

A Critical Review of the Methodology Employed to Restrict Access to Places of Height that may be Used to Commit Suicide in Lincolnshire

Introduction

This study aims to provide a critical review of the methodology currently being used to 'remove the means to allow an individual to take their own life from both a frequently used location and a place of height within the County of Lincolnshire. An understanding of the motivation behind suicides and attempted suicides will be integral to understanding the most effective physical measures and processes that can be employed both at places of height and frequently used locations, (often referred to as 'suicide hotspots', the term 'frequently used places' will be used as far as possible in this study). An intrinsic element of this study will be an analysis of existing literature, key stake holders and partners who may invest in the physicality of sites, the design and structure together with the management of those facilities and the operational structures and measures that may influence accessibility. A background introduction will provide the context of suicide in the UK with reference to relevant global issues together with an examination of underreporting and miss-reporting of suicides at both a national and global issue. The social and economic impact will be considered together with an understanding of what a 'restriction to the means' might include in terms of physical barriers and their effectiveness together with an analysis of the impact of substitution of methods to take life. Reference to the principle of cognitive availability, what that means and why such understanding may help design, develop and implement measures at places of height will be examined.

Background

The most recent statistics from the Samaritans Statistical Report in 2015

indicates that 6,708 Suicides were recorded in the United Kingdom (UK) and the Republic of Ireland in 2013, with 6,233 suicides in the UK. Under-reporting and miss-reporting remains a difficulty and a challenge to analysing and comparing statistics nationally and globally (Samaritans Statistics Report 2015).

Specifically Jumping from height accounts for 3% of completed suicides with a high fatality rate of over 50% a lifetime cost of completed and attempted suicides are estimated at £176 million per year (Knapp 2011). Within the County of Lincolnshire during 2014 there were 67 recorded deaths which can be attributed to suicide as determined by the Lincolnshire County Coroner (Lincolnshire County Council 2015). Overall rates during this period are considered to be stable and include variations by districts, rates of death from places of height are low. However, the impact of suicides and attempted suicides can be significant in terms of witness impact and to those involved (Chen 2016). Suicides from height often take place in public places and therefore the impact and trauma may be imposed on multiple witnesses and there is a likelihood of significant media interest and the consequently risk of that site becoming an iconic site (Mann et al 2005).

Removing the Means to Access.

Often disruption, demand management and economic impact can be considerable and may involve the closure of areas or facilities. There are several known 'jump sites' within Lincolnshire that include Multi-storey car parks and iconic places of worship, defensive measures at these sites vary and include retro-fitted barriers, signage and innovative operational systems and in some cases none of these measures. Cost may often be given as the reason for the lack of precautionary measures although as Ronald Clarke suggests early opposition can be due to perceptions of unsightliness of barriers and netting at what are often iconic locations (Clarke and Lester 2013). Many varied

measures can be employed such as netting, telephone hotlines and signage (the installation of telephones with a direct link to a charitable organisation such as the Samaritans in isolated car- parks in the New Forest area of the UK, together with signage following an increase in car-exhaust related suicides followed by a three-year evaluation which showed a reduction in such suicides (Draper 2017) and specific design features such as the adaption of vehicle exhaust pipes to make it difficult if not impossible to connect with hose attachments, some measures can be as simple as fitting restraining devices on upper storey windows (Chen 2016) that reduce the opportunity of access and what Beautrais describes as 'muted media reporting', (Beautrais 2007) the significance of this 2007 paper should not be lost against the growth and use of social media which can be beneficial but may provide an adverse insight into methods and suicide trends. In a Parliamentary debate in the House of Commons in July of 2015 the member for Bridgend Mrs Madeline Moon stated that "Police officers are estimated to spend 40% of their time dealing with mental health problems, including suicide" (Hansard 2015).

Whilst there is a close correlation between mental health issues and suicide the percentage of suicides and suicidal attempts that can be attributed to mental health associated issues are not clear. Whilst the characteristics and profile of those who jump from height vary there are a number of studies that indicate that many of those who do jump from height as opposed to any another method suffer from mental illness particularly schizophrenia and severe depression, (Beautrais 2001; Chen et al 2009). However, Mrs Madeleine Moon MP highlighted the issues and difficulties faced by police negotiators in the following quote,

"The frustration of those officers is great when, having spent hours talking someone down and taking them to A and E, they are told

that there is no help because the person does not have an identifiable mental illness, but is depressed or anxious, or has a personality disorder or learning difficulty” (Hansard 2015).

