a vehicle off road infrastructure with the intention of self-harm
- driving a vehicle into road infrastructure with the intention of self-harm
- driving a vehicle into another vehicle with the intention of self-harm
- carrying out acts within a stationary or moving vehicle with the intention of self-harm

Factors that may prompt a suicide attempt on the road infrastructure may include perceived easy accessibility; perceived limited chance of survival, even though people do survive with life changing injuries; and familiarity or personal connection due to reputation, living in close proximity or emotional ties.

Understanding these factors is crucial for developing measures to reduce suicides at roads and bridges.



3.3 Wider impact on road users and communities

Suicides have devastating impacts on individuals, families and communities, but they can also impact our roads in other ways. Preventing harm is a primary objective but reducing the impact on other road users who may be involved or witness the event is also another key aspect to prevention.

A suicide can create delays on the strategic road network of roughly five to six hours with significant associated costs.

It is estimated that each suicide costs the UK economy approximately £1.67 million, and serious incidents costing approximately £14,000.

* This is based on calculating the average number of suspected suicides recorded between 2018 and 2022.

4 Location and design-based suicide risk factors

The objective of this section is to outline the different location-based suicide risk factors and how to access the data, including information about liaising with stakeholders and where to go for additional support.

4.1 Location and design-based risk factors

Due to the scale and breadth of the entire road network, a risk-based approach to suicide prevention should be adopted. Applying a risk-based approach demonstrates a highway authority has acted responsibly and reasonably in carrying out a suicide assessment. Doing this enables authorities to show why and how steps are being taken to manage risk and to mitigate future suicides.

There are various local environment and design-based factors that can influence suicide risk at a highway location and increase the likelihood of it becoming a frequently used location:

The following risk factors play a significant role:

- proximity to high-risk populations
- population context
- accessibility of the highway scheme
- lethality of the highway scheme
- iconic value of the asset

Understanding and addressing these risk factors is crucial for developing effective suicide prevention strategies on the UK road network. These risk factors are explained in more detail below, along with some key data to consider and how to access this data.

For each highway scheme, it is important to consider all the risk factors that may apply and assess these as a whole to identify the suicide prevention measures that may be required. It is expected that professional judgement will be used when making decisions. Contact the relevant highway authority if assistance is needed.

Proximity to high-risk populations

Some groups of people have a higher risk of suicide than others and are often referred to as high risk populations. The closer the proximity of a scheme to high-risk populations, the higher the risk.

Establishments used by high-risk populations are outlined below.

- 1 Medical facilities:** Schemes near hospitals, psychiatric in-patient units, and accommodation for people with mental health or substance misuse problems pose a higher risk. The proximity of a location to a medical facility can be gathered using Google Maps and searching “hospital”.
- 2 Pubs, bars and clubs, and shops that sell alcohol:** This may increase the risk in two ways, (a) those with substance abuse issues who are at higher risk of suicidality and (b) those who were intoxicated which may therefore lead to more impulsive suicidal behaviour.
- 3 Higher education facilities:** Whilst evidence shows that students are at lower risk of suicide than the general population, schemes near higher education facilities may present an increased risk due to the vulnerability young people present to suicide contagion. Young people are more susceptible to suicide contagion for a range of different reasons. Young people are more at risk of suicide contagion if they have been affected by suicide – for example a death at their school or university; more likely to imitate suicidal behaviour; more likely to self-harm or have thoughts of suicide, and may be more likely than other groups to behave spontaneously and respond more emotionally to life experiences. Facilities can be obtained using Google Maps and searching “higher education”.

Population context

There are certain characteristics of an area that increase the likelihood of suicides. These are explained in more detail below:

- 1 Index of multiple deprivation (IMD):** Areas of higher social deprivation may have an increased suicide risk. This data can be found using the interactive IMD mapping tool from the [Consumer Data Research Centre](#) website.

- 2 Urban or rural location:** Urban areas may present a higher risk of suicide compared with rural areas. This is due to the likelihood that more people who are at risk of suicide are in close proximity to high risk locations. This information can be obtained from either the [government website](#), or from a visual assessment of maps in satellite mode, or during a site assessment of the scheme.
- 3 Population density:** Higher population density areas may have an increased suicide risk. This data can be found in the population density dataset from the [Office for National Statistics website](#). The lower tier local authority where a location is placed needs to be known.
- 4 Local suicide rates:** Schemes in locations where the area has higher than average national suicide rates per 100,000 population are higher risk. This information can be sought from the [Suicides in England and Wales by Local Authority](#) dataset.

Accessibility of the highway scheme

An easily accessible highway scheme can increase the risk of suicide. The more opportunity there is for people in crisis to act on their suicidal thoughts, the higher the risk of the scheme. Please use your professional judgement to interpret the data below.

