

Suicide prevention toolkit

September 2022

This document covers a sensitive subject that readers may find difficult. Information on support services can be found on page 24.

Introduction

At National Highways everyone's safety matters. We understand the devastating effect suicide can have and how this touches so many people and communities. We recognise that we are part of a community-based approach to preventing suicide and work hard to influence and support wherever we can. We want to have a network where no one will attempt to take their own life.

We all have a role to play in making our network a safe place for all. We all need to be aware of and understand our approach to suicide prevention and the roles and responsibilities each of us has. We also need to ensure we consider the wellbeing of colleagues and ourselves and that we know where to go to for help when more support is needed.

Strategy

Home safe and well is our approach to health, safety and wellbeing. Our vision that 'no-one should be harmed when travelling or working on the strategic road network' is summed up in this simple phrase; we all want and need, to get home every day to the people we love and for the things that we love doing. Our approach is inclusive and aimed at customers, employees and our supply chain. Suicide prevention is a key part of this approach.

We are committed to working with strategic partners leading the industry's approach to suicide prevention. We are working to halve the number of suicides on our roads by 2025 and achieve our longer term aim to have a network where no one will attempt to take their life on it.

Our **Suicide prevention strategy** explains how we will do this. It also explains how we will continue to contribute to delivering the Government's national strategy for suicide prevention **Preventing suicide in England: A cross-government outcomes strategy**.

About the toolkit

Who is the toolkit for?

The Suicide Prevention Toolkit will guide decisions on interventions that could help prevent suicides and how you can work with others to deliver them. The company's approach to suicide prevention is delivered through three key areas:

Section 1: Prevention

- 1.1 Challenging myths
- 1.2 Data and intelligence
- 1.3 Applying suicide prevention to new schemes
- 1.4 Working with others

Section 2: Crisis intervention

- 2.1 Identification of a frequently used location
- 2.2 Working with local stakeholders
- 2.3 Suicide prevention site assessment
- 2.4 Interventions
- 2.5 Funding
- 2.6 Evaluation

Section 3: Support after a suicide

- 3.1 Phone a helpline
- 3.2 Suicide prevention training

The toolkit is a living document that will continue to be updated to provide the best available advice and guidance.



Section 1: Prevention

We will actively address the potential risks for vulnerable users as well as react to emerging issues and wider community needs. We can do this through sharing data, working with partners and identifying new opportunities.

1.1 Challenging myths

Breaking the stigma associated with suicide and dispelling myths is the first step towards prevention. Knowing the facts about suicide can help you to act and make a difference. We have worked with Samaritans to highlight some of the most common myths.

Myth: If a person is serious about taking their own life then there's nothing you can do.

Fact: Feeling actively suicidal is a feeling that will pass. It is temporary, even though it often doesn't feel like it at the time, even if someone has been feeling low, anxious or struggling to cope for a long period of time. Therefore, getting the right kind of support at the right time is important.

Myth: People who are suicidal want to die.

Fact: The majority of people who feel suicidal do not actually want to die; but they do not want to live the life they have. The distinction may seem small but is very important. It's why talking through other options at the right time is vital.

Myth: You have to be mentally ill to think about suicide.

Fact: 1 in 5 people have thought about suicide at some time in their life. And not all people who die by suicide have mental health problems at the time they die.

However, many people who take their own life do suffer with their mental health. Sometimes this is known about before the person's death and sometimes not.

Myth: Talking about suicide is a bad idea as it may give someone the idea to try it.

Fact: Suicide can be a taboo topic. Often, people who are feeling suicidal don't want to worry or burden anyone with how they feel and so they don't discuss it.

But, by asking someone directly about suicide, you give them permission to tell you how they feel. People who have felt suicidal will often say what a huge relief it was to be able to talk about what they were experiencing.

Once someone starts talking they've got a better chance to reconsider and look at other options to address their suicidal thoughts.

Myth: If we prevent suicides in one location, we'll only move the issues to another location.

Fact: 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.

Myth: We can't stop someone from taking their own life.

Fact: The act of taking one's own life can be impulsive and the actual moment of intent (that is to jump) 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.

Any opportunities for intervention mean more opportunities to get help and support and to see that suicide isn't the only option.

Language is important

It is important to use the right language to help destigmatise suicide and ensure we are sensitive to those bereaved or affected by suicide. Choose terms that are commonly used, non-stigmatising and respectful. The most accepted phrases include "attempted suicide", "took their own life" and "died by suicide".

