

# Study shows restricting access at known 'suicide hotspots' reduces the number of suicides by more than 90 percent

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Blocking the means of suicide (eg, installing barriers and safety nets) at suicide hotspots like high bridges and cliffs can reduce the number of deaths at these sites by more than 90%, new research published in *The Lancet Psychiatry* journal has found.

For the first time, this large meta-analysis shows that a variety of other suicide prevention approaches currently being used at known hotspots around the world including encouraging help-seeking (eg, placing signs and crisis telephones) and increasing the likelihood of intervention by a third party (eg, increasing surveillance by using CCTV and suicide patrols) also appear to significantly lower the number of deaths at these locations.

"These key interventions have the potential to complement each other and buy time to allow an individual to reconsider their actions and allow others the opportunity to intervene," says lead author Professor Jane Pirkis from the University of Melbourne in Australia."

Pirkis and colleagues did a systematic review and meta-analysis of all studies examining the effectiveness of three interventions (restricting access to the means, encouraging help-seeking, and increasing the likelihood of intervention by third party) aimed at reducing suicide attempts at high-risk locations up to 2015 (table 1). They used modelling to estimate the effect of each intervention in isolation or in combination

with other interventions.

Analysis of data from 23 articles (corresponding to 18 studies) comparing the number of completed [suicides](#) at various hotspots before and after the interventions were introduced, showed that the interventions significantly lowered the number of suicides at these sites. Deaths dropped from an average of 5.8 suicides each year (863 suicides over 150 study years) before the interventions were introduced to an average of 2.4 deaths per year afterwards (211 suicides over 88 study years).

Interventions to restrict access resulted in 91% fewer suicides per year when looked at in combination with other interventions, and a 93% reduction in the number of deaths per year when used in isolation. Interventions to encouraging health-seeking reduced the annual number of suicides by over half (51%) when used alongside other interventions, and by 61% when used on their own. In combination with other approaches, interventions to increase the likelihood of help from a third party led to 47% fewer suicides.

According to Professor Pirkis, "Although suicide methods at high-risk locations are not the most common ways for people to take their own lives and may only have a small impact on overall suicide rates, suicide attempts at these sites are often fatal and attract high profile media attention which can lead to copycat acts. These methods of suicide also have a distressing impact on the mental wellbeing of witnesses and people who live or work near these locations."

She adds, "Studies that have looked at substitution suggest that although restricting access at one site may shift some of the problem to other locations, there is still a significant overall reduction in deaths by the same method."

Writing in a linked Comment, Dr Eric Caine from the Injury Control Research Center for Suicide Prevention at University of Rochester Medical Center, in the USA says, "Blocking access to a hotspot can serve as an expression of important values, if done in a way that builds community awareness and support for broader efforts to prevent suicide, attempted suicide, and antecedent risks. However, given the small numbers involved, blocking access to suicide hotspots should be part of an overall regional or national approach to [suicide prevention](#), which together constitutes a well-considered, carefully implemented strategy intended to generate sustained measurable effects."

**More information:** *The Lancet Psychiatry*,  
[www.thelancet.com/journals/lan ... \(15\)00266-7/abstract](http://www.thelancet.com/journals/lan... (15)00266-7/abstract)

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