



BRITISH
TRANSPORT
POLICE

From Crisis to Care

A strategy for supporting people
in mental health crisis and preventing
suicide on the railway

2016-2019

Part of the BTP Safeguarding Strategy 2015 - 2019



1. Background - the need for effective mental health crisis care and suicide prevention

Serious shortfalls in mental health service provision in the UK and the significant negative consequences this can create for individuals, families and the nation as a whole are well documented. There have been a number of recent initiatives at governmental and organisational levels to address the issues. These have included the drive for 'parity of esteem' between physical and mental health services and the Mental Health Crisis Care Concordats published in England and Wales.

The report from the independent Mental Health Taskforce, published in February 2016^[1] makes some powerful statements about the current state of our mental health services in England and the challenges they face, including:

Mental health problems represent the largest single cause of disability in the UK. The cost to the economy is estimated at £105 billion a year – roughly the cost of the entire NHS.

1, [The Five Year Forward View for Mental Health - A report from the independent Mental Health Taskforce to the NHS in England - February 2016](#)

Three quarters of people with mental health problems receive no support at all. Among those who are helped, too few have access to the full range of interventions recommended by the National Institute for Health and Care Excellence (NICE), including properly prescribed medication and psychological therapy.

Mental health services have been under funded for decades, and too many people have received no help at all, leading to hundreds of thousands of lives put on hold or ruined, and thousands of tragic and unnecessary deaths.

Suicide is rising, after many years of decline. Suicide rates in England have increased steadily in recent years, peaking at 4,882 deaths in 2014.

The rise is most marked amongst middle aged men. Suicide is now the leading cause of death for men aged 15–49. Men are three times more likely than women to take their own lives - they accounted for four out of five suicides in 2013.

A quarter of people who took their own life had been in contact with a health professional, usually their GP, in the last week before they died. Most were in contact within a month before their death.

More than a quarter (28 per cent) of suicides were amongst people who had been in contact with mental health services within 12 months before their death, amounting to almost 14,000 people in the ten years from 2003-2013.

These are just a selection of the many findings of the report, which also makes a number of recommendations for wholesale improvements that will require substantial investment in mental health services over the coming years. These recommendations include specific requirements for improved service responses to mental health crisis and suicide; with the need for multi-agency suicide prevention plans to be in place at a local level by 2017, 24/7 crisis response services in all areas and the achievement of a new 10 per cent reduction target for suicides by 2020/21.

These recommendations have been accepted by NHS England and the Department of Health, who are now working with other relevant authorities on responding and implementation. This work provides us and our partners with a platform on which to build better multi-agency crisis care and suicide prevention activity for the future.

The delivery of preventative care for people who are suffering mental ill health, who are self-harming or suicidal, is the responsibility of health and social care services supported by a range of other agencies and services. However, a primary function of the police service is to protect life. The police will therefore have a role to play in responding to people in crisis and in referring vulnerable people to support services.

The police also have responsibility to support local authorities in their multi-agency work to manage the risk of suicide, by dealing with threats, attempts and completed acts of suicide, and standardising our approach to the recording, management and sharing of data so that communities can be protected. This extends to a responsibility to those in police custody and subject to investigation, as we know certain offending categories carry a greater risk of suicide

From a policing perspective, the need for effective crisis care and suicide prevention is comprised of three main elements:

The legal case

The police have various legal obligations to support those in mental health crisis and to prevent suicide:

- The primary objective of an efficient police force is the **protection of life** and property (defined by the first Commissioners of Police for London in 1829).
- **The duty to protect life**, reinforced by Article 2 of the European Convention of Human Rights (the right to life), and how this extends to people at risk of suicide (Keenan V United kingdom 2001).
- **The duty of care** that might exceptionally arise when the police assume responsibility towards a particular member of the public (Hills v Chief Constable of West Yorkshire [1989]).
- When considering the requirement to keep and analyse data for the prevention of suicide, the Management of Police Information (MOPI) codes of practice stipulates that police data will be recorded, stored and used to **support public protection**.

Statutory safeguarding requirements are also in place across the UK, underpinned by both adult and child safeguarding legislation, which place duties and responsibilities on public authorities to cooperate and protect vulnerable people.

