

SUICIDES ON UK ROADS

Lifting the Lid



In partnership with

SAMARITANS

A report by
Katy Harrison, Policy Officer, PACTS

October 2017

The Parliamentary Advisory Council for Transport Safety

The Parliamentary Advisory Council for Transport Safety (PACTS) is a registered charity. Its charitable objective is to protect human life through the promotion of transport safety for the public benefit. PACTS provides the secretariat for the All-Party Parliamentary Group for Transport Safety.

Responsible reporting and terminology

Samaritans provide media guidelines for the reporting of suicide on their website. PACTS has sought to comply with these guidelines and requests that any reporting that might arise from the PACTS report also comply.

Suicide is no longer an offence in the UK so the term “to commit suicide” is not appropriate. Suicide was decriminalised in England and Wales in 1960 and in Northern Ireland in 1966. Suicide was never an offence under Scots law.

The term “road accident” has been used in this report to distinguish road collisions involving suicide from those which do not.

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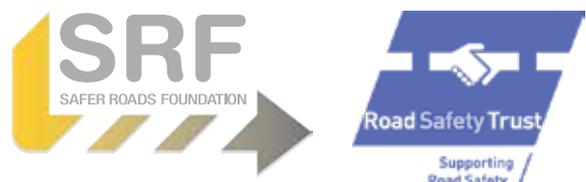
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Project generously supported by:



Foreword

In 2015, PACTS came together with Samaritans to highlight the excellent work underway to reduce suicide on Britain's railways. This led to an obvious question: what about Britain's roads? It was soon evident that reliable information and awareness of the issue were lacking. We are delighted to have collaborated on this project, to lift the lid on an issue that has largely fallen between the public health and highways sectors.

The report author, Katy Harrison, has thrown herself into this project for most of a year. The information she has ferreted out, the networks she has established and the challenges she has posed have already helped to move things on. Important work by Highways England has been proceeding in parallel, with good collaboration between us.

The report concludes that there are a number of reasons why suicide in general and suicide on roads in particular, is under-recorded. Even on this limited basis, it appears that there are over 50 road-related deaths a year in the UK. Fifty deaths may not seem a large number in comparison to the total deaths from suicide or even to those from road accidents. However, it is similar to the number of people killed by drug-driving and is twice the estimated number of deaths that would be avoided by a reduction in the drink drive limit.

One reaction from some highways practitioners to this issue is to say that it is not a road safety matter - suicide is a deliberate act. Yet if we take responsibility for people's safety in cases where individuals deliberately endanger themselves, why should we not try to help individuals who may be suffering mental health or other problems? PACTS was founded by people who pushed through legislation to make seatbelt wearing compulsory – a measure which helps individuals to avoid making dangerous decisions about their own safety.

PACTS and Samaritans believe there are two clear challenges: to quantify the scale of road-related suicide and to raise awareness that suicides are preventable. This report goes some way towards answering the first challenge; the second is an ongoing one, but achievable. This is just the start, not the end, of the process. We look forward to working together and with others on this in the future.



**David Davies, Executive Director,
PACTS**



**Ruth Sutherland, CEO,
Samaritans UK and Ireland**

Executive Summary

Around six thousand people take their lives by suicide each year in the UK. The number has fallen since the 1980s but has been rising since 2007. Suicide is the biggest killer of men aged between 20 and 49 and, in 2015, the female suicide rate was at its highest in a decade. In 2016, the suicide rate in Great Britain was 10.1 deaths per 100,000 of the population, close to the global average of 10.7 deaths per 100,000.

The Department of Health has overall government responsibility for suicide prevention policy. It forms part of the Government's mental health strategy and includes a target to reduce the number of deaths by 10% between 2016/17 and 2020/21. Although led by the mental health and public health sectors, many partners are involved in the development and implementation of policy. In England, local authorities with public health responsibilities are required to produce a local suicide prevention plan. Health is a devolved responsibility so the governments of Scotland, Wales and Northern Ireland lead for these countries.

In contrast to the detailed information available on the 1,800 annual deaths from road "accidents", very limited data are published on methods of suicide. The annual Office for National Statistics report shows only five categories and provides no further details.

It is known that some suicides involve motor vehicles and roads but no published figures are available and there is no official number. This project has sought to establish the scale of the problem and the strategies to manage and prevent these incidents. Through an examination of information sources, procedures, policies and plans, the report also provides insights into the analysis and prevention of suicide generally. It draws on the experience of other sectors and examples from other countries. It has not attempted to offer solutions. That would be premature.

This report shows that roads, vehicles and road infrastructure are being used by individuals seeking to end their lives. Highways England has estimated that there were between 15 and 41 suicides per year on England's road network in the period 2001 to 2014. It is not possible to give a precise figure but, based on various sources, PACTS estimates that an average of over 50 deaths by suicide per year occur on the roads in the UK. The number of suicide attempts is also not known with any precision. However, depending on definition, it is vastly in excess of the number of deaths.

Fifty deaths may not seem large in relation to total suicides or total road accident casualties. However, it is still too high and the number of attempted suicides is much higher. Both suicides and attempted suicides have consequences for the authorities. In some areas, particularly on major roads, significant numbers of attempts are being recorded locally. Even where cases are recorded, these underestimate the true scale of deaths and incidents. The House of Commons Health Select Committee recommended a lowering of the standard of proof that coroners are required to apply for suicide. If implemented, the number of road deaths classified as suicide would almost certainly rise.

Every suicide is a personal tragedy for the individual, their family and the community. Suicides on roads impact on other road users and the emergency services and may put them at risk. Incidents create delays on the network and associated costs. The value of preventing a death by suicide of someone of working age is estimated to be £1.67 million. There is also the problem that suicides on the roads not recognised as such, may result in misleading road accident statistics and inappropriate investigations and remedies. The rail sector has a much better understanding of the issue on the railways. A cross-industry suicide prevention programme has been developed, comprising a range of activity, in collaboration with local partners in health and social care. An estimated 1,811 people were physically prevented from taking their lives through interventions on the railways in 2016/17.

There are various reasons why no official figure or database exists for road-related suicide. There is a general lack of awareness about the issue and it is not identified in government policy on suicide. The lack of data is both a cause and an effect of this. Death and injury on roads is recorded by the police in road accident reports. However, suicides are not deemed to be a road safety matter and the guidance states that suicides should not be recorded in this system. Whereas many road accidents are seen as preventable by road safety professionals, there is a perception by some that suicides are deliberate and so cannot be prevented. Some authorities also reported problems with defining suicide attempts in records. The lack of data means that many professionals lack awareness of the issue and it can be difficult to formulate policy or justify resources.

There are some positive signs. The issue is identified by Public Health England and Highways England is

developing a suicide prevention strategy and toolkit. The Police Service of Northern Ireland has also developed a plan for high-frequency locations. There is also scope to learn from the experience of the rail sector and Sweden.

Some local suicide prevention groups are also taking action on this issue. At an operational level, the police play a major role. In high frequency areas, efforts are being made to address road-related suicide. Generally, however, collaboration on this issue between highways, public health and other sectors appears to be limited.

Most, but not all, local authorities have local suicide prevention plans. Where plans are available, mention of road-related suicide was usually absent. Where it was included, it was usually in relation to specific locations. It appears that liaison between highways and public health sectors on this issue is limited, possibly as a result of poor data.

This report also raises questions about the approach to recording and analysis of suicides in general in the UK. This project has found that often the information simply does not exist or is not accessible, even to professionals. It is not that it is withheld from the public arena.

This report calls on the UK government to provide leadership on road-related suicide by recognising

the issue, clarifying Ministerial responsibilities and providing guidance. The report makes a number of detailed recommendations, including:

- Recognition of road-related suicide in mental health and road safety strategies;
- Improvements to existing incident reporting systems so that suicides, suspected suicides and attempted suicides can be clearly identified. These data could then form a national database.
- Consideration of suicides on roads in the forthcoming review of Stats19 road collision reporting;
- Stronger cross-sector collaboration, including highways, health, emergency services and the voluntary sectors.

In the process of the research, stakeholders demonstrated an enthusiasm to engage with this issue. PACTS believes, that with better coordination and information, progress is possible and need not be costly.

Acknowledgements

This project was made possible due to the generous financial support of the Road Safety Trust and the Road Safety Foundation.

It was undertaken in partnership with Samaritans.

PACTS is grateful to the many individuals and organisations who contributed to this project. Particular thanks go to Professor Richard Allsop OBE for his support as a special advisor and to Christopher Peck for his assistance with the final stages of production. Thanks also go to Bruce Walton, Jeremy Phillips, Paul Baden, Professor David Gunnell and Jacqui Morrissey and other members of the project advisory panel for their comments and expertise.

PACTS is grateful to Highways England for permission

to use the results of its research into suicides in England, undertaken by Road Safety Analysis Ltd.

Responsibility for the report's contents and conclusions lies with PACTS and the author. The report does not necessarily reflect the views of the advisory panel or others who contributed to the research.

