

FACTS: 26th Westminster Lecture for Samaritans on 'Working together to reduce suicide in transport' on 7 December 2015.

Ruth Sutherland, Chief Executive Samaritans

Ruth took up post as Chief Executive of Samaritans on 3rd August 2015. Ruth began her career as a Registered General Nurse but has spent the majority of her career in public health roles gaining degrees in Social Policy and Health Promotion. Ruth was the founding Director of the Community Development and Health Network, a charitable membership network committed to addressing inequalities in health and wellbeing based in Northern Ireland. Prior to joining Samaritans Ruth was the CEO of Relate and prior to that Ruth held senior executive leadership roles at Rethink, Alzheimer's Society and Scope.

Introduction

More than 6,000 people in the UK die by suicide every year. This means that 17 people take their lives every day and sadly this figure is rising. We can't change this overnight, but we can influence factors that put people at increased risk of suicide. We can raise awareness of the importance of talking, reduce stigma, provide support and change the way we think about suicide. Suicide isn't inevitable but it is complex, and it will take all parts of society working together to reduce it. One of the keys to success is working together - and the following lecture outlines how I believe we can do this.

I begin by introducing Samaritans and outlining our ways of working. I then present current research on, and the impact of, suicide in the transport industry and discuss our current strategic partnership model to reduce railway suicides, including sharing with you our outcomes and evaluation results. I will conclude with examples and suggestions of how I believe this model should apply to other sectors of the industry, and how we can all play our part.

Samaritans

Samaritans vision is that fewer people die by suicide. We work to achieve this vision by making it our mission to alleviate emotional distress and reduce the incidence of suicidal feelings and behaviour.

We do this by:

- **Being available** 24 hours a day to provide emotional support for people who are struggling to cope, including those who have had thoughts of suicide
- **Reaching out** to high risk groups and communities to reduce the risk of suicide
- **Working in partnership** with other organisations, agencies and experts
- **Influencing public policy** and raising awareness of the challenges of reducing suicide

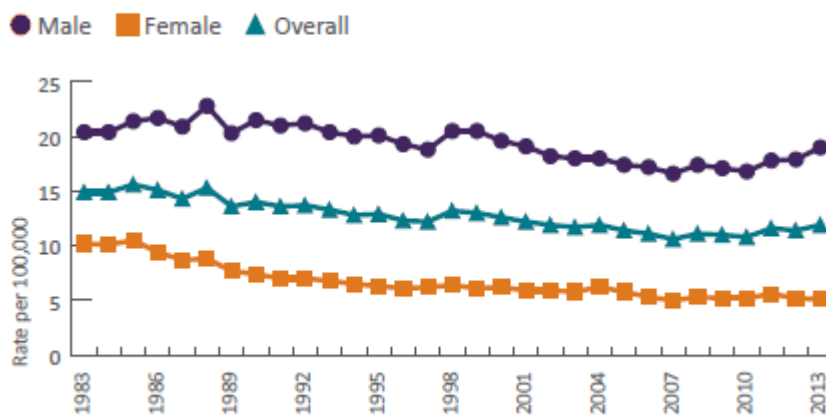
Over 21,000 volunteers in 201 Samaritans branches across the UK and Ireland answer more than 5 million calls for help every year. One in five of the conversations we have are with people who express suicidal feelings.

We are working hard to ensure that everyone who needs us, can reach us and benefit from our services. This year, we realised one of our long-term aspirations when our helpline number became free to call across the UK, following in the footsteps of Ireland in 2014. This is a huge achievement and we are working hard to build on this and improve digital access to our emotional support services. But we don't think that supporting people struggling to cope is enough. Our wider ambition is to improve the environment in which individuals exist so that over time, fewer people are faced with issues that are difficult to cope with.

What are the main issues we are faced with today?

Suicide

In 2014, there were 6,141 suicides in the UK. Deaths by suicide are three and a half times higher than deaths from road traffic accidents. Suicide rates in the UK have been rising since 2007.