1.2 Data and intelligence

To understand and prevent suicide we must use the best available information to identify which people might be more at risk of suicide, where suicides are more likely to occur and how the patterns of suicide change over time. Our suicide prevention programmes will be evidence based and focused on targeted action.

There are several sources which can help us:

Local partnership data

You can get further information about suicides in your region through partnerships with local authorities, police and multi-agency local suicide prevention groups. All local authorities in England have a suicide prevention group who may have local intelligence on suicide incidents in the area. Details of these groups can be found on local authority websites.

Publicly available data

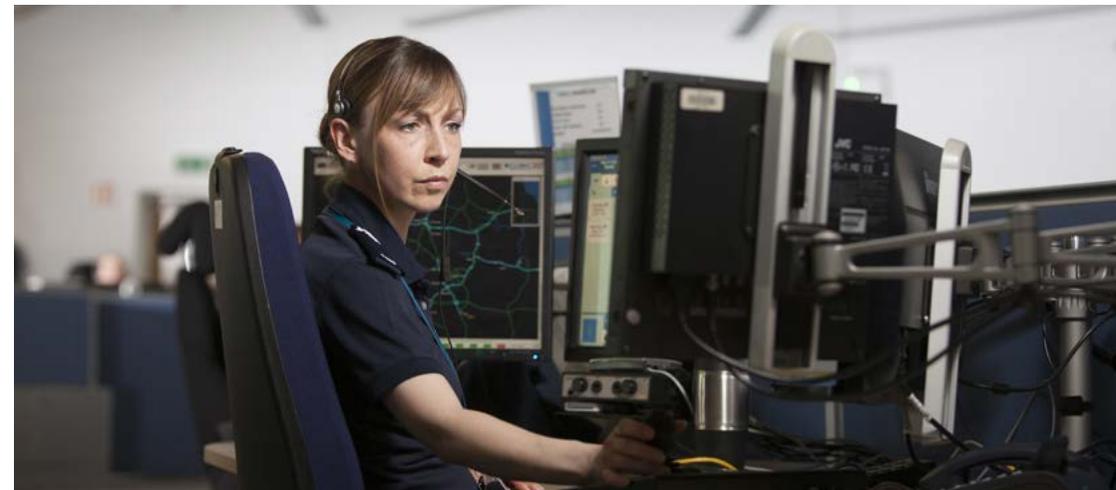
ONS publishes national and regional suicide data. The data gives an indication of national trends and identifies high-risk groups.

ONS data for 2020 shows:

- There were 4,912 suicides registered in England.
- Three quarters of registered suicides were amongst men (3,682).
- Males aged 45-49 had the highest age-specific suicide rate (23.8 deaths per 100,000) and this was the same for females aged 45-49 (7.1 deaths per 100,000).