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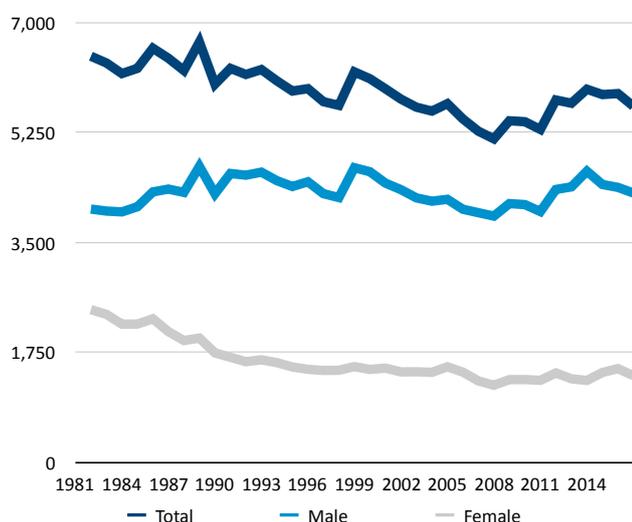
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1. Introduction

1.1 Suicide in the UK

1.1.1 The scale of the tragedy

Figure 1. Deaths by suicide in Great Britain, 1981-2016



Source: ONS

Around six thousand people take their lives by suicide each year in the UK.

The number of suicides has fallen since the 1980s but has been rising since 2007. In 2016, 5,668 people were killed by suicide in Great Britain (2016 figures are not yet available for Northern Ireland).

The suicide rate in Great Britain is 10.1 deaths per 100,000 of the population, close to the global average of 10.7. It is below the average rate for Europe of 14.1 in 2015.¹

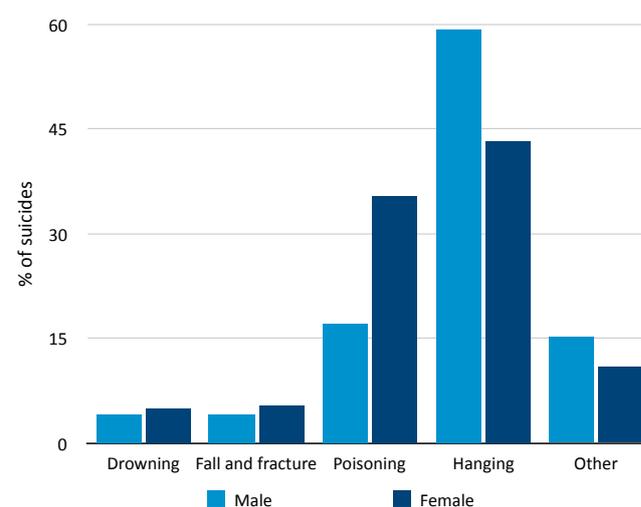
Suicide is the leading cause of death for men in the UK aged between 20 and 49.² The male suicide rate is more than three times the rate for female suicide. However, in 2015 the female suicide rate was at its highest in a decade.³

Suicide particularly affects the most vulnerable. As Ruth Sutherland from Samaritans said in the 2015 PACTS Westminster Lecture: “[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 social classes.”⁴

The socio-economic cost of each death by suicide of someone of working age is estimated to be £1.67 million.⁵

1.1.2 Method of suicide

Figure 2: Proportion of suicides by method and sex in Great Britain, registered in 2016



Source: Office for National Statistics, National Records of Scotland

Limited detail is published on suicide methods in Great Britain. In 2016, as in previous years, the most common method of suicide was hanging (59% of male suicides and 43% of female suicides). Poisoning was the second most common method. The annual report provided by ONS contains only five categories (hanging, poisoning, drowning and ‘fall and fracture’ and ‘other’). In contrast to the considerable detail published on road casualties, very little data are available on suicide method. This is not simply a matter of withholding unsuitable information from the public. Even for professionals involved in the field, detailed and comprehensive data are not consistently available.

Of the suicides registered in 2016, 15.2% of all male suicides and 10.9% of all female suicides were classified within Ministry of Justice data as ‘other’. Fall and fracture involved 4% of male suicides and 5% of female suicides. Road-related suicide is unlikely to be classified as drowning, poisoning or hanging and therefore it can be assumed that road-related suicide is classified within the categories ‘fall and fracture’ and ‘other’.

1 World Health Organisation, (2017). ‘Suicide mortality rate: data visualizations dashboard, World Health Statistics 2017.’
 2 Samaritans, (2016). ‘Suicide Statistics Report 2016.’
 3 Office for National Statistics, (2017). ‘Statistical Bulletin: Suicides in the UK: 2016 registrations.’
 4 Sutherland, R. (2015). Working together to reduce suicide in transport. Westminster Lecture on Transport Safety, PACTS.
 5 This figure covers the direct costs of care, indirect costs relating to loss of productivity and earnings, and the intangible costs associated with pain, grief and suffering. See McDavid, D. and Park, A. and Bonin, E. (2011). Population-level suicide awareness training and intervention In: Knapp, M. and McDavid, D. and Parsonage, M., (eds.) Mental Health Promotion and Mental Illness Prevention: the Economic Case. Department of Health, London, UK, 26-27.

1.1.3 Government policy on suicide prevention

The UK government acknowledges that suicide is a major health problem. In England, the Department of Health takes primary responsibility. In 2017, Jeremy Hunt, Secretary of State for Health stated that 'suicide is preventable' and that this is the 'central driver of the national strategy'.⁶ The UK government has a target to reduce suicides by 10% by 2020/21 compared with 2016/17.⁷

Although it is seen as a mental health matter, the Government acknowledges that most people vulnerable to suicide are not within the mental health system and that various agencies and services outside the NHS, notably public health, must implement suicide prevention policies. Public Health England produces guidance for local authorities, which have responsibility for suicide prevention and are responsible for development of individual multi-agency local suicide prevention plans.⁹

Investment in suicide prevention research by the National Institute for Health Research rose from £50 million for 2010/11 to £73 million for 2015/16.¹⁰

Across Wales, Scotland and Northern Ireland, suicide prevention falls under the responsibility of health and, therefore, has been devolved to the appropriate national governments. The Welsh Assembly's *Talk to Me 2* strategy, the national action plan to reduce suicide and self-harm in Wales, recognises suicide and self-harm as 'serious public health issues.'

The Scottish Government's *Suicide Prevention Strategy 2013-2016* recognises the importance of intervention in suicide. The strategy states, 'suicide is preventable, [...] it is everyone's business and [...] collaborative working is key to successful suicide prevention.'¹¹

The Northern Ireland Assembly finished a formal public consultation on their *Protect Life 2* Strategy in 2017 and is expected to publish a new strategy shortly.

1.2 Transport-related suicide

1.2.1 On the railways

Almost 300 people take their lives on the UK rail networks each year and detailed records are available.¹² This far exceeds all other causes of death on the rail network. In addition, there are many more incidents of attempted suicide. Apart from the human cost, these have substantial impacts on rail services. A cross-industry suicide prevention programme has been developed.

If PACTS can show that the evidence around road suicides needs improving, that will be hugely important.

Jacqui Morrissey, Samaritans

Since 2010, Network Rail has had partnerships with train operating companies, British Transport Police and Samaritans that have developed and shared knowledge on suicide prevention.¹³ Across the railway network, 15,000 staff members have received suicide prevention training.¹⁴

In 2015, British Transport Police (who have responsibility for policing railways but not roads) launched a suicide prevention plan for the railway network.¹⁵ A year later, the industry's own body, the Rail Industry Suicide Stakeholder Group produced guidance for stakeholders on how to reduce suicides on the rail network.¹⁶ Known as the '9 Point Plan' this guidance, together with the British Transport Police's *From Crisis to Care* strategy, was adopted by the Department for Transport in November 2016 for inclusion in all future train operator franchise agreements.¹⁷

Information provided by British Transport Police (see box) gives an indication of the challenges and outcomes.

6 HM Government, (2017). 'Preventing suicide in England: Third progress report of the cross-government outcomes strategy to save lives.'

7 HM Government, (2016). 'Implementing the Five Year Forward View for Mental Health: Suicide Prevention 2020/21 Objectives.'

9 Public Health England, (2014). 'Suicide prevention: developing a local action plan.'

10 Parliamentary Written Questions: Suicide: Written question – 53615. 17/11/2016.

11 Scottish Government, (2013). 'Suicide Prevention Strategy, 2013-2016.' The Scottish Government, Edinburgh.

12 Office of Rail and Road, (2017). 'Rail Safety Statistics: 2016-17 Annual Statistical Release.'

13 Samaritans, (2017). 'Rail Suicide Prevention Programme.'

14 British Transport Police (BTP) also provide in house suicide prevention and mental health training for all new recruits, officers already in service, supervisors and control room staff.

15 British Transport Police, (2015). 'From Crisis to care.'

16 Rail Industry Suicide Stakeholder Group (RISSG), (2016). 'Guidance for creating a Suicide Prevention Plan: A collaborative approach to managing suicide risk on the railway.'

17 HM Government, (2017). 'Preventing suicide in England: Third progress report of the cross-government outcomes strategy to save lives.'

Suicide on the rail network – making a difference

British Transport Police provided the following statistics to PACTS for incidents on the railway network in 2016/17. The figures recorded below include all incidents under their jurisdiction, including the London Underground, local Metro systems and some light rail.

- 9,475 Suicide and Mental Health Crisis incidents;
- 2,585 Mental Health detentions;
- 2,233 suicide attempts recorded on the railway;
- 290 deaths by suicide;
- 85 survived with serious injury;
- 47 survived with minor injury;
- 1,811 people were physically prevented from taking their own lives through interventions;
- 1,928 people were subject of joint police/health Suicide Prevention Plans of which 6 people went on to take their own lives on the railway (0.3%) and a further 6 people went on to take their own lives elsewhere (0.3%).

