

The Bridge Watch suicide prevention initiative: A mixed-methods evaluation

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About PHIRST Fusion

PHIRST Fusion is one of ten Public Health Intervention Responsive Studies Teams (PHIRST) in the UK, funded by the National Institute of Health and Care Research (NIHR). PHIRST connects academic research teams with local government partners to evaluate public health initiatives. The goal is to provide timely and robust evaluations that local authorities can use to make informed decisions about their public health programs. At the time of the study, the PHIRST Fusion team comprised a core research group based at Newcastle University and associates at Queen's University Belfast, University of Edinburgh, University of Glasgow, University of Sheffield and Northumbria University. From September 2025, the group also includes Glasgow Caledonian University.

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Executive summary

Background

Suicide is a complex public health issue that affects individuals, families, and communities. Although a relatively small proportion of suicides involve jumping from bridges, these sites are a significant concern, as bridge jumps are often fatal, suicide attempts at these locations can be witnessed by others, and such sites can gain reputations as places where people go to take their lives. While physical barriers on bridges have proven effective in reducing suicide rates, they can be expensive and are not always practical or feasible to implement. Therefore, alternative strategies are necessary to prevent suicides at such locations.

The Bridge Watch programme

Bridge Watch is a suicide prevention initiative developed in response to the number of suicides and suicide attempts occurring on the City of London bridges. Fully implemented in April 2024, following a pilot period, Bridge Watch deploys volunteer teams to patrol the Bridges of London (BoL) — Millennium Bridge, Blackfriars Bridge, Tower Bridge, London Bridge, and Southwark Bridge — and aims to provide a physical presence for suicide prevention. During the patrols, the volunteers aim to identify people at risk, and then engage in empathetic listening, providing support, signposting and connection to appropriate resources, including alerting emergency services if needed.

Evaluation methodology

We conducted a mixed methods study. To identify the impact of Bridge Watch, we carried out interrupted time series analyses of routinely collected data on suicide contemplations, attempts and suspected suicides. We compiled descriptive statistics and plotted suicide events that occurred over the study period to ascertain any key risk periods and whether adequate coverage was achieved by Bridge Watch patrols. To understand the acceptability and usefulness of Bridge Watch from the perspective of volunteers and others involved in the intervention, we undertook qualitative interviews with Bridge Watch volunteers and professionals who have had some involvement with Bridge Watch, and analysed volunteer diary/logs which include reflections after patrols.

Key findings

Quantitative study

Between January 2019 and April 2025, 837 suicide events were reported on or around the BoL, including 249 suicide contemplations, 559 suicide attempts and 29 suspected suicide deaths. Suicide events were most common among people in younger age groups (18-24 and 25-34) and more likely to involve men than women.

Before the introduction of Bridge Watch, the number of suicide contemplations was increasing by 12% per month. Immediately post intervention, the number of contemplations fell, followed by a return to an increasing trend, but at a slower rate of 10% per month. However, some estimates in this model were imprecise, limiting our ability to make clear inferences. Suicide attempts showed pre-intervention increase of 3% per month. Immediately after the introduction of Bridge Watch, model results indicated a substantial reduction in the number of suicide attempts (51%), followed by an increase such that 12 months post-intervention the number of attempts had returned to levels expected in the absence of Bridge Watch. We were unable to make inferences about the potential impact of

Bridge Watch on suspected suicide deaths due to the rarity of cases across the study time series.

Across all years in the time series, suicide events of all types occurred most often during the hours of darkness and particularly around midnight and 8 PM. Whilst Bridge Watch did carry out patrols during the period between 8 PM and 4 AM, the majority of patrols occurred during daylight hours (61% of patrols). Suicide events were more frequent during the summer, but there were no clear temporal patterns in suicide events by day of the week or by day of the month.

Qualitative study

We conducted 27 interviews, 19 with Bridge Watch volunteers and eight with professionals, and analysed 16 volunteer diary/logs. The Bridge Watch volunteer role involves responding to various complex topics, such as suicide ideation, intoxication, and mental health issues, as well as more general encounters with the public. Several challenges around the delivery of Bridge Watch were noted, these included: volunteers' understanding of intervention processes for situations that did not require emergency services intervention; volunteers confidence to intervene due to the infrequent nature of interventions resulting in a concern over skills and knowledge deteriorating; growing recruitment of volunteers due to the Bridge Watch programme leads time constraints juggling recruitment with other administrative responsibilities; the limited patrol coverage due to the number of volunteers and the large geographic area of the bridges; awareness of Bridge Watch from other services contributing to challenges in collaboration; environmental and operational obstacles such as the physicality of the role; and, awareness of volunteer support options and processes following interventions.

Bridge Watch was noted as having various perceived benefits and impact. Bridge Watch was described as providing a proactive, visible presence on the London bridges, which helps to identify and support individuals at risk of entering the water, and prevents potential suicides and harm. Volunteers and professionals reported numerous examples of how the Bridge Watch programme had supported and prevented people from entering the water. Beyond suicide prevention, Bridge Watch is seen to be providing a range of secondary benefits and public health impacts, including: risk management for unsafe behaviours around the bridges (e.g., sitting on the bridge railings/barriers); support and signposting for vulnerable individuals experiencing non-crisis mental health issues, distress or intoxication; destigmatising and raising public awareness of suicide and suicide prevention via being a visible presence of support; and assistance to partner agencies like the police in managing incidents (e.g., searching for missing people). Bridge Watch was suggested as playing a role in reducing pressure on emergency services. By de-escalating situations and providing initial support, volunteers were seen to prevent unnecessary callouts and reduce the workload on police and other emergency responders. Furthermore, the programme offered valuable personal and professional benefits to volunteers, including skill development, improved well-being, and opportunities for social connection.

Key considerations for the development of Bridge Watch

We found no conclusive evidence of an impact of Bridge Watch on suicide contemplations, attempts, or suspected suicides on or around the BoL over the first year of the intervention.

The uptick in suicide attempts post-intervention is likely due to increased detection of attempts. Our analyses of the impact of the Bridge Watch on suicide contemplations and suspected suicide deaths produced imprecise estimates, due to limited numbers of events. It will be valuable to repeat all analyses in the future with additional post-intervention time points to examine whether any clear effects emerge from the tentative trends that we see in the current models.

If there is scope to do so, Bridge Watch may consider carrying out additional patrols during the identified key risk periods. Ongoing monitoring of key risk periods for suicide events and communication of any changes in trends to the Bridge Watch team will be important if the organisation wishes to optimise its patrolling schedule with the aim of reaching more people in need.

Both the volunteers and professionals perceived Bridge Watch as having considerable potential in terms of providing suicide intervention and prevention support, as well as numerous wider impacts. However, the programme's limited resources and funding restrict its impacts, growth and coverage, and its development hinges on addressing key challenges related to funding, staff capacity, and volunteer recruitment.

Key considerations provided by volunteers and professionals included how to: enhance volunteer training and support; develop volunteer confidence and experience; improved knowledge of Bridge Watch processes; improve volunteer recruitment and retention; and develop collaboration and communication with other services.

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1. Introduction

1.1. Background

Suicide is a complex public health issue that affects individuals, families, and communities. With timely public health intervention, suicide can be prevented. There are several types of suicide prevention interventions, which cover a range of upstream (preventive) and downstream (crisis support) approaches (1, 2). These include:

- Awareness programmes (these aim to increase public awareness of suicide and suicide prevention including risk factors, warning signs, and resources for help).
- Screening programmes (these aim to identify individuals who may be at risk for suicide, using surveys or interviews).
- Gatekeeper training (this involves training individuals who are not clinicians (e.g. teachers, first responders) to identify individuals at risk of suicide and refer them to appropriate services).
- Access to means restriction (this aims to make it more difficult for individuals to access lethal means of suicide, such as medications or jumping locations).
- Hotlines (suicide hotlines, such as Samaritans, offer immediate support to individuals in crisis).
- Media strategies (these aim to promote responsible reporting of suicide and to reduce the risk of suicide contagion).
- Pharmacotherapeutic and psychotherapeutic approaches (these approaches involve using medication, therapy, and follow-up care to treat mental health conditions that may contribute to suicide risk).

Whilst many factors contribute to suicidal ideation and behaviour, easy access to high lethality methods of self-harm, like bridges to jump from, can significantly increase the risk of suicide (3). Although a relatively small proportion of suicides involve jumping from bridges, these sites are a significant concern (4). This is because bridge jumps often tend to be fatal, and suicides at these locations can be witnessed by others. Such sites can gain reputations as places where people go to take their lives because of their accessibility and media attention (5, 6). While physical barriers on bridges have proven effective in reducing suicide rates (7), they are expensive and not always practical or feasible to implement. Therefore, alternative strategies are necessary to prevent suicides at such locations.

Even though London had the lowest rate of suicides registered of any region in England and Wales in 2023 (7.7 deaths per 100,000) (8), the most common method of dying by suicide in the City of London is drowning in the Thames (32%) followed by falling from a height (26%) (9). This is inconsistent with national data where hanging is the most common method (10). This highlights a need for specific interventions that target bridge-related suicide in the City of London.

1.2. The Bridge Watch programme: aims, rationale and development

Bridge Watch is a suicide prevention initiative developed in response to the number of suicides and suicide attempts occurring on City of London bridges. The Bridge Watch programme was developed in response to an action in the 2016-19 City of London Corporation Multi-Agency Suicide Prevention action plan, in part due to the strain these incidents placed on service resources. Seed funding was provided by City Bridge Foundation.

Bridge Watch was co-founded by the regional water safety lead for the Royal National Lifeboat Institution and the City of London Corporation's Suicide Prevention Lead. It was developed in collaboration with various stakeholders, including the Tidal Thames water safety forum, the City of London Police, and the Ascension Trust. Building buy-in from these partners was crucial to the programme's development.

Bridge Watch operates under the auspices of the Ascension Trust, collaborating closely with partners including the City of London Corporation, the Royal National Lifeboat Institution and emergency services. The Bridge Watch programme deploys trained volunteer teams to patrol the five bridges of the City of London (BoL) — Millennium, Blackfriars, Tower Bridge, London Bridge, and Southwark Bridge — and aims to provide a physical presence of suicide prevention and intervention.

The primary objective of Bridge Watch is to reduce suicide incidents (attempts, contemplations, and completions) on London's bridges by providing coverage across identified key risk sites/bridges. This is done through an early intervention approach, engaging with individuals showing signs of intent to enter the water.

Volunteers are provided with a training package which supports them to deliver the role. The training package includes sessions on how to identify and assist individuals in distress or at risk of suicide or risk of entering the water (primarily, but not limited to, the purpose of suicide). On successful completion of the training, volunteers are required to commit to a minimum of four volunteer hours per month. During the patrols, the volunteers aim to identify people at risk, and then engage in empathetic listening, providing support, signposting and connection to appropriate resources, including emergency services intervention if needed. Patrols typically involve working in teams of two or three volunteers, with different teams having set routes to follow across the five bridges. Patrols involve a shift leader who organises and manages patrols.

Pilot patrols ran from 4th December 2023 until 31st March 2024. The official launch of Bridge Watch patrols occurred on 10th April 2024, with the full complement of patrols running several weeks before that.