- 1 Presence of pedestrian access,** including slip roads, footpaths and junctions. This pedestrian access includes access to the wrong side of bridge barriers or access onto a road that has fast flowing traffic. These could be official or unofficial access routes.
- 2 Proximity to parking areas,** including car parks and lay-bys. People in crisis may make use of these areas to leave their cars and attempt to access the road network or the wrong side of a bridge.



- 3 Proximity to residential areas,** such as housing developments or towns.
- 4 Proximity to local amenities,** including shops and places of employment.
- 5 Proximity to transport links,** such as public transport and car parks.

Lethality of the highway scheme

The lethality of a highway scheme is important to consider in the risk assessment as the more 'lethal' a scheme is perceived, the higher the risk of suicides. Please use your professional judgement to interpret the below data.

Lethality should be assessed based on:

- 1 Height of asset(s):** This is mostly relevant to bridges. The higher the asset, the more lethal the location is. This data can be obtained during a site visit or during scheme design.
- 2 Average speed of traffic:** The faster the average speed of the traffic, the more lethal the scheme is. This data can be gathered during a site visit or during scheme design.
- 3 Average density of traffic:** The higher the density of traffic, the more lethal the scheme is. This data is subject to professional judgement based on a site visit or through scheme information.
- 4 Access to hazards off the network,** such as railway lines and water courses. This data can be gathered during a site visit or via street view maps.

Iconic design of the asset

Some roads or bridges are regarded as landmarks and icons because of their historical and engineering significance, which may link to a higher risk of suicide. Another aspect that is important to consider is whether a road or bridge is known for people attempting suicide, which can increase the likelihood of a **suicide contagion**.

Suicide contagion is a term used to describe when a person over-identifies with someone who has taken their own life, influencing them to do the same, possibly using the same method.

The following aspects should be considered regarding a road or bridge's iconic value. Please use your professional judgement to interpret the data below.

- 1 Whether the scheme is in an area of local interest:** This data can be obtained by using mapping software and local knowledge.
- 2 Height of asset(s) over and adjacent to the road, or water:** This is mostly relevant to bridges. The higher the asset, the more likely it is to attract the attention of people in crisis. This data can be obtained during a site visit or during scheme design.
- 3 Length of structure(s) span:** Similarly, to the height of the asset, the length can increase attention from the public. This data can be obtained during a site visit or during scheme design.
- 4 Current or potential for the scheme design to be a landmark:** This data can be gathered by enquiring with the local authority the scheme is located in, conducting an internet search or when reviewing design or scheme plans.
- 5 Previous history of suicide attempts:** It is likely that these schemes will have a reputation for being a suicide location. This data can be gathered by enquiring with the relevant highway authority.

When considered early, suicide prevention can be incorporated into the design without negatively impacting the architectural aesthetics.

4.1.1 Liaison with stakeholders

Data related to risk factors can be obtained through publicly available sources, but some data sets can be gathered through stakeholder liaison. It is important to liaise with stakeholders to understand:

- their needs and concerns
- relevant suicide incident data and suicide risk factor data
- potential data or knowledge gaps

- potential high risk suicide groups
- proximity to high-risk populations
- opportunities for suicide prevention measures

Working with stakeholders encourages connectivity among organisations with a shared objective of preventing suicides on the road network. To help identify the most relevant stakeholders for the assessment of a particular highway scheme, the following questions should be considered:

- Who owns the site?
- Who does or will maintain or operate, if different from above?
- Who does or will work at or adjacent to the site?
- Who uses or will use the site and for what purpose? Is there an official organisation that protects their interests?
- Who else is likely to care about the site, its design and facilities?
- Who is likely to respond to incidents or provide support to suicidal individuals at the site?
- Who else may possess relevant knowledge about the scheme and the behaviour of suicidal individuals at it or at schemes that are of similar design in the area?

Key road sector stakeholders are listed below.

This list is not exhaustive and may vary depending on the type of scheme and location.

Highway authorities

■ England:

- National Highways are responsible for the strategic road network in England. National Highways' suicide prevention team leads on a range of activities to deliver their suicide prevention vision including development of policy, working with national stakeholders, developing a toolkit for delivery colleagues, and training. Within National Highways there are seven regional road safety teams (North West, Yorkshire and the North East, East Midlands, West Midlands, East, South West and South East). They deliver a range of technical and specialist road safety activities including suicide prevention. Contact details for the suicide prevention team is in section 8.

- Local authorities manage the local road network in England. The local road network in England is essential to everyday travel and the movement of goods. Almost all journeys start and end on the local road network, which consists of 183,000 miles of road and represents 98% of the total road network. In England, all local authorities have suicide prevention plans in place. These plans cover topics such as bereavement support, improving mental health of children and young people, preventing and responding to self-harm, reducing risk in other populations, improving acute mental health care, reducing suicides at high-frequency locations, and reducing social isolation. The road sector and local authorities should share knowledge and insight into local issues that will impact locations and ensure the other organisation is made aware of schemes where there have been suicide attempts.