1.2.2 On the roads

Having learnt of the positive initiatives in the rail sector, PACTS invited Samaritans CEO to deliver the 2015 Westminster Lecture on Transport Safety. In *Working together to reduce suicide in transport* Ruth Sutherland outlined how suicide was being addressed by the rail industry and posed challenges to the road sector to follow suit.¹⁸

In contrast to the rail sector, the situation on the road network is one of limited information. There is no official record of the number of road-related suicides or attempted suicides in the UK or any central database of incidents. Perhaps as a consequence, there appears to be little in terms of policy or co-ordinated intervention on this issue. In a positive move, the Department of Health has stated that they will 'look [...] at ways in which we can replicate the successful work of the rail industry in other areas of the transport network such as highways and waterways.'¹⁹ As yet, no update has been provided on progress in this area.

In response to a Parliamentary Question by Lilian Greenwood, the then Road Safety Minister, Andrew Jones stated that there were 856 suicide attempts recorded on the Strategic Road Network in England in 2014, 790 in 2015 and a further 568 in the first half of 2016.²⁰ Even from the limited figures available, it seems clear that a substantial number of people are attempting to take their lives on the road network.

These incidents affect not only individuals and their families but also impact on other road users, emergency services, local authorities, and the wider community. Ruth Sutherland from Samaritans stated that, "[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."²¹ Volvo Trucks told PACTS that this issue has affected truck drivers.²² The Police Service of Northern Ireland reported an apparent increase in incidents of attempted suicide involving buses.

1.3 Research into road-related suicide

Globally, there has been a small amount of research conducted on the issue of road-related suicide. Pompili undertook a comprehensive review of research reports in English between 1955 and 2011 into car accidents as a method of suicide. This concluded that over 2% of all single vehicle traffic accidents are suicide behaviours. It provided evidence that road-suicides may be reported as accidents in national statistics.²³

In Sweden over the period 2010 to 2015, 151 persons died as a result of suicide compared with 1,659 road traffic collision fatalities. Since 2010, following research into road-related suicide, Sweden has presented statistics on suicides in road traffic separately from

18 Sutherland, R. (2015). Working together to reduce suicide in transport. Westminster Lecture on Transport Safety, PACTS.

19 HM Government, (2017). 'Preventing suicide in England: Third progress report of the cross-government outcomes strategy to save lives'.

20 Parliamentary Written Questions: Roads: Suicide: Written question – 26134. 8/2/2016.

21 Sutherland, R. (2015). Working together to reduce suicide in transport. Westminster Lecture on Transport Safety, PACTS.

22 Volvo Trucks confirmed that they have experienced numerous examples of suicide on the road network.

23 Pompili et al. (2012). 'Car accidents as a method of suicide: A comprehensive overview', *Forensic Science International* 223 (2012) 1-9.

those of fatalities caused by accidents. Researchers developed a new method of classifying traffic fatalities in order to determine when collisions are caused by suicide.²⁴

Andersson and Svensson showed that the new classification significantly increased the recorded number of road-related suicides taking place in Sweden. In the years 2010-2011, before the new classification methods were introduced, 6% of fatalities were classified as suicides. In 2012-2014, after reclassification, 89 (10%) of fatalities were classified as suicides.²⁵ These in-depth studies have led to more appropriate preventative action including changes to the road environment designed to prevent road-related suicide.

Research on road-related suicide in the UK has been limited. Wyatt et al (2009) studied fatal road traffic collisions in Scotland between 1993 and 2003, concluding that the general number of road-related suicides may be underestimated.²⁶

Samaritans is a leading organisation on research into suicide and suicide prevention in the UK.²⁷ Through their recent work with the rail industry, Samaritans have addressed the issue of suicide in transport. As yet, Samaritans have not specifically investigated suicide on the UK road network.

1.4 PACTS research objectives and methods

PACTS committed to this research with the belief that the highways community needs to be better informed and involved in the issue of road-related suicide. The objective of this project was to establish, if possible, a baseline of information on the scale of road-related suicide, where data may be found and how improved data might be obtained. A further objective was to examine strategies and plans to see if road-related suicide is addressed. It was not the intention to provide "solutions" – this seemed premature.

PACTS collected data through requests made under the Freedom of Information Act 2000 to relevant

authorities, including police, coroners and local authorities across the UK to elicit data and to establish how recording of road-related suicide is undertaken at various stages. The information requests inquired into the number of suicides and attempted suicides and what recording arrangements are currently in place. PACTS also requested information on local authority suicide prevention plans and inquired as to how far suicides on roads are included. Details are provided in the Appendices.

During 2017, PACTS consulted with stakeholders and established an advisory panel comprising the main organisations involved in suicide prevention and road safety within the UK. Following consultation with this group, PACTS held a workshop in May 2017 with a wider group of stakeholders. Information sources and research methods were reviewed periodically.

The following sections of this report explain the data available, suicide prevention strategies and plans and the extent to which these address road-related suicide. PACTS hopes that this report will create a better awareness of the issue of road-related suicide. The ultimate objective of this research is to assist in the development of strategies to reduce suicide, the associated costs and the resultant harm caused to families, communities and wider society.

²⁴ Routley, V., Staines, C., Brennan, C., Haworth, N., Ozanne-Smith, J. (2003). 'Suicide and Natural Deaths in Road Traffic – Review' Monash University Accident Research Centre – Report #216.

²⁵ Andersson, A., Svensson, K., (2015). 'Fatalities in road traffic, a result of accidents or suicides'. Journal of Local and Global Health Science: Vol. 2015, ITMA Conference 2015, 27.

²⁶ Wyatt, J.P., Squires, T., Collis, S. & Broadley, R. (2009). 'Road traffic suicides'. Journal of forensic and legal medicine. 16. 212-4.

²⁷ Samaritans, (2017). 'Suicide in the UK and ROI'.

2. Incidence of road-related suicide in the UK

2.1 Definitions

2.1.1 UK definitions of suicide

The UK definition of suicide follows that provided in the *International Statistical Classification of Diseases and Related Health Problems (ICD)*²⁸, provided by the World Health Organization.²⁹ It defines suicide as 'deaths given an underlying cause of intentional self-harm or injury/poisoning of undetermined intent'³⁰ and is assigned a code by the Office of National Statistics (ONS) as noted in Table 1.

The definition observed within guidance from the ONS covers England, Wales and Scotland and the Northern Ireland Statistics and Research Agency.

Data for the UK all relate to the number of deaths that are registered.³¹ Figures include both suicides and 'open verdict' deaths. Any suicide that is not officially registered as a suicide would not be included within this dataset.

2.1.2 Defining 'road-related suicide'

PACTS consulted with experts on suicide prevention, mental health and road safety in order to establish a definition of road-related suicide for the purposes of this report. PACTS has defined the following five methods as 'road-related' suicides or attempted suicides:

- Jumping off or on to road infrastructure with the intention of self-harm,
- Stepping into the path of a moving vehicle with the intention of self-harm,
- Driving a vehicle off road infrastructure with the intention of self-harm,
- Driving a vehicle into road infrastructure with the intention of self-harm, and
- Driving a vehicle into another vehicle with the intention of self-harm.³²

Table 1. Definitions of suicide used in official records

ICD-10 Code	Description
X60-X84	Intentional self-harm
Y10-Y34 ¹	Injury/poisoning of undetermined intent
Y87.0/ Y87.2 ²	Sequelae of intentional self-harm/injury/ poisoning of undetermined intent
Table notes:	
1. Excluding Y33.9 where the coroner's verdict was pending in England and Wales, up to 2006. From 2007 deaths which were previously coded to Y33.9 are coded to U50.9.	
2. Y87.0 and Y87.2 are not included in England and Wales.	

Source: UK Definitions of Suicide as defined by the World Health Organization from Samaritans (2017) 'Suicide statistics report 2017'

²⁸ World Health Organisation, (2016). 'International Statistical Classification of Diseases and Related Health Problems 10th Revision'.

²⁹ World Health Organisation, (2017). 'About the World Health Organisation'.

³⁰ Office for National Statistics, (2017). 'Statistical Bulletin: Suicides in the UK: 2016 registrations'.

³¹ Samaritans, (2016). 'Suicide Statistics Report 2016'.

³² In addition, it was suggested that individuals who deliberately take drugs or alcohol with the intention of self-harm when they drive could be included but this was not agreed by experts to be an appropriate definition for the purposes of this report.

2.2 Data requests from PACTS

PACTS set out to investigate what data are available on road-related suicides and attempted suicides. The objective was, if possible, to provide an estimate of the number of incidents taking place on UK roads.

PACTS requested data under the Freedom of Information Act 2000. Requests were sent to all police forces in the UK, all coroners in England and Wales and a large sample of local authorities in England and Wales with public health and highways responsibilities (see Appendix B). The requests inquired about the number of suicides or attempted suicides on the public road network and the number of other persons killed or injured by someone attempting suicide on the public road network for the years 2013-16 (see Appendix A).

Most police forces and local authorities responded. Some responses provided useful insights. Many authorities, however, were largely unable to provide accurate or complete data. The results are set out below.

2.2.1 Police

PACTS sent requests to all police forces in the UK. Requests were sent in two waves, first for data from 2013-2015 and secondly, in a simplified request, for data from 2016.

Table 2: Cases of road-related suicide and attempted suicide obtained in response to Freedom of Information requests sent to police forces across the UK.

	Suicide	Attempted	Total
2013	2*	8*	10*
2014	3	11	14
2015	0	14	14
2016	5	25	30
Total	10	58	68

Note: *6 cases of suicide and attempted suicide were reported as being within the years 2013-2015 without further detail. These have been included in the 2013 figures.