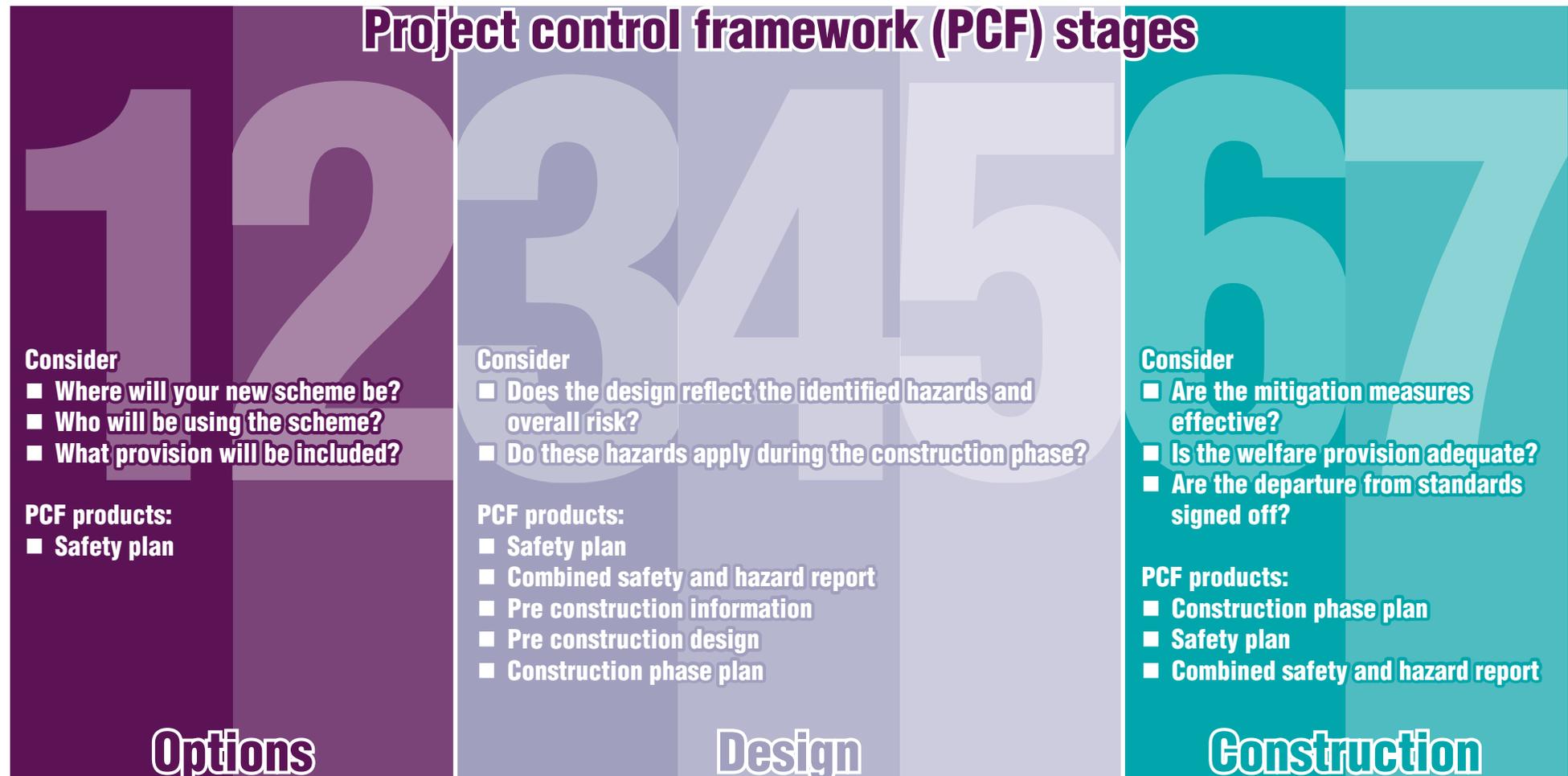
Data Protection

You may need to share data when working with stakeholders to identify and develop interventions. Consider carefully how this data is shared, any data which identifies a specific location or discloses the identity of individuals should not be made public.



1.3 Applying suicide prevention to new schemes

Consider the potential for suicides at the early stages of scheme development. Factors which contribute to the risk of suicide need to be assessed and the appropriate action built into planning, design, construction and operation.



Planning and design

Identify reasonably foreseeable hazards that can contribute to suicide during the development of the scheme safety plan. Evidence to support your assessment can be quantitative (using safety data from various sources) and qualitative (using previous experience, expert opinion, research).

The **safety baseline** for suicides can be established from historic incident data and local intelligence. This may be taken from the existing location or from a section of the network with similar characteristics. The baseline can be calculated using: (a) total incidents over a three-year period; or (b) average over three years.

Local intelligence will be available through your regional operations team. The **Regional Safety Coordinator** will be able to guide you on how to access this information.

If the scheme or activity is new to National Highways and a comparable activity cannot be found, the baseline can be determined through consultation with experts and applying professional opinion.

There are several factors to consider in understanding and assessing the likelihood of suicides on the network.

Location

Is there evidence of a history of suspected suicides or attempts on or near the scheme?

Establish if there have been previous suspected suicides or suicide attempts. Some locations may have established a reputation for suicide which may attract people in the future, therefore, appropriate mitigation measures should be considered.

The way in which someone may take their own life at a location may have an impact on the safety and wellbeing of other people. Understanding the circumstances of events, can help inform the wider impact.

Is the scheme within an area of deprivation?

The Samaritans report **Dying from inequality**, 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.

Does the area have higher than average suicide rates?

Suicide rates vary considerably across different areas of the network, a higher than average rate may increase the likelihood of suicides on the network.

Is the area easily accessible?

Research has shown proximity and accessibility can increase the likelihood of a location being used as a means of suicide.

Is the area close to health or social support services?

Research has shown a strong link between physical and mental health issues and suicide attempts. Consider the location of vulnerable groups within proximity to the network. The health and wellbeing of users need to be considered.

Design features

Does the design include bridges or other types of structures?

If the design presents opportunity to fall from height this will increase the likelihood of suicides.

Will the design include features that are likely to become iconic landmarks?

Iconic landmarks are more likely to attract people to the location.

Has the possibility of suicide been considered within the detailed design?

Design features that should be avoided:

- climbing hazards with footholds
- official or unofficial parking areas in close proximity
- official or unofficial pathways which provide easy access to the network or verge
- unsecured maintenance points
- private and isolated locations

Users

Who will be using the scheme?