■ Scotland

- Transport Scotland is responsible for the trunk road network in Scotland. They have four operating companies who undertake inspection, maintenance and renewal work on behalf of Scottish Ministers. The operating companies implement safety procedures, offer support during incidents, complete maintenance work, look after bridges and other structures.
- Local councils are responsible for the maintenance of local roads and footways in Scotland.

■ Wales

- The Welsh government is responsible for the trunk and motorway network. They use two public sector organisations called Trunk Road Agents (TRAs) to run and look after the roads on their behalf (North and Mid Wales Trunk Road Agent, and South Wales Trunk Road Agent). They are responsible for looking after verges and green corridors, monitoring the network, maintaining bridges, tunnels and transport technology, and deliver maintenance and improvement schemes to ensure safer and smoother journeys.

- Local authorities are responsible for the other 32,000km of local roads in Wales. They are responsible for road maintenance and repairs and building new roads.

■ Northern Ireland

- The Department for Infrastructure is responsible for maintaining public roads, footways, and bridges in Northern Ireland. The authority aims to manage, maintain and improve the transport network to keep it safe, efficient, reliable and sustainable.

The police

The police have responsibilities to help prevent and respond to suicide in the communities that they serve. A primary function of the police service is to protect life and the police will often have a role in responding to people in crisis and referring vulnerable people to support services. The police have a unique knowledge of the risk factors in the communities that they serve, along with potential hazards and specific challenges related to suicide at locations.

It is crucial to work together with the police to ensure knowledge is shared, and measures and associated suicide prevention activities are coordinated.

Local government

Local government are a key part of delivering the national strategies and will have information about local risk factors, suicide rates and methods.

They work across multiple agencies at a local level to plan and deliver their suicide prevention actions. This work is often led by their Health and Social Care Department.

Charities

Organisations such as Samaritans, Papyrus UK and Breathing Space can provide advice, guidance, and support when identifying local issues, and exploring measures. Contact details for these organisations are listed in section 6.

Other organisations

Network Rail have a world-leading and cross-industry suicide prevention programme and work closely with the Samaritans to deliver it.⁹ Activities within the programme include training railway employees to recognise and offer support to people in crisis,

work to de-stigmatise suicide and promote help seeking behaviour, develop new and innovative ways to meet the suicide challenge on the rail network, and commission bespoke research into rail suicide and vulnerable presentations. Working with Network Rail is important to identify any joint cluster areas, or opportunities to enhance each other's work across transport links. Contact details for Network Rail are provided in section 8.

5 Opportunities to reduce risk – suicide prevention measures

The objective of this section is to provide information about potential measures that could be implemented to reduce the risk of suicide, the design principles and considerations, and the importance of monitoring and evaluation.

The inclusion of suicide prevention measures during the early stages of scheme development or at the assessment phase is the most effective approach.

5.1 When to consider suicide prevention measures

Opportunities for new suicide prevention measures should be identified during the early stages of scheme development or at the assessment phase.

Following an appropriately recorded decision-making process and having a documented process is important for implementing suicide prevention measures as it promotes clarity, accountability, transparency, learning, and compliance. It provides a structured framework for decision-making and action-taking, ultimately leading to more effective and impactful suicide prevention efforts.

Measures should be in line with the Design Manual for Roads and Bridges (DMRB).

The identification of new suicide prevention measures occurs at Preliminary Design Stage. This phase focuses on the design of measures, taking

it through the necessary statutory processes up to the point where a decision to commit to invest in the measures can be made. For existing infrastructure (relevant to National Highways operations teams), opportunities for new suicide prevention measures should be considered in the early stages of scheme identification, where safety enhancements are being identified.

5.1.1 Suicide prevention measures

Suicide prevention measures are proactive steps designed to enhance safety and help reduce the risk of suicide. While they provide valuable support, and it is important to acknowledge that they contribute to creating safer environments, they may not eliminate the possibility of suicide.

Hard measures, such as those that restrict access to means, can be effective in preventing suicides on roads and bridges. Soft measures are those that increase the ability for others to intervene, encourage help seeking, and interrupt suicidal thoughts. Implementing a combination of hard and soft measures can enhance the potential to save lives by delaying and deterring suicidal behaviours and increase the opportunity for life-saving assistance. The risk of suicide is likely to be reduced if certain themes are addressed. These themes are outlined in more detail in the sections below, along with examples of suicide prevention measures.

