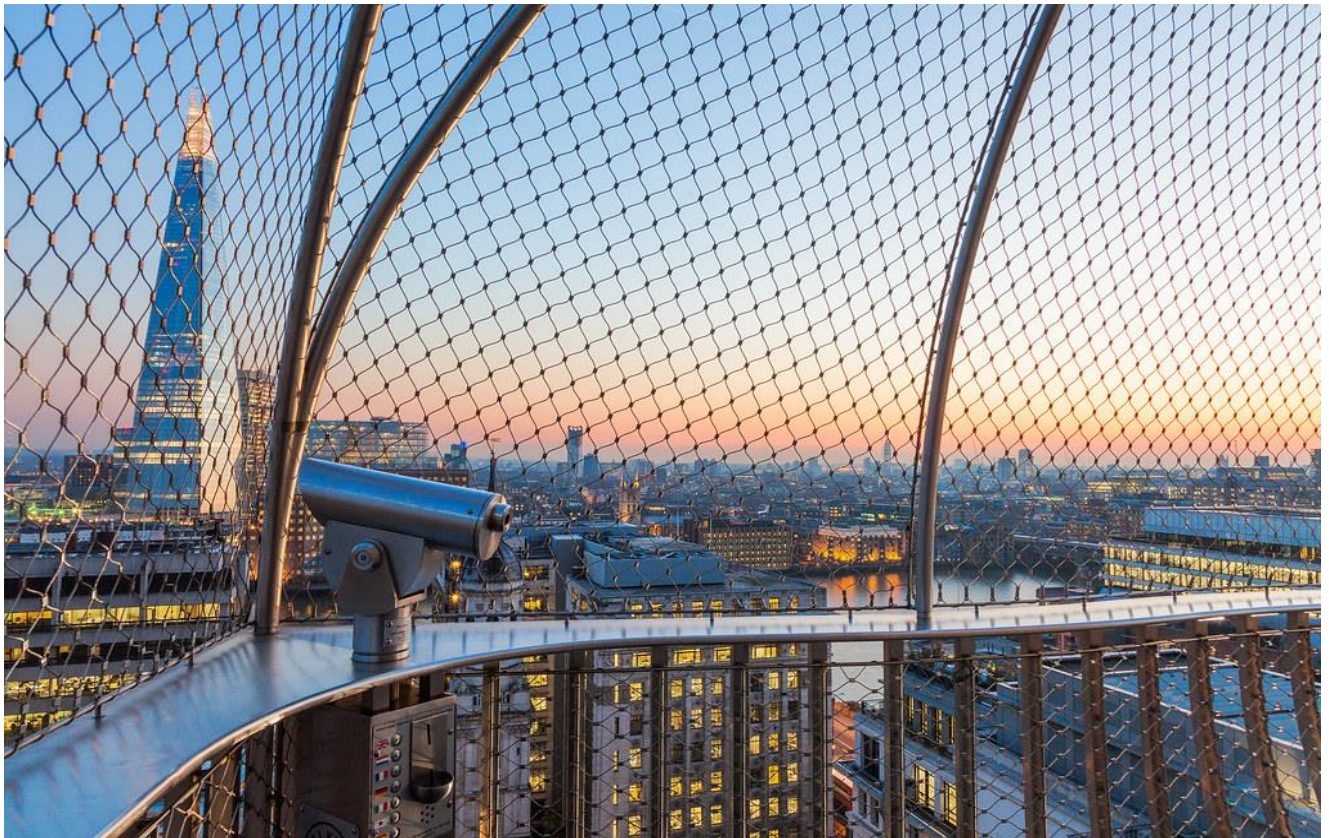


Preventing Suicides in High Rise Buildings and Structures

Planning Advice Note



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1. Introduction

This Planning Advice Note provides general guidelines about suicide prevention methods which are required as part of planning applications from designers, developers, and owners of buildings to help prevent suicides in both public and private high rise buildings and structures. Vehicles and other forms of transport, which are outside the scope of planning control, and other structures, are not included within these guidelines.

Consideration of suicide risks and how to mitigate them is encouraged as part of the planning application process where new developments or refurbishments are proposed in the City of London. These guidelines can also be of use to owners and occupiers of existing high rise buildings and structures in reducing suicide risks.

