NIHR | Public Health Intervention Responsive Studies Teams

Bridge watch Evaluability Assessment

Version 3_1, 28 June 2024

PHIRST Fusion

Summary

The Bridge watch Programme aims to provide a physical presence of teams of volunteers that will patrol the areas on and around the 5 bridges of the City of London and who have a brief to engage or intervene with anybody indicating intent to enter the water, primarily, but not exclusively, for the purpose of suicide. In 2023, Ascension Trust submitted an Expression of Interest to National Institute for Health and Care Research for evaluation support for Bridge watch, which was allocated to the Public Health Intervention Responsive Studies Team (PHIRST) Fusion team. PHIRST Fusion facilitated an Evaluability Assessment for Bridge watch from February to March 2024. A Theory of Change (ToC) for the Bridge watch Programme was co-developed with stakeholders and a mixed-methods evaluation study design was agreed. This report documents the EA process, presents the Bridge watch Programme ToC, and describes a list of evaluation design options focusing on the impact and feasibility of Bridge watch. PHIRST Fusion recommends a formative mixed-method evaluation comprising (a) an Interrupted Time Series analysis of surveillance data, (b) semi-structured interviews with volunteers, professional stakeholders and service users, and (c) volunteer diary/log reflections. There will be a mid-point reporting check-in for presenting preliminary findings to Bridge watch for programmatic learning.

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1 Introduction

This evaluation initiative is funded by the National Institute for Health and Care Research (NIHR) and undertaken by the Public Health Intervention Responsive Studies Team (PHIRST) Fusion team. The PHIRST Fusion team's approach to evaluation follows a 5-step process: brokerage, work allocation, research, reporting and knowledge mobilisation, and continuous improvement, which includes evaluability assessment methodology and embedded research with local government practitioners. Bridge watch was allocated to PHIRST Fusion in November 2023. This report describes the Evaluability Assessment (EA) of Bridge watch conducted from February to March 2024.

Overview of Bridge watch

Bridge watch is fronted by Ascension Trust, collaborating closely with partners like City of London Corporation, the Royal National Lifeboat Institution (RNLI) and emergency services. It is supported by City Bridge Foundation funding. The Bridge watch Programme seeks to establish teams of volunteers to actively monitor the areas in and around the 5 bridges of the City of London. Their primary objective is to engage with individuals showing signs of wanting to enter the water, particularly for suicide, and to intervene as necessary. The programme's goal is to equip volunteers with the skills to recognize and assist those in distress through empathetic listening, dialogue, and teamwork, thereby offering crucial support at a time of crisis. There is an ongoing process of recruitment of volunteers. Prospective volunteers start with Zero Suicide Alliance online training and then proceed to 35 hours of formal training, committing to a minimum of four volunteer hours per month upon completion. Emphasising care and empathy over enforcement, the Programme facilitates collaboration with statutory agencies, mental health networks, and charities. By fostering partnerships with various charitable organisations and emergency services, Bridge watch aims to expand support networks and increase access to assistance (Community Southwark, 2024).

Based on the Expression of Interest document submitted to PHIRST by the City and Hackney Public Health Team and Ascension Trust, the initial aims and objectives of the Bridge watch Programme were:

- Reductions in the number of suicide incidents (attempts and contemplation as well as completion) from the Bridges on the Thames.
- Establishment of coverage across identified key 'risk periods and bridges'.
- A significant, recorded number of positive engagements and interventions with individuals presenting as suffering mental health crises or distress.
- Reduction in the percentage of persons that 'come to notice' that go on to enter the water (data from the MET maritime police and City of London Police).
- Reduction in the number of 'custodial' interventions that are required and a reduction in use of Section 136.
- Increased awareness of suicide and self-harm in the areas of the City of London.
- Increasing numbers of volunteers who are involved in suicide awareness and suicide prevention.
- Increased number of people signposted in seeking further support.

These initial aims and objectives were refined in the Bridge watch Theory of Change described in Figure 1 below following the evaluability assessment workshops.

Programme context

In 2022, there were 5,642 suicides registered in England and Wales (10.7 deaths per 100,000 people); this is consistent with 2021 (5,583 deaths; 10.7 per 100,000). London had the lowest rate of any region in England (7.0 deaths per 100,000); the highest rate was in the North East (12.8 deaths per 100,000) (Office for National Statistics, 2023). The most common method of suicide in England and Wales continued to be hanging, strangulation and suffocation, which accounted for 59.7% of all suicides in 2022 (3,367 deaths). The second most common method continued to be poisoning (19.9% of all suicides in 2022; 1,123 deaths) (ibid). In contrast, the most common method of dying by suicide In London was drowning in the Thames (32%) followed by falling from a height (26%). (City of London Corporation, 2016).