Source: Freedom of Information responses from police forces in England, Wales and Northern Ireland. Police Scotland were unable to supply any data.

England, Wales and Northern Ireland

To PACTS' first request, only seven forces in England and Wales were able to provide data and ten in response to the second request. The Police Service of Northern Ireland responded with information regarding 2012-2016. Police Scotland were unable to provide data (see below).

It is reasonable to conclude that there is something of a data gap with regard to suicide and attempted suicide on UK roads, particularly with comparison to other transport modes.

The House of Commons Library

Eighteen of the substantive responses showed at least 68 incidents of suicide or attempted suicide in the UK in the four years 2013-2016. A high proportion of the total related to part of Northern Ireland.

The responses from police in England and Wales showed 10 cases of suicide and 31 cases of attempted suicide on roads in the years 2013 to 2016.

The Police Service of Northern Ireland were unable to provide information for the whole of Northern Ireland, but were able to provide relatively detailed information from a recent investigation. This showed a number of locations with a high frequency of incidents and, recently, a large number of attempted suicides on roads. This included suicides from bridges and one case of an individual who appeared to deliberately drive into another vehicle. On one particular stretch, 31 incidents of attempted suicide were recorded in 2015-16 with 23 incidents occurring in 2016 (15 occurring over a four month period).

Scotland

A response was received from Police Scotland but no data were available and 'any figures provided [would] not provide a true reflection of the total number of incidents within each road section.'³³

Police Scotland confirmed that their database (which records all road traffic fatalities) is regularly cleared of fatalities that do not fit the criteria of a 'road death', including cases of road-related suicide. Police Scotland confirmed that this protocol means that no specific recording method for road-related suicides exists within the force.

2.2.2 Coroners

In response to requests to coroners, PACTS received three replies with substantive information. A further 26 coroners replied but were unable to provide figures. Many of their replies, however, contained useful qualitative information about incidents and procedures, even if anecdotal. Sixty-six coroners did not respond.

The three substantive responses indicated three road-related suicides between 2013 and 2015.³⁴ Two coroners provided figures anecdotally but were unable to do so formally due to administrative reasons. Coroners had no statistics regarding attempted suicide as their work covers only incidents which resulted in death. Coroners confirmed that there may still be cases at inquest for the year 2015 that are not currently included within any datasets.

Many of the 26 coroners who responded gave useful qualitative information. Road-related incidents were described as being more common than quantitative responses suggested. In some instances coroners reported that they dealt with road-related suicide as a 'regular occurrence.' A number of coroners described experiences of what they suspected to be road-related suicides which had not ultimately been classified as such.

I deal regularly with suicides on the roads. Sadly I have no way of checking the numbers of them.

Response from a coroner to PACTS' Freedom of Information request

The reasons why coroners were unable to provide accurate data are explained later.

Under the Scottish legal system, deaths are investigated through judicial examination by the Crown Office and Procurator Fiscal; there are no coroners.³⁵

The Northern Ireland Courts and Tribunals Services were contacted but were unable to provide a response.

2.2.3 Local authorities

PACTS contacted a large sample of local authorities in England and Wales, covering all types with responsibilities for public health and highways, in order to ascertain what information they hold on road-related suicides and if road-related suicides feature within their local suicide prevention plans (see Appendix B).

The information received varied dramatically but some showed clear evidence of incidents of road-related suicide and attempted suicide. One county council confirmed six cases of probable road-related suicide over the period 2013-16, with two confirmed suicides. A unitary authority, confirmed four road-related suicides over the same period. Another provided evidence of five suicides recorded as having been on 'transport routes' but was unable to identify if they had taken place on roads specifically.

Many local authorities supplied information about

³³ Police Scotland response to PACTS' FOI request.

³⁴ If we assume that this figure is reflected across all 95 coroners, this could potentially equal around 30 road-related suicides per year.

³⁵ National Records of Scotland, (2017). Fatal Accident Inquiry Records.

their suicide prevention strategies and the extent to which road-related suicide is included.

The information is there but in individual case files which would have to be researched on a case by case basis. I barely have the resources to do what I am obliged to and helping researchers is beyond the scope of what my office can achieve, no matter how socially important the research might be.

Response from a coroner to PACTS' Freedom of Information request

2.3 Other sources of data

2.3.1 National Records of Scotland

A report from the Scottish Suicide Information Database profiled deaths by suicide in Scotland in the period 2009-2014.³⁶ This showed that 1.7% of deaths caused by probable suicide were recorded as having occurred on a 'street or highway', amounting to 66 deaths in Scotland in this period. This figure does not include another 639 cases where the location of the probable suicide was unknown.

Communicating with National Records of Scotland in relation to this research, PACTS was able to confirm at least 43 cases of probable suicide on Scottish roads between the years 2000-2015. Cases were identified by place of occurrence rather than method. National Records of Scotland suggested that the figures represented an under-estimate of the suicides actually taking place on the roads in Scotland. For around 15% of all probable suicides, National Records of Scotland holds no recorded information about the place of the event which caused the death.³⁷

2.3.2 Research for Highways England

In 2016, Highways England commissioned Road Safety Analysis Ltd to research the number of road-related suicides on roads in England, using Office for National Statistics mortality data, based on information from reports of deaths registered by coroners between 2001 and 2015.³⁸ The researchers selected fatalities recorded as having occurred on a highway and coded as either: jumping from a high place; entering the path of vehicles; or driving a vehicle.⁴¹ Records where suicide was confirmed or intent undetermined were included.

Preliminary findings identified 392 incidents of this kind on England's road network, over the period 2001 to 2014. Road Safety Analysis Ltd estimates that annual figures for these fatalities on England's road network between 2001 and 2014 are between 15 and 41 per year, with between 31 and 28 per year in 2013 and 2014 respectively.

Because of the sensitive nature of the information contained in the ONS mortality records, they are not publicly available. Researchers are required to obtain accreditation and to comply with strict confidentiality and security arrangements. As such, PACTS would not have had access to them. However, Highways England has permitted Road Safety Analysis Ltd to share the key findings with PACTS.

Road Safety Analysis Ltd has discussed their findings with PACTS. They point out that the estimates of 25-30 deaths per year in England is a conservative estimate. Leaving aside the issue of the coroners' judgements, they were only able to select records where the home postcode of the deceased and the postcode of place of death (a road) were both in England. In addition, the place of death was sometimes recorded as the hospital. Allowing for these factors, a figure of at least 34 deaths of this kind per year in England is more likely to be typical.

2.4 Putting the pieces together – providing a baseline

PACTS sought to build up a picture from all sources, local and national of the data available and the number of suicides and attempted suicides in the UK. The best estimate for England comes from the study for Highways England – at least 34 deaths per year. Allowing for the additional cases in Scotland, Wales

³⁶ NHS National Services Scotland, Information Services Division, (2016). 'A profile of deaths by suicide in Scotland 2009-2014. A report from the Scottish Suicide Information Database (ScotSID)'

³⁷ National Records of Scotland, (N.D.). 'Place of Death and Place of Occurrence (of the event which caused the death - external causes only)'

³⁸ World Health Organisation, (2016). 'International Statistical Classification of Diseases and Related Health Problems 10th Revision: [X60-X84] Intentional self-harm.'

and Northern Ireland, PACTS estimates that at least 50 people per year take their lives by suicide on roads in the UK.

The responses from police forces, coroners, local authorities and national bodies give good reasons to believe that the true figure is considerably higher. This is explained further in the next section.

2.5 Why are data missing?

2.5.1 Coroners

The standard of proof

Every recorded conclusion of suicide in England and Wales must meet a 'criminal' standard of proof. When recording a verdict of suicide, a coroner must be sure 'beyond reasonable doubt' that the deceased intentionally completed an act with the intention of ending his or her own life.

Individual coroners told PACTS that the criminal standard of proof required for a suicide verdict, particularly for road-related cases, was too high. 'It's quite a tall order unless there is other compelling evidence besides the actual event itself.'³⁹ Aside from suicide, standard and unlawful killing are the only two conclusions in the UK which must meet this standard of proof. Coroners reported that, in some instances, cases were recorded as 'road traffic collisions' rather than suicides because of the standard of proof required.

A recent Health Select Committee report on suicide prevention described the criminal standard of proof required for suicide as 'harmful', concluding that it was leading to incorrect data.⁴⁰ In evidence to the Committee, Professor Gunnell stated that instances of 'hard to code narrative conclusions' are increasing (from 6% in 2011 to 8% in 2014), 'compromising suicide prevention activity and leading to significant under-estimation of suicide rates and trends.'⁴¹ The Committee recommended that the 'standard of proof for the conclusions of death by suicide should be changed to the balance of probabilities rather than beyond reasonable doubt'.

The Government stated in response to the Suicide Prevention Inquiry that it is currently 'considering' changing the standard of proof.⁴²

Coroners told PACTS that if the recommendation of the Health Select Committee were adopted, many more suicide conclusions would be recorded, including on the road network. One coroner noted that the change

would show a 'significant increase' in the number of suicide conclusions recorded on UK roads.

Coroners' data

As noted above, coroners were largely unable to provide any quantitative data on road-related suicides in their jurisdiction. They explained that this was due to a mix of:

- Lack of resources (time, support staff etc.) to investigate;
- Information not held in a retrievable form;
- Inadequate systems for recording and analysis (IT etc).

Representatives from the ONS confirmed that there are issues with the current reporting system used by coroners to collect data on road-related suicide. The information held is based on 'limited or incomplete data' and often no information on location or mode is recorded for individual cases. Coroners, though integral to the process, were described as being 'protective' of their area's information.