The relationship to and benefit of strategic influence through Building Regulations and Local Authority Planning Departments that consider the planned locations of hospitals, refuges and care facilities for those who may suffer from these ranges of mental health conditions should be a critical consideration. (Beautrais 2001). The emotional and devastating impact of a suicide to families and witnesses is not in question but there is a significant economic cost resulting from both a suicide attempt and an actual suicide, the closure of main roadways, shopping facilities, critical rail lines and police resource management provide a tangible economic cost together with the ongoing legal processes such as a coroner’s investigation can take the estimated costs to around a million pounds (Hansard 2015). Mcdaid’s review of the economic cost of suicide in Birmingham and Solihull puts the cost at £1.7 million as a national figure with £539,000,000 as a collective cost for that demographic area over a three-year period (Mcdaid 2011), the Samaritans place the figure at £61,000 per year per suicide at a rate of 200 suicides, each year (Samaritans 2006).

Underreporting and Miss-reporting of Suicides

The underreporting and miss-reporting of suicides may have an element of subjectivity through the process to concluding comments by a Coroner in the UK. There are differences in male and female methodologies in terms of ending a life, males tending to use a more final and definitive method as opposed to those methods used by females (Samaritans Statistical Report 2015). An individual Coroner may set higher standards of proof not considering that the evidence presented is sufficient to confirm that death was caused by suicide and therefore, the cause ‘beyond doubt’. There are often social and cultural

pressures associated with a perception of social and community stigma aligned to a judgement of 'death by suicide' verdicts although in the UK Coroners can provide a more narrative account or opinion of the cause of death but this is countered by the Office for National Statistics who are required to provide a definitive cause that is within their system of coding, therefore the death would not be recorded as a suicide. The ONS have argued that this system has not contributed to any significant difference in the statistics. (Samaritans Statistical Report 2015). An important issue raised by Beautrais which will be discussed later in this work is that of displacement in that the person attempting the suicide attempt simply moves to another location and possibly another method of suicide, Beautrais quotes Hawton which is worth quoting in full,

"In addition, studies that have explored subsequent suicidal behaviour among persons who have survived near fatal suicide attempts have found that most of those who survive near fatal suicide attempts do not go on to make further attempts by the same or alternative method" (Hawton 2007).

The limiting of access to the location and place of height as an element of the 'means' and restriction of lethal suicide means at frequently used places has been used to buy time that allows for both physical and cognitive intervention and for a suicidal impulse to pass (Gunnell 2005). Azarel suggests that means restriction is now commonly seen as a vital component of an effective national strategy for reducing suicide rates and quotes the United States 2012 National Suicide Strategy for Suicide Prevention as being a "proven strategy for decreasing Suicide rates" (Office of the Surgeon General 2012). Restrictions by physical and administrative means at sites has been shown as the most effective 'evidence based method' of suicide prevention at places of height (Goldney 2008: Pelletier 2007: Bennewith 2007). The Conservative member for Pendle, Andrew Stephenson

highlighted and raised the issues of barriers at places of height during a debate on suicide prevention in the House of Commons,

“In January, suicide proof fencing was installed at a multi-storey car park in Nelson in my constituency, from which eight people have died in the past ten years and a further eighteen people have been talked down by police, yet it still took the car park owners years to act” (Hansard 2013).

Whilst jumping from a place of height is one of the less common methods in the UK, due to the limited (by comparison to countries such as Hong-Kong and Singapore) it still remains a method of choice for some individuals.

(Beautrais 2007; Pounder 1985). Fatality is often common when suicide is from a place of height although an analysis of fifty-three suicide attempts in the New York District of Harlem in 1963 recorded that over a two-year period 90 individuals survived falls of 100 – 900 feet although suffering the results of extreme deceleration trauma (falling from height) (Lewis et al 1965).

Beautrais (2007) in a journal article that appeared in 'Crisis' makes the link to an “effective, relatively simple approach to suicide prevention” (Beautrais 2007) and further cites the large and emerging body of literature that has examined how methodology and physical means at places of height can reduce suicides at that specific location and suggests that this approach is undervalued. Chen highlights four key elements that is suggestive of the benefits of these interventions; that suicidal impulse in many cases to be short lived (Daigle 2005), the impulse is indicative of using the easiest and available method of choice, secondly evidence suggest that making a lethal method unavailable (Cognitive Availability) will reduce suicides, thirdly that 90% of survivors do not go onto commit suicide at a later time. (O'Carroll and Metcalfe; Gunnell et al 2014).

Method Substitution

The concept of 'method substitution' is a critical element of designing and planning out the readily available means for an individual to take his or her life. Dr John Draper the director of the United States based 'National Suicide Prevention Lifeline' cites research undertaken in Switzerland by Reisch, Shuster and Michel in 2007 that indicates that 62% would not choose another place to jump from and concluded that, 'method substitution' is not likely to be significant. (Draper 2017) The research and outcome of the implementation of a suicide net at the Bern Munster Terrace in Switzerland was quite definitive in its conclusion having moved from a suicide by jumping rate of 28.6% in 1998 it was found that after installation of the suicide nets was significantly lower. It was also, established that there had not been any movement to other sites the area. (Reisch and Michel 2005) Daigle (2005) also notes that the issue of displacement is not supported by all and (O'Carroll 1994; Lester: 1993; Berman et al 1994) who questions the methodology of previous studies suggesting they were not controlled studies, arguing that only interrupted time series analysis would provide the right answer about displacement and feels that overall and otherwise specific trends in suicide rates show if real changes appear (Daigle 2005).