2. Methods

2.1. Co-development of evaluation aims and research questions

As described in the study protocol (11), we undertook an evaluability assessment approach to developing the evaluation aims and research questions, in collaboration with key stakeholders from the third and public sectors. A mixed-methods evaluation study was agreed as the aim of the PHIRST Fusion evaluation, with an interim report provided at a mid-way point to enable initial findings to feed into the development of the Bridge Watch Programme (12).

The overall aim of our evaluation was to explore the feasibility, acceptability, and effectiveness of the Bridge Watch initiative. Our evaluation comprised of quantitative and qualitative components to investigate the research questions presented in Table 1. Although potential data sources for investigating research questions 1b and 1d were identified during the EA process, it was subsequently found that the data could not be accessed for the purposes of this evaluation. The quantitative findings, therefore, focus only on research questions 1a, 1c and 2.

Table 1: Research questions and sub-questions

	Research questions and sub questions
Quantitative component	RQ1) What is the impact of Bridge Watch programme on number of people: a) entering the water for the purpose of harm (suicide) b) entering the water for non-harm/accidental (fun/fall) c) indicating intent to enter the water? d) signposted in seeking further support?
	RQ2) Is Bridge Watch coverage achieved across key risk periods and bridges?
Qualitative component	RQ3) Do volunteers find Bridge Watch acceptable and appropriate? a) Do volunteers feel Bridge Watch is having a positive impact? b) How does participation affect volunteers' sense of wellbeing and confidence? • Is appropriate support in place? c) Is Bridge Watch volunteer training effective? • Do volunteers have the knowledge, skills, and abilities to intervene as intended? • Do volunteers feel equipped and prepared for their role? d) What is the turnover/retention of volunteers?
	RQ4) Do professional stakeholders find Bridge Watch useful, acceptable and appropriate? a) Is Bridge Watch deemed to be having a positive impact (intended/perceived outcomes)? b) What are the key positive features of the programme? c) What are key learning points/improvements for the programme?

	d) 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? a) What are people's understandings/thoughts of the Bridge Watch programme? b) Is Bridge Watch deemed to be having a positive impact? c) What are the key positive features of the programme? d) What are key learning points/improvements for the programme?

2.2. Methods: quantitative component

2.2.1. Data sources and variables

We used individual-level, real-time suicide data from two sources, the City of London Police (CoLP) and Thrive LDN. From CoLP, we obtained records of all reported suicide events (contemplations, attempts and suspected suicide deaths — see definitions below) occurring on or around the BoL over five years and four months from 1st January 2019 to 30th April 2025. Variables in this dataset included the bridge on which the suicide event occurred, event type (suicide contemplation; suicide attempt; suspected suicide death; suicide - missing person; see definitions below), time and date of the suicide event, gender (male; female; transgender), age range (<18 years; 18-24; 25-34; 35-44; 45-54; 55-64; 65+) and home address region (London; elsewhere, including outside the UK; no fixed abode). These data are gathered centrally from a range of sources at CoLP, including reports from attending officers, information from the CoLP control room, and intelligence work carried out by the CoLP Local Research and Analysis team.

We also used data from Thrive LDN, a London-wide public mental health partnership between the Mayor of London and London Health Board Members (24). From Thrive LDN's real-time suicide surveillance system, we obtained records of suspected suicide deaths (by any means) occurring in Greater London over four years and four months from 1st January 2020 to 30th April 2025. After first responders attend a suspected suicide death, they are requested to add details of the case to Thrive LDN's real-time surveillance system within 72 hours of the incident. Notifications are also triggered at relevant organisations (e.g., British Transport Police, social services, London Ambulance Service, coastguard) requesting additional information. As CoLP analysts input suicide data into the Thrive LDN database, the CoLP database can be considered a subset of Thrive LDN, with the exception of a small number of cases that cannot be entered due to insufficient detail about the identity of the deceased individual.

Variables in the Thrive LDN dataset included date of the suicide event, location of death post code, location of death local authority, location of death type (e.g., airport; bridge; hotel; train station), method of suicide (e.g., asphyxiation; drowning; fall from height), gender (male; female; transgender), home address region (London; elsewhere, including outside the UK; 'no fixed abode' where the address could not be determined by the attending officer). To

identify suspected suicide deaths that occurred on or around the BoL, we selected only cases that satisfied the three following conditions:

- 1) The location of death post code area was immediately adjacent to the stretch of the River Thames where the BoL are located (SE1; WC2R; EC3R; EC3N; EC4R; EC4V; EC4Y), or was "NA".
- 2) The location of death type was either "River", "Thames River", "Bridge", "Bridge Over Thames", or "Other".
- 3) The method of death was either "Drowning" or "Fall From Height".

For identified cases, we manually checked each location of death post code to ensure that it was either on or adjacent to one of the five BoL. For cases that were considered borderline (including those where location of death postcode was "NA", or location of death type was "Other") we consulted an analyst at Thrive LDN who was able to access additional narrative information about each case, confirming if it was related to the BoL. Borderline cases where no additional narrative information was available were rejected.

In both datasets, suicide events were categorised according to the following definitions:

- **Suicide contemplation:** An incident where an individual has not taken action to kill themselves but has expressed low thoughts and mood, suicidal thoughts or comments and threats to kill themselves.
- **Suicide attempt:** An incident where an individual has taken action to try to kill themselves. This includes climbing bridge barriers or sitting on the bridge barriers if the individual states they want to kill themselves.
- **Suicide death:** An incident where the individual has caused deliberate harm to themselves, resulting in death. Suicide deaths in CoLP and Thrive LDN include both deaths with and without coroner confirmation of suicide. Therefore, in this report, we refer to all suicide deaths as suspected suicide deaths.
- **Suicide - missing person:** An incident where the individual is believed to have caused deliberate harm to themselves, resulting in death, but their body has not been recovered. Evidence to suggest a death by suicide has occurred includes information such as eyewitness reports, CCTV imagery, or identifiable personal belongings recovered at the scene.

A Memorandum of Understanding and a Data Sharing Agreement were established between the University of Glasgow and CoLP and Thrive LDN, respectively, which permitted use of their data for the purposes of this research.

2.2.2. Statistical analysis

Impact of Bridge Watch programme

To estimate the potential impact of the Bridge Watch suicide prevention initiative on the numbers of suicide contemplations, attempts and suspected suicide deaths taking place on or around the BoL, we conducted three separate interrupted time series (ITS) analyses (13, 14).

Models 1 and 2: suicide contemplations and attempts

We used data from CoLP to conduct two separate ITS analyses using data from January 2019 to April 2025 (76 time points), with the intervention beginning in April 2024 (month 64). Outcomes were monthly counts of suicide contemplations and attempts. We used segmented Poisson regressions to estimate both the pre-intervention and counterfactual trends to account for the count nature of the outcome variables:

$$\log(\mu t) = \beta_0 + \beta_1(\text{time}) + \beta_2(\text{level}) + \beta_3(\text{trend})$$

Where μt represents the expected number of deaths at time t . We report model coefficients as incidence rate ratios (IRRs) by exponentiating the log-scale estimates. Both models included three key parameters: 1) *time* - a continuous variable indicating time in months from the start of the observation period to capture underlying secular trends; 2) *level* - a binary indicator variable (0 = before intervention, 1 = after) to estimate immediate changes in the odds of death following intervention implementation; and 3) *trend* - a continuous variable counting the number of months after the intervention to assess changes in the underlying trend.

To quantify intervention effects, we developed counterfactual scenarios representing expected contemplations and attempts in the absence of the intervention. We fitted a separate Poisson regression model using only pre-intervention data (months 1-63), including only the time parameter. These pre-intervention models were then extrapolated to estimate the change in the immediate level and subsequent trend in contemplations and attempts during the post-intervention period. This represents what would have occurred in the absence of the Bridge Watch initiative. We calculated intervention effects at specific time points (6 months and 12 months post-intervention) by comparing IRRs from the full ITS model against counterfactual predictions. Both absolute differences (change in the numbers of contemplations and attempts) and relative differences (percentage change in contemplations and attempts) were computed to quantify the intervention's potential impact. In both models 1 (contemplations) and 2 (attempts), the relationships between time and the log outcomes were not linear. Therefore, we added quadratic terms to each model equation. The overdispersion parameter values for model 2 was >1.5 . Therefore, we fitted a quasi-Poisson model. Durbin-Watson tests and autocorrelation function (ACF) and partial-autocorrelation function (PACF) plots of model residuals indicated potential autocorrelation with seasonal patterns in model 2. Therefore, we added Fourier terms (two sine and cosine pairs within a 12-month period) to adjust for this. Where added, the quadratic and seasonal terms were significant and improved model fit in comparison to unadjusted models.

Model 3: suspected suicide deaths

We used data from Thrive LDN to conduct an ITS analysis using data from January 2020 to April 2025 (64 time points), with the intervention beginning in April 2024 (month 52). We used the same ITS approach as described above. Due to the low frequency of suspected suicide deaths, monthly counts of suspected suicide deaths were modelled as a binary variable, indicating whether any deaths occurred in each month (0 = no deaths; 1 = one or more deaths). We fitted a segmented binomial regression model to account for this data structure:

$$\text{logit}(\pi t) = \beta_0 + \beta_1(\text{time}) + \beta_2(\text{level}) + \beta_3(\text{trend})$$

Where $\text{logit}(\pi t)$ is the log odds of any death occurring in a given month. We report model coefficients as odds ratios (ORs) by exponentiating the logit-scale estimates. As above, absolute differences (change in probability of death) and relative differences (percentage change in probability) were computed to quantify the intervention's potential impact. Dispersion parameter values for this model were <1.5 , and ACF and PACF plots of standardised model residuals indicated no autocorrelation.

Sensitivity analyses

Whilst CoLP data can be considered a subset of the Thrive LDN database, the method of identifying BoL-related suspected suicide deaths differs in the two datasets. Therefore, as a sensitivity analysis, we conducted an ITS analysis of suspected suicide deaths using data from CoLP, restricting the time series to January 2020 to April 2025, to match that of Thrive LDN. Dispersion parameter values and ACF and PACF plots indicated no adjustments were required. Therefore, we ran an unadjusted binomial model.

Using Thrive data, we additionally carried out a visual comparison of trends for BoL-related suspected suicide deaths and suspected suicide deaths by any method within Greater London between January 2019 and April 2025 to assess whether changes in BoL-related suspected suicide deaths were in line with wider trends within Greater London. To visualise temporal trends, we created a comparative time series plot showing percentage change from baseline. Fitted values from a London-wide Poisson regression model and the BoL-specific binomial regression model were calculated for each time point. The baseline (0% change) was defined as the fitted value at the first time point (January 2020) for each respective model. Percentage change was calculated as $[(\text{fitted value} / \text{baseline}) - 1] \times 100$. Both trend lines were plotted on the same axes to enable direct visual comparison of relative changes over the study period.