Graph 1: Suicide rate per 100,000 in the UK, 1983-2013

But it's important to know suicide is not inevitable and the risk to individuals is not equal. Some groups of people are at significantly greater risk of dying by suicide than others. We need to understand and address this which means recognising it as an inequality issue. If you are poor, disadvantaged and male, you are more likely to die by suicide.

Men are three and a half times more likely to take their own lives than women and those from the most deprived and lowest social classes are ten times more likely to take their own lives than those from the most affluent areas and highest social class.

Most people who choose to end their lives do so for complex reasons. Factors can include problems in relationships, unemployment, debt, physical or mental ill-health, substance and alcohol use, all of which can cause unbearable pain. These issues are not unusual. Many, if not all of us, will have, at some time, been faced with one or more of them. But for some, these factors can't be overcome and they may start to feel like their options become limited. This can then lead to feelings of entrapment, shame, guilt and isolation – amongst a myriad of other negative feelings and this is when suicidal thoughts can start to come to the fore.

Our approach seeks to promote, prevent and protect – this means raising awareness and providing support before problems occur, targeting groups most at risk and addressing these risk factors and ensuring support is available for those already affected or struggling.

Suicide in transport

Overall national suicide rates have been rising, and sadly in line with this trend, there has also been a rise in transport suicides. If you regularly travel by rail, you have probably had your train cancelled due to a “person hit by a train”. It may not surprise you to learn that most fatalities on the railways in the UK are by suicide; around 300 per year, that’s almost one every day. Similar to the national picture, men are overwhelmingly more likely to take their life on the railway (80% of suicide deaths on the railway are men). And railways is only one aspect of transport. The reality is that the rise in the national male suicide rate should be a significant worry for the whole transport industry.

In 2013, the Highways Agency Traffic Officer Service attended 293 of 652 suicide/attempted suicide incidents on the strategic road network. Between April 2013 and December 2014, over 1,500 incidents brought to the attention of a Traffic Officer, were recorded as either suicide, attempted suicide or “threatened” suicide. These are numbers that simply cannot be ignored any longer.

There have also been some high profile suicide deaths in aviation but even less is known about these; one expert has suggested that there have been five incidents of pilot suicide globally in the past 30 years with an associated loss of over 400 lives.

So, why do people choose to take their lives in public, when the impact of suicide particularly in transport can affect hundreds of other lives? The truth is that conducting research in this area is extremely difficult. Some evidence suggests people choose the railway as they believe it will be immediate, certain and painless. Research in Montreal, Canada, in 2013 showed that 65% of those intercepted with suicidal intentions thought that the metro was an effective way to kill themselves, with one in five saying they did so because they had no other option, since other means did not work. We have commissioned independent researchers to undertake a detailed study of why people chose to take their lives on the railways in Great Britain, which we expect to publish in 2016.

However, research has suggested that suicides in public places are more easily preventable due to a “greater potential for observation and intervention” (Owen, 2009). This gives us an opportunity, as well as a challenge. There are some areas such as bridges and car parks that become known as suicide “hotspots” and we believe this is particularly important for the transport industry to be aware of, and act fast to address.

It’s also important to acknowledge that this isn’t just about the role of the transport industry in preventing suicide in people who choose to use transport as a method, it’s also important to recognise the high proportion of men who work in the transport industry, and therefore the role of the industry in supporting a high risk group within its own work force. Good occupational health is critical to ensure the physical and mental health of the workforce is looked after.

Recording suicide

Something to bear in mind when talking about suicide rates is that these may only be the tip of the iceberg. We believe railway suicide figures are accurate as the British Transport Police (BTP) use

specific criteria to determine intent, which is then reviewed by experts before the final verdict. However, there has been much debate about how accurate suicide statistics are generally, particularly given concerns about under-reporting due to stigma and difficulty determining intention from accidental death. For example, how can we be sure that a driver who died in a fatal car crash on our roads was determined to end their life at that moment?