In 2017, the City of London Corporation established a multi-agency suicide prevention group, in accordance with best practice recommendations, and published a Suicide Prevention Action Plan containing numerous initiatives aimed at reducing the number of suicides in the Square Mile. The Bridge watch initiative was developed from an action in the 2016-19 City of London Corporation Multi-Agency Suicide Prevention action plan. Bridge watch can be seen as a response from the City of London to several of eight priority areas for action in the current 5-year cross-sector strategy to suicide prevention in England. The priorities for action in the strategy are (Department of Health & Social Care, 2023):

- Improving data and evidence to ensure that effective, evidence-informed and timely interventions continue to be developed and adapted.
- Tailored, targeted support to priority groups, including those at higher risk, to ensure there is bespoke action and that interventions are effective and accessible for everyone.
- Addressing common risk factors linked to suicide at a population level to provide early intervention and tailored support.
- Promoting online safety and responsible media content to reduce harms, improve support and signposting, and provide helpful messages about suicide and self-harm.
- Providing effective crisis support across sectors for those who reach crisis point.
- Reducing access to means and methods of suicide where this is appropriate and necessary as an intervention to prevent suicides.
- Providing effective bereavement support to those affected by suicide.
- Making suicide everybody's business so that we can maximise our collective impact and support to prevent suicides.

Definitions and trends

The definitions this EA report uses and that of the evaluation study, is based on definitions of suicide, attempt suicide, and contemplating suicide obtained from City of London and Hackney Public Health Team:

- SUICIDE: An incident where the individual has caused deliberate harm to themselves, resulting in death. This does not include incidents where individuals have jumped from bridges but their bodies have not been recovered.[1]

- ATTEMPT SUICIDE: An incident where an individual has taken action to try and kill themselves. This does include climbing bridge barriers or sitting on the bridge barriers if the individual states they want to kill themselves.

- CONTEMPLATING SUICIDE: An incident where an individual has not taken action to kill themselves but has expressed low thoughts and mood, suicidal thoughts/comments and threats to kill themselves

A report by the City of London and Hackney Public Health Team notes that there remains a lack of consensus on the definitions of these terms (Giraud & Trathen, 2023).

Emerging trends between 1st of September 2022 and 31st of August 2023 for the City of London are as follows (Giraud & Trathen, 2023):

- There have been 6 suicides, with a total of 162 attempted suicides.
- There had been a total of 150 incidents whereby the subject had contemplated suicide or had suicidal thoughts.
- 86% of attempted suicides occurred on bridges.

[1] City of London and Hackney Public Health Team consider them as suicides but because it is not known from where they got into the water so they do not regard it as a suicide in the square mile. A coroner's inquest is required to finalise this but it can take up to 1 1/2 years so until then they are not counted in the city suicide data.

2 Rapid Review

We undertook a rapid literature scope of non-physical barrier-based, trained-volunteers interventions to prevent suicide incidents on bridges (ie., 'human interventions'). See Appendix A for a description of method. However we did not find any results covering human interventions similar to the design of Bridge watch. The rest of this paragraph thus covers physical barrier-based interventions which is most common in the literature. A systematic review by Cox *et al.* (2013) found that the four main approaches to reducing suicides at suicide high frequency locations (HFLs) were: 1) restricting access to means (through installation of physical barriers); 2) encouraging help-seeking (by placement of signs and telephones); 3) increasing the likelihood of intervention by a third party (through surveillance and staff training); and 4) encouraging responsible media reporting of suicide (through guidelines for journalists). There is relatively strong evidence that reducing access to means can avert suicides at HFLs without substitution effects (e., displacement). Barriers are effectives because they "buy time" for impulsive suicidal individuals to reconsider their actions.

A systematic review and meta-analysis by Pirkis *et al.* (2015) suggested that there was some evidence that restricting access to means, encouraging help-seeking, and increasing the likelihood of intervention by a third party can reduce deaths by suicide at suicide hotspots. None of the interventions reviewed involved utilising human interventions, whether involving volunteers or otherwise. Based on anecdotal evidence that passing strangers acting on the spur of the moment can save lives, Owens, Derges, & Abraham (2019) conducted in-depth qualitative interviews with people who have either been prevented by a stranger from taking their own life in a public location (n=12) or intervened to prevent a stranger from taking their own life in a public location (n=21). They found that interveners performed three main tasks: 1) 'Bursting the bubble' (reconnecting with self, others and everyday world), 2) Moving to a safer location, and 3) Summoning help.