Bridge Watch coverage across risk periods and bridges

To investigate whether Bridge Watch patrols achieve coverage across key risk periods and bridges, we quantified descriptive statistics and created plots to visually assess the numbers of aggregated suicide events across different time periods (time of day including daylight hours, day of week, month date, month in year). We additionally visualised these statistics for each bridge, to ascertain whether patterns varied by location. Data on daylight hours for 2022 were downloaded from www.timeanddate.com and used as an indication of daylight hours across each year in the time CoLP time series. We cross-referenced identified risk periods with the times and dates of Bridge Watch patrols since they began in the pilot phase in December 2023 until April 2025, to identify whether appropriate coverage was achieved.

All analyses were carried out by OH in R version 4.5.1(26). Counts of less than 10 are redacted in this report to prevent statistical disclosure.

2.3. Methods: qualitative component

The qualitative data draw on:

- 27 interviews with Bridge Watch volunteers (n = 19) and professionals (n = 8) who have had some involvement with Bridge Watch. The interviews were undertaken between August and September 2024.
- Volunteer diary/logs which include volunteer reflections after patrols (n = 16). These were collected between August and November 2024.

2.3.1. Participant recruitment

The study employed a purposive and convenience sampling approach for participant recruitment. Recruitment and the distribution of study information to both volunteer and professional cohorts were supported by our project partners in the Bridge Watch team. Professional staff were presented with a verbal description of the research, along with an information sheet and consent forms, and invited to initiate contact with the research team for participation. Volunteers were directly engaged by the Bridge Watch coordinator, who offered an initial verbal summary of the study. Subsequently, interested volunteers received a detailed project information sheet. All prospective participants were afforded sufficient time to review the provided information and pose any questions regarding the study and their involvement. Upon their consent, contact information was securely transferred to the research team. Researchers then contacted potential participants to elaborate on the study and arranged interview times after a one-week follow-up period.

Following their interviews, volunteers were offered the opportunity to contribute to the diary entry component of the research. Those who expressed interest were subsequently provided with an information sheet and a separate consent form, which they needed to complete before their participation.

Across all aspects of the research, participants provided written informed consent.

2.3.2. Data generation

Interviews were undertaken by NW and EH from the research team. All interviews took place remotely through either online video conferencing platforms or telephone calls. Each interview ranged between 40 and 80 minutes.

The interviews employed semi-structured topic guides. Interviews with professionals explored perceived effectiveness and outcomes of the Bridge Watch programme, as well as their recommendations for improvement. Discussions with volunteers focused on their experiences with the provided training, detailed accounts of patrols and interactions, their assessment of the intervention's effectiveness, and suggestions for potential enhancements. Before commencing data collection, key ethical considerations such as data management, confidentiality, the right to withdraw, and informed consent were verbally reiterated.

All interviews were audio-recorded using an encrypted device and transcribed verbatim to capture the exact dialogue. Each transcript was anonymised at the point of transcription, meticulously checked for accuracy by NW and EH, and subsequently stored securely.

The volunteer diary logs involved volunteers completing a template designed to capture general reflections on their patrol sessions, following a series of four patrols. Volunteers submitted their completed diary logs to the research team as password-protected Word documents. Upon receipt, these were checked by NW and EH, and securely stored.

We worked with a Patient and Public Involvement group to help shape and refine our data collection tools, and to sense check our findings.

2.3.3. Data analysis

Data analysis was informed by framework analysis (Ritchie and Spencer, 1994). NW and EH began by familiarising themselves with a selection of transcripts, making initial notes on key points and emergent ideas to identify preliminary codes. NW and EH then met to discuss and collaboratively develop an initial coding framework. This was then applied using a selection of further transcripts, and amended. Further discussions between NW and EH led to a revision of the framework, during which codes were examined, merged, and grouped into potential themes and sub-themes. The transcripts were then split between NW and EH, and the framework was imported into Nvivo-14 and applied to all transcripts. After coding, the framework matrices were exported to Excel for charting. Here, NW and EH summarised and synthesised the data within each category, providing narrative summaries of participants' accounts alongside illustrative quotes. Finally, these summaries were then brought together and combined into overarching themes, with key quotes being used to support key points.

Quotes and extracts are ascribed anonymised identifiers ('VP' for volunteer participant, and 'P' for professional participant).

3. Findings

3.1. Quantitative component

Initial exploration of the CoLP and Thrive LDN datasets indicated that there was a larger than anticipated mismatch between the number of suspected suicide deaths recorded in each. As mentioned above, CoLP data on suspected suicide deaths can be considered a subset of Thrive LDN. However, after considering that CoLP data spans an additional year, there were still cases present in CoLP that were absent from Thrive LDN and vice versa. The data mismatch was discussed with representatives from both organisations, and it was identified that some mismatched cases were due to human error. Mismatched cases owing to human error were reconciled before analysis. However, several mismatched cases remained: one case remained present in CoLP but absent in Thrive LDN, as CoLP does not hold enough information about the deceased individual to be able to enter details of their case onto the Thrive LDN system. Additionally, there were 10 cases present in Thrive LDN that were absent from CoLP. These mismatched cases could be due to the imprecise nature of case identification for the purposes of this analysis in Thrive LDN (see Section 2.2.1), or they could be cases where a police force other than CoLP attended the scene of the suicide event; thus, the event would not have been recorded by CoLP.

3.1.1. Descriptive summary of suicide events

Descriptive information about suicide contemplations, attempts, and deaths in CoLP and Thrive LDN are presented in [Table 2](#). The CoLP database identified a total of 249 suicide contemplations (223 unique individuals), 599 suicide attempts (494 unique individuals) and 24 suspected suicide deaths (including <10 deaths classed as *suicide – missing person*) between January 2019 and April 2025. Fewer than 10 of the suspected suicide deaths in CoLP occurred in 2019, which is outside the date range covered by Thrive LDN. In Thrive LDN we identified a total of 2,791 suspected suicide deaths by any method across Greater London between January 2020 and April 2025, of which 29 were identified as relating to BoL. These 29 suspected suicide deaths accounted for approximately 5% of suspected suicide deaths occurring in public places in the Thrive LDN dataset (this included deaths at airports, cemeteries, parks, iconic locations, rail network locations, rivers and bridges).

According to CoLP data, suicide contemplations were most frequent among individuals aged 18 to 24 years. Suicide attempts and deaths were slightly more frequent among those aged 25 to 34 years. All suicide events were least observed in those aged 65 and over. Suicide events were more frequent among men (especially suspected suicide deaths, which was replicated in Thrive LDN) and people who were resident in London (also replicated in Thrive LDN).

In terms of location, suicide events most frequently occurred on or around London Bridge (including 50% suspected suicide deaths), followed by Tower Bridge and Blackfriars Bridge. Suicide events were less frequent on Southwark and Millennium Bridge.

Table 2: Descriptive information about suicide events in CoLP and Thrive LDN datasets.

	CoLP Suicide contemplation n=249	CoLP Suicide attempts n=599	CoLP Suspected suicide deaths n=24	Thrive LDN BoL-related suspected suicide deaths n=29	Thrive LDN Any method suspected suicide deaths n=2,791
Age in years					
<18	21 (8.4%)	51 (8.5%)	<10	-	-
18-24	84 (33.7%)	166 (27.7%)	<10	-	-
25-34	79 (31.7%)	216 (36.1%)	<10	-	-
35-44	35 (14.1%)	96 (16.4%)	<10	-	-
45-54	20 (8.0%)	54 (9.0%)	<10	-	-
55-64	<10	<10	<10	-	-
65+	<10	<10	<10	-	-
NA	2 (0.8%)	2 (0.3%)	2 (8.3%)	-	-
Gender					
Female	101 (40.6%)	262 (43.7%)	<10	<10	734 (26.3%)
Male	146 (58.6%)	326 (54.4%)	>10	>10	2036 (72.9%)
Transgender	0 (0.0%)	<10	0 (0.0%)	0 (0.0%)	21 (0.8%)
NA	2 (0.8%)	<10	0 (0.0%)	0 (0.0%)	0 (0.0%)
Place of residence					
London	179 (71.9%)	375 (62.6%)	14 (58.3%)	23 (79.3%)	2573 (92.2%)
Elsewhere	51 (20.5%)	167 (27.9%)	<10	<10	102 (3.7%)
No fixed abode	15 (6.0%)	39 (6.5%)	<10	<10	115 (4.1%)
NA	4 (1.6%)	18 (3.0%)	<10	0 (0.0%)	1 (0.0%)
Bridge					
Tower	76 (30.5%)	204 (34.1%)	<10	-	-
London	107 (43.0%)	224 (37.4%)	12 (50.0%)	-	-
Southwark	15 (6.0%)	40 (6.7%)	<10	-	-
Blackfriars	39 (15.7%)	104 (17.4%)	<10	-	-
Millennium	12 (4.8%)	27 (4.5%)	<10	-	-
NA	0 (0.0%)	0 (0.0%)	0 (0.0%)	-	-

Table 2 note: CoLP data spans January 2019 – April 2025; Thrive LDN data spans January 2020 – April 2025. Disclosive values have been removed and replaced with indicators of greater than or less than 10. NA = unknown or missing values; CoLP = City of London Police.

3.1.2. Estimated impact of Bridge Watch

Suicide contemplations

Before the introduction of Bridge Watch patrols in April 2024, the number of suicide contemplations was increasing by 12% per month (IRR: 1.12; 95% CI: 1.08, 1.17). After the introduction of Bridge Watch, there was an apparent immediate 12% increase in contemplations (IRR: 1.12; 95% CI: 0.52, 2.34). However, confidence intervals are wide, indicating considerable uncertainty around this estimate. Post-intervention, results indicate an increase in contemplations by 10% per month compared to the pre-intervention trend (IRR: 1.01; 95% CI: 1.002, 1.20) – see [Table 3](#) and [Figure 1](#).

Table 3: Results of interrupted time series analyses and estimated relative and absolute changes in suicide contemplations and attempts.

	Pre-intervention IRR (95% CI)	Step-change IRR (95% CI)	Slope-change IRR (95% CI)	Absolute differences		Relative differences	
				6 months after BW patrols	12 months after BW patrols	6 months after BW patrols	12 months after BW patrols
Model 1) Suicide contemplations	1.12 (1.08, 1.17)	1.12 (0.52, 2.34)	1.01 (1.002, 1.20)	1.51	2.23	91.89%	229.93%
Model 2) Suicide attempts	1.03 (1.01, 1.06)	0.49 (0.28, 0.84)	1.11 (1.05, 1.19)	-0.36	3.90	-4.93%	65.51%

Table 3 note: Results of quasi-Poisson model with seasonal adjustment, using CoLP data. BW = Watch; CI = confidence interval; IRR = incidence rate ratio.

Six months after the roll-out of Bridge Watch patrols, there were 1.5 more suicide contemplations recorded per month on or around the BoL than would have been expected without the patrols (a 92% increase in comparison to counterfactual estimates; see [Table 3](#)). Twelve months post-intervention, there were 2.2 more suicide contemplations recorded per month than would have been expected in the absence of patrols (a 230% increase in comparison to counterfactual estimates). However, as previously indicated, there are uncertainties around the step-change estimates produced by model 1 and due to limited data points since the start of the Bridge Watch programme, as such, these relative and absolute differences may be unreliable.

Figure 1: Interrupted time series plot of suicide contemplations.