Misclassification may result in deaths being recorded as 'accidental' or 'undetermined intent'. Recognising this, official suicide figures include deaths which are classified as 'intentional self-harm' and 'undetermined intent'. However, deaths which are classified as 'accidental' are not included in these figures, and road traffic fatalities are particularly vulnerable to this misclassification.

This means we could be facing a much larger problem than we care to admit, and that's a challenge we must all rise to. The issue of under-reporting is a significant one in our area of work of suicide prevention and reduction. Some estimates suggest this error rate amounts to 10%. A recent study by Professor David Gunnell noted that reductions in suicide rates between 1990 and 2005 had been overestimated by 9%.

Reliable data is important for understanding the scale of the problem, identifying people at risk and evaluating the effectiveness of interventions. We need better recording and data collection. Reliable, real time data can ensure responsive action, and national data can help create an evidence base for future strategies.

We believe the transport industry has an important role to play in helping us research suicidal behaviour, particularly in men, and in understanding help-seeking behaviour. An area we have already begun exploring for research is the use of CCTV, which is extensive across the transport network. This will be part of the aforementioned commissioned research into railway suicides due out in 2016. We would like to explore the possibility of using CCTV as a way of monitoring and alerting before an incident occurs, as well as for post-incident reference.

Impact and consequences: why swift action is needed

At Samaritans, we talk to people about suicide every day; we take calls, reply to emails, visit schools and lots more. The impact of a suicide goes well beyond families, friends and communities.

Railway suicides have an enormous impact, on rail employees and witnesses as well as on their friends and family, and those of the deceased too. The emotional damage is significant. Being involved in a railway fatality is probably one of the most distressing and traumatic events that a train driver will ever experience during their career.

We heard from staff affected by suicide on the rail network and this is what they have to say:

"Rail suicides affect everyone. In 2008, someone chose to take their life in front of my train and my life changed instantly, forever. I'll never forget that day. I was not shocked as such, but surprised. At the time of the incident I remember being calm and controlled. It wasn't how I expected to feel. It was only later that I began to feel the immensity of what had happened. One of my biggest anxieties was what my colleagues thought about me and how they felt I should have reacted. I also found it hard to accept that people in our society got to a stage in their life where they felt suicide was the

only answer. I decided to seek help through counselling and I'm very pleased to say that this approach worked for me."

Driver – case study edited from the original for brevity

"I have worked in the railway for 27 years as a Mobile Operations Manager (MOM). I learned quite quickly that death on the railways was something that was inevitable.

I've lost count of the number of fatalities I have attended over the years, although the first one remains crystal clear in my memory, despite it being over 20 years ago. I was called by the controlling signal box and was informed that a member of the public had been hit by a train. When I arrived at the location, the BTP [British Transport Police] and paramedics were already on site. There were eyewitnesses to the incident who spoke of the person just walking out onto the track. What sticks in my mind is seeing this person, and wondering what had occurred in his life to make him want to take his life in this way. Thoughts of him being somebody's father or grandfather was beginning to make him real, along with the thoughts of his family finding out that he died in such a horrific way. The incident occupied my thoughts and feelings after the event. As time went by the thoughts of him became fewer but I can still remember the incident like it was yesterday. The culture back then was to just get on with the job with an expectation of 'it's never going to affect you'."

Staff – case study edited from the original for brevity

In addition, death on the railways leads to overcrowding and compromised passenger safety. It also results in delays, queues and considerable disruptions to journeys.

In 2014/15, suicides cost the rail industry £67 million in total, of which 86% was paid in compensation by Network Rail to train operators. Each suicide costs an estimated £230,000 from replacement train crews to sick pay for train drivers. Add to this the cost of to society of a completed suicide, which researchers have put at £1.6 million, and you're looking at a substantial overall cost. Again on the railways, each incident resulted in an average delay of 2,200 minutes – a total of 609,000 minutes delay attributable to suicide incidents in 2014/15.