The Government published a suicide prevention strategy in 2012 *Preventing Suicide in England: A cross government outcomes strategy to save lives*. In 2016 the NHS produced a *Five Year Forward View for Mental Health* plan which set a target to reduce the number of suicides in England by 10% by 2020/2021. The Mayor of London's *Health Inequalities Strategy* 2018 contains an objective that requires local authorities to take action to reduce suicides across London. The Mayor wants London to be a zero-suicide City and aims to reduce suicides by 10% in line with the Five Year Forward View national target. The City of London Corporation has responded to national and regional guidance on reducing suicides by setting up a multi-agency Suicide Prevention Steering Group and producing a joint *Suicide Prevention Action Plan 2017-2024* with the City of London Police.

This *Preventing suicides in high rise buildings and structures* Planning Advice Note seeks to reduce the risk of suicide in the City through the planning process, by advising applicants intending to develop high rise buildings and structures how they can recognise, and mitigate suicide risks.

The guidelines in this document cannot cover every eventuality that may arise, therefore professional judgement from suicide prevention experts and experienced engineers may be required. It should be noted that no measure is a guaranteed solution when it comes to preventing suicide. A proactive approach that seeks to design out suicide should be encouraged, rather than a reactive one, when faced with the possibility of such a tragic and traumatic event.

Developers are encouraged to address potential suicide risks at an early stage before their designs are finalised. Using these guidelines, appointing experienced consultants, having a dialogue with officers of the City of London Corporation and commissioning early stage studies to assess the suicide risks will help maximise the effectiveness of both preventative and mitigative strategies on proposed development sites.

2. Context

Suicide is one of the top twenty leading causes of death for all ages worldwide. Suicide is a significant social inequality and public health issue, with more than 6,000 people across the United Kingdom and Republic of Ireland taking their own lives each year. Tens of thousands more attempt suicide each year.

The City of London is a unique area. It has the highest daytime population of any local authority area in the UK, with hundreds of thousands of workers, together with residents, students, and visitors packed into just over a square mile of densely developed space. The City has three population groups who are potentially at risk of suicide: residents who live in the City; those who work in the City; and those who travel to the City with the intention of completing suicide from a City site.

Suicide is not inevitable; suicide in public places may be more preventable than when it occurs in the privacy of the home and potentially even more so in places with higher footfall. Suicide prevention focuses on tackling the methods that are most often used, this encompasses frequently used locations and areas of high probability. Limiting access to these locations can interrupt the suicidal intention, buying time and providing an opportunity for the individual to re-consider, as well as increasing the chances for a bystander to intervene. By doing so, it increases the chance that help can reach them.

Around a third of all suicides take place outside the home, in a public location. This may be indoors, for example: a hotel, public building or shopping centre, or outdoors on a rooftop garden or in a carpark. Public spaces are not necessarily busy places and the term 'public' does not always mean highly visible. As a result, public spaces are often used as sites for suicides.

Buildings of 4 storeys or higher with roof access, balconies or ledges present sites of increased suicide potential, along with multi-storey carparks and internal atria. Such places often provide easy access and a means of suicide by jumping from a height.

Buildings near rivers pose an increased risk of potential suicides and are subject to particular regulations to ensure the safety of people. Riparian landowners are subject to various acts of Parliament and statutory instruments to ensure adequate safety measures are implemented.

However, if a location offers the means and opportunity for suicide, it also offers the means and opportunity for prevention. While some places will present more of a risk, e.g. tall buildings with viewing platforms, any place may potentially appeal to a suicidal individual. No amount of assessing potential hazard locations will provide a completely risk-free location. However, putting in place physical barriers and staffing arrangements may deter, delay and allow detection, thus increasing the opportunity to help save lives.

3. Risk Assessment and Management

The principles of risk management and controlling risks underpins the guidance in this Planning Advice Note. The process of preventing suicides in high rise buildings and structures has four main steps, the desired effect of which is to deter individuals from attempting suicide at the site. The results of this process should be incorporated in Construction, Design and Management Reviews or other relevant documents.