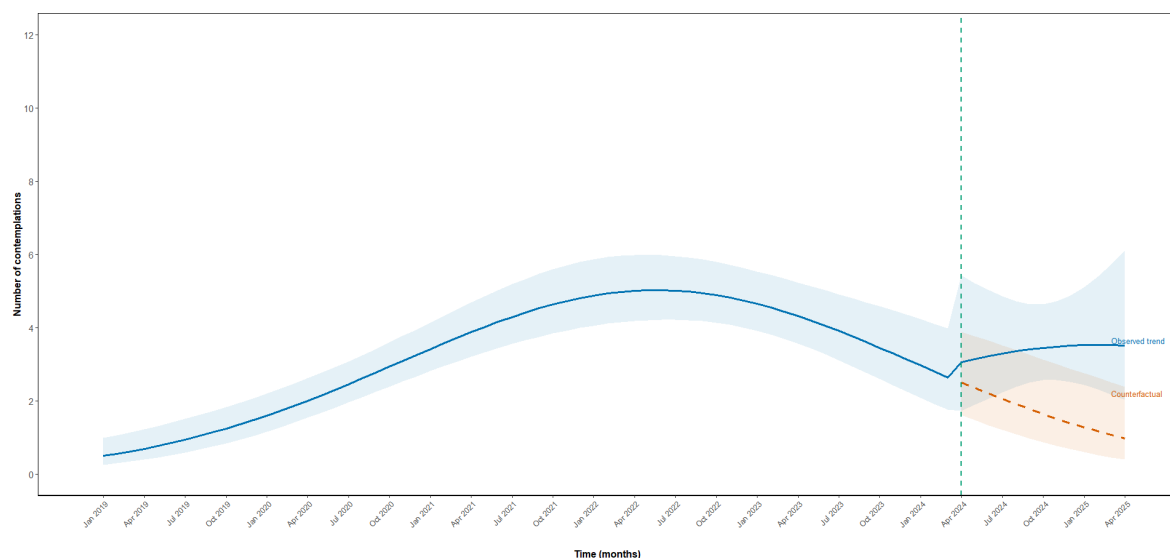


Figure 1 note: Figure depicts an unadjusted Poisson model using CoLP data. The green vertical line represents the introduction of the Bridge Watch patrols in April 2024. The blue line represents modelled trend in suicide contemplations using observed data. The dashed orange line represents counterfactual trend. Shading represents 95% confidence intervals for modelled values. Individual data points have been removed to prevent statistical disclosure.

Suicide attempts

Before the introduction of Bridge Watch patrols in April 2024, the number of suicide attempts was increasing by 3% per month (IRR: 1.03; 95% CI: 1.01, 1.06). After the introduction of Bridge Watch, there was an immediate 51% reduction in suicide attempts (IRR: 0.49; 0.28, 0.84), but over the following 12 months attempts increased sharply by 11% per month compared to the pre-intervention trend (IRR: 1.11; 95%CI: 1.05, 1.19) – see [Table 3](#) and [Figure 2](#).

Six months after the roll-out of Bridge Watch patrols, there were 0.4 fewer suicide attempts recorded per month on or around the BoL than would have been expected without the patrols (a 5% reduction relative to counterfactual estimates; see [Table 3](#)). However, this effect does not appear to be sustained. At 12 months post-intervention, there were 4 more suicide attempts recorded per month than would have been expected in the absence of the intervention (a 66% increase relative to counterfactual estimates).

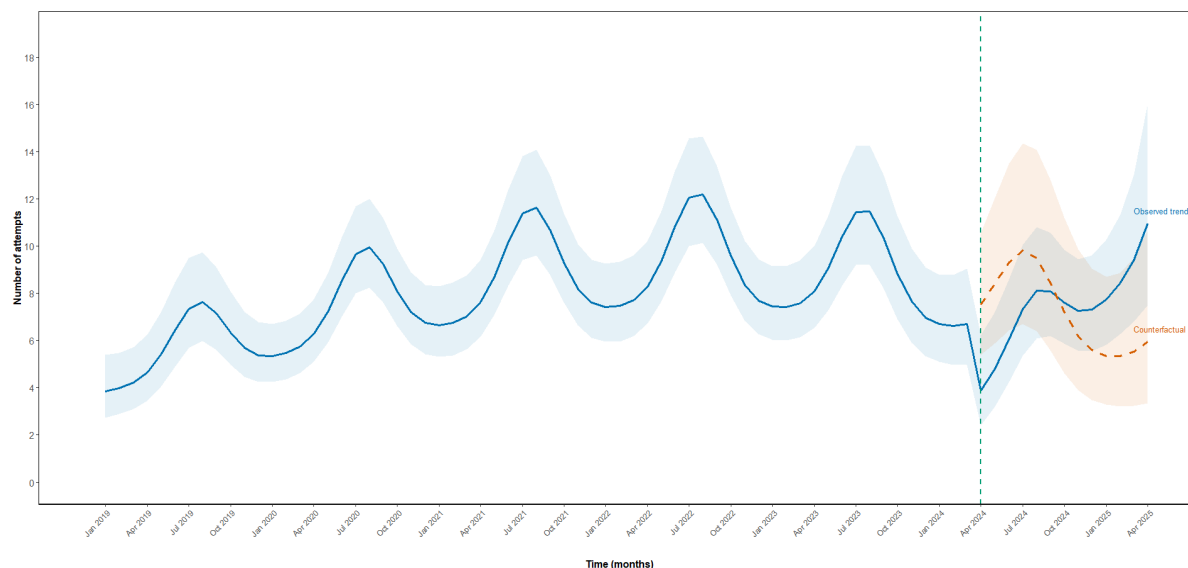


Figure 2: Interrupted time series plot of suicide attempts.

Figure 2 note: Figure depicts Poisson model using CoLP data, with adjustments for seasonality. The green vertical line represents the introduction of the Bridge Watch patrols in April 2024. The blue line represents modelled trend in suicide attempts using observed data. The dashed orange line represents counterfactual trend. Shading represents 95% confidence intervals for modelled values. Individual data points have been removed to prevent statistical disclosure.

Suspected suicide deaths

According to analyses in Thrive LDN data, before the introduction of Bridge Watch patrols, the odds of suspected suicide death appeared to increase by 1% per month (OR: 1.01; 95%CI: 0.97, 1.05; see [Table 4](#) and [Figure 3](#)). Immediately after the introduction of Bridge Watch, there was an apparent 44% reduction in the odds of suspected suicide death (OR: 0.56; 95%CI: 0.04, 8.94). After the intervention was introduced, the monthly odds of

suspected suicide death increased by 10% each month (OR:1.09; 95%CI: 0.80, 1.49). However, confidence intervals indicate considerable uncertainty around each of these estimates, suggesting that they cannot reliably be distinguished from chance variation. This is likely due to the rarity of suspected suicides in the dataset, rendering analyses statistically underpowered. Findings of the sensitivity analysis, whereby the ITS was replicated in CoLP data were similarly uncertain, but suggested a different magnitude of effect, perhaps due to the smaller sample size, which reduced statistical power even further (see [Table 4](#): Results of ITS analyses and estimated relative and absolute changes in suspected suicide deaths).

Table 4: Results of ITS analyses and estimated relative and absolute changes in suspected suicide deaths

	Pre-intervention OR (95% CI)	Step-change OR (95% CI)	Slope-change OR (95% CI)	Absolute differences		Relative differences	
				6 months after BW patrols	12 months after BW patrols	6 months after BW patrols	12 months after BW patrols
Thrive LDN suspected suicide deaths	1.01 (0.97, 1.05)	0.56 (0.04, 8.94)	1.09 (0.80, 1.49)	-0.01	0.11	-3.39%	29.44%
CoLP suspected suicide deaths	0.99 (0.94, 1.03)	1.90 (0.10, 34.56)	1.12 (0.82, 1.52)	0.22	0.37	170.54%	304.78%

Table 4 note: Results of binomial models in Thrive and CoLP datasets, with no adjustments for seasonality. Suspected suicide deaths include those classed as “suicide - missing person”. BW = Bridge Watch; CI = confidence interval; OR = odds ratio.

Six months post-intervention, the observed odd of suspected suicide deaths reported was almost no different to what would be expected in the absence of the intervention (-1 percentage point absolute difference). This represents an approximately 3% relative reduction in the odd of suspected suicide deaths reported compared to what would have been expected without the intervention. At 12 months post-intervention, there was an apparent increased odd of suspected suicide deaths reported per month (10 percentage points greater than would be expected in the absence of the intervention), which would equate to a 29% increase. However, as noted above, there was considerable uncertainty around all estimates produced in model 3, suggesting that these findings cannot reliably be differentiated from variation in events that may occur due to chance. As noted above, findings from the ITS replicated using CoLP data were similarly uncertain.

Figure 3: Interrupted time series plot of suspected suicide deaths on or around the Bridges of London using Thrive LDN data.

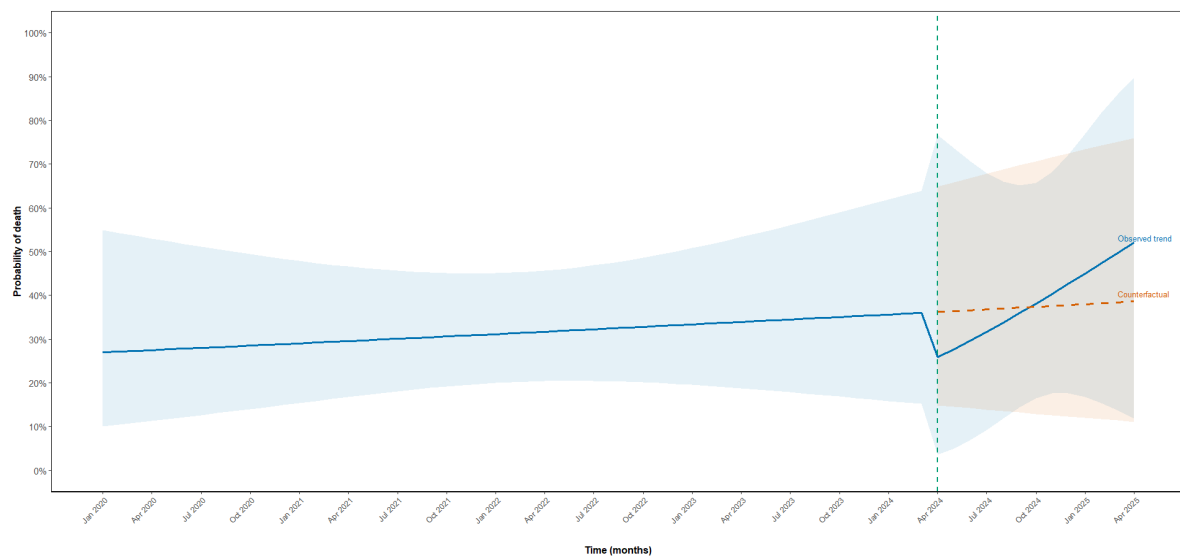


Figure 3 note: Figure depicts binomial model with no adjustments, using Thrive LDN data. The green vertical line represents the introduction of the Bridge Watch patrols in April 2024. The blue line represents modelled trend in suspected suicide deaths using observed data. The dashed orange line represents counterfactual trend. Shading represents 95% confidence intervals for modelled values. Individual data points have been removed to prevent statistical disclosure.