5.1.2 Reduce opportunities to attempt suicide

Restricting access to the means of suicide does not address an individual's personal difficulties or relieve their mental distress, but it can interrupt the suicidal thoughts and actions. It buys time, deterring impulsive acts and giving individuals a chance to reconsider. It can also increase the chance of help reaching them. Evidence suggests that restricting access to means and/or means for suicide is the most effective measurable theme.¹⁰ Thirteen studies across six countries found that measures to restrict access to means of suicide by jumping off bridges saw a reduction in suicides by 91% at the study locations.¹¹

Examples of measures which would be categorised under this theme include:

■ **Close all or part of a site**

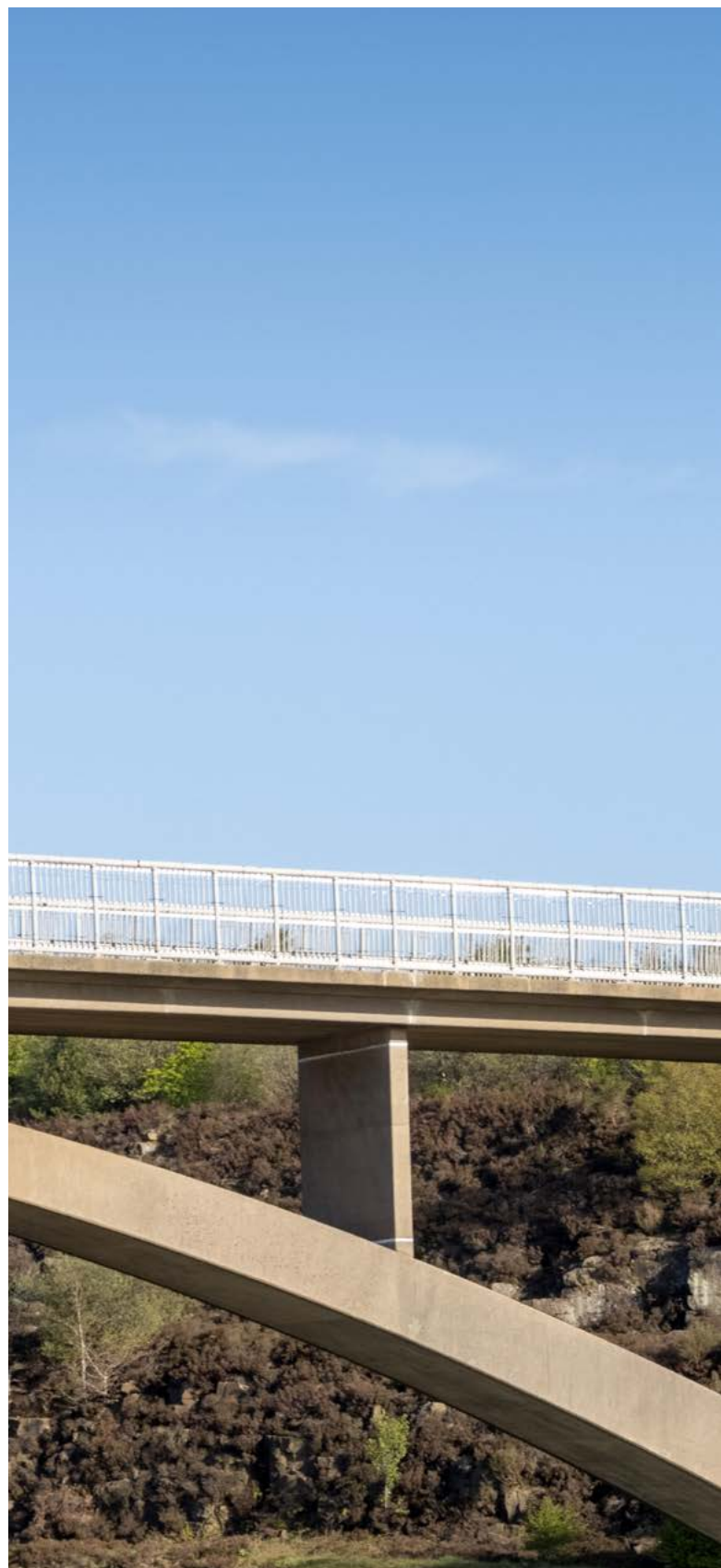
It may be appropriate to close all or part of the site to prevent access to the network either permanently or at certain times of the day. Consideration of the rights and enjoyment of other users will need to be taken into account.

■ **Install physical barriers**

Barriers are an effective measure to reduce suicides. While barriers do not address the feelings that lead to suicidal crises, they can stall decision making, urge people to reconsider, and increase the chances of help reaching them in time. Barriers at the roadside or on a bridge can restrict individuals acting on their intent. Different barriers can be used, examples include but are not limited to:

- installing a new roadside vehicle, vehicle/pedestrian and/or pedestrian restraint system.
- increasing the height of an existing roadside vehicle, vehicle/pedestrian and/or pedestrian restraint system.
- anti-climb mesh fencing makes it more challenging for individuals to climb over fencing but allows users visibility from the structure deck or roadside. The load-tolerance and wind-load of the structure will need to be considered, as well as the maintenance requirements.