1) Conduct a risk assessment to identify potential building features/locations which could be used for suicide;

- Any access point located 10 metres above ground level
- Popularity as a visitor destination i.e a specific pass is not required to access the specific location
- Easy access routes to the site
- Methods of transport to the site
- Location in an area known for suicide attempts

2) Plan and find solutions at your specific location;

- Evaluate if the identified risk can be removed
- If the risk cannot be removed, decide how to mitigate the identified potential risk by using design solutions and/or management strategies
- Consider the risk of suicide when producing Health Impact Assessments

3) Apply these processes and solutions to the specific location;

- Incorporate design solutions into building plans and outline how management strategies could mitigate suicide risk
- Liaise with planning staff to ensure mitigation is adequate

4) Consult, evaluate, and review;

- Engage with the local authority, relevant charities and local groups regarding suicide mitigation measures as part of the consultation process for the proposal
- Consider mitigation measures in response to consultation
- Review design solutions and/or management strategies

4. Methods of preventing suicides

a) Restricting access to the site

Restricting access to the sites of potential suicides does not address an individual's personal difficulties or relieve their mental distress, but it can interrupt the suicidal thought process. It can buy time, thwarting impulsive acts and allowing individuals a chance to reconsider. It can also increase the chance of help reaching them.

The following examples provide evidence-based suggestions to be considered.

Wholly or partly restricting access to the site – this is the most radical solution, and should only be implemented in extreme cases given the City of London Corporation's policies on promoting wider public accessibility. Access to unauthorised areas should be monitored and restricted. It is important to remember that the vulnerable individual does not need to be a visitor, and could potentially be an employee of the building.

Installing physical barriers to prevent / delay jumping – this restricts access to the drop and increases the chances of intervention by delaying the jump. It can take the form of fencing or netting. Many evidence-based studies around the world have shown the cost-effectiveness of erecting barriers to prevent jumping¹ and this is recommended by survivors of suicidal jumps.

Balustrades can act as physical barriers, separating visitors and employees from the edge of the building.



Balustrade on roof terrace at 120 Fenchurch Street

¹ UK Health Security Agency, 'Preventing Suicides in Public Places', A practical resource, p. 27

[In 2021 Public Health England ceased to exist and its functions were incorporated into the UK Health Security Agency (UKHSA)]

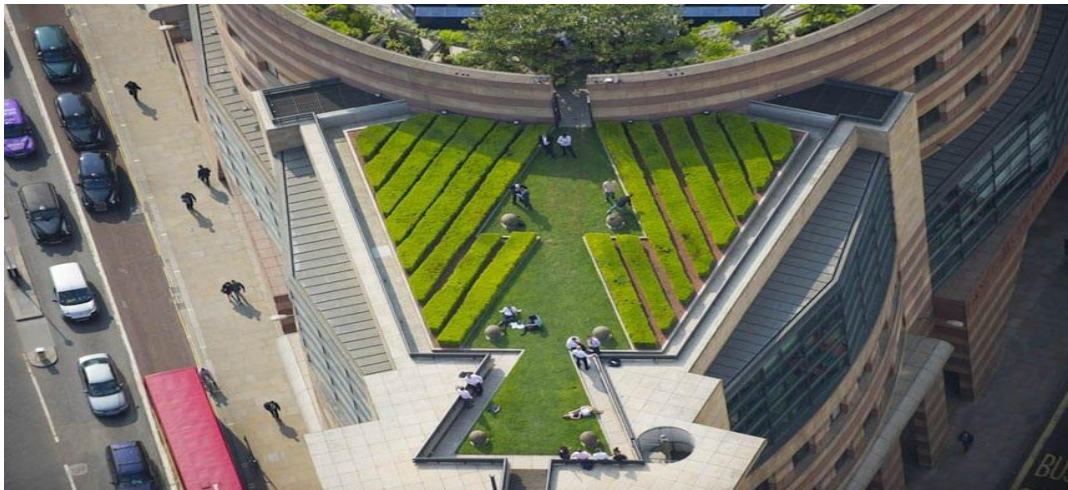


Art installation/ suicide prevention barrier, Canada

Urban greening not only serves a decorative purpose but both acts to increase the building's open space and as a deterrent from accessing the edge of the building, as shown in the examples below.



Planting on roof terrace at 120 Fenchurch Street



Planting at restaurant courtyard, No 1 Poultry

In terms of current legislation, Building Regulation K2 states the following:

K2 – (A) Any stairs, ramps, floors and balconies and any roof to which people have access, and

(B) any lightwell, basement area or similar sunken area connected to a building,

Shall be provided with barriers where it is necessary to protect people in or about a building from falling.

The guidance within the rest of the Approved Document K and the British Standard has a **minimum height of 1.1m**. The Regulation states that people need to be protected, and the designer should do a risk assessment and design the edge barrier accordingly, but with a minimum 1.1m height. Barriers and edge protection need to be appropriately designed and should take into consideration British Standard BS 6180: Barriers in and around buildings.