Consider the needs of different users. Are there any users who are more vulnerable to the risk or impact of suicides, for example people accessing schools, higher education facilities, health and other social support facilities?

Guidance on interventions can be found in section **2.4 Interventions**

Construction

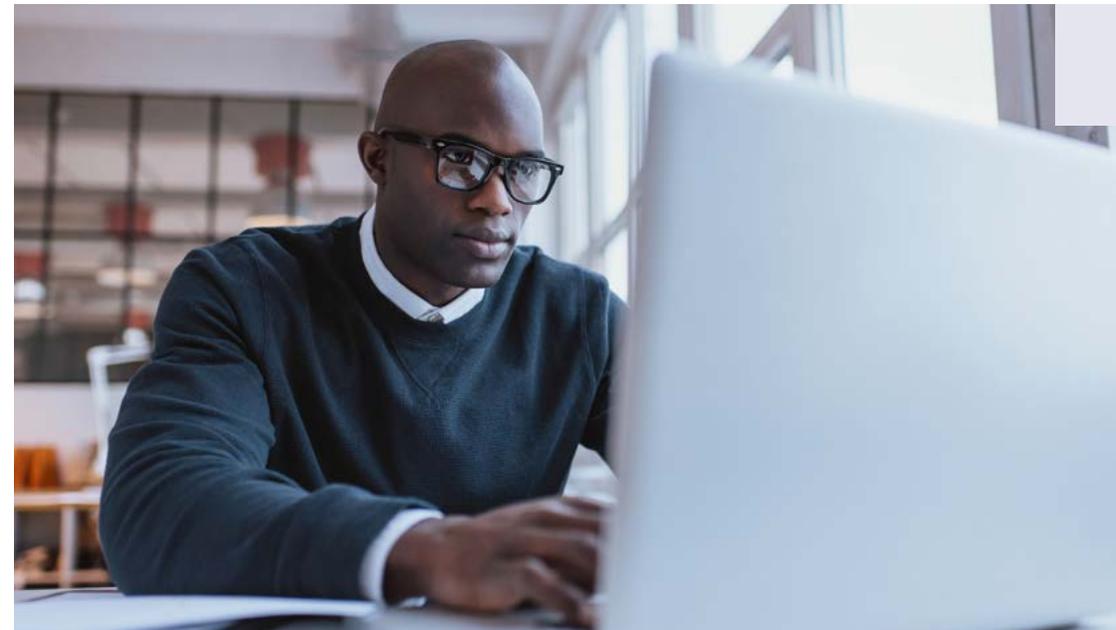
Consider whether these or new hazards and risks will apply during the construction phase of the project:

- Will temporary works create new hazards? How will you mitigate those hazards?
- Will there be new or additional means of accessing the network?
- Will there be appropriate restriction of access into work areas?
- 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?

Operations

Consider the impact on operations and maintenance activities when assessing different mitigation measures. This is likely to include the long-term operations and maintenance of equipment or asset features, as well as the impact on colleagues and emergency services who monitor and respond to incidents.

Consider all populations (road users, road workers and others) in the prevention of suicides and limiting the wider impact suicides can have.