Volunteers have played an important and historical role in suicide prevention. Andriessen (2021) claimed that volunteer involvement laid the groundwork for contemporary suicide prevention. His study only focused on suicide prevention organizations staffed by volunteers who are selected, trained, and supervised to provide services for telephone, online, or face-to-face support. While none of these organisations appear to be providing interventions similar to Bridge watch, Andriessen noted that volunteer suicide prevention organizations were characterised by their availability, accessibility, acceptability, and adaptability. Even though the nature of interventions covered by Andriessen differs from the Bridge watch Programme in the sense that most of the volunteer organisations covered by Andriessen were helplines, visits, or peer-support type organisations, these characteristics are still potentially relevant to Bridge watch. Volunteers are available in the sense that they "bridge the gap between receiving professional care or no care whatsoever." Volunteers are also able to reach people in need through multiple channels and hence are accessible, not unlike the intended patrols along and around the bridges. Seeking help from volunteers is also more acceptable in countries like the UK, unlike other cultures. Finally volunteer work also emerge as a response to local needs (as in Bridge watch) and hence is intrinsically adaptable. This adaptability can be strengthened in positive

ways given the appropriate evaluation support which this PHIRST evaluation can potentially provide.

3 Evaluability Assessment process

We used Evaluability Assessment methods to co-develop the evaluation design with stakeholders (Craig & Campbell, 2015; 2010). Evaluability assessment (EA) is a rapid, systematic, and collaborative way of deciding whether and how a programme or policy can be evaluated, and whether an evaluation would be worthwhile. We conducted two workshops with BW stakeholders to ascertain their understanding of how the Bridge watch Programme was intended to work, types of outcomes, and how it may be evaluated.

Workshop participants (n = 14) comprised members of the PHIRST research team as well as staff and stakeholders from Bridge watch and City of London and Hackney Public Health Team. These included staff from RNLI, Thrive LDN, City of London Police, Ascension Trust, and Port of London Authority. We conducted two workshops and allowed the format to evolve to take account of feedback from the preceding workshop, and to enable stakeholders to shape the approach to evaluation.

Table 1 Summary of workshop dates & agenda

Workshop	Date	Agenda
1	12th February 2024 (in-person)	Understanding the Bridge watch Programme theory and co-development of Bridge watch's theory of change.
2	28th March 2024 (online)	Agreeing on evaluation focus, questions and data consideration

Workshop 1

Workshop 1 started with a discussion on the background and history of the Bridge watch project, and developments around its piloting since December 2023, much of it focusing on volunteer recruitment and training. Workshop participants then updated a Theory of Change (ToC) drafted in advance by the PHIRST team. Amendments were made to all aspects of the ToC and there was a discussion around data needs and existing sources. Gaps in the data were recognised, and there was also a discussion around the possibility of displacement once the public are aware that Bridge watch was operating.

