Suicide Prevention – The Benefits of Bridge Barriers

Barriers work by giving individuals and those who care for them something they desperately need – time: time to change their minds, time for someone to intervene, and time to seek help. Despite many myths and misconceptions, suicide is often an ambivalent act, many who attempt suicide do not want to die. Rather, they are seeking an end to psychological pain and mental distress. Most have a definable and diagnosable psychiatric illness, substance use disorder, or both, which are often unrecognized and untreated.

Another common misconception is that those averted from a suicide attempt at a bridge will simply find another method to die – called “means substitution.” However, scientific research continues to raise doubt about this premise. One study, which followed up on 515 individuals who were thwarted from attempting suicide at the Golden Gate Bridge, found that only six percent of these individuals later died by suicide. Further studies have shown that once barriers have been built at one location, deaths do not increase from other nearby bridges and overall suicide deaths often decline throughout the area after barriers are in place. Furthermore, bridge barriers have been shown to be very effective at reducing suicides among young men, a group for whom prevention efforts are very challenging.

A side benefit of the reduction in suicides once a barrier is in place is the reduced media coverage. This helps remove the allure of locations like the Golden Gate Bridge as “suicide magnets” and also contributes to reducing copycat suicides (it is clear from research that media coverage of suicides from a specific location can contribute to copycat suicides).

AFSP Public Policy Statement

President Obama signed into law PL 112-141 in July 2012 that included language allowing federal funds to be used on the Golden Gate Bridge suicide prevention barrier project. Though it didn’t provide any of the $50 million needed to build the planned net barrier, it makes it eligible for federal cash, which was not the case previously.

The American Foundation for Suicide Prevention (AFSP) urges Congress to appropriate $50 million for the planned Golden Gate Bridge suicide prevention net barrier.

NETS AND BARRIERS AT OTHER JUMPING SITES HAVE SAVED LIVES

Data on the suicide statistics from the Memorial Bridge in Augusta, ME was examined from 1960 through 2005. A safety fence was installed in 1984 and suicides from the site stopped. The number of suicides by jumps or falls elsewhere in the area remained unchanged, indicating that prospective jumpers from Memorial Bridge did not simply go elsewhere. (Pelletier, 2007)

The city of Bern, Switzerland has an unusually high rate of suicide by jumping—more than 28 percent of all suicides. Several sites were a problem but the greatest was the Muenster Terrace. In 1998, a safety net was installed to prevent jumps, and it was successful in stopping jumps from that site. Researchers also found that the overall rate of jumps declined—indicating that suicidal individuals did not simply go to another site to jump. (Reisch, 2005)

Bristol, England is home to the world’s oldest suspension bridge, the Clifton Bridge. The bridge was the site of 41 suicides between 1994 and 1998. A partial barrier was built in 1998, and the number of suicides from the bridge was reduced to 20 over the next five years. Researchers checked the jumping deaths from other bridges in the area and found no significant increase in jumps from those other structures. (Pelletier, 2007)