The design recommendations for barriers are to be at least 2.5 metres high, have no toe or foot holds, and should be easier to scale from the outside, in case an individual wishes to climb back to safety. Achieving a 2.5 metre height may be challenging, especially when retrofitting, however efforts should be made to raise the barrier height to as high as reasonably practicable. As a minimum, vehicle restraint systems should be increased to 1.8 metres high with additional anti-climb features on road bridges, and pedestrian restraint systems should be increased to 2.3 metres high with additional anti-climb features on footbridges. The load-tolerance and wind-load of the structure, and wind-fatigue of the parapet will need to be considered, as well as the maintenance requirements.



Additions can be made to barriers, such as:

- Inwardly curved tops to make it more difficult to climb from the inside. Consideration needs to be given to the height and lateral clearance of the barriers to ensure the barrier does not



impact users such as horse riders, cyclists, maintenance operative and the emergency services. Consideration also needs to be given to how easy it would be for the emergency

services to rescue an individual who got over the inwardly curved top.

- Sloped tops on parapets can make it more difficult to gain purchase.

Install other deterrents

- Defensive planting can be used as physical and psychological deterrents. Planting can also break falls, which deters people. Examples of plants that can be used include berberis, hedge holly, blackberry, japonica, hawthorn, pyracantha, and gorse. Maintenance of the plants will need to be considered, and to ensure it doesn't restrict inspection of the asset. In addition, as the planting matures overtime, it should be monitored for it's effectiveness and potential disbenefits such as creating new access points or places people can conceal themselves.
- Boundary markings can be used to act as a psychological deterrent and are designed to create a visible and tangible boundary between individuals and the potential danger.



Design challenges of physical barriers

It is important that physical barriers do not have any unintended consequences. This includes ensuring there are no handrails, footholds or handholds to allow users to scale over a barrier.

It is also important to consider the surrounding environment when designing physical barriers, to ensure the implementation is not counterproductive. An example is ensuring the design of the end of a barrier does not allow access to the other side of the barrier.

Another example is ensuring the presence of street furniture such as adjacent vehicle restraint systems, other safety barriers, lampposts, electrical boxes and fixed bins are considered in the design and placement of barriers, as this street furniture may be used to gain purchase over a suicide prevention barrier.

The needs of all users must be considered when assessing the risk and impact at locations.



CASE STUDY

Raising the height and installing inwardly curved barriers and other measures on a bridge in Scotland.¹²

This location is a road bridge which crosses a river and a canal. It is an essential transport link, carrying water and gas services, as well as a dual carriageway with foot and cycle paths in each direction, and crosses railway lines.

The original height of the barriers was 1.2m high. This was replaced with an increased barrier height of 2.4m high and consists of vertical bars of galvanised steel, curving inwards and offering no toe or foot holds. The design was selected following rigorous testing based on the ability to climb, aerodynamics, aesthetics, and sustainability.

Additional measures included:

- Samaritans and Breathing Space signage
- Public telephones at all four corners of the bridge
- SOS telephones at intervals on each side of the bridge
- An agreement with national and local media not to report suicides from the bridge



Since implementation of these measures, there has been an 81% reduction of suicides at this location.

5.1.3 Encourage people to seek help

Help-seeking refers to when a person in crisis reaches out for help. Behavioural nudges in a time of crisis may help shift an individual's mental state towards seeking help.

Engagement with relevant stakeholders such as Samaritans and the relevant highway authority is needed before implementing measures related to this theme to ensure the implementation of measures does not cause unintended, and potentially harmful, consequences.

Suicide prevention factors designed to encourage help-seeking include:

Crisis signage

Crisis signage can be used as part of a range of measures. Signage aims to encourage people who are engaging with suicidal thoughts to seek help by providing information about a helpline. Suicide prevention signage should be used cautiously

in specific high-frequency locations, taking care to consider the number and placement of signs. Signage should not be placed at a scheme where there have been no suicides. For more information about the use of suicide prevention signage to encourage help-seeking, contact the Samaritans and the relevant highways authority.

SAMARITANS

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Whatever you're going through,
you don't have to face it alone.

Call free day or night on

116 123

A registered charity

Emergency telephones

Emergency telephones can be installed to provide direct contact with emergency services or Samaritans 24-hour national helpline. This measure may be beneficial in remote locations where the mobile phone signal is unreliable. Consider a text service for those deaf or hard of hearing, or for those who don't want to talk. To ensure it is an effective intervention a robust maintenance process and costs for ongoing service needs to be in place. For more information about the use of an emergency telephone, please contact Samaritans and the relevant highways authority.