If the risk assessment considers there is a significant risk of people attempting suicide, then the barrier height should be higher. A height of 1.4m (where there is cycle access adjacent to a drop) or 1.6m are used elsewhere and for railway bridges the height is 2.1m. Designers therefore need to consider the suicide risk and design edge protection to an appropriate height.

UK Health Security Agency (UKHSA) main design recommendations for fencing on high rise buildings and structures advises a barrier height of **at least 2.5 metres high, no toe or foot holds, and an inwardly curving top is recommended as it is difficult to climb from the inside**. The barrier should be easier to scale from the outside in case an individual wishes to climb back to safety.

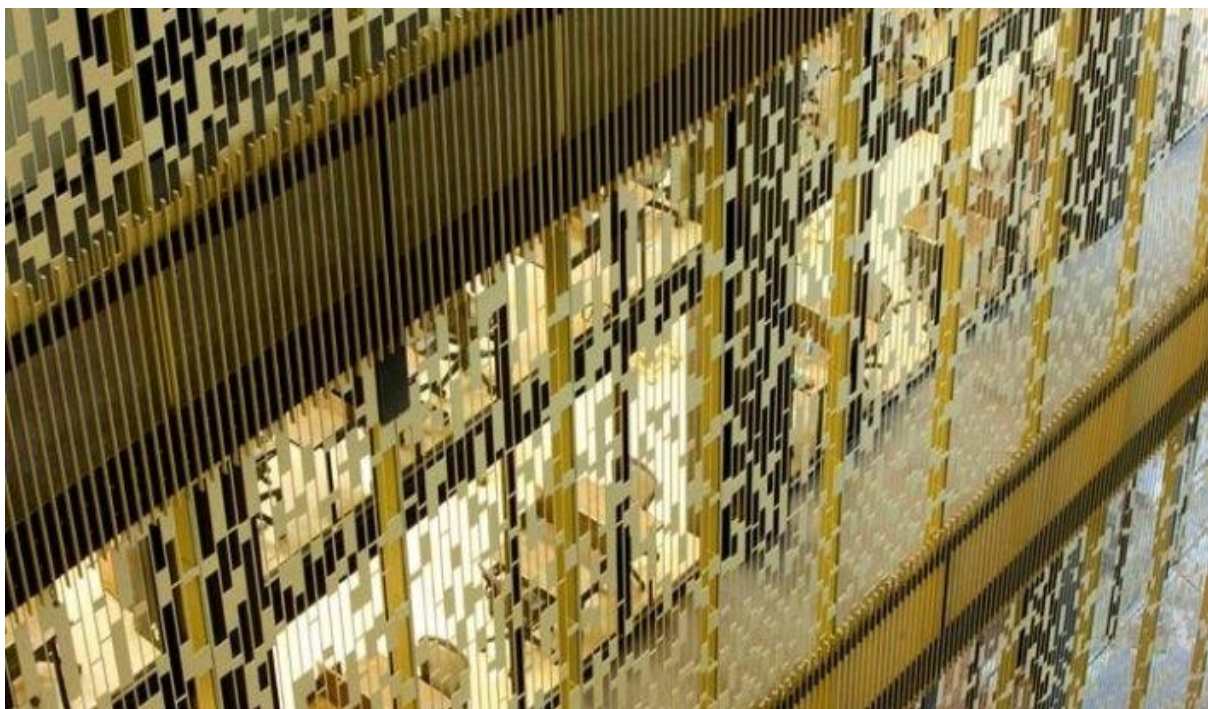
Developers must, as a minimum, comply with Building Regulation standards and, where feasible and practical, consider providing a barrier in line with UKHSA guidance.

Where a barrier is installed, consideration should be given to its ongoing maintenance. Appropriate servicing, testing and maintenance arrangements must be provided to confirm its ongoing effectiveness. This should include consideration of the material (potential failure mechanisms, installation by approved contractor), the potential for wind loading (fences must be resistant to adverse weather), the weight load and anti-climbing requirements.

There are many options regarding the design and materials of these barriers; choices will be determined by the nature of the existing structure and its surroundings. For example, the viewing platform at the top of the Great Fire of London Monument is encompassed by a mesh cage (cover photo). This was added in the 19th century to prevent people jumping, however does not detract from the views of London.

Consideration should be given to any object placed against a wall or edge at a high level that can be used as a step by a vulnerable individual.