Figure 4 compares temporal trends in suicide deaths reported related to BoL and those occurring by any method across greater London between January 2020 and April 2025. The BoL-related trend and London-wide trend show similar patterns. Both demonstrate a steady increase in percentage change from baseline (January 2020), with London-wide suicide deaths showing a more marked increase over time.

Figure 4: Temporal trends in suspected suicide deaths related to the bridges of London versus suspected suicide deaths by any means across Greater London.

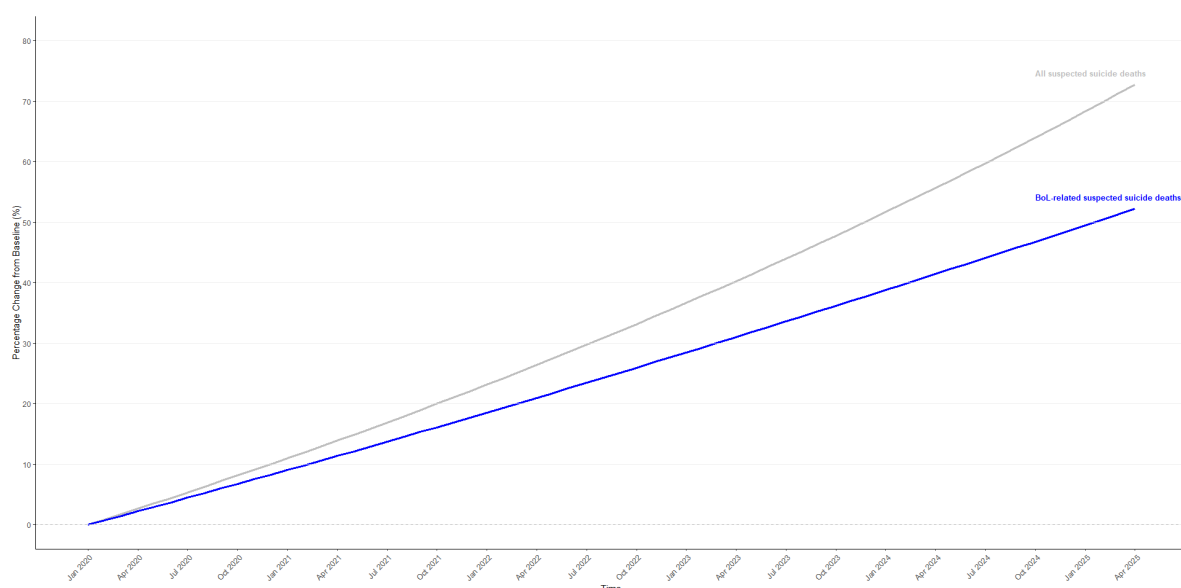


Figure 4 note: Lines show fitted values from regression models as percentage change relative to January 2020 baseline (0%). The blue line represents London-wide suspected suicide deaths

(Poisson model). Grey line represents bridge-related suspected suicide deaths (binomial model). Trend lines are plotted on the same axes to enable visual comparison of relative changes over the study period.

3.1.3. Bridge Watch coverage across risk periods and bridges

Timings of suicide events (CoLP data only)

The following section presents descriptive statistics and visualisations exploring proportions of suicide events occurring on or around BoL by various time breakdowns (time of the day including daylight hours, weekday, day of the month, month of the year) for each year in the CoLP dataset. These descriptive results were broken down further to see if they varied by bridge, but there was little sign of any meaningful variation (data not shown).

Between 1st January 2019 and 30th April 2025, there were a total of 872 suicide events (249 contemplations; 599 attempts; 24 suspected suicide deaths). Yearly numbers of events are presented in [Table 5](#).

Table 5: Numbers of suicide events by year (CoLP data).

	2019	2020	2021	2022	2023	2024	2025
Number of suicide events	99	92	174	172	158	130	47

Table 5 note: Data for 2025 draws upon four months of data only (1st January to 30th April 2025).

[Figure 5](#) shows the percentage of annual suicide events by time of day. Across all years, the majority of events tend to occur between the hours of 8 PM and 4 AM. This generally appears to be driven by two peaks in suicide events – one around midnight and the other around 8-9 PM, although the 8-9 PM peak is less prominent from 2023 onwards (data not presented).

It follows that the majority of suicide events occurred during hours of darkness (58%). Proportions of events occurring during hours of darkness were similar for contemplations (57%), attempts (57%), and suspected suicide deaths (58%). It was not possible to estimate daylight hours for events that occurred on February 29th (<10 events) as daylight data were not available for this date.

Figure 5: Percentage of annual suicide events by time of day, January 2019 to April 2025.

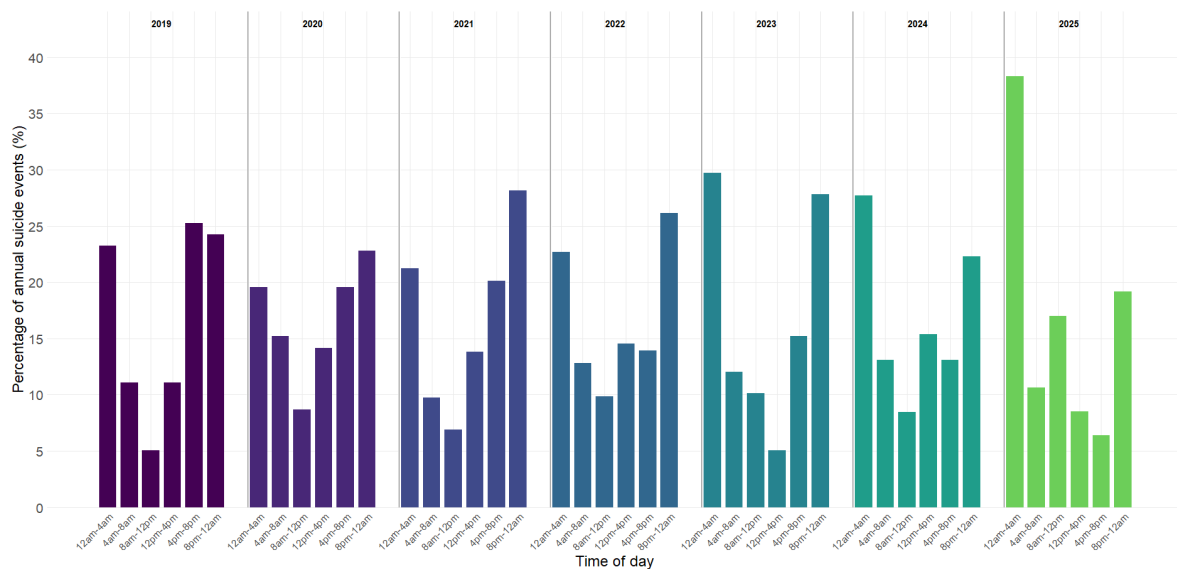


Figure 5 note: Data for 2025 draws upon four months of data only (1st January to 30th April 2025).

Figure 6 and Figure 7 show proportions of all suicide events by weekday and by day of the month. The distributions of suicide events in both plots vary from year to year, with no clearly discernible patterns.

Figure 6: Percentage of annual suicide events by weekday, January 2019 to April 2025.

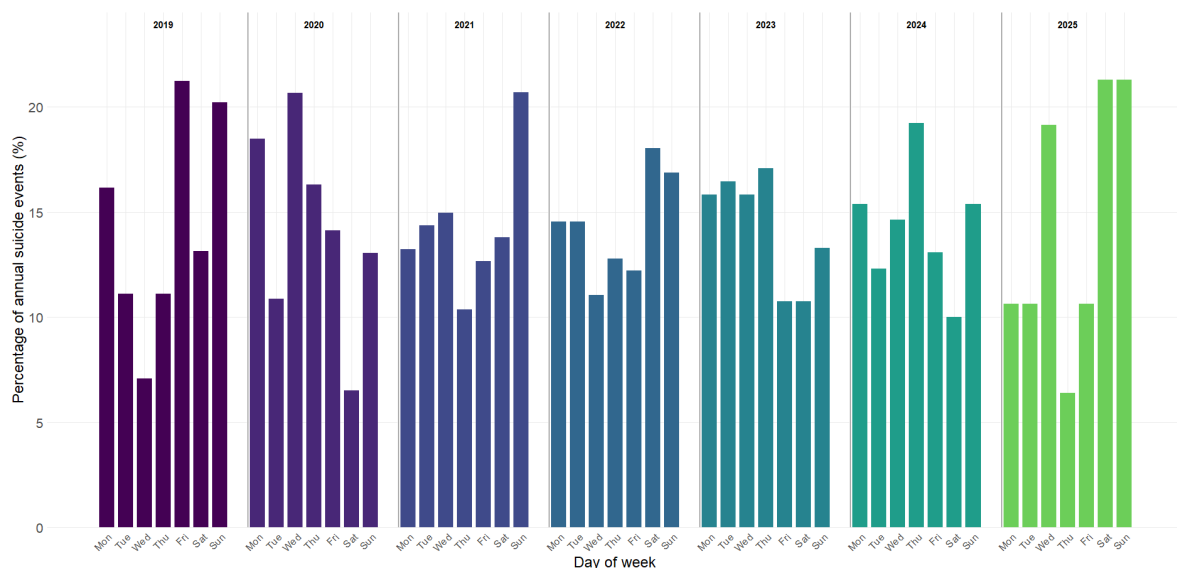


Figure 6 note: Data for 2025 draws upon four months of data only (1st January to 30th April 2025).

Figure 7: Percentage of annual suicide events by day of the month, January 2019 to April 2025.

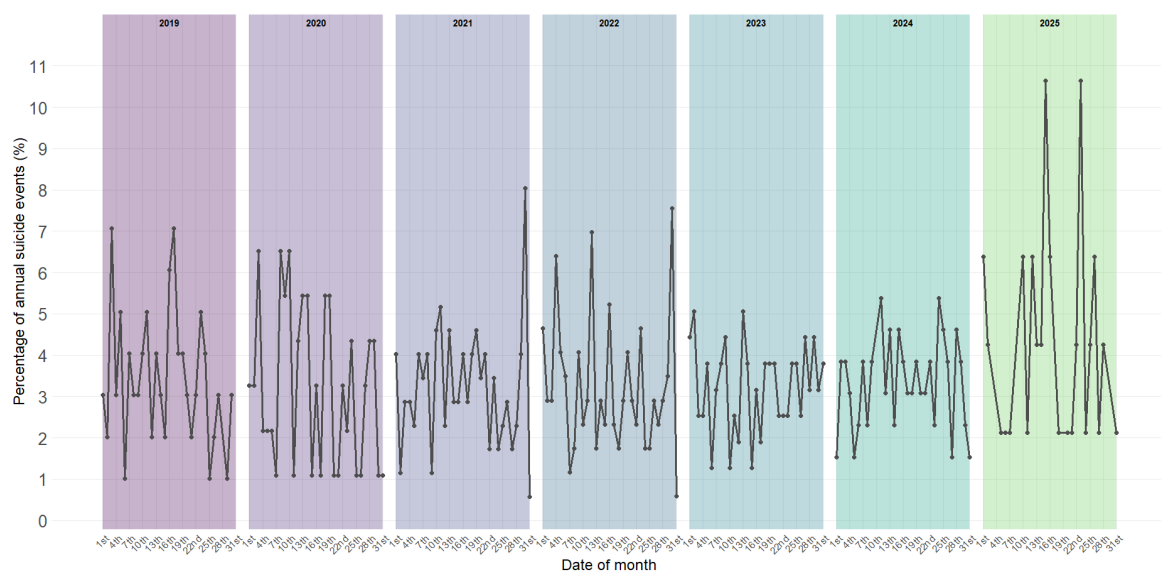


Figure 7 note: Data for 2025 draws upon four months of data only (1st January to 30th April 2025).

