



**SUPPLY CHAIN SAFETY
LEADERSHIP GROUP**

**Highways Safety Hub
Raising the Bar 41
Suicide Prevention**

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Objective

The objective of this Raising the Bar document is to reduce the likelihood and impact of suicide attempts on the strategic road network.

It provides practical guidance on how to comply with the Supply Chain Safety Leadership Group Common Intent Document on Suicide Prevention as well as providing guidance to the Designer and Contractor as to the standardised method of compliance preferred by National Highways.

Scope

This document is aimed at Major Projects and Operations when identifying scheme requirements or asset needs; identifying and mitigating health, safety and wellbeing risks and undertaking the correct reporting procedures.

Background

National Highways is committed to leading an industry-wide approach to preventing suicides.

There is increasing evidence of road workers intervening with people in crisis on the network. The true understanding and scale of these events is unknown as there is currently no standard way of recording them across the industry or using historic data to understand the likelihood.

During the design and pre-construction stage, suicide risk is not consistently considered and there is no standard way of identifying the risk and how it is to be mitigated.

There are currently different levels of knowledge within the industry about how to deal with crisis intervention and differing approaches to upskilling road workers to equip them to manage a crisis intervention effectively.

Road workers who become involved may be left traumatised and currently receive a varied range of support.

Governance Requirements

There is a clear expectation within the Supply Chain Safety Leadership Group Common Intent Document on Suicide Prevention that where hazards cannot be designed out, the Senior Representative for the Principal Designer, and subsequently for the Principal Contractor, need to be satisfied mitigation measures have been considered and exhausted with respect to elimination and isolation prior to accepting proposals for engineered controls to be relied upon.

Minimum Requirements

The following elements are mandatory requirements and suppliers shall ensure these elements are applied fully on National Highways sites.

- Suicide risk is considered throughout the project lifecycle, and potential high-risk locations identified by the early design phase.
- Risks are managed and mitigated through design, delivery and operation.
- Road Workers understand and are aware of the risks of customers in crisis.
- Road Workers know what action to take when encountering a customer who is in crisis on the network.
- Road Workers know how to report a customer in crisis intervention.
- Road Workers know where to access wellbeing support.

Guidance – 5 Stage model of improvement

Overview

The following guidance is written with the expectation that it represents best practice and as such should be followed unless a better local alternative has been developed to meet the overall objective. All decisions to be recorded.

We have adopted a 5-stage model, which aims to deliver a systematic approach to building evidence, identifying and managing risks, delivering interventions and supporting those affected by suicide.

Stage 1: Establish the risk of a suicide attempt being made on the strategic road network during project lifecycle and operation.

Stage 2: Design and deliver robust mitigation solutions to make suicide attempts as preventable as possible.

Stage 3: Provide an effective suicide prevention plan to ensure that an approach is in place to manage instances of suicides and suicide attempts.

Stage 4: Deliver wellbeing support to our people involved in an incident.

Stage 5: Capture data on suicide related events and complete investigations to ensure continuous improvement and risk management solutions are identified.

Each stage will provide guidance, resources and identify key activities for different roles to support you in delivering this commitment.



Stage 1: Risk

The earlier we can identify the risk of suicide, the way the network is designed, the way it is constructed, and the way it is operated and maintained, the more it allows us to identify interventions that will reduce the potential for harm.

This risk shall be managed throughout the development and delivery of the scheme in accordance with [GG104](#) (Link to be provided).

Understanding the risks can be complex and may require multiple data sets or close working with stakeholders to undertake a robust assessment. Key considerations will include but are not limited to:

- Where are you building or improving the infrastructure? Is it in an area with socio-economic and demographic factors that increase the risk of suicide attempts? See Annex A.
- Who will be using the infrastructure? Do we expect it to be used by pedestrians? Do we expect it to be used by vulnerable people? For example, is it close to hospitals or higher education facilities.
- What will you be building? Will the design include features that could present additional risks?
- Is there a record of suicide attempts at the location or near the asset or infrastructure?

A comprehensive list of considerations and links to relevant data sets can be found in Annex A and within Annex E [National Highways Suicide Prevention Toolkit](#).

Project Delivery

Major Projects – Project Control Framework: This activity shall be undertaken during Stage 2 and 3 and documented with the Safety Plan and

hazard report. These products will continue to be updated during the duration of the project.

Operations: 3D: This activity will be undertaken in *Stage 0: Scheme Identification*, when assessing asset needs.