5.1.4 Improve the opportunity for intervention

The presence and reaction of other people play an important role in suicide prevention. Research suggests that suicidal individuals are reluctant to choose locations with good lighting, CCTV or where they could be easily seen by other road users,¹³ highlighting that a location that is conspicuous to others may reduce suicide attempts.

Examples of measures which would be categorised under this theme include:

Improve provision for all to increase users

A location may present more opportunity if there is a perception of remoteness and isolation. People are an important part of suicide prevention and are one of the most effective forms of crisis measure. Improving the quality of provision so that it is safe and attractive will increase the number of people who use the location and may raise the opportunity for someone to reach out and offer help.

Improve surveillance

CCTV can be used to prompt intervention from network staff or the emergency services by helping identify people in crisis and reduce response time to intervene.

CCTV can only help prevent suicides if it is permanently monitored by trained staff or automated technology.

It is important to consider who will monitor the CCTV and act, with a full response plan in place. The wellbeing of those monitoring and responding to these incidents must be considered as part of the approach.

An example of CCTV in situ can be seen on the right.



Lighting increases the chance of someone identifying a person in crisis and calling the emergency services or intervening themselves. Lighting could illuminate dark areas 24/7 and may act as a deterrent for people in crisis, or motion-activated to give individuals a sense that others are watching, which may reduce their perception of being alone.

Patrols by trained individuals enhance the likelihood of a suicide attempt being intervened with. Patrols could be conducted by the police or traffic officers.

Staff training for car park and toll bridge attendants, highway maintenance patrols, and countryside rangers. Training enables staff to look out for and offer support to people who may be in crisis or considering suicide on the road network. Trained staff could help keep a suicidal individual safe until emergency services arrive.

Passive motion sensors can act as a trespass sensor alerting a security response team if an individual enters a high-risk location on a bridge or on the side of the road. Like CCTV, it is important to consider who will monitor the sensors and take action if necessary.

CASE STUDY

Delivering a range of measures at a location in Yorkshire and North-East.¹⁴

Collaboration between technical experts from National Highways' Safety, Engineering and Standards Division, Samaritans, the police, members of parliament, and local authorities led to an agreement to implement the following suicide prevention measures at a high-frequency location:

- Closure of an informal layby, a section of land used to park at the location close to the bridge
- CCTV system with a communication system linking people in crisis to trained operators
- Renewal of crisis signage in accordance with the Samaritan's guidance
- Dissuading a media campaign about the suicide rates at this location

Since the introduction of these measures there have been no further suicides at this location.

5.1.5 Change the public image of the highway scheme

Existing structures or locations which have a reputation for being frequently used spots for suicide can be attractive to people in crisis. Changing the public image of locations so that they are not synonymous with suicide is crucial.

The road sector has limited direct control over this theme, but it is important to understand the significance of the perception of a location in relation to suicide risk and work with the organisations that do have more control.

Suicide prevention measures designed to change the perception of a location are outlined below.

Responsible media reporting

Media reporting is one of the main ways in which the reputation of suicide locations is built. Reporting should always be responsible to ensure locations do not gain a negative reputation and become synonymous with suicide. Reporting that includes excessive details about the location or method and over-simplifies the person's death can carry significant risk to others. This may lead to **suicide contagion**. For more information about responsible media reporting, the Samaritans offer media guidelines for reporting suicide and a media advisory service.



CASE STUDY

Monitoring and improving media reports on suicide.¹⁵

Samaritans, and Oxfordshire County Council worked together to monitor and provide insights into media reporting sensitivity. Monthly lists of potential suicides were shared, and Samaritans offered training to local journalists on responsible media reporting. Feedback from a BBC Oxford journalist indicated positive impact, emphasising the training's importance. Key enablers included a strong relationship with the coroner's office for real-time surveillance and advocacy for responsible reporting and a crucial partnership with Samaritans, saving time and enhancing expertise in improving press reporting on suicide in Oxfordshire.

Discourage personal notes, memorials and floral tributes at locations

Removing notes, memorials and floral tributes at locations sensitively and quickly will avoid them building up and the location gaining a reputation. Consider working with local stakeholders to agree on an alternative location where bereaved individuals or communities can leave personal notes, memorials and floral tributes.

Take positive action to improve the look and feel of a location

A combination of **artwork**, **lighting** and **re-naming a location** can help to change the perception of a location by making it more attractive and improving the overall feeling. Re-naming a location can help dispel the existing public perception of a location and can promote it in a more positive light. It will be important to consider the impact measures have on other interventions for example – quality of lighting and CCTV monitoring.



5.1.6 Interrupt suicidal thoughts

Recent research on understanding suicidal thought processes underscores the importance of measures designed to interrupt these thoughts. Intervening the trajectory of suicidal thoughts and offering moments to pause and reflect can ultimately reduce risk.

