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SUICIDE PREVENTION ON THE RAILWAY

Elisabet Garcia Rull / School of Prevention and Integral Safety and Security / 30-10-2023

Abstract

Suicide is defined as death caused by harming oneself with the intention of dying. One in 100 deaths is by suicide, according to the WHO. Suicides are recognized as a major public health problem. "More than 700,000 people die by suicide each year. Furthermore, for each suicide there are more than 20 suicide attempts" according to the WHO. Suicides are preventable. Moreover, often occur in railways across Europe causing transportation concerns, as well. Therefore, the prevention of suicides must focus on suicides that occur in railways, and this requires an effort from all private and public organizations and institutions involved. We will apply the guideline of the WHO, experts and the ISO 31000 to create a general prevention guide as a basis to generate safety risk management in this area.

1. Introduction

"Among young people aged 15-29, suicide was the fourth leading cause of death after road traffic injuries, tuberculosis and interpersonal violence. In Catalonia, there has been a decrease in the average age at first episode of suicidal behavior.

According to the WHO, more than twice as many men as women die by suicide.

For decades, suicide was silenced by institutions and the media. Today, however, suicide is recognised as a **public and global health problem**. Most importantly, the WHO and experts recognise that these deaths are preventable.

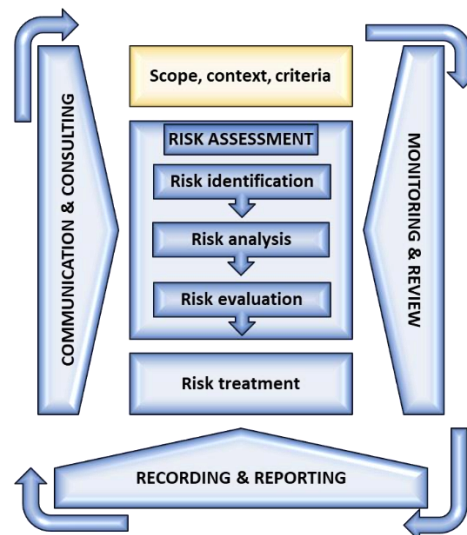
Many suicide attempts and effective suicides take place on railways throughout Europe and the world. Despite this, there is a great lack of data on suicide attempts in Spanish railways and there are no statistics at all.



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Case



The causes of suicide are many and often related to mental health problems, but remain unclear. The risk factors are classified in systemic and social, community, relational factors and individuals.

Risk factors include mental disorders, especially depression; personality disorders; addictive behaviours; exposure to family violence, including physical or sexual abuse; social dislocation or loneliness; recent release from prison or jail; stressful life events and chronic pain; direct or indirect exposure to the suicidal behaviour of others; and previous suicide attempts.

Nowadays suicide continued to be socially stigmatized. The number of suicides on the railways is unclear due to lack of statistics, but it does exist.

The consequences are multiple and very varied:

- The loss of a person
- Serious injuries in the attempt
- The suicide leaves the loved ones of the suicide victim with a difficult grief.
- Trauma to those who witness the event and all those who are directly or indirectly involved in a suicide can suffer trauma: from the train driver to the dispatcher and the staff involved in maintenance and cleaning after the event.

Economically, suicides are also negative for the state: the dead person doesn't work anymore; the costs of burial and funeral can be covered by the state; possible liability of public authorities; those close to the suicide may need medical help and leave from work; if the person was the breadwinner, the state will also have to offer economic help to the family, such as orphan's pensions; the workers involved may also suffer and need medical help and even leave from work.



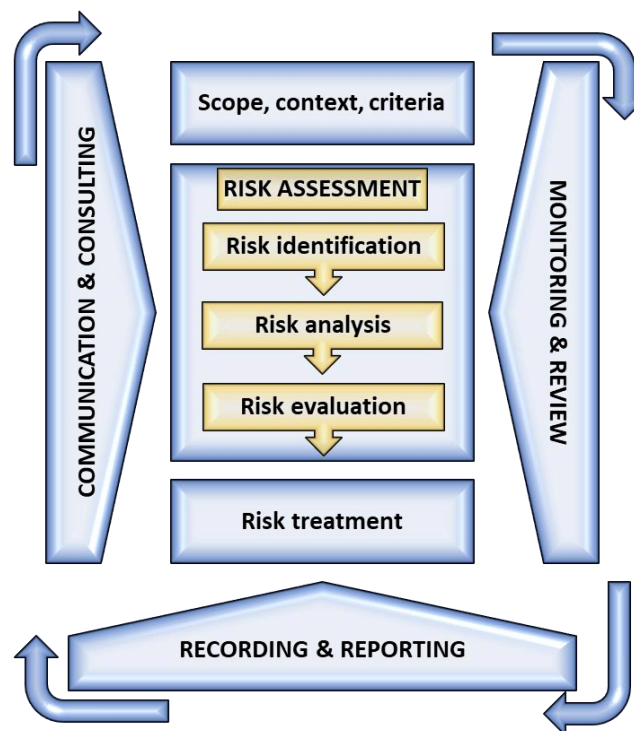
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When the suicide is committed on the railways, it produces delays and some workers may need psychological support, leaves, and even change jobs after such events.