Finally, [Figure 8](#) shows the percentage of annual suicide events by month. From 2021 onwards, there appears to be a higher proportion of events taking place in the summer months of June, July, and August (36% of events in 2021; 36% in 2022; 34% in 2023; and 25% in 2024). There was no evidence of an increase in events around the Christmas and New Year's holidays (data not presented).

Figure 8: Percentage of annual suicide events by month, January 2019 to April 2025.

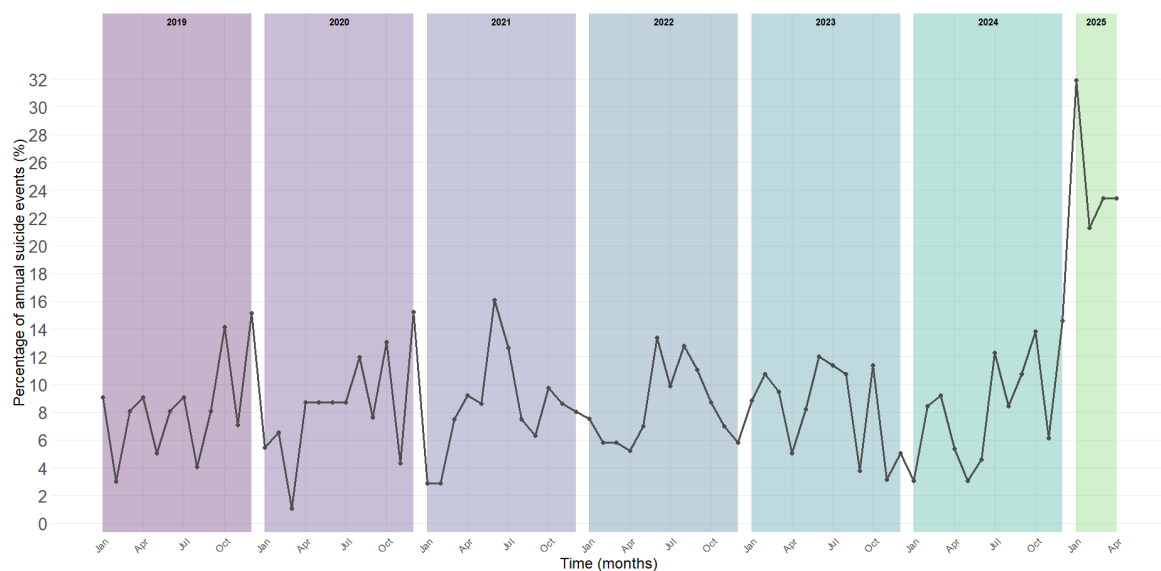


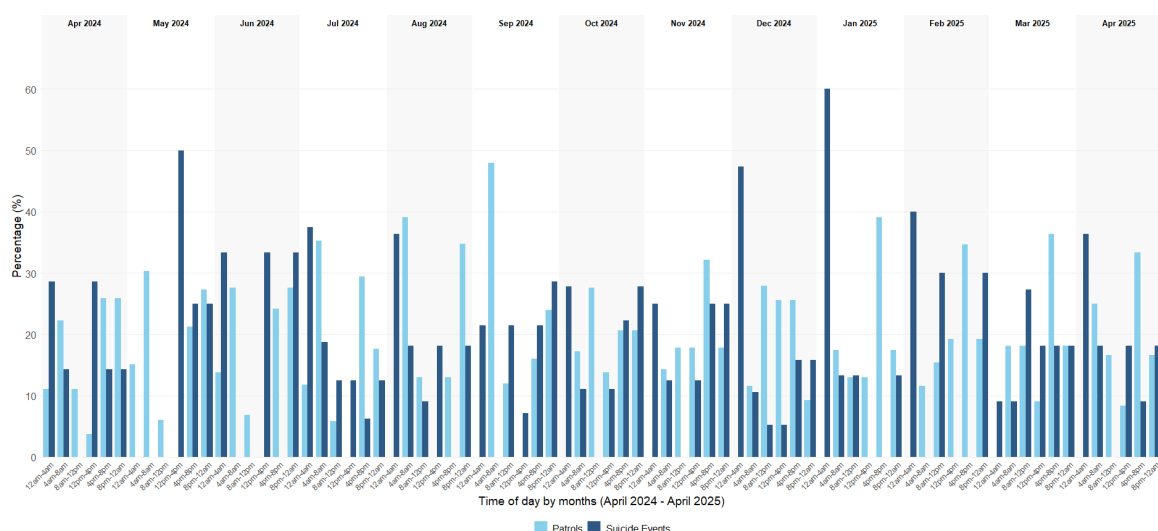
Figure 8 note: Data for 2025 draws upon four months of data only (1st January to 30th April 2025).

Timings of Bridge Watch patrols

Bridge Watch staff and volunteers carried out 366 patrols between 1st April 2024 (start of intervention) and 30th April 2025. The vast majority of patrols lasted 2 hours (93%), with a small number lasting 1.5 hours (3%), 2.5 hours (3%) and 4 hours (0.5%). This equates to a total of 736 hours of patrol over 13 months.

Taking the intervention time period as a whole, patrols start times were spread across the day, but most frequently covered the hours of 7 to 9 AM (17%), 7 to 9 PM (18%), and 9 to 11 PM (13%). The majority of patrols occurred during daylight hours (61%; n = 222). This contrasts with the timings of suicide events, which most often occurred within hours of darkness. [Figure 9](#) plots the monthly proportions of suicide events and patrols occurring at different times of day across the 13 months of the intervention period. Proportions of suicide events are frequently higher than proportions of patrols in the 12 to 4 AM time period, whilst proportions of patrols are frequently higher than proportions of suicide events in the 4 to 8 PM time categories.

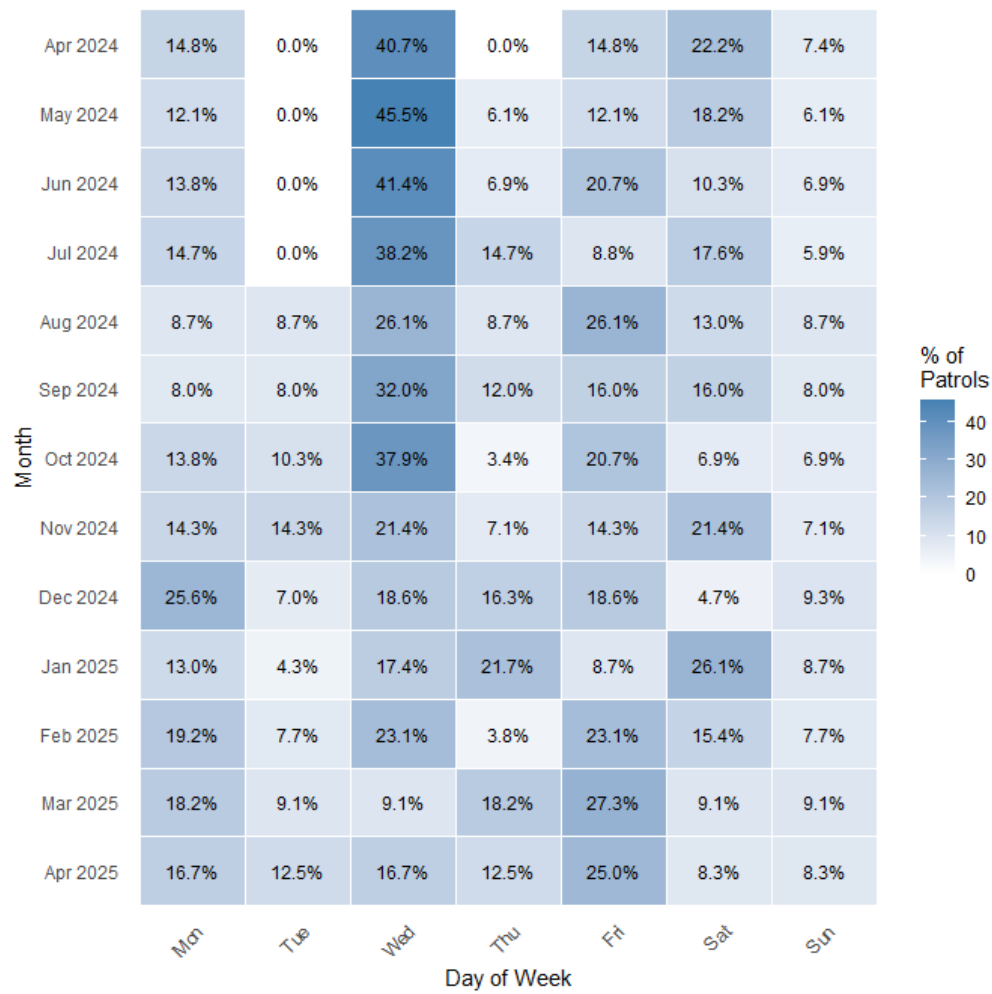
Figure 9: Monthly percentages of suicide events and patrols by time of day (April 2024 to April 2025).



When the intervention began, patrols were most frequent on Wednesdays (~40%) and least frequent on Tuesdays (~0%). As the months have progressed post-intervention, the distribution of midweek patrols has evened out and more patrols are occurring on a Friday (~25% of all patrols). Patrols on Sundays are less frequent over the whole time period (<10%), with fewer patrols also taking place on Saturdays in the most recent months.

In terms of monthly coverage, patrols were generally consistent over the four seasons, with the greatest number of patrols taking place in the winter months (December to February, 25%), followed by the summer months (June to August, 23%), Autumn (September to November, 22%) and Spring (March to May, 22%, excluding April and May 2025). This is somewhat at odds with the data on suicide events, which typically peak in the summer months.

Figure 10: Distribution of patrols by day of week (April 2024 to April 2025).



3.2. Qualitative component

The findings cover key themes around: Volunteer roles and training; Challenges to Bridge Watch delivery; Perceived benefits and impact of Bridge Watch; and Key suggestions for the development of Bridge Watch.

The overarching themes are broken down into key sub-themes, with quotes from interviews with volunteers and professionals, and extracts from volunteer diaries, used to support, highlight and contextualise key findings.

Throughout the findings, considerations for the development of Bridge Watch are noted, and key considerations are summarised at the end of the report.