Cognitive Availability

The general effectiveness in restricting access to the means to commit or attempt to commit suicide can be viewed as a general principle as much as a physical measure and perhaps one of the best examples is the reduction of the Carbon Monoxide content of domestic gas. In the 1970s this was a single preventive action albeit over a staged period of years that was based on demographic areas that virtually stopped instances of suicide by gassing (usually by means of a domestic oven) (Kreitman 1976).

The final element is that individuals have a preferred method of choice and may select and prefer a place of selected on that basis. (De Moor and Robertson 1999; Chen, 2016). Method restriction is therefore an important consideration (Azarel, D and Miller, J 2016) and is prevalent and consistent throughout much of the current literature, (Chen et al 2016) discusses four elements that contribute to an overall strategy to reduce suicide and underpin an understanding of the cognitive causation or mental process that a potential suicide victim may go through and forms part of the suicidal process (Daigle 2005). Suicide is generally an impulsive act and the individual will choose the most readily available and easily accessible method at that moment in time without substitution, designing out that method may often buy the negotiator valuable minutes and allow an opportunity to talk the person out of the act and signpost or allow the help or treatment that may be needed. Secondly removing a lethal method may in itself reduce levels of suicide as the alternative method or other available option, might be a less lethal option and consequently may not result in death. Thirdly as much of the literature suggests where there has been an unsuccessful attempt rarely will the individual go onto make another attempt, in these cases the moment has passed (Carroll and Metcalfe; Gunnell 2014). The final element considers the individual preference of choice in method and location for their suicide making the restriction of access critical to preventing this method of suicide (De Moore and Robertson 1999).

Role of the Media and Social Networking

Concern regarding the potential replication or 'copy-cat' suicides related to the media reporting of suicides at frequently used places is relatively limited, a 2011 study of newspaper coverage of incidents at the Clifton Suspension bridge in the UK concluded that media reports in that area did not instigate further suicides although reports often did include suicide methods and exact location on the

Bridge (Hamilton et al 2011). However other research has suggested that media reporting of suicides can instigate an increase in suicides and attempted suicides (Pirkis and Blood 2001) and equally where detailed information regarding the methodology employed is given this is reported to encourage replication of method (Sonneck; Etzendorfer; Nagel-Kuess 1994; Yip 2005). Commonly the more 'spectacular' incident that may involve jumping from a well-known or iconic location is far more likely to attract media attention and the importance of responsible reporting or general media coverage reflects the powerful role that reporting can play in influencing patterns or trends of behaviour, Pirkis and Bloods 2010 critical review of 'Suicide and the News Information Media' concluded that whilst the medias role is important in raising issues of public concern from a health perspective their findings indicated that reporting of suicides and attempted suicides should be undertaken responsibly and "balanced against the public's' right to know' in order to reduce the potential harm confirmed by the evidence" (Pirkis and Blood 2010). This juxtaposition between a balance of the freedom of the press has in some places resulted in co-operation with the media in terms of responsible reporting of suicides, an effective example from comes from Vienna where such reporting co-operation resulted in a 70% reduction in suicides on the subway system, this was specifically, evident within localised regions and suggested not just responsible reporting but a contribution towards reduced suicide rates (Goldney 2017).

Conclusion

This study has reviewed a range of available literature relating to 'removing the means to commit suicide from a place at height from a frequently used location, sometimes referred to as a 'suicide hotspot' (Owens et al 2009). An understanding of the causation and motivation behind the act of suicide from a place of height is given through a review of selected literature

(predominantly journal articles and organisational reports). A brief contextual overview of suicides and attempted suicides in the UK and globally has been provided. The literature supports the merit of defensive measures to restrict the means to access at places of height as a successful measure (Draper 2017) but management and systems (Goldney 2008; Pelletier 2007 and Bennewith 2007) at locations and areas will in many cases be effective. The financial cost of suicide is a reality and can act as a persuasive driver to encourage authorities to take appropriate action where possible but whilst placing barriers and netting on the Golden Gate Bridge cost of \$76 million despite the first considerations for defensive measures having been considered in the 1950s (Draper 2008). Drawing on data and evidence as being critical in establishing causation, miss-reporting and underreporting has been argued to diminish the quality of the statistics and not provide accurate data (Samaritans Statistical Report 2015). The media reporting of suicides is discussed, highlighting the risks of potentially harmful information being placed in the public domain (Sonneck; Etzendorfer; Nagel-Kuess 1994; Yip 2005), the emergence of social media and the internet is considered as an emerging issue (Pirkis and Blood 2001).

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