In 2014, 856 suicides or attempted suicides resulted in road closures on England's main routes. In 2013, of the 293 attended suicide/attempted suicide incidents on the strategic road network, 94 resulted in a full or total lane closure. A study of the Dartford Crossing Queen Elizabeth II Bridge calculated that suicide attempts caused on average 71 minutes of delays. The report concluded: "suicide incidents create disruption on the network and there is an increased risk of accidents from either "rubber necking" or within queuing traffic," thus having a serious knock-on effect on the safety of others.

Transport suicide is a safety issue but it's much more than that. We need to look at early intervention in the general population, before someone gets to the point of crisis and may consider taking their life on a transport network.

We need to take action because this isn't just about saving money or minimising disruption. It's about saving lives and supporting people through difficult and distressing times.

What approaches and solutions do we propose?

In 2009 Samaritans were approached by Network Rail to help them, and the wider industry, reduce suicides on the rail network. This had been a growing problem and the industry's expertise around prevention was limited. A partnership model was developed on three pillars. It outlines a holistic, strategic and evidence-based approach. The elements are:

1. EDUCATION and TRAINING

- Training personnel and industry partners, promoting occupational health support and helping front-line staff identify suicidal behaviour and intervene in a timely, effective manner
- Coordinating national industry and local health and social care groups

2. PREVENTION

- Providing suicide prevention guidance to the industry and their networks
- Identifying priority areas and developing local action plans in coordination with other local efforts
- Developing campaign materials to promote the Samaritans service to the general public

3. POSTVENTION

- Supporting staff and customers in the aftermath of suicide
- Providing trauma support training and guidance to the industry
- Ensuring responsible reporting of suicides

"The partnership combines the core business of Network Rail and that of Samaritans, providing a solution to both the company's business problems and Samaritans' mission to reduce the number of people that die by suicide." – Judith Irwin, Network Rail UK.

Outcomes

The partnership between Samaritans and Network Rail has been in place for over five years and has now evolved into an industry wide programme. The National Suicide Prevention Steering Group and National Suicide Prevention Working Group oversee and coordinate this unique, multi-agency programme for the rail industry. The groups comprise of Samaritans, Network Rail, British Transport Police, Train Operating Company representatives and the wider railway industry, such as ATOC (Association of Train Operating Companies), RSSB (Rail Safety & Standards Board), London Underground, ORR (Office of Rail and Road) and rail Trade Unions. In addition, dedicated teams have been set up within Network Rail, Samaritans and BTP for the programme. A 'joined up' response to rail suicide is one of the core underlying principles that make this initiative so valuable.

The initial steps partners took were to identify priority locations and create area profiles to get an overall picture of what is going on in each locality, and determine what the factors affecting suicide rates may be. This feeds into the development of a local area action plan.

Education and training

Staff empowerment and up-skilling through training courses and material has been a prominent feature of the industry programme. These cover Trauma Support and Managing Suicidal Contacts (MSC). Training has since expanded to cover suicide prevention and awareness training for non-

frontline personnel. Indeed the MSC course is also growing in popularity with many train operators now identifying it as essential training for staff in higher risk roles.

In addition, the Steering and Working Groups helped to develop an award-winning Learning Tool which has been available to the industry since January this year. It uses a series of short videos with commentary and advice from rail staff across the industry who have helped save a life, or have been involved in a traumatic rail incident. This idea of peer-to-peer exchange is recognised as an essential part of safety briefings and new staff inductions, and more train operators are eager to roll it out further.

Prevention

Samaritans and rail industry colleagues input into the planning and design of new stations and infrastructure to ensure suicide prevention initiatives are considered. The teams pilot and evaluate new technology such as blue lights to see whether they have a calming effect on passengers, mid-platform fencing, smart cameras for monitoring, platform hatching and Samaritans contact details on help points. This is a fascinating area of research and it is only through this programme that such cutting-edge techniques are being considered. We are always keen to share what we learn and do this in a number of ways, for example through the National Suicide Prevention Alliance.