Risk Roles and Responsibilities

Responsible (R), Accountable (A), Consulted (C), Informed (I)

Activity	Roles				
	Client	Principal Designer	Designer	Principal Contractor	Contractor
Make National Highways incident data available to the those responsible for he risk assessment	A/R	I	I		
Review risk considerations and identify high risk locations (3D)	A/R	I	I		
Review risk considerations and identify high risk locations (PCF)	A	C	R	I	I
Determine risk level for permanent design and update risk log	A	C	R	I	I
Determine additional risks for the construction phase and update risk log	A	C	R	I	I
Highlight risks in design documents e.g. AIP, design drawings.	A	C	R	I	I

Stage 2: Design

Design and deliver robust mitigation solutions to make suicide attempts as preventable as possible.

Using best practice, identify and implement mitigation measures within the design and operation of the network to protect both road workers and the public.

Public Health England’s (PHE) Preventing suicides in public places guidance outlines four broad areas of action that can help prevent suicides at high frequency locations. Effective suicide prevention design encompasses activity in all of these areas, but must be contextualised to the needs of each specific location. These include:

- Restrict access to the site and means.
- Increase the opportunity and capacity for human intervention.
- Increase opportunities for help-seeking behaviour.
- Change the public image of the location.

Permanent Design Solutions

Permanent design solutions across all these themes, which are specific to the strategic road network, can be found in National Highways Suicide Prevention Toolkit (Link to be provided).

Construction Phase Design Solutions

It is important that the management of suicide risk is continued through the lifecycle of the scheme. We need to ensure the hazards and risks that may be created by the scheme delivery phase, through increased access to means, or diverting vulnerable people to another high-risk location, are identified and managed and residual risk identified within the pre-construction information. In line with PHE’s approach, we have highlighted possible risks and mitigation measures in **Annex B** that may be applicable during construction phase (please note this list is not exhaustive).

Project Delivery

Major Projects – Project Control Framework: This activity is expected to be undertaken during Stage 3, 4 and 5, and documented within the design documents, pre-construction information and construction phase plan. These products will continue to be updated during the lifecycle of the project.

Operations: 3D: This activity will be undertaken in Stage 1: Options assessment, and continue throughout Stage 2: Preliminary design and Stage 3: Detailed design.

Design Roles and Responsibilities

Responsible (R), Accountable (A), Consulted (C), Informed (I)

Activity	Roles				
	Client	Principal Designer	Designer	Principal Contractor	Contractor
Review risk levels, and mitigation measures	A	C	R	C	I
Update Safety Report	A	C	R	I	I
Update pre-construction information	A	C	R	I	I

Stage 3: Planning and Training

Provide an effective suicide prevention plan as part of the construction phase plan to ensure that an approach is in place to manage instances of death by

suicide and suicide attempts on the network. Ensure people have the right level of skills and knowledge to effectively deal with people in crisis and understand the procedures for managing crisis interventions.

Planning

Establish and plan for the likely risk

In establishing the likely risk, the pre-construction information provided by the designer should have considered the likelihood of suicide attempts within the working and surrounding areas and the measures taken to mitigate the risk in the permanent design with any residual risk noted for consideration during the construction phase.

The Principal Contractor shall develop a suicide prevention plan. The plan will be developed and included within the construction phase plan, regularly reviewed and updated as necessary.

The plan should include the residual risk highlighted in the pre-construction information and any other risks identified through the construction phase. The plan is to be updated during the construction phase to include mitigation measures taken to address the risk.

Annex B although not an exhaustive list, provide practical advice on measure which could be taken to manage the risk, including temporary works measures as a means to restricting access.

Restricting access to the means of suicide may not address an individual’s personal difficulty or their mental distress, but it can interrupt the suicidal process. Restricting access can buy time to break an impulsive act and can also increase the chance of intervention.

The plan should also identify any suitably trained people on site who can attend and support a crisis intervention and the mechanism for contacting them.

The suicide prevention plan should be reviewed and updated periodically thought the construction phase.

Communicate

Ensure those working on site are aware of the risk and ensure a robust mechanism is in place for alerting the suitably trained people for dealing with a crisis intervention situation.

Construction Roles and Responsibilities

Responsible (R), Accountable (A), Consulted (C), Informed (I)

Activity	Roles				
	Client	Principal Designer	Designer	Principal Contractor	Contractor
Review drawings and site information to identify risk level	C	C		R	I
Provide an effective suicide prevention plan as part of the construction phase plan	I	I	I	A/R	I
Propose mitigation measures for temporary works	C	I		R	I
Provide adequate level of training reflective of risk level	I	I	I	A/R	R

Training and Competency Requirements

The National Suicide Prevention Alliance states that – ‘Suicide prevention is everyone’s business’.