3.2.1. Volunteer roles and training

Becoming a volunteer

Volunteers were primarily motivated for their involvement in Bridge Watch by personal experiences, such as their own mental health struggles, or those of family and friends, including suicide. A strong desire to support individuals in need was also common:

'I guess, for me a motivation in being involved in an intervention or prevention work having been impacted by suicide, losing someone to suicide many, many years ago... I felt like I had something to give.' (VP2)

The process of recruitment and applying to become a volunteer was described as extremely straightforward, with clear accessible information, and prompt responses following inquiries.

The opportunity to attend an example/shadow patrol was consistently cited as highly valuable, providing a more realistic understanding of the role's daily experiences:

'[The Bridge Watch programme lead] did a patrol that was just with me, a walk around and discussing things live, and that was really good, that 1-on-1 thing, actually being on a bridge, helped me realise what it actually was like.' (VP16)

Volunteer roles and responsibilities

The volunteer's role involves patrolling the bridges, identifying individuals in distress, engaging in conversation, and providing support and signposting to relevant services. The volunteers described their role as multifaceted, involving responding to a variety of complex topics, such as suicide ideation, intoxication, and mental health crises, as well as more general encounters with the public.

The challenging nature of the role was discussed, as well as the high levels of risk and responsibility that volunteers had to manage.

Whilst some volunteers were experienced in mental health work which provided transferable skills and experiences, the unique challenges of crisis intervention on bridges were highlighted as being different from such work:

'Coming from a background of being in a counselling service, and services that's supportive of people that are vulnerable, it's different seeing people at high levels of crisis. It's really challenging shift actually.' (VP6)

Despite its challenging nature, all volunteers expressed satisfaction and gratification from their role, and the volunteers described the culture within the Bridge Watch team as 'safe' and 'supportive':

'I find it a very caring organisation to be part of.' (VP14)

Volunteer training – acceptability and suitability

Volunteer training was described as involving: a brief online training programme; an in-person training day which involved an overview of the Bridge Watch programme and statistics on suicides, an understanding of suicide and crisis intervention (e.g., overcoming misconceptions/myths), and, information on how to deliver an intervention (observation, key questions to ask, active listening, support options) with role play/simulation exercises delivered by an external agency.

The initial training and information provided were described as being informative yet concise, and appropriately timed for the demands of the volunteer role:

'Trainings that we have had haven't been long and strenuous, so you come out not feeling like, oh, that was too boring or I'm tired. You came out feeling, okay, it was just the right amount of length for this one, we got the information we need...we felt it was a good training because we learnt a lot from it.' (VP4)

Volunteers found the training on suicide statistics particularly insightful and even surprising, which served as a strong motivator for some. Training that addressed common misconceptions about discussing suicide, such as the belief that mentioning it is harmful, and the importance of active listening, was deemed extremely valuable. Volunteers felt this training effectively helped them to destigmatise discussions about suicide:

'I learned some good things about how to talk about how Bridge Watch works and what exists, which I think will be helpful. I learnt a lot about misconceptions, which I think is really important in what we're doing...it took away the scariness and stigma about talking about, or asking people about suicide.' (VP9)

Further training was discussed as being offered around related topics (e.g., naloxone for opioid overdose, throwline training from the Royal National Lifeboat Institution). Some participants reported being offered more 'in depth' training courses such as ASIST, which teaches further skills to undertake a suicide prevention intervention. These training options, particularly the ASIST training, were highly valued for their potential to develop skills and knowledge:

'I think there's actually quite a lot of opportunities, and there's quite a lot of training which you don't know about until later on.' (VP6)

Volunteers suggested additional training options, based on frequently encountered challenges (i.e., around basic first aid; training around managing 'non-crisis' mental health issues; and managing intoxicated individuals) would be beneficial.

Considerations

- Working with volunteers and looking at frequently encountered challenges during patrols, could help inform additional training options (e.g., around basic first aid, training around managing 'non-crisis' mental health issues, and managing intoxicated individuals).

Whilst initial training was discussed as helpful for those new to the field of suicide intervention, after performing the volunteer role, aspects of this training were seen as limited due to it not reflecting the conditions of the Bridge Watch patrols. Training from the external training provider, whilst informative, was perceived as developed and delivered based on support in clinical settings (e.g., a training room), and was seen to be more preventative than intervention-focused (i.e., it was designed for people 'reaching out' for support, not those who were actively suicidal):

'The other thing about being in a room is that that person has come to that room. They've come to talk to you about their problems willingly. Whereas when you're on a bridge, they're just there and they don't know that you're going to come and talk to them.' (VP14)

Therefore, the training was not seen as relevant to the specific and dynamic conditions of the London bridges, which can be noisy, busy and where talking quietly, making eye contact and listening, can be more challenging. The challenging nature of the environment and how much this had an impact on the delivery of the intervention was a surprise for many of the volunteers:

'You can have a detailed conversation with someone, that's heard. Whereas, when you intervene on a bridge, you're in central London, so it's noisy, there's traffic going by, there's members of the public. The person you're intervening with is often, either distressed, they can be shouting, they're often drunk, or high, or there's some sort of substances involved. They don't often make a lot of sense. They can walk away, which doesn't happen in a classroom, or run away. And there is actual physical danger present. So, the person could jump over while you're talking to them. So, that is really different than being trained in a classroom where there's no physical danger or jeopardy.' (VP15)

'First time doing it in a classroom environment, it's totally different actually doing it out on the bridge. You know, 'don't get too close to somebody', well, it's quite a busy road, it's so noisy, erm, so sometimes you have to get a bit closer to them in order to hear them. Or they're facing out towards the river, so their voice is going over the river.' (VP13)

Further, varying conditions on the bridges were described by the volunteers depending on the time, day, and season of the patrols, with this having implications for engagement:

'If you're there any morning it's so quiet. You've got that real difference to if you're there on a Friday or Saturday evening where it's completely different...that makes a difference how you approach and talk to someone.' (VP2)

Considerations

- Training could be enhanced by being more 'intervention-focused', as opposed to 'prevention-focused' (i.e., on people in crisis and actively attempting to enter the water).
- Training could be tailored to be relevant to the specific conditions of the London bridges (including the varying seasonal, time-of-day, weather and day-of-the-week conditions).

Role-play/simulation activities were highly effective in preparing volunteers for their role. These exercises provided invaluable 'muscle memory' for delivering interventions, particularly during periods of low intervention activity:

'I think the roleplay, even though they're horrible to do, I think they're so important. And I think they just help, a bit of muscle memory, you know, if you've already done, like a bit of practice, even if it's a lower stakes practice, then it's a really good thing to do...Maybe, even, we should do it more. If you did, like, once a patrol, you just did a little mini roleplay, I think that would be a good idea. Because otherwise you might, you know, because I've done it now for five months, and I've never done an intervention. So, I think you could lose your skills, after the training, quite quickly.' (VP6)

Specifically, the 'live' role play/simulations done *in situ* on bridges during patrols, often between volunteers, were described as extremely valuable. Not all volunteers did such practice role-play/simulations – this was dependent on who they were patrolling with. Volunteers suggested that more of these in-situ role play/simulations should be done, as this was seen as better preparation than learning in classroom settings due to the 'real-life' context and challenges of engagement on a bridge:

'What has been much more useful to me is the roleplaying that we've done on the bridges....[we] did some roleplaying which felt really realistic and was actually sort of terrifying. And that was much more useful...You have to be realistic about what it's actually like on the bridges, and so the roleplay is much more useful...we also needed that training, but the roleplays were useful.' (VP14)

'Following on from that day's training, we also did role-plays, which was informal

training, but it was amongst ourselves. So, we actually took the [organisation training], which was done in a classroom, we actually went out onto the bridges and did it with each other. So, we roleplayed, so that everyone got a chance at talking to someone who was pretending to go in the river. So, I think so, I think that people who hadn't done anything before, that would definitely, it would definitely offer a level of confidence.' (VP15)

Considerations

- Conducting 'in-situ' roleplays live on the bridges could help better prepare volunteers for the realities and practicalities of an intervention on the bridges. Challenges such as the busyness and noise of the bridges should be highlighted and incorporated into the training, so volunteers feel more prepared for delivering interventions (e.g., the challenges of having private conversations).

An important aspect of learning was seen to be gained through experiencing and delivering patrols. A significant part of this was knowledge sharing among team members, with more experienced volunteers providing invaluable guidance, learning, wisdom and support to those with less experience:

'On my first patrol, I was out with [name] and [name] ... I went out with them, and they were amazing...we also did some roleplays, like, out on the bridges. So, we did a roleplay where [name] was kind of, in the role of someone who is kind of, struggling on the bridge, and I did, like, an intervention, and then we'd get [name] in to help. So, that was really good to kind of, practice.' (VP6)

'You do the basic training but then you're doing more of the training actually being out on the street...because you're in pairs, you're always thinking about scenarios that have come up in the past and how you dealt with them. So you're constantly almost learning as you're walking round if you're not doing anything else.' (VP5)

Discussions of previous interventions (i.e., what worked, what did not, how decisions were made, how different scenarios were responded to) provided invaluable knowledge which supported training.

Considerations

- Learning how more experienced volunteers responded in certain situations was noted as beneficial. Mentoring from more experienced volunteers to help build knowledge, skills and confidence, could supplement training for new volunteers.
- Training could be informed by specific Bridge Watch interventions. Employing case studies and role plays/simulations in training which are based on real-life Bridge Watch examples, could help volunteers highlight, prepare, and reflect on how to respond to different scenarios.

3.2.2. Challenges to Bridge Watch delivery

Volunteer understandings of intervention processes

There was a clear awareness of the intervention process for someone showing clear intention to enter the water, with an 'emergency intervention pathway' consisting of: identify, approach, talk, signpost/call for support. However, there was a lack of consistent knowledge about how to proceed in situations where there was no clear suicide risk. There was a suggestion that a clearer pathway or protocol was needed to be set out for volunteers around 'non-emergencies' (e.g., for people who had some need or were in some form of distress, but who did not need emergency service intervention; for people with potential safeguarding concerns; how to respond to people who do not engage) - especially if these had not been experienced before:

'I'm not sure I would feel a hundred per cent sure on what to do...So, I don't know, you know, for people who don't need that emergency response, but still need something, I don't think we've been given the options, necessarily...so I would be quite, like, I'd like to know what the safeguarding policy is, if I was, for example, to come across someone under 18, who was clearly struggling, but not suicidal...'safeguarding policies, risk management procedures, those sorts of things, I think would be really useful to have more available...Because I am wearing a jacket with Bridge Watch written on it, you know, I want to be good for the organisation, and you want to act in a way that they'd want you to. So that, you know, it would be good to know what Bridge Watch wants you to do in certain situations.' (VP6)

Considerations

- Developing and disseminating more detailed guidance and processes for both emergency and non-emergency issues (e.g., interventions with no clear and immediate suicide risk, safeguarding concerns, responding to someone intoxicated) would benefit volunteers. This could be developed based on previous Bridge Watch interactions.