We know men are at greater risk of death by suicide. To encourage them to seek help, marketing materials were publicised on the network following research and testing with the target group. The first campaign, 'Men on the Ropes', launched in 2010 followed by 'We're in your corner' in 2012. They encourage men to talk about their feelings with friends, family or Samaritans. We are launching a new campaign in early 2016 to encourage people to seek help whenever they are struggling to cope, and that calling Samaritans and talking about whatever is on their mind is a positive step to help them take control of their lives.



Above: Examples of posters used to raise awareness about the Samaritans service.

BTP, in conjunction with Network Rail and Samaritans have established a health and social care liaison and outreach work stream. This addresses the fact that suicide is a common cause of mortality among people with mental health issues. We also know that suicide clusters can occur near mental health facilities. The work stream establishes structures for liaison at national and local level, and ensures suicide issues are highlighted to health service commissioners. Work is ongoing

with preventative and crisis health services to make sure effective early warning systems are in place to manage the risks vulnerable people present to themselves and others.

A few years into the programme, in 2013, BTP launched Operation Avert with support from Samaritans, Network Rail and train operators. This was with the specific intention to minimise disruption through deploying increased patrols and raising awareness. BTP presence was ramped up at priority locations, supported by Samaritans volunteers.

The Network Rail and Samaritans partnership has also been tailored for London Underground to help reduce suicides on the Tube.

Postvention

In addition to the trauma support training that I've already mentioned, Samaritans is also able to provide a physical presence at stations after an incidence. We have a rapid response service which means we can mobilise volunteers to go to stations to hand out cards and provide emotional support to anyone that might need it.

If you recall, I mentioned earlier that train services can get cancelled "due to a person being hit by a train". I am pleased to tell you that following extensive research and consultation with passengers, rail staff and industry partners, these announcements will now change to stop widespread and regularly repeated broadcasts that these areas are places where vulnerable people can take their lives on the railway. It's a simple thing that can have significant impact.

I will now go on to discuss the results of this programme, which we hope to replicate in partnership with others from the transport industry while taking due consideration of each unique set of challenges and opportunities those modes of transport present to suicide reduction.

Results

We are really proud of the work that has been done to date and are pleased to share these results with you. They should hopefully give you an indication of what success looks like and what can be achieved by working together to reduce suicide in transport.

We estimate that over 1,000 lives have been saved as a result of the industry programme. Going by the best available estimates of the cost of a suicide, this equates to over £1.5 billion averted costs¹.

We are also getting better at minimising disruption. Response times measure how long it takes BTP personnel to attend to an incident and reopen lines after all necessary steps had been taken. There has also been a 20% reduction in suicide response time, mainly as a result of better coordination of responses by BTP². Delay times have been reduced by over 9,000 minutes³.

¹ Estimates based on the cost per completed suicide for those of working age in England at 2009 prices.

² (2010/11-2012/13)

³ (2012/13-2013/14)

Samaritans training has been delivered to over 10,000 staff on the railways over 800 courses. Our training courses are not just popular in terms of the numbers who complete them. An evaluation of the Managing Suicidal Contacts training course found that it was successful in affecting:

- Staff ability to identify potentially suicidal individuals, equipping them with the confidence and skills to see when someone may be in need
- The quality of interventions, so that when staff feel the need to take action they can do so knowing their training will help them decide what to do
- Positive actions following an incident, including coordinating responses with other teams and ensuring everyone is kept safe
- Attitudes towards suicide, particularly positivity that suicidal thoughts can be overcome and that intervention and prevention work
- The likelihood of staff making an intervention in the future by building confidence and skills that they can make a difference to someone's life.