Examples of designs for barriers in high places can be found in Appendix Two of UKHSA's Preventing Suicides in Public Places guidance². However, please note that these examples primarily focus on bridges and car parks rather than buildings.



Floor to ceiling screens in internal atria, New York University Library

² UK Health Security Agency, Preventing Suicides in Public Places – A practical resource, p.42

Bird Spiking and Control - bird spikes and other physical means of bird control can have a detrimental impact on the appearance of a building but can also be successful in interrupting the suicidal thought processes, thus ensuring individuals can stop and think about their actions. Spiking should not be routinely used on City buildings, but where it is, it should be safely screwed onto the surface, not glued.



Bird spikes

Horizontal Safety Nets - Installing safety nets below jumping areas can be less obtrusive than upright barriers, however rescue and cleaning can be difficult. It should be noted that both netting, and barriers have an aesthetic impact and may not be an appropriate solution for structures or buildings with a listed status.

Hostile Planting – strategically placed thorny or prickly plants will delay and deter an individual trying to gain access to a dangerous location. This may be more aesthetically acceptable than a fence or other barrier but may not be as effective owing to ongoing maintenance issues associated with the growth and control of a biological element. The type of plant, its appearance and practical deterrent capability across all seasons should be considered within any assessment. The site arrangements should also consider what steps will be taken if the plants die or wither, so as to remove or significantly reduce the deterrent effect.



Prickly Berberis hedging

Lighting – A site where suicidal individuals can enter and linger unobserved is dangerous; installing constant or motion-activated lighting can act as a deterrent and may improve the chance of someone intervening / alerting staff who are monitoring the area. There needs, however, to be consideration towards residents who live in the area with the amount of light pollution this method of prevention might produce.

Boundary Markings – Where physical barriers are not appropriate, or access to the site cannot be denied, other measures may be needed to deter individuals from entering a dangerous zone as well as eliminating hiding places. Painted lines and cross-hatching are already routinely used on the roads and rail networks to delineate the boundaries of unsafe areas. Someone entering the danger zone marked out in this way would be conspicuous and it may be enough to deter them from attempting to take their own lives.

Riverside - Developments near rivers are particularly vulnerable to suicide attempts due to the attraction of flowing water for people considering suicide. Developments near rivers must have an appropriate risk assessment carried out which includes a review of marine hazards, evaluation of risks and an assessment of measures that could be taken to minimise the risk of people attempting suicide. Measures could include edge protection as discussed above as well as fencing, lighting, signage and netting. Signage may mention the need to call 999 and ask for the Coastguard if someone is seen entering the water, thereby quickly alerting the relevant authorities.

Planning applications for developments must ensure early engagement is undertaken with the Port of London Authority (PLA) and other relevant organisations as appropriate, regarding new developments and the provision and maintenance of Public Rescue Equipment (PRE). PRE could include lifebuoy rings, flotation bags and defibrillators. Signage to help people find and operate PRE should be installed and consideration given to maintenance of equipment. Consideration should also be given to training staff to use the equipment.

b) Increase opportunity and capacity for human intervention

Approaches to reducing risks of suicide at particular locations can complement and mirror efforts to deter hostile activity; often implementing measures to address one issue can benefit the other.

One suggestion is to improve surveillance around the building. Despite being one of the more expensive options, using 24/7 monitored and recorded CCTV with motion detection, thermal imaging and random sweep patterns will ensure all areas are covered. This, alongside increasing staffing and regular foot patrols are actions which may help when tackling suicide risk. It is the risk of being seen which may deter vulnerable individuals from choosing a location, increasing the chances for human intervention and reducing response time.

CCTV is helpful for spotting a vulnerable individual, but it is not a solution nor a substitute for trained staff. It can only be effective if it is permanently monitored, and a member of staff manages to reach the individual quickly with the knowledge, skills and confidence to intervene. Human intervention is always pivotal in suicide prevention.

Providing suicide awareness or intervention training for staff working at or near the site increases their ability to recognise warning signs and to intervene where they feel able to do so. By educating people about suicide they will be more confident and prepared should the occasion ever arise. As a result, public fear of intervening decreases, and people have the confidence to connect with the individual and keep them safe until emergency services arrive. While people may not be qualified in mental health, they can be equipped with basic knowledge and confidence to react appropriately. It has been proven that talking to people in suicidal distress is the most helpful method when preventing suicide, as it distracts vulnerable people from making an attempt on their lives.