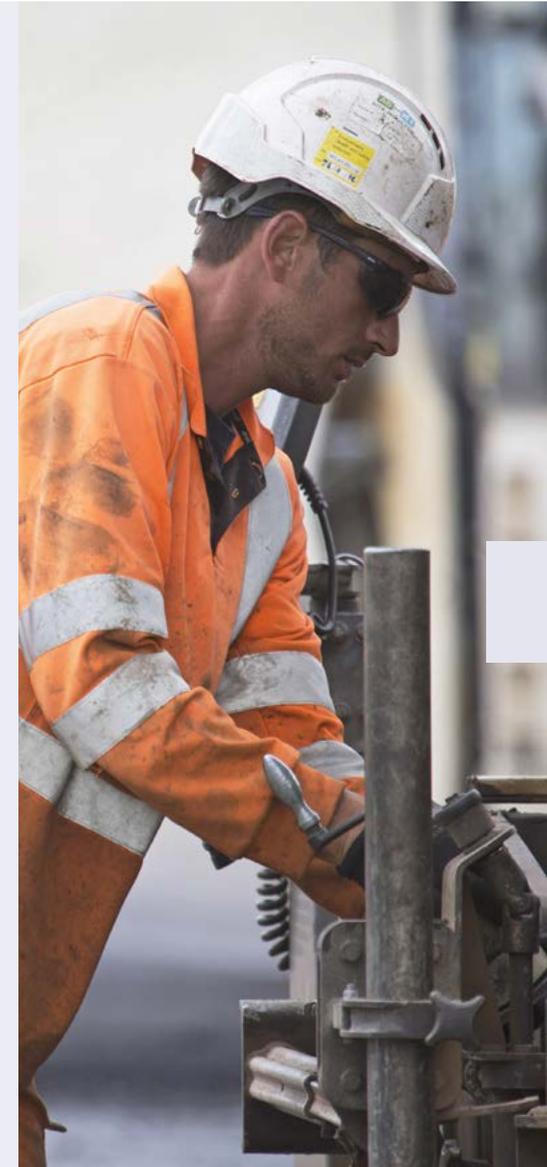
M1 smart motorways project - east

The M1 is a key strategic route carrying high volumes of traffic between London and the North. A four year major project through Bedfordshire and Northamptonshire will upgrade the carriageway to four all lane running sections.

Workers on the project are increasingly exposed to highly traumatic events on the network or at the compound where those involved in incidents are taken as a safe place. As a joint venture between ourselves, Costain and Galliford Try, **policies and procedures have been put in place to support colleagues.** The project workforce are predominantly young males, themselves a vulnerable demographic, working away from home and do not necessarily have the support structures in place to help process the events they are being exposed to. The procedures help people recognise if they are being affected by events and show how to access support.

The project team are looking at how pro-active policies and support can put work force mental health at the forefront of the project and support those exposed to suicide and suicide attempts. Work has begun to align all three organisations involved. **Crisis mental health training** has been given to key people within the project team. This training will help to embed a more open culture and support system for mental health which focuses on suicide prevention and dealing with exposure to it. The training will help people recognise the signs and behaviours of those who have been affected by traumatic events and provide the skills to intervene.

Building on this work a *Mental health and suicide prevention strategy* will be introduced to bring together all the work that has been done. The strategy will set a new approach for major projects in National Highways, particularly in areas vulnerable to suicides.



Major Projects junction improvement - midlands

Undertaking a major junction improvement, the project team identified the need for suicide prevention measures at an early stage.

Working closely with stakeholders the project team were made aware of these issues at a very early stage within the project. This involved working with operational colleagues and the local authority, including health care professionals and police.

Understanding our commitment to reducing suicides, the team assessed data from the regional suicide prevention reports and audits. This information was used to build a business case for prevention measures and to include these requirements within their tendering process.

The early identification was critical in ensuring that this was considered as part of the specification. It also meant the supplier was aware at an early stage and helped develop the right solution for the

scheme adding more chance of success through design, construction and operation.

The project team have faced challenges during the design phase - learning from others, but having to adapt to the specific scheme and local area. Managing expectations of stakeholders has been an important part of this process, keeping people focused on a practical design whilst pushing some design boundaries within the supply chain.

The project team hope that the outcome will help more major projects adopt suicide prevention measures and provide an alternative standard of parapet which can be used across the network.



1.4 Working with others

We are committed to working with stakeholders and partners to lead an industry-wide approach to build our own knowledge and capability to deliver more effectively at a local and strategic level – listening, learning and sharing our experience with others.

Expert panel

We have established our expert panel to help direct our approach. The panel includes subject matter experts from different sectors such as charities, academia, transport, police and public health. The group helps guide and advise on strategy, policy, research and local interventions. Membership includes Samaritans, Network Rail and Public Health England.

For more information about our expert panel members or to raise a query with them, please contact suicide.prevention@nationalhighways.co.uk

Local agencies

Each local authority should have a multi-agency suicide prevention group and action plan. The groups consist of public health leads, mental health charities, police and local experts.

In some areas we will have a clear role to play in working with the group to develop and deliver local action plans. The local multi-agency groups are key to understanding the local issues and sharing expertise to provide a joined-up approach.

Regional Engagement Guidance

This guidance will provide you with practical advice on developing regional relationships to support the delivery of community-based suicide prevention activities and in joining local multi-agency suicide prevention groups at these locations. It will also guide you on how to communicate effectively on the subject matter and on the range of initiatives that can be applied to prevent suicides at a regional and local level.