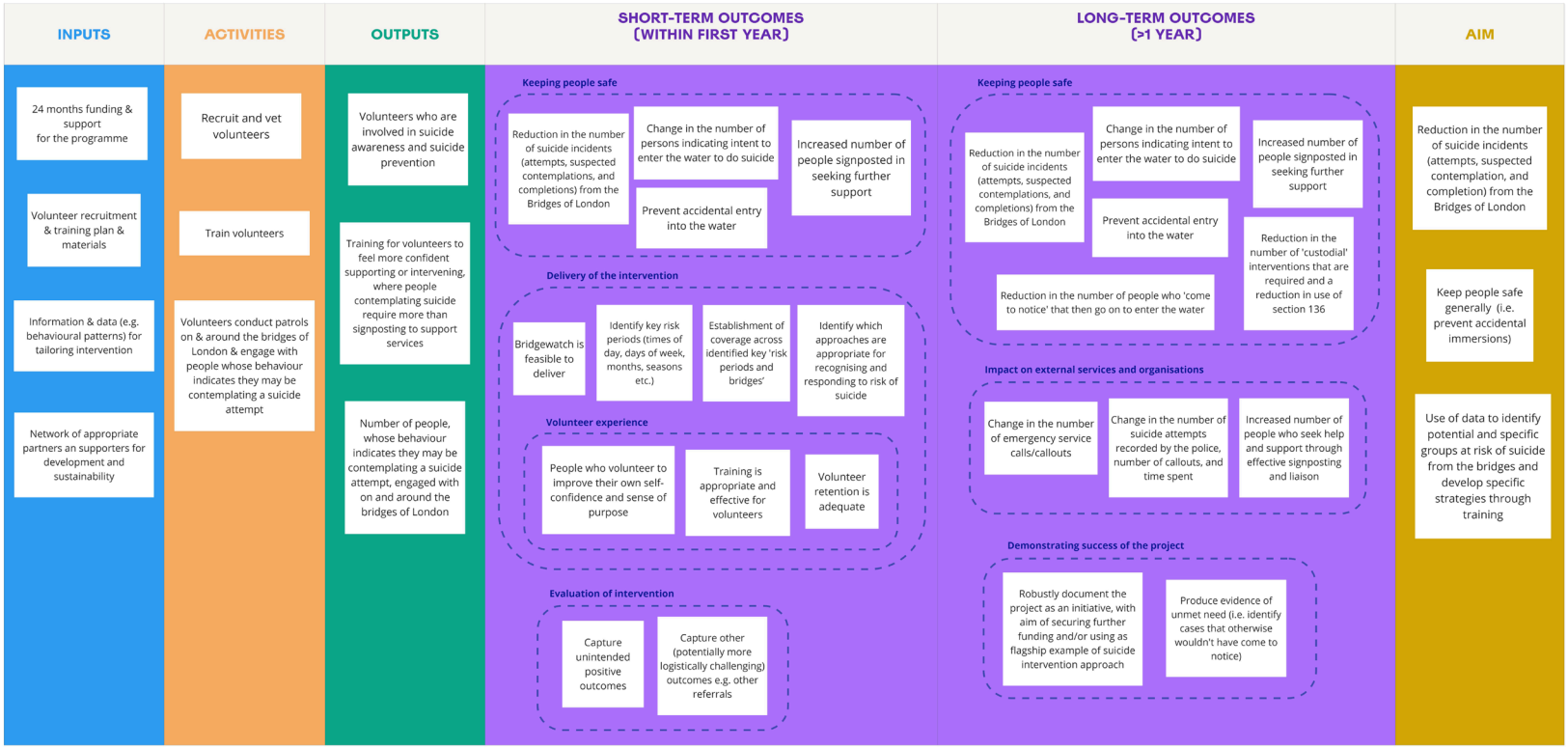
Workshop 2

Workshop 2 started with a recap of the previous workshop and a continued discussion on the ToC. Participants also discussed feasibility outcomes and more on sources of data to answer the evaluation questions. Feedback was provided on a table of data sources. The importance of Knowledge Mobilisation was addressed as well as how to make use of PHIRST embedded researcher funds. Finally some remarks were made about researcher wellbeing, given the potential sensitivity of the research topic.

Theory of Change

Figure 1 describes the Bridge watch Theory of Change (ToC). This is a ToC co-developed with stakeholders to a stage where it was sufficient to begin developing evaluation design options. Figure 1 is not meant to represent a definitive description of Bridge watch.

Figure 1 Bridge watch Theory of Change



There are a few outcomes that were removed, but is worth mentioning here as additional deliverables:

- Clear definition of what constitutes an 'incident' in available data, in relation to contemplations of or attempts at doing suicide
- Identify what data should be collected and how, to best inform future suicide prevention programmes

Negative consequences of Bridge watch considered are:

- Displacement effects (context specific)
- Potential increase in number of incidents that receive a police response, due to increased reporting
- Negative impacts on volunteers (increased risk of harm, including suicide)
- Contagion of attempts/risk behaviours at certain locations
- Highlights gaps in current provision for help
- Potential lack of resources to follow up on people who receive intervention
- Development of online materials on how to avoid the intervention team when planning or attempting suicide
- Negative image of the iconic landmarks

Positive consequences of Bridge watch considered are:

- Increased awareness of Bridge watch programme and suicide prevention more generally
- Increased engagement with marginalised groups (e.g. homeless people)
- Out of hours presence could reduce loitering or antisocial behaviour

4 Evaluation options

Evaluation aim & questions

The evaluation aim and objectives were informed by the EA process with the Bridge watch team, and the rapid literature review undertaken for the EA report. The overall aim of the evaluation is to investigate the feasibility, acceptability and effectiveness of the Bridge watch initiative. The evaluation will take a formative approach, with a mid-point review being used to feedback emerging findings to help inform development of the initiative. The evaluation will explore the following research questions:

Quantitative

- RQ1 What is the impact of Bridge watch on number of people:
  - entering the water?
    - 1) for the purpose of harm (suicide)
      - Suicide incidents*
    - 2) non-harm/accidental (fun/fall)
  - indicating intent to enter the water?
  - signposted in seeking further support?
- RQ2 Is Bridge watch coverage achieved across key risk periods & bridges?

Qualitative

- RQ3 Do volunteers find Bridge watch acceptable and appropriate?
  - Do volunteers feel Bridge watch is having a positive impact?
  - How does participation affect volunteers' sense of wellbeing and confidence?
    - Is appropriate support in place?
  - Is Bridge watch volunteer training effective?
    - Do volunteers have the knowledge, skills & abilities to intervene as intended?
    - Do volunteers feel equipped and prepared for their role?
  - What is the turnover/retention of volunteers?
- RQ4 Do key professional stakeholders (those working in and closely with Bridge watch) find it useful, acceptable and appropriate?
  - Is Bridge watch deemed to be having a positive impact (intended/perceived outcomes)?
  - What are the key positive features of the initiative?
  - What are key learning points/improvements for the initiative?
  - What are the experiences and perspectives regarding recruitment and engagement of volunteers?
- RQ5 Do those with whom Bridge watch intervene with find it useful, acceptable and appropriate?
  - What are people's understandings/thoughts of the Bridge watch initiative?
  - Is Bridge watch deemed to be having a positive impact?
  - What are the key positive features of the initiative?
  - What are key learning points/improvements for the initiative?