Suicide accounts for around 6000 UK deaths each year, up to one-third of which occur in public locations. These may be more easily preventable than those that occur in the privacy of the home, because of the potential for a chance passer-by to make a last-minute intervention. *

Any person intervening with a person in crisis should assess the risk and consider their own safety before making an intervention.

The [Crisis Intervention Training Resource](#) provided as an Annex C to this document is a sign post to training that is currently available. This list is not exhaustive or prescriptive but has been co-ordinated to support awareness and training, with two aims:

- developing a better awareness, enabling wider conversations which contributes to breaking the myths and stigma around suicide
- to develop skills and increase confidence in this area, supporting people to feel comfortable and confident in making an intervention when they see someone in distress.

The list of training providers are not rated, and provide varied levels of training. We would encourage you to assess your training needs and speak to the training providers to determine the suitability of service for your requirements.

The roles highlighted within Annex C are purely there for guidance. Anyone can undertake any relevant training.

Findings* suggest that people do not need to be provided with an intervention script, nor should they be afraid of saying ‘the wrong thing’.

The words the intervener spoke were not nearly as important as how they made the person feel.

People with lived experience described interveners as having broken through the dissociative state, dispelling feelings of fear, isolation and worthlessness and making them feel safe, validated and reconnected.

**Intervening to prevent a suicide in a public place: a qualitative study of effective interventions by lay people 2019. Authors Christabel Owens, Jane Derges, Charles Abraha*

Stage 4: Support after an intervention

There is no right or wrong way to support an individual through an experience involving suicide. However, there are general processes an organisation can follow or adapt to ensure the right information is available and accessible to effectively support an employee affected by an attempted or a completed suicide.

The process charts found in Annex D [Suicide Prevention - Crisis Intervention Support](#) provide a 'quick-glance' reference guide for suggested steps to take during various scenarios involving suicide. There is additional information provided alongside these charts should it be required.

The processes range from pre-emptive steps an organisation could take to prepare themselves for supporting a colleague, managing a crisis intervention on site, to the importance of aftercare. The charts are intended to be used as widely as possible both on and off site.

It's important to note these charts are not prescriptive and a scenario faced in the workplace may not fall exactly with any of those detailed here. Nor will all organisations working on the Strategic Road Network have the capability to implement every recommendation.

The key message is that any support you can offer someone affected by suicide is better than no support.

Giving Recognition for a 'Customer in Crisis' intervention

As well as providing ongoing support, consideration should be given to recognise the bravery of those who have undertaken a life-saving intervention at a project, company or client level. This will need to be arranged locally and managed through the line manager or project team and be tailored to the individual circumstances.

Support Roles and Responsibilities

Detailed roles and responsibilities for the activities can be found in Annex D [Suicide Prevention - Crisis Intervention Support](#)

Stage 5: Reporting and investigating a Customer in Crisis event

Customer in Crisis Intervention

People working on the network may be involved in incidents with vulnerable people who may be intending to take their own life.

These events shall be reported on HART and investigated to:

- identify areas of risk,
- measure the effectiveness of preventative design measures
- develop or enhance training, procedures, and support arrangements.

Reporting requirements

What to report

A customer in crisis intervention. A crisis intervention is described as “To make contact with a person (s) with the aim to prevent them from intentional self-harm or taking their own life”.

A simple test to consider is “but for the intervention of those concerned, the individual would have self-harmed, attempted or taken their own life”.

The record shall include the details, causes and consequences, as understood at the time of the event.

When to report

The table provides the timescales that shall be followed for the reporting of suicide prevention events.

What to report	To Whom	When	Where to report
Health, safety and wellbeing incidents and events			

Customer in Crisis Intervention	HART	Within one day of the event occurring	on HART
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Where to report

The recording of all crisis intervention events shall be reported on HART and updated as further details and investigation findings become available. All sections of the HART record shall be completed as and when relevant information becomes available.

Investigation requirements

Investigation

Circumstances shall be investigated by the employing organisation to:

- identify the actions taken and intervention details by the affected person (affected person being the person who made the intervention).
- establish and implement corrective and preventive actions.
- learn and share lessons.

The level, detail and depth of any investigation shall be in proportion to the nature and severity of the occurrence.