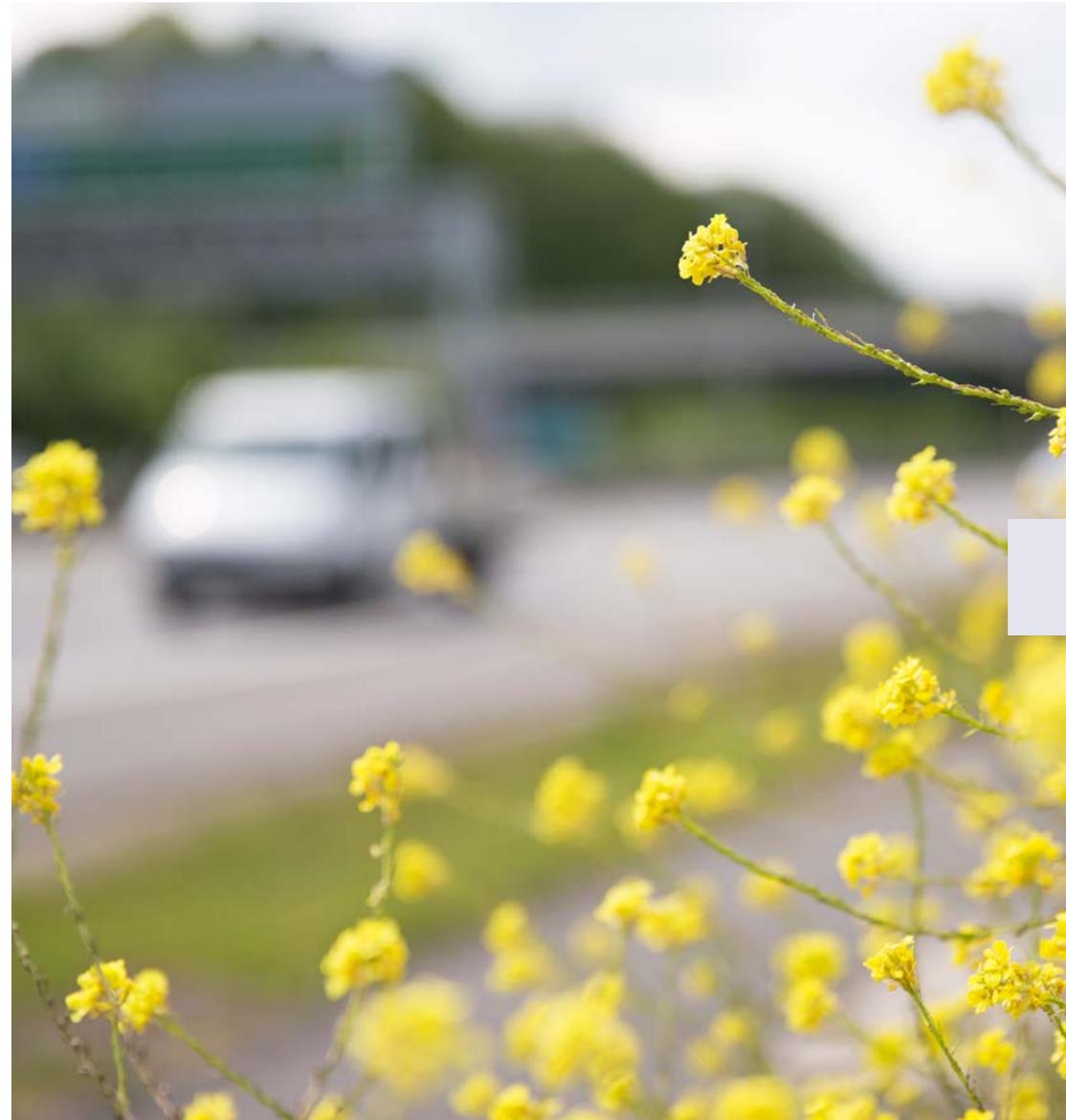
If you would like further advice, or would like a copy of the guidance contact: suicide.prevention@nationalhighways.co.uk

Section 2: Crisis intervention

We will deliver a wide range of crisis interventions, from asset improvements to people interventions, to help stop those who do reach crisis point going on to take their own life.

2.1 Identification of a frequently used location

Frequently used locations are places where two or more suspected deaths by suicide or suicide attempts. We refer to them as 'frequently used locations' in keeping with Public Health England guidance.



2.2 Working with local stakeholders

Frequently used locations, as well as unusual trends, need to be shared with the local authority suicide prevention group. Their local knowledge and expertise will assist in identifying the most appropriate interventions.

2.3 Suicide prevention site assessment

The suicide prevention site assessment provides guidance for an in-depth review of hazards and risks at frequently used locations. The guidance can be accessed by contacting suicide.prevention@nationalhighways.co.uk

Regional teams can use this to identify measures which will help stop someone taking their own life. Included in the site assessment is:

- Validating data and carrying out background research to gather local intelligence.
- Identifying partners and stakeholders to provide specialist knowledge.
- Assessing the site to identify hazards that increase the potential for suicides.
- Reporting findings and recommending action to intervene.