Sources of data on suicide incidents (attempts, contemplation, completion) around the five bridges in City of London

Table 2 describes known sources of data on suicide incidents. Information was compiled from the EA workshops as well as from members of the City and Hackney Public Health and Bridge watch teams.

Table 2 Sources of data on suicide incidents

#	Database Name	Host(s)	Types of suicide incident data	Information on other data fields	Notes
1	London Real Time Surveillance System (RTSS)	Thrive LDN & Metropolitan Police Service (MPS)	'suspected suicides' (prior to coroner report); suicide completion in London and by London residents	Residence; location, Ethnicity, gender, LA, residency, age	Cases are submitted onto the system by the Met Police and BTP. Doesn't record attempts. Currently pulling in attempts data from NHS services, but this is only people who present to NHS services (input by BTP and NPS). Completions are described as 'suspected' because there is no coroner's report linked to the data.
2	City of London Police Real time surveillance data	City of London Police	Contemplations, attempts, completions in the geographical area of the square mile	Date, month, time of the incident, offence, location, age, ethnicity, borough of residence, Section 136, Mental Health Street Triage intervention, repeat victim	Records from 2017
3	Mental Health Street Triage database	Mental Health Street Triage	Suicide service user	Potential Section 136, Section 136 avoided, CAD (case number), practitioner, date, time, borough of residence, known to mental health services, visitor or worker in the city, presenting complaint, suicidal, substance use, intervention offered, outcome of intervention	
4	WAID water incident database	National Water Safety Forum	**To be confirmed**		Martin Barwood (Leeds Trinity University) works on drowning cluster analysis

5	National Real Time Surveillance database	Office for Health Improvement and Disparities (OHID)	completions		
6	Office for National Statistics	Office for National Statistics	city residents' completions	Deaths, standardized rates by 100 000 population	
7	Primary care mortality dashboard		death by suicide in primary care	Year, age range, sex, ward	
8	Coroners' data	Coroner	completions	ref number, date of birth, date of death, age at death, sex, home postcode, ethnicity, religion, place of death, place of death type, cause of death, significant conditions, inquest formal conclusion if applicable, inquest concluded circumstances if applicable, sexual orientation, date of incident, known to mental health services	Availability is at the coroner's discretion
9	City of London Police mental health callout data	City of London Police	Mental health callouts in the square mile	Incident date, incident number author, activity (Mental Health), from to, duration, notes, easting from associated pronto task, northing from associated pronto task, longitute, lattitude, department, sub department, task number, task title	
10	Met Maritime Police database	Met Maritime Police	people entering the Thames all over London	Date of incident, time of incident, location of incident, age at presentation, summary of police log, client postcode, sex, consultation date, consultation time, frequency, initial outcome of incident at scene, custody outcome, summary of action by the police liaison team, initial risk rating, armed service veterans (incl. reserve forces), race, ethnicity, homeless, final risk rating, final outcome, date closed,	

Design options overview

Four options are presented in this chapter starting with the cheapest and most basic, and building on additional evaluation activity. See Table 1 for an overview:

- Option 0 involves no change or additional evaluation approach and relies on relevant and existing Monitoring & Evaluation (M&E) systems. We include Option 0 as a reference option. As discussed in the workshops, existing M&E systems alone do not meet Bridge watch evaluation requirements.
- Option 1 supplements Option 0 with a summative mixed-methods evaluation of intervention effectiveness and feasibility. This entails an Interrupted Time Series (ITS) analysis of databases and semi-structured interviews with key stakeholders, volunteers, and service users. Based on our analysis of existing sources of data (Table 1 above), our preferred databases are the London Real Time Surveillance System (RTSS) and the City of London Police Real time surveillance data.
- Option 2 is similar to Option 1 but is a formative evaluation approach with one check-in time point around the mid-point (to be confirmed with Bridge watch stakeholders) of the evaluation to provide timely data for programme learning and adaptation. Option 2 also includes volunteer diaries
- Option 3 is similar to Option 2 but has more extensive qualitative research methods incorporating observations and a focus group discussion with Bridge watch volunteers as part of the formative evaluation.