For crisis intervention events involving suicide, the following items are to be considered during the investigation:

- Were suicide prevention measures in place at the time of the event?
- If yes, what was in place and was it in good condition?
- What immediate support was offered to the affected person?
- Has the affected person received any Suicide Prevention training?
- If yes, detail the training provided
- What ongoing support does the affected person require?

Corrective actions shall include immediate mitigating actions (already implemented) and further mitigating actions needed to reduce risks to affected populations to a level that is as low as reasonably practicable.

On completion of the investigation, the final report together with any relevant supporting documentation, including the lessons learned report, safety alert and mitigating actions report shall be recorded and attached to the HART event record. The HART record shall be checked by the supply chain responsible person for accuracy and completeness and updated for the final time.

National Highways shall be kept informed of developments in relation to investigations and follow-up activities.

The event entry on HART shall be kept up to date by the employing organisation.

Closing out actions

Following an incident, update the suicide prevention plan as part of the construction phase plan, including a mitigating action report.

The suicide prevention plan shall confirm that an effective approach is in place to manage suicide and suicide attempts on the network.

Confirmation that the actions required have been undertaken shall be reported to National Highways.

The mitigating actions report for a Crisis Intervention event, shall include:

- an assessment of the effectiveness of the preventative design measures that have been implemented.
- a recommendation as to whether further preventative design measures, enhance training and support arrangements should be implemented; and

- a recommended timetable for implementation of such further actions, to ensure that risks to affected parties are reduced.

Lessons learned

Lessons learned from events and undesired circumstances shall be communicated through the production and cascade of a safety alert by the supply chain both within their own workforce and to National Highways.

Lessons may also be shared through presentation at safety forums and by holding safety stand downs.

Accessing Data

Aggregated Customer in Crisis Intervention Data will be available through HART dashboards to help inform future risks and mitigations.

References

HSE Publications & Guidance:

[Public Health England \(PHE\), Preventing suicides in public places: a practice resource](#)

National Highways Suicide Prevention Toolkit

National Suicide Prevention Alliance [Preventing suicide together - NSPA](#)

ANNEX A - Risk considerations and data sources

Consideration	Reasoning	Source
SCHEME LOCATION		
Is there evidence of a history of suspected suicides or suicide attempts on or near the scheme?	<p>Some locations may have an established reputation for suicide attempts which may attract people in the future. Therefore, appropriate mitigation measures should be considered.</p> <p>How someone may take their own life at a location can have a huge impact on the safety and wellbeing of other people. For example, falling in front of, or running into traffic will have a greater impact on others than an event not involving other people.. Understanding the circumstances of events, can help inform the wider impact on individuals and others road users and communities.</p>	<p>National Highways Suicide Prevention dashboard (Incident Management Data) For access contact suicide.prevention@highwaysengland.co.uk</p>
Is the scheme within an area of deprivation?	<p>This consideration refers to the socio-economic and demographic features such as income, employment, standard of life, deprivation, and crime which can be causal factors.</p> <p>The Samaritans report, <i>Dying from Inequality</i>, showed that financial instability and poverty can increase suicide risk. The report found that income, unemployment, poor housing conditions, and other socio-economic factors all contribute to high suicide rates.</p>	<p>English indices of deprivation 2019: mapping resources</p>
Are there health or social support services in proximity to the scheme?	<p>Health institutions, especially mental health institutions were identified because research has shown a strong link between physical and mental health issues and suicide attempts. Work undertaken to date indicates that the proximity of health or support services near to the network is linked with suicide attempts on the network.</p>	
Is the feature or location within the scheme easily accessible?	<p>Research has shown proximity and accessibility can increase the likelihood of a location being used as a means of suicide. A large proportion of most frequently used locations are those which are easily accessible by people on foot from towns and communities or that are close to car parking in secluded areas.</p>	