Prioritising locations

Where you have multiple locations within a region you will need to prioritise action. You should use the following criteria:

- Number of incidents – which sites have more incidents?
- Severity of incidents – is the severity or potential severity of incidents higher at different locations?
- Frequency of incidents – are the incidents within a close time frame? Could this be an indication of a new trend?
- Impact on safety and wellbeing of others – has there been or is there likely to be high impact on the safety and wellbeing of other road users or the wider community?



Working with local stakeholders - south-east

Following two suspected suicides and one attempt the need for preventative action was quickly escalated. Recognising the complexities of the location and the need to act quickly, the regional team met with representatives from the local authorities, diocese, police and university to discuss what could practically be done. Working across these groups was essential to build local knowledge, consider a wide range of activities, and use the strengths and resources different organisations could offer.

The first action for the group, was to assess media reporting which was highlighting the location as a suicide spot.

The **local authority had a good working relationship with local press** and they used this to approach the editors at the paper to explain the Samaritans media guidelines and the risks of highlighting a location to other vulnerable people. The editors agreed to report more responsibly.

National Highways' regional team installed Samaritans crisis signs to give opportunity for those in crisis to reach out for help.

The regional team used the **partnerships with the diocese and police to reach out to residents**. Training was given to residents to help them recognise the signs of someone in crisis on or near the structure and give them the confidence to engage with people in a calming and appropriate way.

The regional team **secured funding through our Designated Funds** to carry out a feasibility study on potential bridge improvements to prevent incidents happening in the future.

Partnership working is vital to develop a wide-reaching suicide prevention plan which delivers in both the short and long term.



2.4 Interventions

Interventions will vary depending on the characteristics of the location and the wider community needs. The different interventions have been categorised under four main approaches:

Encourage people to seek help

Crisis signs guidance

Samaritan crisis signs can be used as part of a range of interventions. They are a simple option, with the advantage that they target any person in crisis, regardless of where they are.

The location of signs should not be restricted to the bridge itself, but should be displayed in a subtle way, including on likely routes to the location. It is not effective to apply a blanket approach of signage to reduce suicides.

You must follow guidance for using Samaritans signage on the road network before installing new signs. The guidance can be accessed by contacting

suicide.prevention@nationalhighways.co.uk

Emergency telephones

Emergency telephones can be installed to provide direct contact with emergency services or Samaritans 24 Hour helpline. These are beneficial in locations where the mobile phone signal can be unreliable.

Reduce opportunities to attempt suicide

Close all or part of 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. You will need to consider and protect the rights and enjoyment of other users as far as possible.

Install physical barriers

Restricting access at high-frequency locations, for example using barriers, is an effective intervention 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 on time.

Different types of barriers can be used, examples include but are not limited to:

- Installing a new barrier or increasing the height of existing barrier.
- Installing a new pedestrian parapet to replace existing open box barrier and parapet.
- Install a second fence barrier next to the existing parapet.

The main design recommendations for barriers from Public Health England are:

- At least 2.5 metres high
- No toe or foot holds
- An inwardly curving top, as this is difficult to climb from the inside
- The barrier should be easier to scale from the outside, in case an individual wishes to climb back to safety.

Introduce other deterrents, for example, boundary markings or lighting

Painted lines or cross-hatchings can be used to mark a boundary beyond which it is not safe to go. Anyone crossing such a boundary will be conspicuous and this may be enough to deter suicidal individuals.

Installing either constant or motion-activated lighting to illuminate dark areas may act as a deterrent, as well as improving the chances of someone identifying a person in crisis and intervening.

Improving opportunity for intervention

Improve provision for all to increase users

People are an important part of suicide prevention and are one of the most effective forms of crisis intervention. 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 intervention.

Improve surveillance - CCTV and patrols

Evidence shows that using CCTV and patrols help identify vulnerable individuals and reduce our response times to deliver interventions.

CCTV by itself is not a solution. It can only help in suicide prevention if:

- it is permanently monitored by trained staff or video-analytic technology, and
- a response process is in place, so resources can reach a suicidal individual quickly and intervene

Delivering a wide range of interventions - Yorkshire and north-east

A wide range of improvements have been delivered at a site in the Yorkshire and north-east region. The regional team and key partners have delivered several interventions to prevent further incidents, as well as working with the local partners to improve the tone of media coverage.