Table 3 Bridge watch (BW) programme evaluation options

Evaluation Questions	Evaluation Design	Elaboration & Data Collection Tools	Pros	Cons
RQ1 What is the impact of BW on number of: I. Suicide incidents II. Persons indicating intent to enter the water III. People signposted in seeking further support RQ2 Is Bridge watch coverage achieved across key risk periods & bridges? RQ3 Do volunteers find Bridge watch acceptable and appropriate? RQ4 Do professional stakeholders find it useful, acceptable and appropriate? RQ5 Do those with whom Bridge watch intervene with find it useful, acceptable and appropriate?	**Option 0 (reference option)** Existing monitoring system	• Routinely collected data from databases	• No additional cost or resources required	• No systematic evaluation of routine data & volunteer perspectives
	Option 1 Summative Evaluation	• Mixed-method (Interrupted Time Series (ITS) analysis of databases & semi-structured interviews with key stakeholders, volunteers & service users) summative evaluation of intervention effectiveness & feasibility	• Provide end of evaluation findings for programme learning & reporting • Most simple & cheaper option compared to 2 & 3	• Unable to provide more timely data for programme learning & reporting
	Option 2 Formative Evaluation A	• Mixed method (ITS analysis of databases, semi-structured interviews & volunteer diaries) formative evaluation of intervention effectiveness & feasibility with a mid-point reporting check-in	• Provide timely data for programme learning & reporting to support intervention adaptation	• More resource-intensive • Some additional effort required for mid-point reporting rather than focusing entirely on evaluation
	Option 3 Formative Evaluation B	• Option 2 + observations & mid-point report/check-in with a focus group discussion with volunteers	• Provide timely data for programme learning & reporting • Direct opportunity for volunteers to provide feedback for programme adaptation	• Most resource-intensive • More effort for mid-point reporting • Additional demands on volunteers

Option 0

Option 0 involves no change or additional evaluation approach and relies on relevant and existing Monitoring & Evaluation (M&E) systems. We include Option 0 as a reference option. As discussed in the workshops, existing M&E systems alone do not meet Bridge watch evaluation requirements. While databases identified in Table 2 are accessible, there is no additional capacity by the Bridge watch team to conduct analysis. Likewise, data gaps (eg., perspectives of volunteers on feasibility) identified during the evaluability assessment process cannot be adequately addressed with existing resources.

Option 1

Option 1 supplements Option 0 with a summative mixed-methods evaluation of intervention effectiveness and feasibility. This entails an Interrupted Time Series (ITS) analysis of databases and semi-structured interviews with key stakeholders and volunteers. ITS is a widely used method for identifying the effect of interventions where monitoring data is available for relevant outcomes. We propose to estimate effects of Bridge watch using monthly counts of suicide-related events before and after the intervention is implemented. The ITS design needs at least ten months' post intervention data to distinguish effects of intervention from underlying variability in the series. Based on our analysis of existing sources of data (Table 1 above), our preferred databases are the London Real Time Surveillance System (RTSS) and the City of London Police Real time surveillance data.

Option 1 also includes semi-structured interviews with key stakeholders, volunteers and service users (where appropriate and feasible to do so). This will involve a discussion with stakeholders and volunteers about the perceived feasibility, acceptability and effectiveness of the Bridge watch initiative. All interview topic guides/questions are to be informed by Bridge watch project partners. Option 1 is also a summative design with reporting done at the end of the evaluation study in the form of an evaluation report.

Option 2

Option 2 is similar to Option 1 but is a formative evaluation approach with one check-in time point around the mid-point (to be confirmed with Bridge watch stakeholders) of the evaluation to provide timely data for programme learning and adaptation. The benefit of a reporting check-in in a formative evaluation is that it provides opportunities to inform decisions about improving based on preliminary evaluation findings, rather than wait for summative evaluation judgement at the end of the evaluation. The reporting check-in can take place around the midway point of the evaluation, or at some other mutually agreed time. The format can take the form of a short report and/or presentation. Option 2 also includes the use of volunteer diaries. For solicited diary studies, we will recruit volunteer participants who will commit to the regular observation and reporting of certain phenomena over an extended period of time. For a successful qualitative diary study, we will need to have: 1) have a solid plan for project management, 2) be aware of potential methodological strengths and

weaknesses, and 3) pay attention to the special ethical considerations in doing qualitative diary research.

Option 3

Option 3 supplements Option 2 with additional data collection through observation, and an additional workshop with Bridge watch volunteers during the report check-in, serving as a focus group discussion (FGD). Observation provides the opportunity to monitor or assess a process or situation and document evidence of what is seen and heard in context. It is a flexible approach to data collection and can produce a mix of qualitative and quantitative data. Conducting observations however can be labour intensive. A diary study is a contextual, qualitative, longitudinal research methodology used to capture user behaviours, activities, and experiences. Option 3 also provides an opportunity for a more engaged discussion in a focus group (FGD) with Bridge watch volunteers over preliminary evaluation findings. The purpose of the FGD is to provide an opportunity for feedback. The FGD can also serve as an additional data collection.