Failure to comply with these duties and responsibilities can lead to a range of sanctions at both individual and organisational level. It can also lead to other consequences such as the loss of public confidence or the issue of a Regulation 28 report by the Coroner (or equivalent provision in Scotland)

The economic case

We have already seen that mental ill health costs the UK economy £105 billion per year. Attempts to quantify the economic and social cost of suicide have been undertaken in both national and international research, and the following are some of the estimates:

Scotland £1,290,000 per case in 2004[2]
England £1,450,000 per case in 2009[3]

Additionally there will be exceptional costs when the suicide has a particular disruptive effect. For example, those occurring on the national railway network incur an average additional operating cost of £198,000 per event which at current rates total £60 million per year[4].

Dealing with the full range of suicidal behaviour and crisis-related incidents places a significant demand on police resources. In 2015/16, we dealt with some 9,381 mental health crisis and suicide-related incidents, and together with its partners, directly prevented 1,269 people from taking their own lives on the railways. These people were removed from a place of danger and in most cases detained under Section 136 of the Mental Health Act 1983 or Section 297 of the Mental Health (Care and Treatment) (Scotland) Act 2003.

Any reduction to the huge cost of suicide, can only be beneficial, both in cutting the personal cost to individuals, their families and friends, and in relieving the financial burden on public services - such as health, social care, the police and rail transport operators.

[2]

[Platt, S et al \(2006\). *Evaluation of the first phase of Choosing Life: The national strategy and action plan to prevent suicide in Scotland: Annex 2 - The Economic Costs of Suicide in Scotland in 2004*. Edinburgh: The Scottish Government](#)

[3]

[Knapp M, McDaid M, Parsonage M \(eds\) \(2011\) *Mental Health Promotion and Mental Illness Prevention: The economic case*. PSSRU, LSE and Political Science](#)

[4] [Source Network Rail:- PfPI costs recorded by Network Rail under the XC code 'Fatalities or injuries caused by being hit by a train](#)

The ethical case _

A mental health crisis and the desire to take one's own life may be a temporary condition, induced (amongst other things) by extreme stress, anxiety, depression or social distress. Research points to known aggravating and protective factors against suicidal thought and in most cases people who have had access to the right help and support are able to recover from such a crisis.

Police officers and staff should consider that suicide is not inevitable and may often be a decision made at times of crisis when normal decision-making is compromised and the person is in fact extremely vulnerable.

Supporting those in mental health crisis and preventing suicide is about helping some of the most vulnerable people in society and also preventing the consequences of suicide. This will include the devastating impact on the bereaved family and friends, and the increased risk to suicide that this creates amongst them.

The police service is committed to protecting vulnerable people and so there should be no distinction between those who are at risk to harm from others, and those who are a risk to themselves.

2. Statement of purpose

A primary function of the police service is to protect life and to this end we will ensure policies, procedures and activity supports this function.

In fulfilling this aim we will comply with the requirements of existing legislation and ensure our local activity complements national strategies to support people in mental health crisis and to prevent suicide in England, Scotland and Wales. We will also make reference to such strategies in place in Northern Ireland and ensure links are maintained for the exchange of information and good practise.

We recognise that the primary delivery of preventative care in relation to mental ill health, self-harm and suicide is the responsibility of our partners in health and social care services, supported by a range of other agencies. We will also seek to support them by developing and standardising our approach to those in mental health crisis and or vulnerable to suicide, and by undertaking other preventative activity with partners in health, social care, policing the rail industry and voluntary sector.

We will also support the key themes of the Mental Health Crisis Care Concordats in place in England and in Wales, which are:

- Access to support before crisis point.
- Urgent and emergency access to crisis care.
- Quality of treatment and care when in crisis.
- Recovery and staying well/preventing future crises.

3. Strategic aims

Our police officers and staff will work with partners to:

- Prevent suicide occurring on Great Britain's railways^[5].
- Support vulnerable people and those in mental health crisis on the railway.
- Effectively manage the impacts of suicide on the railway.