'[I] felt that I had a plan to work to rather than just blindly trying my best to deal with the situation. Some of the behaviours of the person were referred to in the course and the situation was dealt with really efficiently.' – Example of an intervention, provided on the feedback form from a respondent participating in the Managing Suicidal Contacts course

In addition, the Learning Tool which provides a series of 10 short peer-to-peer videos has already received very positive feedback from the 8,000 rail staff who viewed it. Many go on to one of the Samaritans' training courses after using the tool. We expect that there will be a wider ripple effect of training such large numbers, making people more aware of suicide and related issues. Often those attending training courses will want to talk about it with friends and family; the indirect effect on public education among the target population could be immense if this training was available across the sector.

Research among the target audience for the poster campaign revealed that nearly 1 in 3 said the campaign would make them more likely to call Samaritans if they needed to talk to someone. And that for us is an important result because we know this group, men who may be struggling to cope, can find it really difficult to ask for help. I am encouraged by this finding and what it means for our wider prevention work.

Since April 2013, there have been nearly 2,500 interventions reported to the BTP. This year, BTP have noticed an increase in the average number of interventions per suspected suicide compared to previous years and a huge 92% increase in the number of life-saving interventions compared to the same time last year. This is both positive and worrying – positive as this means industry staff are identifying and approaching vulnerable people more, but also worrying as it indicates that the number of people with pre-suicidal or suicidal feelings is increasing. It is fair to say that this type of initiative would not have happened before our programme.

In addition to numerous awards that the partnership and wider programme has received, we have been publicly commended. The Rt Hon Patrick McLoughlin MP, Department for Transport, recognised the programme as an example of excellence in delivering *"exceptional customer care on the railway...where the industry goes the extra mile"*. He commended it as an example of *"outstanding projects that put a human face on the railway"*. Baroness Kramer also commended

BTP's efforts, including support for our campaign 'We're in Your Corner', which she described as "very, very important".



Route case study

On Network Rail's Anglia route Samaritans have been working closely with Network Rail, Train Operating Companies, priority stations and local communities on a multi-faceted and multi-agency approach to reducing suicide. We trained staff and members of the community, including Community Ambassadors and Land Sheriffs whose roles include suicide prevention and supporting members of the public. Samaritans signs and volunteers at stations give members of the public direct access to Samaritans contact materials and support services in the heart of the community. The partners have been involved in rail-led community events. Since 2010, the Anglia route has reported nearly 150 interventions.

We must acknowledge though that as I said earlier, overall, we have seen rising suicide rates notably driven by increases in the male suicide rate and unfortunately we haven't yet seen a decrease in railway suicides. However, against a backdrop of increasing passenger numbers and the overall increase in the national suicide rate in recent years, the proportion of deaths by suicide occurring on the railways has remained relatively static, with an overall fluctuation of about 1.5% of all suicides since 2003.

We also have the personal stories, of which perhaps the most well-known is that of Jonny Benjamin. It's hard to find a person who wasn't touched by the Find Mike campaign. Jonny Benjamin is a young man with multiple mental health needs. He found himself in a situation where he was considering taking his own life. Standing on Waterloo Bridge, he was approached by a man who called himself Mike. Mike talked to Jonny and got him to reconsider what he wanted to do. Following a worldwide social media campaign, Jonny asked for everyone's help to Find Mike so he could thank him for what he had done. It turned out that Mike was actually called Neil, but the real result of this beautiful story was a wide-reaching, unique campaign that raised awareness of mental health and suicide *particularly* with a traditionally hard-to-reach young, male audience.

How can the model be applied?

We recognise that not every form of transport has the same needs when it comes to suicide reduction, but there is a lot we can learn from our work with the rail industry and this can be applied to the rest of the transport industry. Examples of how Samaritans would like to work with other transport sectors, such as roads and highways, are detailed below.