Consideration	Reasoning	Source
Is the scheme within an area with higher than average suicide rates?	Suicide rates vary across different areas, and higher than average rates may increase the likelihood of suicides on the network.	<p>Office for National Statistics (ONS) data</p> <p>The ONS publishes national and regional suicide data. The data gives an indication of trends and high-risk groups. You can access newly released data here.</p> <p>Public Health England suicide prevention profile</p> <p>The Public Health England (PHE) Suicide Prevention Profile presents a range of publicly available data on suicide, associated prevalence, risk factors, and service contact among groups at increased risk. It provides planners, providers and stakeholders with the means to profile their area and benchmark against similar populations. With these profiles you can:</p> <ul style="list-style-type: none"> • browse indicators at different geographical levels • benchmark against the regional or England average • export data to use locally. <p>Zero Suicide Alliance</p> <p>ZSA Maps provide an accessible way to understand suicide rates across England. Social Risk Factor Map – helps users understand the social risk factors that influence suicide risk in their area and compare these to other areas across England.</p>
USERS		
Will the scheme include provision for pedestrians?	Having a location with a high number of pedestrians may increase the likelihood of a suicide attempt, however it may also act as a deterrent if there are high number of people about.	
Is there expected to be higher than average use by vulnerable users due to proximity to education facilities and hospitals?	Consider the needs of different users. Familiarity and accessibility are important factors in why a person may choose a means of suicide, this is particularly valid where actions may be impulsive. Are there any users who are more vulnerable to the risk or impact of suicides, for example people accessing schools, higher education health and other social support facilities?	https://get-information-schools.service.gov.uk/Downloads

Consideration	Reasoning	Source
DESIGN		
Does the existing site or design include bridges or other types of structures? Do structures add additional hazards such as struck by moving traffic?	One of the most common means of suicide on the network is jumping from a bridge or structure. This is because they often present easy access to a method for suicide such as falling from height or into traffic. This could have additional risks to other users.	
Will the design include features that will make it likely to be an iconic landmark?	Suicides associated with iconic locations are more likely to be known within the area and attract media attention.	
Has the possibility of suicide been considered within the detailed design? Are there specific design features that introduce more hazards?	Design features that provide opportunity for impulsive action should be avoided for example: <ul style="list-style-type: none"> • Climbing hazards with footholds • Official or unofficial parking areas in close proximity to a potentially high-risk location. • Official or unofficial pathways which provide easy access to the network or verge. • Unsecured maintenance points. • Private and isolated locations. 	
CONSTRUCTION		
Consider the impact on the construction phase of a project. Consider all populations (road workers, road users and others) in the prevention of suicides and limiting the wider impact suicides can have.	Examples will include: <ul style="list-style-type: none"> • Will temporary works create new hazards, and if so, how will these hazards be mitigated against? • Will phasing create a scenario where the permanent mitigation for a hazard is not in place? • Will there be new/additional means of accessing the network? • Will there be appropriate restriction of access into work area? • Will this be included in site assessments and incident reporting? • Is there a need for specific work instructions on dealing with vulnerable people? • Will there be welfare provision for those affected by events? 	Further information on how to identify and address these risks can be found in sections: Stage 2: Design Stage 3: Planning

ANNEX B Construction Phase Risk

Risk	Hazard	Mitigation
Jumping from a high place	<ul style="list-style-type: none"> - Scaffolds and Falsework - Gantries - Cranes and Piling Rigs - Steep Excavation faces - Road, rail and river bridges - Viaducts - Roof, balconies or ledges 	<p>Restrict access to the site and the means of suicide. This can be achieved by:</p> <ul style="list-style-type: none"> • Installing physical barriers to prevent access. • Introducing other deterrents, for example, boundary markings or lighting. • Safe storage of hazardous substances.
Jumping, or lying, in front of a moving object	<ul style="list-style-type: none"> - Any fast stretch of trunk road Construction Sites - Mobile plant and machinery 	<p>Increase opportunity and capacity for human intervention. This can be achieved by:</p> <ul style="list-style-type: none"> • Improving surveillance using CCTV, thermal imaging and other technologies; increasing staffing or foot patrols. • Providing suicide awareness/intervention training for staff working at or near the site; increasing whole-community awareness and preparedness to intervene.
Drowning	<ul style="list-style-type: none"> - Temporary drainage features - e.g. sump/pump etc. - Excavations - Manholes and sewers 	
Hanging	<ul style="list-style-type: none"> - Bridges and other structures with railings - Cranes and piling rigs - Gantries - Scaffold and falsework 	<p>Increase opportunities for help seeking by the suicidal individual. This can be achieved by:</p>
Other, including: poisoning, car exhaust, burning, firearms, driving into stationary objects	<ul style="list-style-type: none"> - Anywhere offering seclusion Construction Sites - Electrocutation - sub-stations / easier access to OH / UG power / railway Overhead line equipment - Poisons - Storage of hazardous substances and plant - location and access to construction equipment 	<ul style="list-style-type: none"> • Providing Samaritans signs and/or free emergency telephones. • Providing a staffed sanctuary or signposting people to a nearby one. • Provide rescue equipment.