4. Strategic alignment

This strategy is intended to complement and support national and force level strategies, objectives, duties and responsibilities in place across England, Scotland and Wales, including:

- We aim to ensure the 6 million passengers who use the railway system each day get home safe, secure and on time.
- Our strategic objectives 2014-19 are:
 - *20 per cent reduction in crime.*
 - *20 per cent reduction in police-related railway disruption.*
 - *10 per cent increase in passenger and staff confidence.*

^[5] References to railways includes the rail infrastructure of Network Rail and Transport for London and any other rail areas where BTP have jurisdiction

- Our 2016/17 Policing Plan
 - *Work with partners to achieve a reduction in police related lost minutes of at least five per cent.*
 - *Increase the safety of children, young people, vulnerable adults and railway staff by working with other forces and agencies.*
- Our Safeguarding Strategy 2015-2019
- Our National Threat Assessment 2016/17
- Rail Industry Suicide Prevention Duty Holders Group Strategy
- National Suicide Prevention Strategies in England, Scotland, Wales and Northern Ireland
- 5 year forward view for mental health – Mental Health Task Force - reduce suicide by 10 per cent by 2020/21
- Statutory safeguarding
- Mental Health Crisis Care Concordat National Action Plans in England and Wales

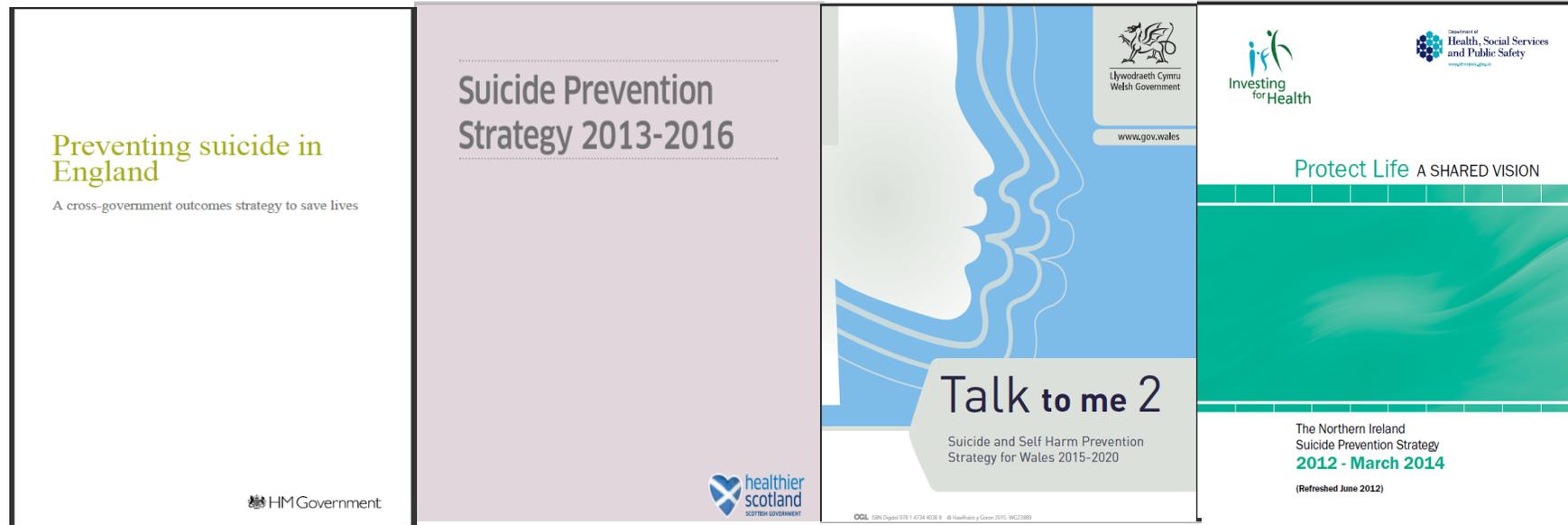
5. Delivery through collaboration

This strategy will be delivered through an action plan aligned to the key elements of the national suicide prevention strategies in place in England, Wales, Scotland and Northern Ireland.

A common thread running throughout this plan is the need to maintain effective partnerships and relationships at national and local level with a range of organisations and groups such as:

- Rail industry partnership, including Network Rail, Train and Freight Operators, Association of Train Operating Companies, Rail Delivery Group, Rail Safety and Standards Board, London Underground and Transport for London.
- Third sector organisations, such as Samaritans, MIND, CALM, Papyrus, If U Care Share, SOBS, CRUSE and others.
- National Health Service in England, Scotland, Wales and Northern Ireland.
- Local authorities and Public Health in England, Scotland, Wales and Northern Ireland.
- National Police Chiefs' Council, Police Scotland and the Police Service of Northern Ireland.
- College of Policing.
- All Party Parliamentary Group on Suicide and Self Harm Prevention.
- National Suicide Prevention Strategy Advisory group for England.
- National Crime Agency (NCA).
- Academic institutes and research bodies.
- National Suicide Prevention Alliance and the Alliance of Suicide Prevention Charities.
- National Mental Health Crisis Care Concordat in England and in Wales.