We do not currently record the information requested. Incidents would be dealt with as road traffic collisions. Any decision as to whether an incident was a suicide would be a matter for the Coroner to establish.

Gwent Police response to PACTS' Freedom of Information request

ONS stated that the information contained within their mortality data is an underestimate of all suicides, including suicides on the UK road network. ONS are currently reviewing what data are collected through coroner registration certificates.

2.5.2 Police records: definitions and terminology

The terminology used (or not used) by many police forces to record instances of road-related suicide is problematic. Police confirmed that within their own databases there is no specific searchable 'flag' or 'category' for recording these cases.

Variations in the terminology used by forces for recording information makes any national comparison of police data problematic. Police used a variety

³⁹ A HM Coroner in response to PACTS' Freedom of Information request.

⁴⁰ House of Commons Health Committee, (2017). 'Suicide Prevention: Sixth Report of session 2016-17'.

⁴¹ Gunnell D. (2017). Written Evidence supplied to the House of Commons Health Committee Inquiry into Suicide Prevention.

⁴² Department of Health, (2017). 'Government Response to the Health Select Committee's Inquiry into Suicide Prevention'.

of terms to suggest a case might be suicide. These included, 'sudden death', 'concern for safety', 'concern for welfare', 'suspicious incident' and 'suspicious person'.

By contrast, the British Transport Police has developed a system for recording incidents on the rail network, as illustrated in section 1.2.1.

Police confirmed that some cases of suicide on the roads might be classified as fatal road traffic collisions within police data and not distinguished from other road collisions.

In a workshop with stakeholders convened by PACTS, it became clear that the emergency services, public health, local authority and highways practitioners use different terminology to discuss and analyse cases. There is no standardised terminology. This suggests that collaboration is currently not advanced.

2.5.3 Stigma surrounding suicide

Coroners and other stakeholders, including suicide prevention and bereavement charities, acknowledged that there are pressures on coroners to conclude a verdict other than suicide, leading sometimes to data not being accurately recorded.

Police told PACTS that they are wary of recording incidents as suicide, particularly on the road network. More than one police officer admitted that they 'did not feel enough of an expert' to determine whether incidents are suicides, suggesting that, except in cases where intention to inflict self-harm is evident, they will not be recorded as suicides by the police.

Some stakeholders also told PACTS that some life insurance claims could be affected by a verdict of suicide and that this could lead those persons using roads as a suicide method to withhold evidence of intent, such as a suicide note. PACTS was unable to corroborate this.

2.5.4 Attitudes to road-related suicide

Of those who engaged with PACTS, there were representatives who were surprised to hear that road-related suicide exists – certainly on any scale. Others questioned the value of recording the issue and whether preventative measures are feasible on a system as large as the UK road network. A small number of stakeholders viewed road-related suicide as a by-product of a developed road network and unavoidable on a large, busy network such as that in the UK.

Some road safety professionals stated that this issue was not considered relevant to 'road safety'. Indeed, long-running road safety training courses and official guidance on road accident recording explicitly exclude suicide. The Department for Transport stated that road-related suicide is not seen as a road safety matter and therefore is not seen as their responsibility to collect and record. This seems to be on the basis that suicide is a deliberate act and not accidental; and, possibly, that it is not preventable.

I think this is part of the problem, that many companies and persons still see suicides as a taboo area, not to speak about and not to be associated with. I started to work with this area in 2010 at the Swedish Transport Administration and a lot has happened since then in a positive direction. If we don't speak about it, and we don't know how big the problem is or the patterns, we will not be able to work in an optimal way with prevention.

Anna-Lena Andersson, PhD. Special Adviser – Traffic Safety, Swedish Transport Administration.

Mental health, public health and other organisations more directly involved in suicide prevention, but not having expertise in road safety, questioned their place in specifically recording and preventing road-related suicides.

That said, over the course of this research, PACTS was met with interest and enthusiasm by practitioners from many sectors. It was clear, however, that all are wary of taking the lead on an issue that is little understood and may need additional resources. Without any clear policy guidance or legal requirement placed upon them, some organisations made it clear that this issue would not be seen as a priority.

3. Opportunities to improve data

3.1 Central databases

There is a clear gap in data on road-related suicide available to policy makers or those developing suicide prevention strategies. This is in stark contrast to the situation in the rail sector where cases are recorded and are being used to inform policy.

Road safety practitioners, government departments, public health organisations and highways authorities were all identified as stakeholders in this issue. The Ministry of Justice, the Department of Health, the Department for Transport, local authorities, the police, coroners, Public Health England, the Office for National Statistics (ONS) and agencies in Wales, Scotland and Northern Ireland all have some access to data or some ability to record data on road-related suicide.⁴³

Currently, no organisation or national body records information on this issue within a central database. No national or local organisation has the responsibility for actively recording this issue and no organisation within the UK has access to all aspects of the data potentially available in order to establish the scale of road-related suicide taking place.

For those organisations and government departments that do record some aspect of information on road-related suicide in the UK (such as that a death had occurred), adjusting what is recorded by these major stakeholders and how information is stored could potentially provide the basis for a database of road-related suicides, and possibly attempted suicides. The Government's national strategy on suicide prevention includes a commitment to 'support research, data collection and monitoring.'⁴⁴ This could include the collection of data and monitoring of UK road-related suicides.

3.2 What data are currently available?

3.2.1 Office of National Statistics

Coroner records and wording do not always correspond easily with coding used by the ONS.⁴⁵ This can make it difficult to consistently identifying suicides on the roads.

There is the opportunity for the Ministry of Justice and the Office of National Statistics to collect and publish more detailed information on suicide methods, including road-related suicide.

Coroners have a key role, not only in determining cases of suicide but also in recording them. The ONS stated that the quality of information provided by individual coroners differs greatly. Improvements in coroners' systems would greatly assist. Guidance to coroners, preferably supported by resources, would enable them to provide more useful and consistent data. This is essential to obtaining more accurate and accessible data on suicide.

It would be possible to gain more data through a detailed analysis of transcripts and records of inquests that return a suicide or a narrative verdict. Documents are publicly available but the amount of time and resource required to do this would be onerous.

3.2.2 Department for Transport

The Department for Transport holds the national database of Stats19 road accidents reports compiled by the police. Using these data, the DfT publishes detailed and comprehensive data on road accidents and casualties in Great Britain.⁴⁶ Stats19 reports are also used in Northern Ireland where data are held and published separately by the Police Service of Northern Ireland.⁴⁷

Official guidance (Stats20) explicitly states that suicides should not be included in Stats19 reports.⁴⁸

Regarding preventive action that might be needed, I think the first challenge is to get good data about road-related suicides.

Professor Keith Hawton, Director of the Centre for Suicide Research, Oxford University

Any records submitted but subsequently found to be suicide will be deleted – assuming they have not been already published as final. Suicide is not the only reason for deleting records but the reason is

43 These organisations were identified through consultation with stakeholders from PACTS' Advisory Panel and through further consultation with stakeholders at PACTS' 'Providing a Baseline' Workshop, 15th May 2017.

44 HM Government, (2017). Preventing suicide in England: Third progress report of the cross-government outcomes strategy to save lives.

45 Office for National Statistics, (2017). Methodology: User guide to mortality statistics, July 2017.

46 Department for Transport, (2016). Reported road casualties Great Britain, annual report: 2016.

47 The closest information available within DfT statistics is contained in DfT Table RAS 50007, which contains details of casualties for accidents where 'disability or illness, mental or physical' is listed as a factor. Suicides by pedestrians and drivers could potentially be included within this category but this is likely to cover a number of other unrelated issues. Department for Transport, (2016). 'Contributory factors for reported road accidents (RAS50)'.
48 Department for Transport, (2011). 'Instructions for the Completion of Road Accident Reports from non-CRASH Sources'.

not recorded.⁴⁹ A small number of suicides will be included, particularly in cases where suicide only becomes apparent following a coroner's report, after publication of final results by DfT. Once published, DfT does not adjust the final figures retrospectively.

In cases where a third party is injured as a result of a suicide or suicide attempt, data on the third party casualty – but not the suicidal individual - would be recorded.

Stats19 records include only incidents involving a vehicle. Incidents that involve the use of road infrastructure but do not involve a vehicle, e.g. jumping or falling from a road bridge, would not be included within Stats19.

DfT agreed that recording procedures could potentially be modified with relative ease in order to allow suicides to be identified and recorded within Stats19 records. Stats19 includes the option to record 'contributory factors' for incidents attended by a police officer, for the purposes of research and accidents prevention. Suspected suicide or attempted suicide could be included as contributory factors. Many police forces are now using CRASH, a computerised version of Stats19, which has many advantages. The forthcoming SCRAS⁵⁰ review of Stats19 (planned for early 2018) would provide the opportunity.

3.2.3 Department of Health

The Department of Health confirmed that they do not maintain any records of road-related suicides. PACTS did not investigate whether data were collected or held by NHS units locally.

3.2.4 Police

The police are the most obvious body to directly record incidents of suspected suicide and attempted suicide. Responses to PACTS made it clear that those who deal with direct reporting of this issue (including police) need additional guidance in order to create more accurate data.

The National Police Chiefs' Council (NPCC) do not collate or hold information centrally on road-related suicides. Records are held by individual police forces which collate and maintain their databases differently. If recording conventions could be established, it may be possible to collate data at national level.