Research suggests that the thoughts and behaviours of suicidal individuals can be impulsive, and the actual moment of intent may be short-lived.^{16 17} Another study found that survivors of road-related suicide attempts were more likely to describe their thoughts and actions as impulsive, compared to individuals using other methods.¹⁸ These findings highlight the potential significance of measures designed to interrupt suicidal thought processes.

The measures related to reducing opportunities to attempt suicide, such as installing physical barriers, can also help interrupt suicidal thoughts by causing delay and allowing the person in crisis to re-think their actions.

The evidence is limited on different ways of interrupting, with different initiatives being tried including the below:

- **Signage**, although being relevant to encouraging help-seeking, can also be used to interrupt suicidal thoughts. For more information about the use of suicide prevention signage to interrupt suicidal thoughts, please contact Samaritans.
- **Lighting** not only improves perception of safety but also may create a more welcoming environment, potentially mitigating feelings of isolation and despair. Lighting may also create a calming effect on agitated and distressed individuals. Types of lighting can include artistic lighting, motion set or different colours and tones.
- **Artwork** may be used to instil a sense of hope, inspiration, calmness, or positivity, which may interrupt suicidal thoughts.



CASE STUDY

Combining measures on a bridge in south west England.¹⁹

Suicide prevention barriers were added in 1998 on the main span of the bridge, with the stone buttresses at either side being unprotected. The new barrier was a 1.5m high metal grid fencing with an inward curve. On top of this is a further 0.5m high five-taut steel wires with a further inward curve. The location has specific retrofitting design challenges, with a need to incorporate a wider set of additional suicide prevention measures at this location, these include:

- Samaritans' signage
- CCTV cameras
- Low level lighting
- Alarm system
- Phone boxes at each end of the bridge
- Trained 24 hour staff patrols

The scheme also involved engagements and links with the structures trust, and emergency and mental health services. Installation of the interventions have reported to have reduced the number of suicides from the bridge by half.



5.2 Design considerations and principles

There is a risk that measures can be aesthetically unpleasant and lead to alternative challenges for other users such as pedestrians, drivers, cyclists, and horse riders. Public spaces perform a large range of functions and there needs to be consideration as to how measures can meet all these needs fit within the local context as well as reducing the risk of suicide.

The GG103 '*Introduction and General Requirements for sustainable development and design*' standard within the Design Manual for Roads and Bridges (DMRB) outlines how sustainable development and good road design can be applied to the design of

motorway and all-purpose trunk roads. It states that good road design aims to put people at its heart by designing an inclusive, resilient and sustainable road network; appreciated for its usefulness but also its elegance, reflecting in its design the beauty of the natural, built and historic environment through which it passes, and enhancing it where possible.

National Highways' *People, Places and Processes report* highlights the guide to good design and the relevant design principles that should be considered. These elements are outlined in the box below.

Connecting people

- Safe and useful - comply with engineering requirements and are functional
- Inclusive - consider all users and make efforts to involve all sections of the community
- Understandable - easy to read signs, improved legibility and reduced clutter

Connecting places

- Fits in context - being visually and physically stimulating for users, with minimised negative visual impact
- Restrained - minimised impact on the land, integrated noise measures and enhanced natural characteristics
- Environmentally sustainable - continuing natural systems, creating green corridors and being multifunctional

Connecting processes

- Thorough - robust processes with multidisciplinary project teams
- Innovative - responding positively to change, embracing new ways of working and capitalising on new technology
- Collaborative - welcoming shared responsibility among stakeholders and communities and sharing values and visions
- Long-lasting - using high-quality materials, careful detailing and low maintenance natural landscapes

5.3 The importance of good monitoring and evaluation

There is still much to learn about how effective various measures are in reducing suicides and suicide attempts. When trying out any approach, it's important to understand how it should work to achieve the desired outcomes, based on the themes outlined in Section 5.2. Some measures may have the potential to cause harm and make the situation worse, so it is critical to carefully monitor to ensure that no unintended harmful effects are caused. As well as monitoring activity at the site, activity at similar sites nearby should also be monitored to check for displacement effects and implementing temporary mitigating solutions in place if displacement occurs. There is no 'one size fits all' approach and each location should be looked at individually.

You may consider involving people with lived experience in monitoring and evaluation. Their unique perspectives can provide invaluable insights and ensure that the measures being evaluated are grounded in real-world experiences.

Advice should always be sought from the relevant highway authority, appropriate local authority and/or Samaritans before implementing any measure.