There are numerous training programmes around mental health and suicide prevention including comprehensive face-to-face sessions provided by Mental Health First Aid, Suicide Awareness and First Aid, Safe Talk, Difficult Conversations or specific sessions tailored for individual organisations. The City of London Corporation's Business Healthy offers regular short Suicide Prevention Awareness sessions for the City's business community (www.businesshealthy.org/events). Many training programs can be tailored to the specific employee needs of organisations. Communication skills are a necessity in suicide prevention; thus, staff training should be supported and implemented, reviewed, and renewed regularly.

c). Increase opportunities for help sought by a suicidal individual

Clear Signage – Installing clear signage in predetermined areas is another action which can be undertaken when preventing suicide. The City of London Corporation recommends using approved and evidenced-based messaging, as inappropriate imaging or messaging could be counterproductive. A disadvantage of signage is that it relies on the individual to make the call and decide within themselves to seek help. These signs may also advertise the potential of a site to attempt suicide.

Free Emergency Telephones – Installing free emergency telephones can bypass the issue of an individual running out of credit / battery when seeking help. Having a phone which directly connects to a helpline is an established solution in sites popular with suicidal individuals. It enables someone without a phone to seek help, as well as those intervening to easily call the emergency services.

Providing a sanctuary – Consideration could be given to providing a calm and safe location which is staffed (or sign posting to one nearby) to take distressed individuals, prior to the emergency services arriving. This initiative is new and has not yet been evaluated, but it offers potential for sites where vulnerable people return to often.

5. Postvention

Postvention is the process of reducing the risk of suicide and providing support for those who witness a public suicide. Addressing the needs of those who intervene/witness a public suicide or discover a body through proper referral and signposting to appropriate support services is paramount. Witnessing a suicide or attempted suicide is a traumatic event and people must be supported accordingly. Postvention processes should be addressed within management plans that address reducing the risk of suicide from high rise buildings and structures.

In order to improve suicide risk mitigation, it is important to collect data in order to audit and mitigate risk factors. The owner or operators of the building or structure should conduct regular reviews of the suicide risk assessment, subsequent response processes and periodically monitor performance, as it is paramount to preventing suicide. Resources should be available for the implementation of suicide mitigation measures, effective communication, adequate information and training and record keeping and maintenance.

Many variables are needed to identify frequently used sites for suicide attempts and analyse the patterns of use in order to better plan, evaluate and review suicide prevention actions (e.g. information relating to how many times the site has been used, what method of suicide was utilised or attempted, how large the site is, how far the individuals travelled to the site, whether they share characteristics, particular days/time of day). Moreover, the collection of data helps establish profiles of users of specific locations and how best to help them.

Mapping locations accurately is also paramount to quick and efficient intervention by the emergency services.

Organisations should ensure there are arrangements in place to support employee welfare such as an Employee Assistance Programme or bringing in specialist counselling support staff. There are several organisations that provide postvention support, the *Samaritans* being one. *Business in the community* has developed a guide with UKHSA to help organisations support the mental and physical health and wellbeing of their employees.

A list of the variables to be included in data collection can be found in Appendix One of UKHSA's "Preventing suicide in public places" guidance³.

³ UKHSA, Preventing Suicides in Public Places, A practical resource, p.39

6. Summary

It is advised that a combination of physical barriers, staff training and surveillance is implemented in buildings and on structures, to maximise the effectiveness of preventative measures. Measures that increase the potential for human intervention will increase opportunities for the suicidal individual to find help, and thereby potentially securing longer lasting assistance and preventing a return to this or another location.



Samaritans sign, Gloucestershire

7. References and case studies

Reference documents

- *Building Regulations 2010 (Update 2021)* - HM Government
- *Preventing Suicide in England; A cross government outcomes strategy to save lives 2012* - HM Government
- *Preventing Suicides in Public Places: A practice resource 2015* – UK Health Security Agency
- *The Five Year Forward View for Mental Health 2016* - NHS England
- *Suicide Prevention Action Plan 2017-2024* - City of London Corporation
- *Health Inequalities Strategy 2018* – Mayor of London
- *Identifying and Responding to Suicide Cluster and Contagion – A practice resource 2019* – GOV.UK
- *Local Suicide Prevention Planning: A practice resource 2020* – UK Health Security Agency

Case Studies

Links to relevant City of London, and other case studies will be added when available.