The NPCC confirmed that there is potential for a provision to ensure that 'suspected suicides and attempts' are notified to Highways England or other relevant organisation within a set timescale. This would need to be followed up over time with local coroners, police and other agencies to confirm facts and findings but would allow a preliminary picture on road-related suicides to be built. (See box below.)

The College of Policing's *Authorised Professional Practice* includes all requisite information in relation to police approach to suicide prevention and response.⁵¹

Precedents for central reporting of incidents are stipulated under safety requirements such as the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).⁵²

Real time data schemes in the rail sector

As ONS data are published nine months in arrears and local suicide audits are historical in nature, British Transport Police (BTP) and other forces have overcome this issue in the rail sector by making judgements at the time of the incident. These real time data schemes scrutinise fatality records centrally and make an interim judgement to assess whether an incident is a suspected suicide or attempt. This information is used for analytical and tactical purposes only and is not communicated to the bereaved family or intended in any way to subvert the coronial or Crown Office (Scotland) processes. However, it has allowed the rail industry and other statutory bodies to identify vulnerable people, places and times internally within the rail network.

Local pilot real time data schemes are now introduced in a small number of police forces across the UK. Similar schemes could potentially be replicated across the UK to include road-related suicide.

49 DfT confirmed that local authorities and police request that records be deleted for a number of reasons, such as that the incident reported took place on a private road

50 The Standing Committee on Road Accident Statistics

51 The College of Policing, (2017). 'Authorised Professional Practice: Mental health Suicide and bereavement response.'

52 This currently excludes Road Traffic Accident Injuries but does give a deadline of 10 days for the reporting of relevant events.

Police Service of Northern Ireland (PSNI)

In Northern Ireland, successful action has been undertaken by PSNI to identify road-related suicide high risk areas. The majority of suicides and suicide attempts in Northern Ireland have been found to involve bridges, many over motorways.

Recent interventions on the road network in Northern Ireland include awareness training for CCTV operators and police on identifying suicide attempts coupled with environment and community changes designed to make high risk areas seem more attractive to walkers and runners (thereby reducing the isolation of particular areas).

PSNI reported some degree of success with regards to particular high risk locations and is investigating further interventions.

3.2.5 Fire and Rescue Services

Fire and Rescue Services confirmed that the Incident Recording System used by operational crews is quite specific. Although it does not capture suicide as a cause, suicides would only be recorded within a free text box at the discretion of individual crews. No information was recorded within a central database.

3.2.6 Highways England

Highways England hold data on the number of suicides and attempted suicides on the Strategic Road Network. Highways England data are recorded via their incident management system, used to monitor and manage incidents on the Strategic Road Network. Highways England has recently recognised that their data on this is not reliable enough and are taking steps to investigate this issue further.

The data held by Highways England does not cover any roads or highways outside of the Strategic Road Network and only covers roads within England.

Neither Transport Scotland nor Transport for Wales recorded data on road-related suicides.

3.2.7 Local authorities

Local authorities conduct suicide audits and these may provide a source of data which could be improved to identify road-related suicides.

4. UK suicide prevention strategies

4.1 National strategies on suicide prevention

Suicide prevention is a devolved matter across the UK. The Westminster government and each devolved government is responsible for its own suicide prevention strategy.

The recent (2015) guidance from Public Health England addresses the issue of road-related suicide. It is intended as a practical document for those with a responsibility for suicide prevention in local authorities and their partner agencies. The document refers to 'high frequency areas', including road bridges and lists preventative measures available to local authorities and partner agencies.⁵³

Public Health England's guidance on identifying suicide clusters offers further guidance to local authorities on bridges and on how stakeholders should approach 'high frequency locations' within their area.⁵⁴

However, most of the mental health and public health strategies on suicide refer to the rail but not road.⁵⁵

NHS Health Scotland recognise that roads can be used as a method of suicide. The report calls for inter-agency collaboration and management of actions at locations of concern, including road networks in Scotland.⁵⁶

The Police Service of Northern Ireland are currently exploring the idea of including road-related suicide within Northern Island Department for Health's *Future Search* programme.⁵⁷

In Wales, the *Talk to Me 2* strategy commits to working with local authorities to identify high frequency areas and take measures to restrict access.⁵⁸ Welsh Government Transport reported recent collaboration between public health and transport organisations in the development of suicide prevention strategy documents.

Safe System approach to road safety

Various national and local governments and highway authorities, including the Department for Transport and Highways England, have endorsed the safe system approach to road safety.⁷² This accepts that road users will make errors and seeks to design and manage vehicles and road networks so that these errors do not result in death or life changing injury. Safe system places a greater degree of responsibility for safety on the providers and operators of the system. Under this approach cars provide greater crash protection to occupants and pedestrians, and roadsides and infrastructure are made more "forgiving". These safety improvements may also be beneficial in suicide prevention.

53 Public Health England, (2015). 'Preventing suicide in public places'.

54 Public Health England, (2015). 'Identifying and responding to suicide clusters and contagion'.

55 HM Government, (2012). 'Preventing suicide in England: A cross-government outcomes strategy to save lives'; Public Health England, (2016). 'Local suicide prevention planning: a practice resource'; HM Government, (2012). 'Preventing suicide in England: A cross-government outcomes strategy to save lives'; Department of Health, (2012). 'Prompts for local leaders on suicide prevention'; Mental Health Taskforce, NHS England (2016). 'The Five Year forward view for Mental Health';

HM Government, (2017). 'The Government's response to the Five Year Forward View for Mental Health'; Public Health England, (2016). 'The Suicide Prevention Atlas'.

56 NHS Health Scotland, (2016). 'Guidance on action to reduce suicides at locations of concern in Scotland'.

57 Department of Health, Northern Ireland, (2016). 'Future Search Programme'.

58 Welsh Assembly Government, (2009). 'Talk to me: The National Action Plan to Reduce Suicide and Self Harm in Wales 2009-2014'.

Road safety strategies

With regards to national documents on road safety strategies, Highways England and the Office of Rail and Road specifically address the issue of suicide on roads. Highways England specifically addresses the issue of suicide on the public road network in their *Health and Safety Five Year Plan*. The document states that Highways England will 'develop a suicide prevention group with key stakeholders and develop an action plan to reduce the number of suicide attempts across the strategic road network.'⁵⁹ Highways England's *Our Approach to Improving Road Safety* also includes a commitment to take action to prevent suicides on the Strategic Road Network.⁶⁰

The Office of Rail and Road (ORR) have produced more than one document concerned with road safety that references suicides on the public road network.⁶¹ The ORR's Annual Safety Performance Report specifically references suicides on level crossings with the aid of a vehicle.⁶² It makes no reference to how these incidents are classified under law or whether any preventative

action has been taken. PACTS contacted the ORR to obtain further detail on these cases. The ORR was unable to produce further information.

No other major policy documents make reference to suicide or suicide prevention on the public road network. The Department for Transport's 2011 and 2015 road safety strategies make no reference to suicide on the road network.^{63,64}

The Association of Chief Police Officers (now NPCC) report, *Policing the Roads - 5 Year Strategy 2011-2015* contains no information on the issue.⁶⁵

The road safety frameworks produced by the Scottish Government, the Welsh Government and the Northern Ireland Department for Infrastructure all contain no information about road-related suicide.⁶⁶

Highways England suicide prevention strategy

Highways England are at an advanced stage in introducing a strategic approach to road-related suicide as part of their long-term commitment that 'no individual be harmed whilst travelling or working on the Strategic Road Network.'

A suicide prevention strategy and toolkit for the Strategic Road Network is being developed that is designed to improve capability and intelligence and improve crisis intervention techniques on the network. This is likely to be launched in late 2017.

Highways England made a recent commitment to creating a suicide prevention group as part of their *Health and Safety Five Year Plan*.⁶⁷ This could be an important step in beginning communication between the road safety sector and those responsible for developing suicide prevention strategies and implementation in the UK.

⁵⁹ Highways England, (2016). 'Health and Safety Five Year Plan'.

⁶⁰ Highways England, (2016). 'Our approach to improving road safety: National Incident and Casualty Reduction Plan (ICRP) V1.0'

⁶¹ Office of Rail and Road, (N.D.). 'Our approach to ensuring the general public is protected from railway health and safety risks.'

⁶² Office of Rail and Road, (2016). 'Rail Safety Statistics 2015-16 Annual Statistical'.

⁶³ Department for Transport, (2011). 'Strategic Framework for Road Safety'.

⁶⁴ Department for Transport, (2015). 'Working Together to Build a Safer Road System: British Road Safety Statement'.

⁶⁵ The Association of Chief Police Officers, (2011). 'Policing the Roads - 5 Year Strategy 2011-2015'.

⁶⁶ Transport Scotland, (2012). 'Scotland's Road Safety Framework to 2020 Framework Summary'; Welsh Government, (2013). 'Road Safety Framework for Wales'; Department for Infrastructure, Northern Ireland (2016); 'Northern Ireland Road Safety Strategy to 2020'.

⁶⁷ Highways England, (2016). 'Health and Safety Five Year Plan'.

Lack of national leadership

As no individual body or organisation is currently accountable for the prevention of road-related suicide, no national organisation involved with road safety or public health was able to show a full, strategic approach to the issue of suicide on UK roads.

Lack of good data may have contributed to the limited reference to road-related suicide in suicide prevention strategies and road safety plans in the UK.

UK guidance on suicide and suicide prevention supplied by Public Health England, the Department of Health, the Department for Transport, highways authorities and devolved governments currently does not provide adequate direction to those who could implement road-related suicide prevention either locally or nationally.