Education and training: There is a significant gap in training among staff in other transport sectors when it comes to suicide. We must address the need to improve responses to incidents, for example by training and preparing those who attend to incidents

Training is really important in helping staff prepare and recognise when and how they can intervene if someone looks like they may be experiencing suicidal thoughts and feelings. It is precisely this training that we have seen work for those people who stepped away from taking their lives on the railway because of the skills of staff, trained by us, who knew what to do and say at the right time. By training more and more people every day we can start to take control of this pervasive issue.

There's also a wider element to education and training - raising awareness of the issue in the population, breaking down taboos of talking about suicide, and encouraging help-seeking behaviour. This can be strengthened with the involvement of more partners. It's a strategic approach and we believe an important one to prevent problems from escalating.

There is a significant 'ripple effect' of peer education. For every one person who takes part in a workplace training session or goes on a Samaritan's course to help them deal with potentially suicidal contacts, they will talk about it with colleagues, friends and family. If we are able to spread our messages through people's own networks, in their own words, we could be looking at large and effective awareness-raising. The vast majority of the sector's workforce is male, and forms of transport within the sector do rely on an older workforce, suggesting that staff in these roles fit squarely into the target demographic for raising awareness about suicide issues. This will only happen when more people are trained, so while we have already made contact with thousands of railway staff, imagine the effect of many thousands more in land, air and sea transport becoming suicide-aware.

Prevention: Research evidence shows clearly the effectiveness of physical barriers that prevent access to means. A recent study found blocking the means of suicide (for example, installing barriers and safety nets) at suicide hotspots like high bridges and cliffs can reduce the number of deaths at these sites by more than 90%. There is no evidence that blocking off an area will send a suicidal person on to the next spot – there is still a significant overall reduction in deaths by the same method.

As I mentioned earlier, prevention can make a real difference to transport suicides because we have an opportunity to act fast and act early. It's a common misconception, and one that we get asked about often, that people who have made up their mind to die will do so regardless of what gets in their way. But this research and our experience show otherwise. If *someone*, like a railway station worker, or *something*, like a sign for Samaritans or an erected barrier on a bridge, can stop someone and makes them reconsider, then we need to invest in this kind of prevention and increase its presence across the transport sector.

Postvention: There is a gap between need and provision of postvention support when it comes to transport suicides. We see a similar solution in implementing the existing Network Rail model, for example by providing support to staff who attend suicide incidents, knowing how to support others who may be involved (for example, the driver of a car that hit a person who walks into oncoming traffic). We can also do much more to coordinate responses and reduce delays in the event of a suicide. In this way we can help by providing advice and support to staff who have witnessed or attended to a suicide while at work. It may be the train driver who has experienced it for the first time, the emergency breakdown person that was driving past or the emergency services personnel who are profoundly affected, whether mentally, emotionally or physically. By implementing a strong postvention plan, you can contribute positively to employees' occupational health.

We believe postvention is important to anyone concerned with transport safety – whether on our highways, railways or river crossings. This is the crucial time that can have a serious knock-on effect; on other passengers' safety, the wellbeing of your staff, and the many businesses that rely on the smooth running of our transport networks.

Responsible reporting: Responsible media reporting and reducing the risk of “copycat” suicides is critical to suicide prevention and postvention. If done without due consideration for the effect it can have on the audience, media reports on suicides can increase the risk of imitation. When media reporting is in line with recommended guidelines, such as those published by Samaritans, there is a notable absence of this effect. Samaritans has been working with the media for over two decades to improve the portrayal of suicide and reduce the risk of imitative suicidal behaviour. We have worked with the Coroner's Office, providing bespoke media briefings. Our Media Guidelines for Reporting Suicide are widely recognised and used across the media industry as a whole. We ask that your press and media teams get in touch with us so we can help them to implement these guidelines and come up to speed with best practice in suicide reporting.

When this model is implemented in other transport sectors, we believe we will begin to see real signs of change, and ultimately, a significant reduction in deaths by suicide in transport.

How can we capitalise on our strengths and reduce transport suicide?