5 Recommendation

PHIRST Fusion recommends Option 2. Primary qualitative data exploring perspectives and experiences of the Bridge watch initiative will be collected through interviews with volunteers and professional stakeholders/staff, and service users/those the initiative has engaged with. Further, qualitative data will be collected via Bridge watch volunteers completing a short, structured diary/log reporting on reflections after patrols.

Table 4 Summary of Option 2 Mixed-methods design

Interrupted Time Series We propose to estimate effects of Bridge watch using monthly counts of suicide-related events before and after the intervention is implemented Needs at least ten months' post intervention data to distinguish effects of intervention from underlying variability in the series	Databases to be consulted: • City of London Police collect real time surveillance data on contemplations, attempts and completions in the geographical area of the square mile The London RTSS, co-hosted by Thrive LDN and the Met Police, captures real-time information on suspected suicides data pan-London, cases are submitted onto the system by the Met Police, City of London Police, and BTP
Interviews This will involve a discussion with a member of the research team about the perceived feasibility, acceptability and	Volunteers (60 minutes, online/phone, £25 voucher) • Recruitment via project partners obtaining consent from volunteers to

effectiveness of the Bridge watch initiative.
 	
All interview topic guides/questions are to be informed by Bridge watch project partners.
	securely share their contact information with the research team. The research team will contact to arrange interviews.
	
	• Potential interview topics to be explored:
	  • Background to, and explanation of becoming a volunteer including motivations for involvement
	  • Perspectives of training (e.g. does training prepare for the actual role)
	  • Description of a typical Bridge watch session
	  • Discussion of the process for interaction with someone identified as at-risk
	  • Perspectives of effectiveness of the initiative
	  • Suggestions for improvements (to intervention, to training, etc.)
	  • Plans for future/continued volunteering in the initiative

	<u>Service users</u> (60 minutes, online/phone, £25 voucher)
	
	• Recruitment via volunteers obtaining consent from service users to securely share their contact information with the research team. The research team will contact to arrange interviews.
	
	• Potential interview topics to be explored:
	  • Understandings of the Bridge watch initiative
	  • Description and reflection of volunteer interaction
	  • Perspectives of the initiative (effectiveness)

	• What works well/what could be improved

	<u>Bridge watch staff/professionals</u> stakeholders (60 minutes, online/phone,)
	
	• Recruitment via project partners
	• Potential interview topics to be explored:
	  • Description and explanation of the Bridge watch Programme
	  • Intended aims and objectives, and if it is meeting these
	  • Perceived outcomes of the initiative
	  • Unintended consequences
	  • What works well/what could be improved
	  • Experiences and perspectives regarding recruitment and engagement of volunteers

<u>Volunteer diary/log reflections</u> This will involve volunteers completing a short, structured diary/log after patrols, covering questions/sections designed to elicit reflections on the acceptability and effectiveness of the Bridge watch initiative, and how the provided training has equipped them for the experiences of the role. Each participant will be expected to provide four reflections, electronically via a word document. Participants will receive a participation £25 voucher.	The structured diary/log questions/sections will be developed with our Bridge watch partners. We anticipate the questions/sections will explore: • Reflections on the patrol session – what things came up (who was engaged with) • How did you respond to encountered topics/issues, including whether there was anything they were unable to deal with and how this was resolved • Did you have the skills/knowledge to provide support (what would be good for you/other volunteers to know) • Did you gain any skills/new knowledge • How are you feeling after the session

References

Andriessen, K. (2021). The role of volunteer organizations in suicide prevention. In *Oxford Textbook of Suicidology and Suicide Prevention* (pp. 787-792): Oxford University Press.

City of London Corporation. (2016). *Suicide Prevention Action Plan 2016-2019*. Retrieved from https://democracy.cityoflondon.gov.uk/documents/s74528/Appendix%201_City%20of%20London%20Suicide%20Prevention%20Action%20Plan.pdf

Community Southwark. (2024). Retrieved from https://communitysouthwark.org/Bridge watch-making-a-difference-and-saving-lives/

Cox, G. R., Owens, C., Robinson, J., Nicholas, A., Lockley, A., Williamson, M., . . . Pirkis, J. (2013). Interventions to reduce suicides at suicide hotspots: a systematic review. *BMC Public Health*, *13*, 214. doi:10.1186/1471-2458-13-214

Craig, P., & Campbell, M. (2015). Evaluability Assessment: a systematic approach to deciding whether and how to evaluate programmes and policies.

