Risk factors for railway suicide and countermeasures to reduce the prevalence of railway suicide

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Context

- Contract awarded in 2008 by Transport Canada
- Project began in 2009 as a suicide prevention project
- Modification to include all fatalities 2010
- Modification to include study of the impact of fatalities 2009
- Steering Committee involving all major stakeholders (Railways: CN, CP, VIA, Go-Transit, Railway AC, Teamsters, Transport Canada)
  - Plus participation of U.S. Federal Railway Association and Volpe Center
## Overview of the project

<table>
<thead>
<tr>
<th>Period</th>
<th>Phase</th>
<th>Objectives</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009-2010</td>
<td>2</td>
<td>Analysis of the impact of suicides on train crew members</td>
<td>Interview study and qualitative analysis of the impact of railway fatalities Recommendations for support to employees (report Phase 2)</td>
</tr>
<tr>
<td>2010-2011</td>
<td>3a</td>
<td>Literature review on railway suicide preventive measures</td>
<td>Review of preventive strategies around the world and their effectiveness (report Phase 3a)</td>
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<tr>
<td>2010-2011</td>
<td>3b</td>
<td>Literature review of measures to reduce the impact of fatalities on train crew members</td>
<td>Review and evaluation of strategies and treatments implemented throughout the world to reduce the impact of fatalities and critical incidents on crew members (Report Phase 3b)</td>
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<tr>
<td>2011</td>
<td>4</td>
<td>Development of proposals for intervention for the Canadian railway network</td>
<td>Identification of 3 potentially effective strategies to reduce railway suicide and 2 strategies to reduce the impact of fatalities on crew members (report Phase 4)</td>
</tr>
<tr>
<td>2012-2014</td>
<td>5</td>
<td>Knowledge application strategy</td>
<td>Develop and implement a comprehensive knowledge application strategy to promote the new information gathered with stakeholders and help the industry and its partners implement suicide prevention strategies. Seek funding for pilot programmes.</td>
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</tbody>
</table>
Detailed analysis of all railway suicides over 10 years in Canada

Phase 1
Objectives

- Describe the situation of railway suicides in Canada
- Identify potential specificities that can be targeted by prevention

Sample

<table>
<thead>
<tr>
<th>Study sample</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accident</td>
<td>460</td>
<td>40.6</td>
</tr>
<tr>
<td>Suicide</td>
<td>428</td>
<td>37.7</td>
</tr>
<tr>
<td>Undetermined</td>
<td>81</td>
<td>7.1</td>
</tr>
<tr>
<td>Missing information</td>
<td>160</td>
<td>14.1</td>
</tr>
<tr>
<td>Sample</td>
<td>1129</td>
<td>99.5</td>
</tr>
<tr>
<td>Murder</td>
<td>4</td>
<td>0.4</td>
</tr>
<tr>
<td>Natural</td>
<td>1</td>
<td>0.1</td>
</tr>
<tr>
<td>Grand total</td>
<td>1134</td>
<td>100.00</td>
</tr>
</tbody>
</table>
### Brief overview of the characteristics of railway suicides and accidents in Canada

<table>
<thead>
<tr>
<th>Suicides (428)</th>
<th>Accidents (460)</th>
</tr>
</thead>
<tbody>
<tr>
<td>+70% men</td>
<td>+70% men</td>
</tr>
<tr>
<td>46% have used substances in the hours preceding their suicide</td>
<td>73% have used substances in the hours before their accident</td>
</tr>
<tr>
<td>22% were under psychiatric care</td>
<td>More frequent at crossings and in rural settings</td>
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<tr>
<td>More frequent on tracks and rare in stations</td>
<td>Freight trains</td>
</tr>
<tr>
<td>Passenger trains</td>
<td>Good visibility</td>
</tr>
<tr>
<td>Good visibility</td>
<td></td>
</tr>
</tbody>
</table>
  - But more often when gloomy overcast weather                                                |
| People lived less than 1 km away or more than 40 km away                                                                                        |  
  - More frequent at night and before 5 AM                                                     |
|                                                                                                                                                |  
  - Fatigue                                                                                      |
|                                                                                                                                                | People lived less than 1 km away or more than 40 km away                                        |
Conclusions on accident victims

- Since older adults (>60) and children are more likely to be accident victims, they could be specific target populations for prevention activities.

- In the case of accidents, a portrait of impairment in victims is common:
  - impaired judgement or
  - inability to get out of the way
    - children
    - older persons
  - alcohol and substance abuse
  - risk taking
  - late at night or early morning with possible fatigue
  - recent conflicts or problems that may preoccupy victims

- This suggests that more intense warnings to compensate for impairments may be warranted. (Why doesn’t someone pay attention to this important finding?)
Conclusions on suicide victims

- There are no suicide hotspots on the Canadian railway network.

- As found in England, a significant number of suicides were near psychiatric facilities and 35% of suicide clusters were within 2 miles of a psychiatric facility.