We have already seen examples of how partnerships have helped transform suicide on the railways, and today we are calling for other parts of the transport sector to work with Samaritans to address this problem.

A number of Samaritans branches successfully work with local businesses such as multi-storey car parks and shopping centres, based on the Network Rail model. For example:

- Peterborough branch is working with a privately-owned shopping centre to try and reduce suicides from the multi storey car park, by training staff to interact with distressed visitors, and supporting staff post incident.
- Horsham are working with a local shopping centre and car park where suicides have occurred. They offer sessions for the car park attendants who are generally the first on the scene. They also have an arrangement with the shopping centre to call Samaritans if there is an incident, either to support the staff involved or to support shoppers/shop workers more generally if the incident was widely witnessed.
- Banbury and Dundee branches have developed signage for car parks, bridge roads and near cliffs as prevention measures.
- Through the industry programme, railway car park staff have been trained on our courses and our posters have been displayed at these sites.

While commendable as efforts on their own, implementing single elements of a suicide reduction strategy may be less effective than a multi-agency partnership working model such as the one developed between Samaritans, Network Rail and the wider rail industry. We propose that a unified

response based on measures that have been proven effective will have a greater impact on reducing transport suicide.

In addition to these very practical actions that you can take, I believe the transport industry also has a role to play in the wider suicide prevention sector.

Improving data collection and evidence: Evidence is critical to understanding and identifying suicide trends. We would like to see the transport sector adding its voice to the call to improve reporting of suicides as well as working with us to use means at its disposal, for instance CCTV, to help improve the research and evidence about suicide.

Local suicide prevention plans: Having an evidenced based plan in place is critical to good suicide prevention. The transport industry should be sitting on local suicide prevention forums and using its knowledge and expertise to ensure a strong plan is put in place. We know for example that around 30% of local authorities in England, still don't have a forum or plan in place. We'd like you to use your connections and influence to help us ensure that every single local area across the UK prioritises this and puts a plan in place.

Places of safety: The Home Affairs Select Committee report on Policing and Mental Health, published earlier this year, highlights the serious lack of health based places of safety available for people in crisis. This has a significant impact on the transport industry – for example, people who have been detained by the police under the Mental Health Act for their own safety following a suicide attempt, may then be released without having received the treatment and follow up support required. We are aware of cases where this has had fatal consequences with suicidal individuals having been removed from the railway only to return to the same place a day or two later to take their own life. We would like the transport industry to add valuable evidence and weight to this issue and would be pleased to talk to you about it in more detail. Joining up with local health and social care services ensures a wrap-around service is available to those most at risk and this is essential.

NSPA: I would also encourage you to join the National Suicide Prevention Alliance (NSPA), a cross-sector network where a number of local and national organisations share knowledge and best practice for what works in suicide prevention. NSPA members, including Network Rail, are able to connect with local organisations, keep abreast of activity in their area, as well as access information on local and national support services that are available. Its annual conference is on 2nd February 2016 and well worth attending. Do visit the website, www.nspa.org.uk, to learn more.

Conclusion

Today, we are asking the transport industry to take the lead in recognising the issues, talking about it and taking action. Samaritans is calling on all sectors of the transport industry to join us in our mission to reduce suicide, but to do this we need to act now, and we need to work together.

We know this is a big issue not just because of the individual lives lost, but because of the impact this has on families, communities, staff, emergency services, witnesses, passengers and customers.

And we know what works. We know that it's important to define priorities. We know well-trained and supported staff can save lives. We want a transport industry that is committed to training their

workforce when it comes to suicide awareness and prevention, and supporting them when these traumatic events occur.

We believe national leadership within the transport sector is key to ensuring an evidence based approach with good preventative measures, excellent crisis intervention and support, and effective postvention approaches are in place. To me, success is when we have embedded and integrated suicide prevention measures into industry standards and everyday practices.

Suicide is not inevitable but it will take all of us working together to reduce it.