Department of Health & Social Care. (2023). *Suicide prevention in England: 5-year cross-sector strategy*. Retrieved from https://www.gov.uk/government/publications/suicide-prevention-strategy-for-england-2023-to-2028/suicide-prevention-in-england-5-year-cross-sector-strategy#priority-areas-for-action

Giraud, C., & Trathen, A. (2023). *Suicide prevention in the City of London Annual Update*. Retrieved from https://democracy.cityoflondon.gov.uk/documents/s192038/Suicide%20Prevention%20Annual%20Update%20FINAL.pdf

Leviton, L. C., Khan, L. K., Rog, D., Dawkins, N., & Cotton, D. (2010). Evaluability assessment to improve public health policies, programs, and practices. *Annu Rev Public Health*, *31*, 213-233. doi:10.1146/annurev.publhealth.012809.103625

Office for National Statistics. (2023). *Suicides in England and Wales: 2022 registrations*. Retrieved from https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/suicidesintheunitedkingdom/2022registrations#:~:text=2.,as%202021%20(Figure%201).

Owens, C., Derges, J., & Abraham, C. (2019). Intervening to prevent a suicide in a public place: a qualitative study of effective interventions by lay people. *BMJ Open*, *9*(11), e032319. doi:10.1136/bmjopen-2019-032319

Pirkis, J., Too, L. S., Spittal, M. J., Krysinska, K., Robinson, J., & Cheung, Y. T. (2015). Interventions to reduce suicides at suicide hotspots: a systematic review and meta-analysis. *Lancet Psychiatry*, *2*(11), 994-1001. doi:10.1016/S2215-0366(15)00266-7

Appendix A: Details of searches

Medline

1	(public place* or loch* or lake* or sea* or high places or cliff* or railway* or building* or bridge* or jump or jumping or jumps or jumpers or leap* or drown* or water or river*).ab,kw,ti.	2420223
2	Suicide Prevention/	11537
3	(suicid* adj (intervent* or prevention or attempt* or intent*)).ab,kw,ti.	25649
4	(third party or lay or volunteer* or unpaid or patrol*).ab,kw,ti.	277860
5	2 or 3	32914
6	1 and 4 and 5	**32**

https://ovidsp.ovid.com/ovidweb.cgi?T=JS&NEWS=N&PAGE=main&SHAREDSEARCHID=64S9904Cwg5xG2wmqcCsMiHb65dk3KGY9wnJZCC7qeCFfnpRSPfKVWjS2L7IUqgoc

Of those results these might relevant

- Owens C, Derges J, Abraham C. Intervening to prevent a suicide in a public place: a qualitative study of effective interventions by lay people. BMJ Open. . 2019;9(11):e032319. doi:10.1136/bmjopen-2019-032319, 10.1136/bmjopen-2019-032319
- Pirkis J, Too LS, Spittal MJ, Krysinska K, Robinson J, Cheung YT. Interventions to reduce suicides at suicide hotspots: a systematic review and meta-analysis. *Lancet Psychiatry*. . 2015;2(11):994-1001. doi:10.1016/S2215-0366(15)00266-7, 10.1016/S2215-0366(15)00266-7
- Cox GR, Owens C, Robinson J, et al. Interventions to reduce suicides at suicide hotspots: a systematic review. *BMC Public Health*. . 201313doi:10.1186/1471-2458-13-214, 10.1186/1471-2458-13-214

We did a citation search on Owens (2019) but found no other relevant studies. There were studies that talked about staff, commuters, and bystanders but *not* volunteers.

SCOPUS

(TITLE-ABS-KEY (third AND party OR lay OR volunteer* OR unpaid OR patrol*)) **AND** (TITLE-ABS-KEY ((suicid* W/1 (intervent* OR prevention OR attempt* OR intent*)))) **AND** (TITLE-ABS-KEY ((public AND place* OR loch* OR lake* OR sea* OR high AND places OR cliff* OR railway* OR building* OR bridge* OR jump* OR drown* OR water OR river*)))
Finds 5 hits, nothing relevant

PsycINFO

#	Query	Results
S6	S1 AND S4 AND S5	27
S5	S2 OR S3	28,860
S4	TI (third party or lay or volunteer* or unpaid or patrol*) OR AB (third party or lay or volunteer* or unpaid or patrol*)	75,931
S3	TI (suicid* N1(intervent* or prevention or attempt* or intent)) OR AB (suicid* N1(intervent* or prevention or attempt* or intent))	27,046
S2	DE "Suicide Prevention"	6,671

S1	TI (public place* or loch* or lake* or sea* or high places or cliff* or railway* or building* or bridge* or jump* or leap* or drown* or water or river*) OR AB (public place* or loch* or lake* or sea* or high places or cliff* or railway* or building* or bridge* or jump* or leap* or drown* or water or river*)	328,860

Of the SCOPUS results this might be relevant.

- Lockley, Anne, Yee Tak Derek Cheung, Georgina Cox, Jo Robinson, Michelle Williamson, Meredith Harris, Anna Machlin, Caitlin Moffat, and Jane Pirkis. 2014. "Preventing Suicide at Suicide Hotspots: A Case Study from Australia." Suicide and Life-Threatening Behavior 44 (4): 392–407. doi:10.1111/sltb.12080.

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or visit www.samaritans.org for more information.