It is therefore a must to prevent suicides, both for human rights reasons relating to life and health, and for economic reasons.

2. Best practices



The cross-cutting foundation of the WHO are situation analysis, multisectoral collaboration, awareness raising, capacity building, financing and, as well, surveillance, monitoring and evaluation.

RISK ASSESSMENT

Risk assessment table:

- Operational director of the organization
- Future responsible for the security on Suicides Prevention of the organization
- Media responsible of the organization
- Train driver representative



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- Train dispatcher representative
- Lived experienced people
- Specialist psychologist
- Specialist psychiatrist

The views of people with lived experience people, also called survivors or suicide loss survivors, will be heard, and valued to design the prevention plan.

Risk analysis, evaluation, and treatment:

The impossibility of access to the means of suicide decreases the suicides.

IDENTIFY THE RISK

Risk assessment includes to identify the risk:

From a psychosocial approach:

- Where a person is more likely to commit suicide
- Who is more likely to commit suicide to find out about the "who", whether there are more men than women, whether there is an age pattern,
- Whether the suicidal person has been under the influence of drugs
- Whether there have been previous suicide attempts.
- When it is more likely to happen, whether there are certain months/dates of the year with more suicides
- To identify the previous behavior of people who are about to commit suicide and whether they can be divided into 2 groups: those who go straight to the point of action and those who spend time and hesitate before the attempt.

From a technical approach:

- Where suicides and suicide attempts occur: to identify where the suicides and attempted suicides have been occurring and where there is a high likelihood of it happening. It will be very different for the metro than for the trains. The risk control is to identify which are the black points such as stations near hospitals, and the places where a person can commit suicide and where the investigation will come from. Records
- By observing the places where a person can commit suicide. New technologies such as drones can be very useful.

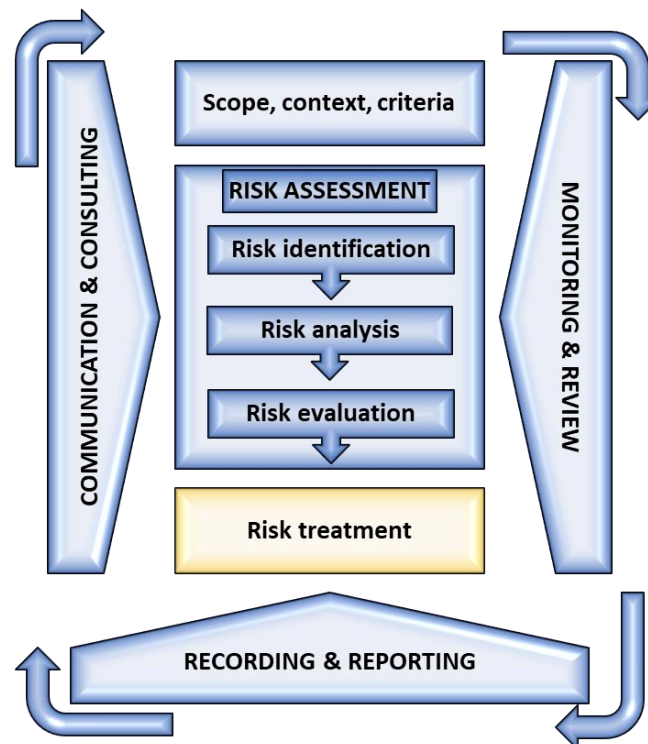
The organization will gather the information from the table participants, their data records and video-surveillance working jointly with public authorities. There will be a system to guarantee the anonymous identity of the people who have committed suicide.



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Base: as suicides happens during a crisis, so if when the person who is about to commit suicide finds it impossible or difficult it is more likely to renounce to attempt suicide. Often, the person is under drugs and alcohol effects, so the effects and the crisis may dissipate.



TECHNICAL APPROACH PREVENTION:

A. DISCOURAGING TRESPASSING

- There should be adequate lighting, decoration and spaces with music and social activity in all stations
- Use of lightening to dissuade entry to the track.
- Removing hiding places so the train drivers have a clear view from great distance and can reduce speed or stop

B. PREVENTING SUICIDE IMPACTS

Means of preventing access to the tracks

- Physical barrier: once these have been analyzed, the organisation needs to consider whether there are physical barriers to prevent the person from attempting suicide or



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methods to minimize the risk. If there are physical barriers, are they effective? If not, are these places easily accessible to the citizens? If it is possible to add/improve the physical barriers, the organisation will do so. If this is not possible, for example because the area is too large, the organisation will need to prevent access by other means, such as:

- b) Partial physical barriers as a minimum must be installed in all stations on railway lines that have high-speed trains passing by
- c) Vegetation
- d) People detectors
- e) Monitoring track trespassing

C. PREVENTING SUICIDE INJURIES

- a) By installing anti suicide pits in the new train stations and, according to the budget, to install in those stations where more suicides and accidents occur

PSYCHOSOCIAL APPROACH.