Proposals to introduce **higher parapets, lighting and crisis phones** have been through feasibility and are now in design stage. Due to the complex nature of the structure a lot of work has gone into ensuring that proposals can be delivered. This has required significant involvement from our technical experts in Safety, Engineering and Standards as well as an independent checker to provide further assurance.

Advice has been sought from the Samaritans, Police, MPs and local authorities. This collaboration has led to an agreement **to close off an informal layby** which was used for parking on the approach to the location and install a **monitored CCTV system** with a communication system linking those in crisis to trained operators.

The region has renewed the **crisis signs** on the structure in accordance with the national guidance.

The site is very high profile within the local area and there has been a lot of interest in the local press with one paper wanting to run a campaign to bring the works forward. With concerns about the impact that further reporting would have, the team met with the local paper to explain why further reporting and campaigning would be detrimental. As a result, the paper decided not to run the campaign and to follow the Samaritans media reporting guidelines.



Changing the public image of the site

Responsible media reporting

Media reporting is one of the main ways in which locations are highlighted. Reporting should always be responsible and should not include excessive detail. It is also good practice to report the positive effects of seeking help.

If you have concerns contact mediaadvice@samaritans.org.

Discourage personal notes on bridges

Research by Samaritans suggests that there is no significant benefit to notes and decorations on bridges and there may be harm caused.

Discourage personal memorials and floral tributes at site

Floral tributes and personal memorials may draw other vulnerable people and establish its reputation as a 'suicide spot'.

Floral tributes should be removed as quickly and sensitively as possible to prevent them building up. Action should be taken to work closely with local bereavement support services to discourage the practice among the bereaved and suggest alternative forms of remembrance.

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

It is often difficult to make major changes to a location, as an alternative, softer measures can be used to make it more attractive, such as encouraging more users and changing the perception within the wider community. These measures may include planting, art work and lighting to create a feeling of safety and inclusion.

Successful suicide prevention will likely rely on a package of multiple interventions.

Further examples can be found in **Suicide prevention interventions** or by contacting suicide.prevention@nationalhighways.co.uk



2.5 Funding

As part of our promise to improve safety for all, preventing suicides is a priority within our *Strategic business plan, Delivery plan* and in our *Home safe and well approach*. Where interventions cannot be included within planned activities, dedicated funding is available through **Designated funds** to support you in delivering interventions.

2.6 Evaluation

We will monitor activity, evaluate progress and assess the effectiveness of our approach to identify areas for continuous improvement.

The **Regional Operations Road Safety 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.

Small-scale local suicide prevention initiatives can be difficult to evaluate formally using quantitative measures. If robust data collection processes are in place and data is being analysed regularly this should help the process.

Where several interventions 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.

Activity at similar sites nearby should also be monitored to check for displacement effects.

Learning from what we already know

Case studies should be completed by all project managers to capture our learning and share good practice across the organisation.

Case studies should be sent to:

suicide.prevention@nationalhighways.co.uk

Section 3: Support after suicide

Suicides and attempted suicides have wide reaching impacts and how we respond following a suicide or suicide attempt is an important part of our approach.

Line Managers need to ensure the health, safety and wellbeing of their team. Responsibilities and support for line managers dealing with colleagues affected by suicide is available.

3.1 Phone a helpline

If you are having thoughts about taking your life, it's important to tell someone. Free help and support is available right now if you need it. You don't have to struggle with difficult feelings alone.

Samaritans – for everyone, 24 hours a day, every day
Call: **116 123**
Email: jo@samaritans.org

Campaign Against Living Miserably (CALM) – for men
Call: **0800 58 58 58** – 5pm to midnight every day
Visit the [webchat page](#)

Papyrus – for people under 35
Call: **0800 068 41 41** – Monday to Friday 10am to 10pm, weekends 2pm to 10pm, bank holidays 2pm to 5pm
Text: **07786 209697**
Email: pat@papyrus-uk.org

Childline – for children and young people under 19
Call: **0800 1111** – the number won't show up on your phone bill.



3.2 Suicide prevention e-learning

Zero Suicide Alliance have produced **Suicide - Let's Talk** e-learning. It's easy to find, click 'Book training' and search 'Suicide' in the course catalogue. It's presented by people affected by suicide, if you have been affected this may be helpful to know. The e-learning is voluntary, is suitable for anyone to do and aims to give people the confidence and some tools to talk to someone who they are worried about.

Useful resources

- **Designated funds**
- **Samaritans media guidelines**
- **National Suicide Prevention Strategy for England**
- **Interventions**
- More information
suicide.prevention@nationalhighways.co.uk

If you need help accessing this or any other National Highways information, please call **0300 123 5000** and we will help you.

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