4.2 Local strategies on suicide prevention and road safety

The implementation of suicide prevention at a local level is largely the responsibility of local authorities and local health services. In January 2017, the Government's progress report on suicide prevention strategy looked at suicide prevention at a local level. The Government reported that '95 per cent of local authorities now have plans in place or in development.'⁶⁸ Evidence from PACTS research suggests that the number of local authorities with a full suicide prevention plan does not reflect this estimate: seven county councils and 12 London boroughs, as well as other authorities, were identified without plans.

In communication with PACTS, local suicide prevention groups and local authorities confirmed that additional national guidance and improved data on road-related suicide in the UK would directly influence local policies and operations.

Reviewing local suicide prevention plans

PACTS took a sample of local authorities to investigate how extensively road-related suicide is included within local suicide prevention plans. PACTS investigated 73 different local authorities (see Appendix B) to investigate whether they had a suicide prevention plan that was:

- up to date,
- available to the public, and
- included highways or roads as a consideration.

PACTS used Freedom of Information requests to discover what suicide prevention plans were available where plans were not readily available. This helped create a picture of how road-related suicide features within local plans on suicide prevention.

Out of the 73 local authorities sampled by PACTS, only seven had a current plan that featured any reference to road-related suicide. Of those seven authorities, four referred to road-related suicide only in relation to particular local high frequency areas. Two local authorities made reference to having communicated with or collaborated with highways authorities on their suicide prevention strategy.

Overall, despite high frequency areas being sometimes identified (and therefore incidents of suicide being identified on the road network), very limited information was available at a local level on the number of cases that had taken place or preventative measures being administered.

PACTS discovered that, despite the findings of the recent Government report on suicide prevention in England, a number of local authorities no longer have an up to date suicide prevention plan or strategy available.

Data to inform policy choices

For local authorities and those organisations who implement suicide prevention strategies at ground level, obtaining funding for interventions was reported to be problematic without data to support investment.

A representative of UK road safety auditors confirmed that preventative measures against road-related suicide could be considered at the design stage of road infrastructure. This is a key part of the work being conducted in the rail sector, where British Transport Police and the rail industry ensure that a Crime Prevention Design Advisor attends the site of every suicide and suicide attempt in order to look at preventative situational options.

Limited collaboration

Responses to PACTS showed that most local authorities are not consulting with highways colleagues about suicide prevention. Anecdotally, local authorities suggested that there is limited collaboration in general between public health and highways departments.

⁶⁸ HM Government, (2017). 'Preventing suicide in England: Third progress report of the cross-government outcomes strategy to save lives. Ministerial Forward.

More than one local authority noted that they had consulted with British Transport Police or Network Rail when developing their local suicide prevention plan. A small number of local authorities appeared to be under the impression that British Transport Police would provide information for both rail and road networks.

PACTS did find evidence of groups working on high frequency areas locally – see box on Clifton Suspension Bridge. Some groups did not work with road safety teams and some did not work with local authorities at all.

Local authority attitudes to road-related suicide

PACTS encountered a variety of attitudes towards road-related suicide. Some local authorities were unaware of road-related suicide whilst others suggested that it was an issue that could not be addressed locally.

Local authority attitudes reflected the attitudes displayed at a national level: namely that various departments felt that road-related suicide was not their responsibility and was the concern of another department or area of expertise.

Clifton Suspension Bridge, Bristol

Installation of two-metre high barriers in 1998 is reported to have reduced the number of suicides from the bridge by half, from 41 in the five years prior to installation, to 20 in the five years following. Numbers have declined further in subsequent years. Additional measures included Samaritans signs, CCTV and patrols by trained bridge staff.⁶⁹

Communication with stakeholders made it clear that, with the exception of a few examples, collaboration between road safety teams, public health teams and local area groups was limited. PACTS found evidence that different departments within the same local authorities were dealing with different aspects of this issue but not communicating with each other. It is clear that road-related suicide is not explicitly assigned to one particular department in many local authorities. Once again, terminology was shown to be an issue. The road safety community, the public health community and the suicide prevention community all used different terms for aspects of road-related suicide.

⁶⁹ Bennewith, O., Nowers, M., Gunnell, D. (2007). 'Effect of barriers on the Clifton Suspension Bridge, England, on local patterns of suicide: implications for prevention.' *British Journal of Psychiatry*; 190, pp. 266-7.

5. Recommendations

PACTS recommends that:

- 1.** Road-related suicide be specifically included in national mental health and road safety policies by the governments and lead agencies of the UK.
- 2.** The UK Government clarify ministerial responsibilities for road-related suicide. PACTS suggests it is led by the Department of Health with support from the Department for Transport.
- 3.** The UK Government adopt the recommendation of the Health Select Committee that the standard of proof for suicide (including road-related suicides) be altered from the criminal standard of proof to the civil standard.
- 4.** Emergency services and highways practitioners work more closely with the public health and voluntary sectors, including Samaritans, to increase awareness of and reduce stigma surrounding road-related suicide in the UK.
- 5.** That the police, coroners, highways authorities, Ministry of Justice and Office for National Statistics review their recording systems so that actual or suspected suicides and attempted suicides are recorded consistently and data can be readily extracted. Searchable categories or 'flags' should be created by emergency services and coroners in order to better record these data. Standardised terminology for road-related suicide across the highways community should be adopted.
- 6.** A centrally maintained database of suicides and attempted suicides on UK roads be created, using the records above.
- 7.** The Department for Transport review the guidelines for road accident recording in its forthcoming Stats19 review. PACTS recommends that 'suicide', 'suspected suicide' and 'intentional self-harm' be added to the list of contributory factors available for use in Stats19 records. Furthermore, that the Department for Transport reviews the management of Stats19 records in its system so that cases of road-related suicides are retained and reported separately, rather than being deleted.
- 8.** Learning be gathered from the experiences of the rail sector and other countries, notably Sweden.

PACTS believes that these measures are practical and proportionate and would not involve significant cost. They would also go some way to address the deficiencies of current arrangements.

With thanks

PACTS would like to thank the following organisations who were contacted over the course of this research and provided assistance:

113 Suicide prevention, Amsterdam	Public Health England
AVIVA	Road Haulage Association
Birmingham City Council	Road Policing Division, Police Scotland
Bristol University	Road Safety Analysis Ltd
British Transport Police	Road Safety Great Britain
Calderdale County Council	Road Safety Trust
Centre for Suicide Research, Oxford University	Royal National Lifeboat Institution
City of Bradford Metropolitan District Council	Samaritans
Coroners Society of England and Wales	Stoke-on-Trent City Council
Devon County Council	Surrey County Council
Lancashire Fire and Rescue Lancashire	Thames Valley Police
Hampshire County Council	The Department for Transport
Highways England	The Department of Health
HM Coroners	The Metropolitan Police
House of Commons Library	The National Fire Chiefs' Council
Institute for Road Safety Research Netherlands (SWOV)	The National Police Chiefs' Council
Leeds City Council	The National Suicide Prevention Alliance
Local Government Association	The Office of National Statistics
Luton Borough Council	The Rail Industry Suicide Stakeholder Group
Manchester University	The Rail Safety and Standards Board
Ministry of Justice	The Royal Society for the Prevention of Accidents
National Assembly for Wales	The Thames Valley Suicide Prevention and Intervention
National Records of Scotland	Network
Network Rail	The Welsh Government
NHS Oxford	TMS (Road Safety Auditor representative)
NHS Scotland Statistics	Transport for Greater Manchester
Police Service of Northern Ireland	Transport for London
Northern Ireland Government, Road User Behaviour and Legislation Branch	Transport for Wales
North Yorkshire County Council	Transport for West Midlands
Northamptonshire County Council	Transport Scotland
Northern Ireland Courts and Tribunals Service	Volvo Trucks
Northern Ireland Statistics and Research Agency	West Sussex County Council Volvo Trucks
Nottingham City Council	West Sussex County Council
Office of Rail and Road	
PACTS road safety working party members	

Appendices

A. Freedom of Information requests and responses

1. Requests to UK police forces

PACTS sent Freedom of Information (FOI) requests to all police forces in the UK. This method was used as it was likely to produce a greater and more consistent response, and public bodies usually have a readily accessible inquiry point for FOI requests.

PACTS made two requests. The first was made to all 43 forces in England and Wales, Police Scotland and the Police Service of Northern Ireland (PSNI). The second request was made only to forces in England and Wales (due to the responses received from Police Scotland and PSNI to PACTS' first request).

The requests were worded as follows:

Request 1 (March 2016):

- Number of attempted suicides on the public road network in 2013, 2014 and 2015;
- Number of deaths by suicide that occurred on the public road network in 2013, 2014 and 2015;
- Number of other persons killed or injured by somebody attempting suicide on the public road network in 2013, 2014 and 2015.

PACTS received the following responses from police forces in England and Wales:

- 34 (79%) forces either did not hold the information requested or were unable to provide it;
- 7 (16%) forces were able to fulfil PACTS' request;
- 2 (5%) forces gave no response.

Request 2 (May 2017):

- How many suspected or known instances of attempted or completed suicide were recorded on roads within your force in 2016?

PACTS received the following responses:

- 26 (61%) forces either did not hold the information requested or were unable to provide it.
- 10 (23%) forces were able to fulfil PACTS' request.
- 7 (16%) forces gave no response.

PSNI responded with information regarding 2012-2016. Information supplied related to recent work commissioned by PSNI on motorway bridges.