A. TARGETED PREVENTION: TOWARDS THE PERSON WHO WANTS TO COMMIT SUICIDE

This type of prevention will be carried out by the public health system, following WHO guidelines.

- However, the organisation will provide signs with the Suicide and Crisis Lifeline and phrases of hope, in coordination with the regional health department.
- There will be specific active awareness campaign during the months/dates with the highest rate of suicides.
- A previous suicide attempt is a risk factor. Therefore, the health services will carry out appropriate health monitoring of a person who has attempted suicide during the 5 years following the attempt.

B. PREVENTION FROM A THIRD PERSON

- a) By the staff

The organisation shall train its whole staff who come into contact with passengers to recognise a life crisis and to contact the emergency services if they recognise a vulnerable person who is under distress and may be contemplating suicide.

The organisation will train and have staff specialised in recognising life crises and providing comfort until the emergency services arrive. The training will include people with lived experience people.

- b) By the relatives and friends

The organization will facilitate a telephone number or e-mail so relatives and friends of passengers who often go by that transport can communicate that someone may commit suicide.



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c) By passengers and citizens

Both passengers and other citizens can help prevent suicide. The Suicide and Crisis Life Line (in Spain number 024, created on 2022) will also be useful for anyone to inform in relation to a person who is about to attempt suicide and receive an immediate and prompt response and the passengers/citizens will also be able to inform any worker who will:

- 1- Immediately contact the emergency services,
- 2- Immediately contact the internal suicide prevention hotline
- 3- Activate private security if necessary to protect the person

The organisation will also provide a safety button to stop the train if someone is already on the track. The button can be pressed by anyone.

MEDIA COMMUNICATION

The Ministry of Health and the Ministry of Transport will communicate the number of suicides and attempted suicides occurred in rails in a coordinated manner in a public act every year, reporting them as a public health issue, including helpful resources and messages of hope and recovery.

The communication of each suicide will follow the responsible guidelines on reporting suicides.

Financing: the prevention plan will need to be well funded, with the various budgets established

In each train/underground station there will be a suicide prevention officer who will be specially trained and will have maximum responsibility for implementing and monitoring the protocol.

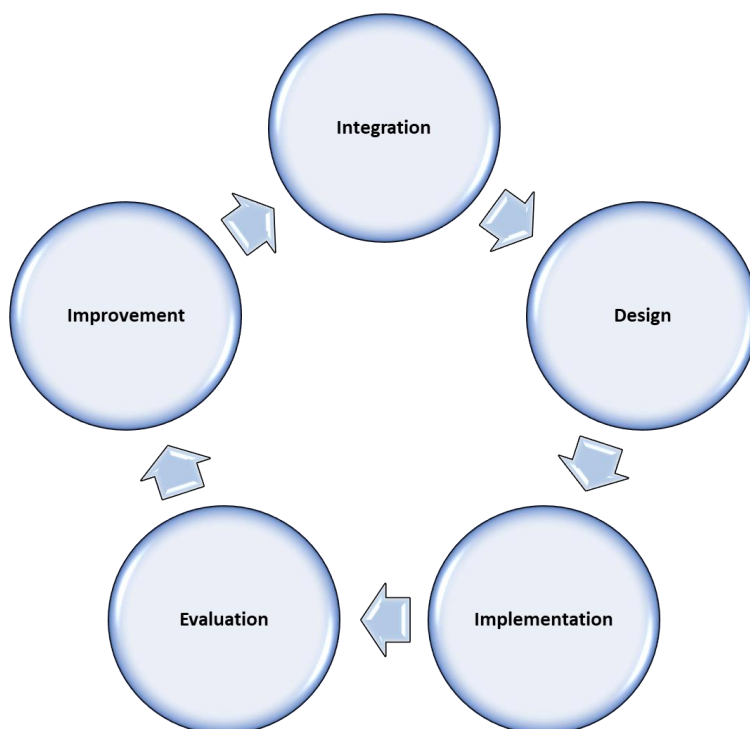
The effectiveness of the risk management process requires full coordination between health and transport departments/ministries.

Finally, the effectiveness of the risk management process will be continuously monitored and the prevention plan will be reviewed.



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[IN CRISIS OR CONCERNED BY SOMEONE? ASK FOR HELP TO THE TELEPHONE OF YOUR COUNTRY OR CALL 112 Do not hesitate, every life is important, suicide is preventable and has a devastating impact on the loved ones]



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