National Strategies and BTP Action Plan



Key themes

1. Data and analysis
2. Upstream prevention
3. Restricting access to means
4. Safeguarding and crisis care
5. Managing the consequences
6. Tackling suicide contagion
7. Enabling and education

1. Data and analysis

National strategy ref.	BTP action	BTP support
<p>England A6. Support research, data collection and monitoring</p> <p>Scotland D. Developing the evidence base</p> <p>Wales O6. Continue to promote and support learning, information and monitoring systems and research to improve our understanding of suicide and self harm in Wales and guide action</p>	<p>Capture relevant data and analyse it to understand the vulnerability of people, places and times.</p> <p>Provide regular internal and external reporting.</p> <p>Create a data hub to provide regular data sharing with Mental Health Crisis Care Concordat Groups, local authorities, Public Health and National Health.</p>	<p>Support and learn from academic research and development.</p>

2. Upstream prevention

National strategy ref.	BTP action	BTP support
<p>England A1. Reduce the risk of suicide in key high risk groups A2. Tailor approaches to improve mental health in specific groups</p> <p>Wales O2. To deliver appropriate responses to personal crises, early intervention and management of suicide and self harm</p> <p>Northern Ireland O3. Enhanced focus on self-harm prevention and response services O6. Enhanced outreach services for males at risk of suicide in deprived areas LO. Enhanced focus on the needs of older people LO. Enhanced focus on the needs of rural communities</p>	<p>Work with local partners as a signatory to the Mental Health Crisis Care Concordats in England and Wales.</p> <p>Work with local authorities to contribute to and support local Suicide Prevention Plans.</p> <p>Identify and provide support to high risk groups.</p> <p>Promote the use of our Suicide Prevention Hotline to highlight suicide risk.</p>	<p>Promote effective primary care for depression, anxiety and personality disorders.</p> <p>Support local Zero Suicide schemes.</p> <p>Support the promotion of positive mental health messages and campaigns and provide contact numbers for support services.</p>

3. Restricting access to means

National strategy ref.	BTP action	BTP support
<p>England A3. Reduce access to the means of suicide</p> <p>Wales O5. Restrict access to the means of suicide</p> <p>Northern Ireland LO. Further restrict access to means of suicide</p>	<p>Provide post-event site visits to advise on preventative location-based options.</p> <p>Work with the rail industry to identify national priority locations for suicide prevention engineering and community outreach activity.</p> <p>Conduct intelligence-led deployments based on the analysis of people, places and times.</p>	<p>Encourage the target hardening of the most vulnerable parts of the railway and engineering solutions for new builds to 'design out' access to means.</p> <p>With local partners, exploit learning in recent Public Health England guidance to prevent suicide hotspots.</p> <p>Work with partners to exploit technology that may reduce access to and lethality of means.</p>

4. Safeguarding and crisis care

National strategy ref.	BTP action	BTP support
<p>Scotland A. Responding to people in distress C. Improving the NHS response to suicide</p> <p>Wales O2. To deliver appropriate responses to personal crises, early intervention and management of suicide and self harm</p> <p>Northern Ireland O2. Improved services for people who are in emotional crisis and those people with pre-existing mental health problems</p>	<p>Provide effective intervention and case management through use of statutory powers, our Suicide Prevention Plan process and joint BTP and Health Suicide Prevention and Mental Health teams.</p> <p>Provide relevant referrals to partner agencies, including statutory safeguarding referrals where relevant.</p> <p>Continue to develop our third party referral scheme with Samaritans.</p> <p>Promote and action data sharing with partner agencies to better understand risk.</p>	<p>Promote the rail industry safeguarding communications framework.</p> <p>Promote new solutions for effective crisis care including better detention and assessment provisions.</p> <p>Promote changes/ clarification to existing legislation regarding detention under the Mental Health Act and Adult Safeguarding in England.</p>

5. Managing the consequences

National strategy ref.

England

A4. Provide better information and support to those bereaved or affected by suicide

Scotland

C. Improving the NHS response to suicide

Wales

O3. Information and support for those bereaved or affected by suicide and self harm

BTP action

Continue to provide a professional response to suicidal incidents, which aims to protect life and minimise disruption.