PACTS sent a FOI request to Police Scotland with regards to the number of suicides and attempted suicides in Scotland over the past three years. A response was received but no data were available.

2. Requests to UK coroners

The following request for information was sent to the 95 coroners in England and Wales, using a list supplied by the Ministry of Justice:

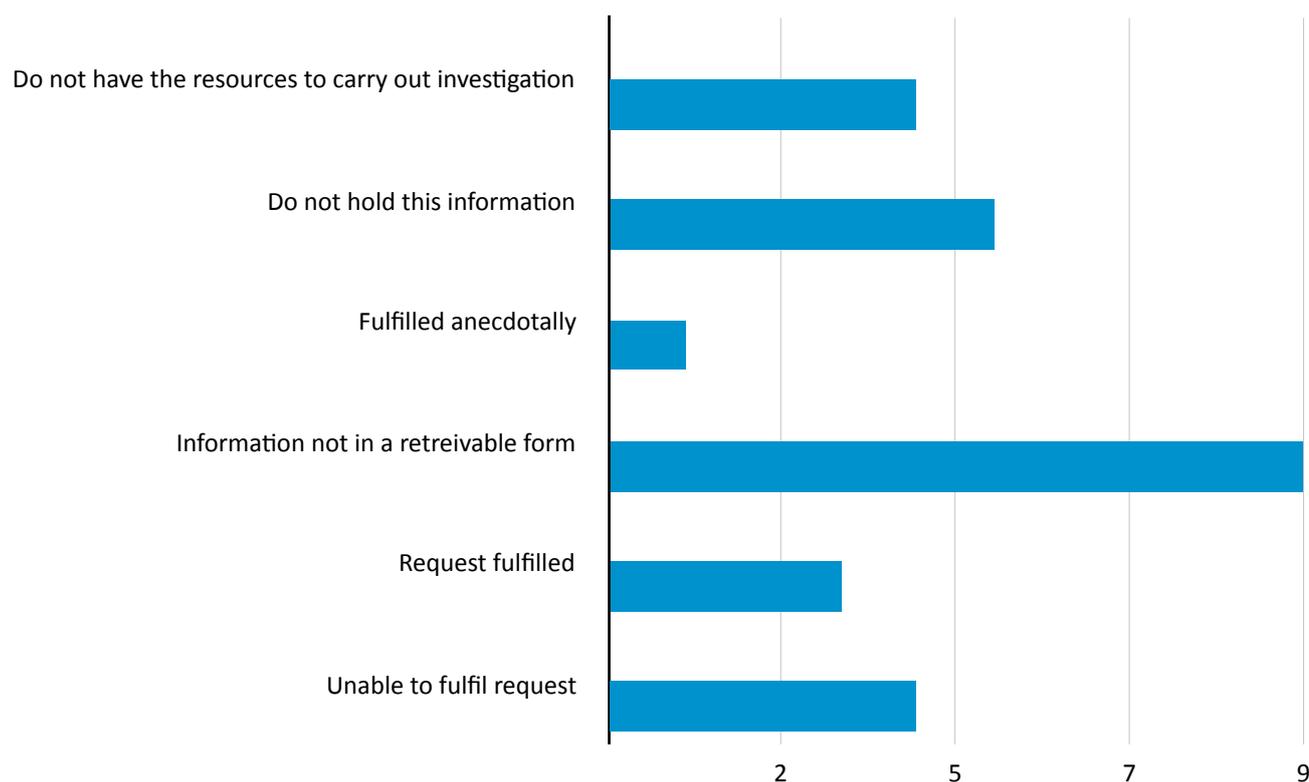
PACTS requests the following information:

- Number of deaths by suicide that occurred on the public road network in 2013, 2014 and 2015;
- Number of other persons killed or injured by somebody attempting suicide on the public road network in 2013, 2014 and 2015.

PACTS received the following responses:

- 3 (3%) coroners were able to fulfil part of the request;
- 23 coroners (24%) responded but were unable to supply any data;
- 69 coroners (73%) did not respond, including 4 instances where contact details supplied by Ministry of Justice were no longer correct and further details could not be found.

Further details are shown in Figure A1.

Figure A1. Responses received from coroners to requests for 2013, 2014 and 2015 data.

In Scotland, which has its own legal system, all deaths undergo judicial examination by the Crown Office and Procurator Fiscal.⁷⁰ National Records Scotland were contacted for the above but were unable to provide this information.

For data on suicides in Northern Ireland, Northern Ireland Courts and Tribunals Services were contacted but were unable to provide a response.

B. Local authority suicide prevention plans

Local authorities included in this report

PACTS included information from the following local authorities within this report:

- All County Councils in England
- The Greater London Authority
- All London Boroughs and the City of London
- Stoke-on-Trent City Council
- Nottingham City Council
- Luton Borough Council
- Leeds City Council
- City of Bradford Metropolitan District Council
- Birmingham City Council.

The following were also contacted:

- Transport for Greater Manchester
- Transport for London
- Transport for West Midlands.

Where plans were not immediately available via the council website, PACTS sent Freedom of Information requests to local authorities to obtain the plan or further information.

PACTS looked at whether each of these local authorities:

- had a suicide prevention plan that was up to date;
- had a suicide prevention plan that was available to the public;
- had a suicide prevention plan that included highways or roads as a consideration.

Suicide prevention plans that feature roads or highways

Of the 27 county councils in England:

- 5 (18%) featured roads or highways within their strategy (usually with reference to a particular high frequency location);
- 15 (56%) county councils did have a current

⁷⁰ National Records of Scotland, (2017). 'Fatal Accident Inquiry Records'.

suicide prevention strategy but it did not contain any reference to roads or highways;

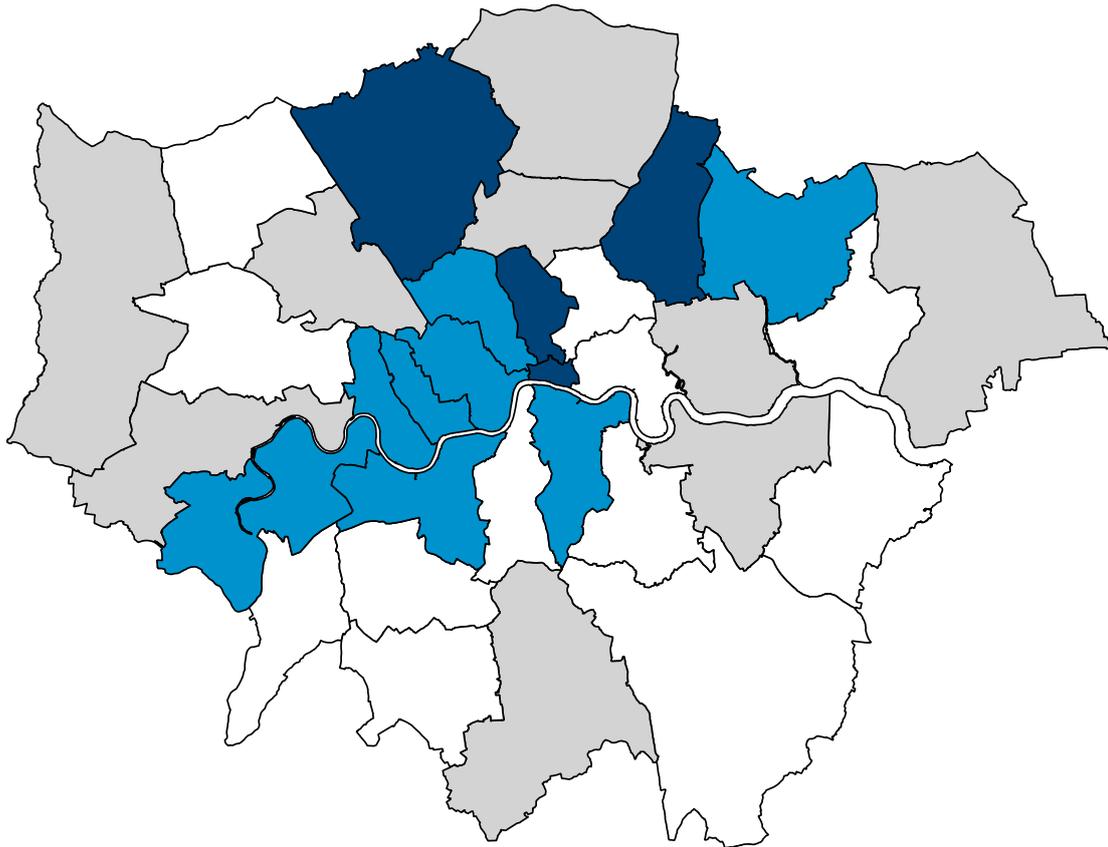
- 7 (26%) county councils did not have a current plan available or were in the process of updating their suicide prevention strategy.
- 6 (18%) had suicide prevention plans that did not feature roads or highways;
- 11 (33%) were currently updating their prevention plan or were in the process of writing a suicide prevention plan for their borough;
- 12 (37%) had no plan available.

Of the 33 London boroughs:

- 4 (12%) had suicide prevention strategies that featured roads or highways (usually with reference to a particular location of concern);

This is shown in Figure B1.

Figure B1. Suicide prevention plans in London



Key

- No plan available.
- A new prevention strategy is in development.
- Plan available, but no mention of roads or highways.
- Plan available, roads and highways mentioned as a concern.

This version (V.2, 25th October 2017) contains minor typographical and stylistic corrections to the version (V1) released on 19th October. No substantive changes have been made.

Project generously supported by:



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