As well as monitoring for unintended effects, it is important to monitor and evaluate any implemented measures to better understand what is effective and identify areas for continuous improvement. Suicide prevention initiatives can be difficult to evaluate formally using quantitative measures, especially if they are site specific, but it is crucial to keep adding to the evidence base. If robust data collection processes are in place and data is being analysed regularly this should help the process. As a minimum, the team should evaluate their local suicide prevention plan and all site-specific activities to determine if there has been a reduction in the number of suicides and attempts.

Where several measures have been introduced at a site, such as a combination of physical barriers, CCTV and Samaritans signs, their individual effects will be difficult to measure, and they are best treated as a single intervention.



6 Support services

This section provides information on different available support services.

Suicide is a sensitive subject that you may find difficult. When engaging on this topic, it is important to look after your own wellbeing and that of colleagues.

Each organisation should have an internal employee assistance programme, to support employees with their mental health.

Below are some available external support services.

- **Samaritans** – if you need someone to talk to, contact Samaritans 24 hours a day, 365 days a year. You can call **116 123** (free from any phone), email jo@samaritans.org, or instant message at www.samaritans.org, or visit some branches in person.
- **Papyrus UK** – contact their 24/7 helpline for confidential suicide prevention advice for young people on **0800 068 4141**.
- **Shout** – if you would prefer not to talk but want some mental health support, you can **text SHOUT** to 85258. Shout offers a confidential 24/7 text service providing support if you are in a crisis.
- **Breathing Space** is a free and confidential phone service for anyone in Scotland feeling low, depressed or anxious. Call **0800 83 85 87**.
- **CALL** offers emotional support and information on mental health to the people of Wales. Call **0800 132737** or text the word **HELP** to **81066**.
- **Lifeline** offer a free confidential helpline for people living in Northern Ireland that are experiencing distress. Call **0808 808 8000**.
- **Hub of Hope** is a mental health database, bringing help and support together in one place.
- Contact NHS 111.



7 Further learning and resources

This section provides information about training and resources related to suicide prevention.

7.1 Further learning

There is a wide range of training that can be done to further understand suicide and how to recognise and mitigate against suicide.

Specific to the road sector, National Highways has a suite of online learning courses that can be taken to further knowledge of suicide prevention and suicide in the road sector.

There are a number of courses and programmes available to enhance understanding of suicide:

- The Samaritans run **training and engagement programmes** to support organisations to train people and teams to spot and support anyone who is struggling. Courses include one day courses, half day courses, or masterclass courses.
- **Zero suicide alliance training** raises awareness of and promotes suicide prevention training.
- **Papyrus** offers a range of suicide prevention training, which is available to individuals. Programmes include 30-minute sessions to a two-day course.
- **St John's Ambulance run Mental Health First Aid training courses**, which takes a uniquely practical approach to creating competent and confident workplace first aiders. Courses come in the form of two-day in person sessions to 30-minute online sessions. This is particularly relevant to young people.
- **Health Scotland** run the National Suicide Prevention Programme which covers initial awareness, exploration of suicide and suicidal ideation, and suicide first aid intervention skills.
- **Mates in Mind** offer company training sessions to create general awareness and understanding of mental health in the workplace, and e-learning courses for stress awareness and resilience training.
- **Grassroots** provides training to help promote mental health awareness, suicide alertness and positive wellbeing.

7.2 Resources

There is a wealth of further information available to explore the topic area further. These resources are linked below.

Suicide-related data sources

- For more information about the near to real-time suspected suicide surveillance data for England, please visit the **Office for Health Improvement & Disparities website**.
- For more information to understand how suicide data is collected and how to interpret the data, please visit the **Samaritans website**.
- For more information about at-risk populations, data and analysis and local suicide prevention resources, please visit the **National Suicide Prevention Alliance (NSPA) resources hub**.

Reporting suicides

- For more information about good practice for reporting suicides, please read **Samaritans' media guidelines**.

National strategies

- To read the UK government's strategy for suicide prevention, please visit the **gov.uk website**.
- To read Scotland governments suicide prevention strategy, please visit the website.
- To read Wales government's suicide prevention strategy, please visit the website.
- To read Northern Ireland's government suicide prevention strategy, please visit the website.

8 Contact details

This section provides contact details for relevant stakeholders.

National Highways suicide prevention team	suicide.prevention@nationalhighways.co.uk
Transport Scotland	info@transport.gov.scot
Samaritans – general advice	admin@samaritans.org
Samaritans – media advice	mediaadvice@samaritans.org
National Suicide Prevention Alliance	https://nspa.org.uk/contact/
Scotland's National Suicide Prevention Leadership Group	enquiries@nationalsuicidepreventiongroup.scot
Scottish government	contact@suicidepreventionengagement.scot
Wales' Suicide Prevention Strategy Implementation Team	sshp.cymru@wales.nhs.uk
Network Rail	suicideprevention@raildeliverygroup.com

Endnotes

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Notes

Notes

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