Ensure our staff can benefit from effective trauma management arrangements.

Develop and publish a 'Charter for the Bereaved' which sets out service delivery standards to be expected from us following a fatality.

Provide effective investigations for the Coroner or Procurator Fiscal.

Identify and support members of the public traumatised by suicidal incidents in a timely manner.

Ensure the vulnerability of those bereaved by suicide is understood, identified and effective support provided.

6. Tackling suicide contagion

National strategy ref.

England

A5. Support the media in delivering sensitive approaches to suicide and suicidal behaviour

Scotland

B. Talking about suicide

Wales

O4. Support the media in responsible reporting and portrayal of suicide and suicidal behaviour

BTP action

Operate a joint escalation process with the industry at locations with multiple events within given timescales.

Highlight relevant anniversary dates to our divisions and the rail industry for local briefing.

Work with local authorities, Public Health, rail industry and other partners to tackle suicide clusters.

Work with our investigators to tackle the effects of social media following a suicide on the railway.

BTP support

Support rail industry and partners to produce public messaging that does not reinforce the railway as a lethal means of suicide.

Support local suicide surveillance groups with relevant data.

Support Samaritans and other partners in influencing the media to report suicide within the terms of national guidance.

7. Enabling and education

National strategy ref.

Wales

O1. Further improve awareness, knowledge and understanding of suicide and self harm amongst the public, individuals who frequently come in to contact with people at risk of suicide and self harm and professionals in Wales

Scotland

B. Talking about suicide

E. Supporting change and improvement

Northern Ireland

O4. Increased uptake of suicide prevention/mental health awareness training

O5. Improved awareness amongst healthcare staff of Lifeline crisis response helpline

LO. Improved integration/coordination within and across sectors

BTP action

Provide effective training for our officers and staff through a suite of our own and external products.

Work with the College of Policing to provide Approved Professional Practice in relation to Mental Health and Suicide Prevention.

Learn from those with lived experience so that we can improve our service and better understand the nature of crisis.

Explore and exploit technology.

BTP support

Promote joint accredited training with health and social care.

Promote the use of the learning tool by BTP and other police forces through NCALT.

Promote good citizenship and work with industry partners to provide the public with tools to support our preventative work.

Support national publications and guidance through the provision of advice and feedback.

6. Rail industry safeguarding communications framework

We will also help to promote and promulgate the communications framework agreed with the rail industry to all railway operators and staff. This single and simple messaging is designed to assist all members of railway staff when presented with a vulnerable person and provides a common approach for all scenarios that does not need to differ based on the individual aspect of vulnerability.

The approach is set out below in the form of a number of sequential steps:

- **BE AWARE** – children and adults who are at risk, vulnerable, suicidal and victims of crimes (for example, unwanted sexual behaviour, child exploitation, trafficking) will frequent stations and use trains.
- **BE CONCERNED** – be curious; ask questions about their safety, their wellbeing and their welfare to check that they are OK.
- **LISTEN** – take what they say seriously and always treat them with respect and dignity.
- **REASSURE** – show kindness and consideration, offer to provide help and support.
- **REPORT** – Encourage them to seek support, to report offences and report your concerns about others to BTP by calling 0800 405040 or texting 61016. In relation to an immediate risk of suicide call 0300 123 9101. In all other emergencies always call 999.

References

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2. The Five Year Forward View for Mental Health - A report from the independent Mental Health Taskforce to the NHS in England - February 2016

6. Platt, S et al (2006). *Evaluation of the first phase of Choosing Life: The national strategy and action plan to prevent suicide in Scotland: Annex 2 - The Economic Costs of Suicide in Scotland in 2004*. Edinburgh: The Scottish Government
Knapp M, McDaid M, Parsonage M (eds) (2011) *Mental Health Promotion and Mental Illness Prevention: The economic case*. PSSRU, LSE and Political Science
An explanation of Railway Related Suicide Costs

9. Meaning of railways for the purposes of this document

12. Preventing Suicide in England – a cross-government outcomes strategy to save lives – HM Government 2012
Suicide Prevention Strategy 2013-2016 – Scottish Government 2013
Talk to me 2 – Suicide and Self Harm Prevention Strategy for Wales 2015-2020 – Welsh Government 2015
Protect Life – a shared vision – the Northern Ireland Suicide Prevention Strategy - 2012-March 2014 - DHSSPSNI