- This suggests the possibility of targeting psychiatric institutions near accessible railway tracks with prevention activities.
Literature review on railway suicide preventive measures and Development of proposals for interventions to prevent suicide on the Canadian railway network

Phases 3a and 4
Prevention of railway suicide

- Review: Several strategies have been implemented in different countries

  - With no proof of effectiveness
    - Charging families for clean-up
    - Public education on safety
    - Changing desirability of train as a method of suicide
    - Blue Lighting

  - With minimal proof of effectiveness
    - Television surveillance
    - Gatekeepers in stations
    - Signs
    - Media education

  - Promising (several studies have shown an effect)
    - Limiting access to tracks
    - Phones and signs (effective with bridges and parking areas)
    - Suicide pits (raised rails) in stations
    - Preventive education in mental health facilities near tracks (not directly tested on rail suicides, but can prevent suicides in general)

A railway suicide prevention strategy should be local and combine several activities.
Proposals for pilot testing of railway suicide prevention adapted to the canadian context

1. Telephones & signs (expensive, need additional funds)
   1b. Signs only (much less expensive and potential partners, less probable impact)

2. Training for mental health institutions (less expensive, but need addition funds)
1. Telephones and Signs

- **Objectives**
  - Offer access to help to people approaching tracks with suicidal intent

- **Material**
  - Metallic signs advertising resources and pointing to telephones
  - Option 1: Use 270 existing booths located less than 500m from tracks + implement 150 dedicated booths
  - Option 2: Implement 420 dedicated telephone booths
  - Install 2 signs per booth
  - Territory covered: 630Km of tracks
Implementation
- Establish collaboration with industrial partners (signs, phones) and municipalities
- Install phonebooths and signs
- Develop a collaboration with crisis centers who will take the calls

Evaluation
- Implementation and maintenance of equipment (telephones and signage)
- Effects (on the use of helplines and other support services and on railway suicides)

Projection of costs over 4 years
- Mixed telephones (existing + dedicated)
  - 1 800 000$
- Dedicated telephones only
  - 3 100 000$
- Evaluation of the project (implantation + effect)
  - 400 000$
### Overall assessment of feasibility (telephones and signs)

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<tr>
<th></th>
<th>Advantages</th>
<th>Difficulties</th>
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</table>
| **Technical feasibility** | Public telephone and signage **technologies are well established** throughout all concerned provinces | The **maintenance** of telephones equipment might be a challenge  
Vandalism on telephones and signs may be an issue that would reduce access to help. It may also be a problem for the telephone service provider who might be reluctant to be associated with a suicide prevention project if a suicidal person died after trying to use a damaged telephone to call for help  
Public telephones are currently being **withdrawn** everywhere. Therefore, the use of existing telephones to implement a direct line may prove ineffective |
| **Financial feasibility**           | Public telephone companies seem **willing to help** share costs of installing dedicated telephones through their community involvement programmes | The **costs** are very high and maintenance costs very difficult to anticipate  
It is financially not possible to install telephones in more remote rural areas. |
| **Potential to prevent railway suicides** | **Direct and easy access to help** has proved to be a good means to prevent suicide attempts, when distressed persons in proximity to a means to kill themselves. By placing telephones in strategic places along the tracks, it is possible to increase help seeking behaviour and reduce the number of attempts | It is **not possible to install telephones at every access point** to tracks, therefore, the effect will necessarily be limited, especially outside of urban areas. |
| **Potential effects in other areas** | The signs and telephones may **increase overall public access to a helpline**, not just potential rail suicide victims. This may increase help seeking by distressed people in general and reduce global rates of suicides and suicide attempts by other means than train |  |
1b. Signs Only (pointing to existing telephones when they exist)

- Much less expensive
- Can cut even more on costs by using existing poles, plastic signs, etc.
- Potential for other financing
- Lower potential for having a significant and measurable impact on railway suicides
- Public telephones are being withdrawn everywhere.
2. Training programme for mental health services

- **Objectives:**
  - Improve the ability of professionals to identify at risk patients
  - Improve the ability of professionals to evaluate suicide risk
  - Increase the awareness of professionals about the proximity to tracks and its possible impacts on their patients

- **Material**
  - Training manual
  - Posters and leaflets for services
  - Annual training refresher courses

- **140 mental health organisations**
Implementation

- **Implementation**
  - Establish collaboration with local suicide prevention centres and services
  - Develop training content and format
  - Contact mental health services
  - Offer and deliver training
  - Insure follow-ups post training

- **Evaluation**
  - Implementation of training sessions and appreciation
  - Use of the provided tools and techniques
  - Identification of at risk persons after training
  - Impact in preventing rail suicides by their clients
  - Effect on the number of railway suicides

- **Projection of costs over 4 years**
  - Development and delivery of training
    - 200 000$
  - Evaluation of training (implementation and effects)
    - 450 000$
## Overall assessment of feasibility (training programme)

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<th>Difficulties</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Technical feasibility</strong></td>
<td>This project does not involve any specific technical equipment or ability that the research team does not already possess</td>
<td>It will be difficult to monitor the number of cases of railway suicide risk that will be identified by trained staff. Monitoring in such contexts is notoriously difficult.</td>
</tr>
<tr>
<td><strong>Financial feasibility</strong></td>
<td>The project has a relatively low cost. Parts of the training could potentially be financed by local mental health governing bodies such as CSSS in Québec.</td>
<td>An unexpected cost may be associated with the relatively high turnover rate that mental health and community services face. More training sessions than expected may have to be conducted.</td>
</tr>
<tr>
<td><strong>Potential to prevent railway suicides</strong></td>
<td>Identifying at risk patients is a well recognised way to improve suicide prevention. The present project also aims at training professionals from psycho-social and community services, increasing the chances of reaching suicidal people who do not seek medical help.</td>
<td>Since not all suicide victims consult a mental health professional prior to their death, a prevention strategy that targets mental health services will not identify of all potentially suicidal people.</td>
</tr>
<tr>
<td><strong>Potential effects in other areas</strong></td>
<td>Training professionals helps renew and maintain their attention to the problem of evaluating suicide risk in patients. This increased awareness will apply to all patients, and should benefit all suicidal persons, whether or not railway suicide is of concern.</td>
<td></td>
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</tbody>
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