There was tension around managing the limits of support from the volunteer role. This was seen as a particular issue while providing support which did not require emergency service intervention. There was anxiety and feelings of uncertainty and powerlessness when support was provided and situations were 'unresolved' (i.e., no clear handover to other services). The process of leaving someone or supporting people to a place of safety and then leaving, left some volunteers feeling uncertain:

'The whole way home you think I hope what I said to them was enough. I hope they might go tomorrow maybe and seek help or go online and look for help. You always do. Like you say, when you pass them over to the police it's a very different scenario because you're passing them over to a place of safety and you've almost handed over that responsibility. So it's really difficult.' (VP19)

'Once they're off the bridge, it's not really our responsibility, but like, you know, it's either, you hand them over to the police, you walk them to the train station, or you just leave them, that's pretty much it. And you might say, here's a charity to consider, or like, I'm going to call you an ambulance. That's kind of it. I would like a bit more of a, I don't know, process, like, this is what you should do in these scenarios kind of thing, because it can be worrying.' (VP8)

Further, challenges around the limits of support in relation to the variety of need encountered were highlighted, with a lack of appropriate space for intervention, and other services pressures limiting the support that can be provided:

'My thoughts on the patrol relate to the continual variety of persons the Bridge Watch team encounter whilst on patrol and the difficulties of not always having a clear procedure/pathway or plan when certain incidents occur, or a specific referral pathway (i.e. to a triage nurse for advice and the challenge late at night when you have to leave the city to travel but are now trying to ascertain how specifically does someone need to be kept safe)...in addition, with no specific place of safety to evaluate and assess best signposting or service involvement for those BW encounters, the team is left either managing this in situ or using nearby café's, both of which I feel is not appropriate given the potential severity of an individual's crisis (Volunteer diary 4)

Concerns about the limits of volunteer support were exacerbated by a lack of clear signposting options for further support. Volunteers expressed confusion regarding the available support and signposting processes following an intervention, with a lack of knowledge about local/relevant services that could be referred to for follow-up or onward support. This was exacerbated by the complexity of support needs encountered:

'The difficulty I find is the moment where Bridge Watch is, there isn't a natural place for people to be signposted to.' (VP1)

'I have a card for the listening place which I would give to someone...but I'm not sure about the different places for support, like we might have people who don't speak English or something, I don't know where to signpost them to.' (VP16)

'We had one interesting encounter on London Bridge with a middle-aged male who was clearly talking with himself and gesticulating furiously...he did disclose he was a former drug user and had come to the UK from [country] and was currently homeless. The primary concern was to ensure that if he was at all needing to be kept safe that we would be able to be that initial level of support. He was most obviously struggling with his mental health as well as seeking a place to sleep for the night. He declined any small help that we could offer and we walked with him to the south side of the bridge before he continued his journey...In this instance there is no specific external service help for what we encountered.' (Volunteer diary 4)

Some volunteers suggested that providing a small handout detailing the roles of the different support agencies, their contact details and how to refer would be beneficial, as well as providing a list of useful phone numbers for volunteers to have access to for support intervention processes more generally (e.g., police control room, Royal National Lifeboat Institution, etc.):

'Producing a business card or a piece of literature that can be handed out, so a person's not having to remember all that, but can give them a physical item that can list all of that. I think that would help have an additional method of engagement.' (VP12)

'When you become a volunteer I think perhaps it would be helpful just to give people an introductory manual, which you know, has the important telephone numbers at the front, always. You know. Erm, the important telephone numbers, RNLI, you know, dial 999 ask for the lifeboat, police numbers, the Samaritans, the number to signpost people to. Codes to get into the pier would be helpful.' (VP13)

Considerations

- Training or knowledge around the support provided by external agencies could be beneficial for volunteers. Knowledge of local support options, or information on how to access local support would be beneficial for volunteers to have access to, in order for them to provide to people they engage with (for example, <https://hubofhope.co.uk/>). This could be a list of resources accessible to volunteers, or a small amount of accessible information (e.g., a prompt card) which could be provided to people after an intervention.
- Developing a collection of useful phone numbers which volunteers have access to (e.g., police control room, Royal National Lifeboat Institution, etc.) during patrols, was suggested to be useful as some volunteers noted not having this information to hand.

Volunteers expressed varying levels of awareness regarding the shift leader's role and

responsibilities. Some described how they would contact the Bridge Watch programme lead for advice, in the first instance, if they encountered a situation they did not know how to respond to. There was also mixed understanding around patrol recording processes or responsibilities following both interventions and general patrols. This included where to record notes, in what format, and if this fell to the shift leader:

'No one's said that from Bridge Watch, no one's said, you need to keep a record of stuff. And I don't know if they even want us to be keeping records, and stuff.' (VP6)

'So, we just do the intervention, and then whoever is the watch leader for that day, they would be the one that would do any recording and onward contact.' (VP15)

Considerations

- Clarification of shift leader roles and responsibilities would be beneficial, as many volunteers were unsure about these. This knowledge, and increased confidence, may enable volunteers to use more appropriate escalation procedures, and make more decisions without using emergency services and the Bridge Watch programme lead (e.g., the shift leader should be the first point of contact, and take more responsibility in managing situations). More knowledge around how to respond to different scenarios with clearer guidance may also help to ease the workload and pressure on the Bridge Watch programme lead, which was noted to be a key challenge by both volunteers and professionals.
- Clearer policies and processes around recording interventions/patrols may help volunteers understand their roles and responsibilities in terms of recording patrol outcomes. This may help to better evidence impacts, and more consistently record outcomes.

Volunteer preparedness/confidence to intervene

The initial training received was noted as providing a level of confidence to intervene with a person in crisis. However, due to the infrequent nature of suicide interventions during Bridge Watch patrols, several volunteers had not led or directly been involved in an intervention. Volunteers experienced tension between wanting to do an intervention and hoping they did not need to do one:

'You're living this sort of tension between I need to get my intervention work...I need to work in that more regularly, but I don't want to work in it more regularly because that means I'm going to meet someone who's in crisis. And nobody wants to meet someone in crisis, but you've got to meet someone in crisis to do the intervention. It's a horrible cycle.' (VP1)

Volunteers noted that the potential gaps between training and interventions, or even between individual interventions, could lead to people feeling 'rusty'. To address this, they

suggested implementing regular refresher training to maintain and enhance their skills:

'When there's long gaps between intervention work you can get rusty quite quickly because you're not doing enough of it...having role play to do helps.' (VP1)

'It would be useful to re-cover some of the training I think, so it's reinforced how to do it.' (VP4)

Considerations

- There was a suggestion to have refresher training to reiterate intervention procedures, or regular role plays/simulations to help maintain skills and confidence in the absence of an intervention.

During patrols, intervention roles were noted to naturally form within the patrol teams. This was typically based on people's experiences, with more 'experienced' people leading conversations or interventions. Roles typically consisted of a 'lead' (the person who approaches, engages and delivers the intervention) and 'support' (the person who stands close by, manages members of the public, phones the emergency services if required). Experience seemed to inform roles, and this resulted in situations for some volunteers where they deferred leading an intervention to someone with 'more experience':

'My role is to go behind my mate, and wait to see what my mate wants me to do. Does she want me to call anyone? And if she does want me to call anyone, is it the coastguard, is it the police? So that's my role if I'm with somebody who is more experienced than me, which I usually am because I've never done an intervention...So I have talked to somebody but I'm not experienced at it, so my role would tend to be hanging back.' (VP14)

Due to the 'high stakes' nature of the interventions, there was a concern about not wanting to make a mistake which could result in someone entering the water.

Whilst some volunteers suggested their confidence grew over time through exposure and witnessing others intervening, for other volunteers the heightened awareness of potential consequences led some to defer the lead role in interventions to more experienced colleagues:

'I think I'm getting there. The last patrols I did I felt more confident to do it. I think I wouldn't do it yet, but because they'll be people more experienced there, so I think the first few times I'd take a step back and observe, like not be the main person talking... I definitely feel more ready...but for now, I'd let the more experienced person do it.' (VP16)

'I fully expect that my role is not going to be talking to somebody because I'm usually with someone who's more experienced...we're not mucking about, it's not a training

exercise, it's not a chance for me to get a bit of experience, so I tend to hang back.'
(VP14)

This could result in more experienced volunteers becoming more experienced, and less experienced volunteers struggling to gain practical experience due to a reluctance to take the lead. This deferral behaviour can create a negative feedback loop, potentially diminishing the confidence and practical skills of less experienced volunteers.

There was a suggestion from some volunteers that support and interventions should be based on context, a person's characteristics, and an assessment of who may be most appropriate to approach and intervene. Thus, not only volunteer's experience:

'Sometimes you may have to be a little bit more malleable, so like if you see a young woman, send [female team member] first, where if you see an older, drunken man, send [male team member] that'll go to speak to them. If you see a kid, a younger person, someone younger do the intervention, so be tactical in that sense.' (VP8)

Considerations

- There appears to be a cyclical relationship between confidence, experience, and skill development. However, the infrequent nature of interventions, concerns over the potential implications of a failed intervention and a tendency for some to defer to more experienced volunteers, hinders the acquisition of practical experience, which is crucial for building confidence.
- The use of assigned roles at the start of patrols may help some volunteers get more experience or confidence. Encouraging volunteers to approach people of concern, even if it's not a clear suicide intervention, may help build confidence in leading an intervention.
- Increasing awareness of abilities and limitations around preventing suicide or preventing someone from entering the water (e.g., the limits of what can be done in an intervention), and re-highlighting misconceptions about having discussions around suicide (i.e., that there is little harm that can be caused by speaking to someone about suicide intent), may remove some pressure and expectation, and improve confidence to intervene.

Volunteer recruitment and retention

The recruitment of many volunteers occurred through a sustained effort from the Bridge Watch programme lead, and through accessing existing volunteering groups. The challenges of recruitment were consistently highlighted. Challenges included the Bridge Watch programme lead's time and capacity to manage recruitment alongside other tasks (e.g., organising rotas), the challenging nature of the role, and the unsociable hours which needed to be covered:

'It would be great if they had more funding and more people. I mean it's hard to get people to volunteer at those times. It's hard enough to get people to work at those times and get paid for it, let alone volunteer.' (P6)

'I think the volunteer retention is always a challenge, because also I'm mindful of when we're asking people to volunteer. So it's a struggle for many people who may be working, particularly anybody who's shift-working and also the nature of being in the city of London, it's often a question where do we recruit our volunteers from?' (P1)

Both volunteers and professionals frequently discussed the need for more volunteers to provide greater coverage and a more effective service. Some volunteers and professionals suggested providing incentives to cover travel and subsistence may help support engagement, particularly for those on low incomes:

'I think [incentives] will help...people would like to volunteer but if they maybe can't afford the extra travel on top of whatever they're doing for work, possibly then it might be hard.' (VP6)

It was acknowledged that providing incentives was outside of the current resources of the programme, but it could be considered if further funds could be found or if the programme expanded.

Recruitment in great numbers was spoken of as being difficult, with a need to balance the promotion of the programme to increase volunteer recruitment with the potential of publicising the bridges as a potential suicide high frequency location .

Considerations

- It may be helpful to map where current volunteers have been recruited from, to track what has been successful, and where work can be done to increase recruitment.
- Recruitment through social media may be beneficial to reach a wider pool of potential volunteers and increase coverage on the bridges, but this must be balanced against the potential unintended consequences of contagion from the promotion of the bridges as suicide sites. A communications strategy could be developed in collaboration between organisations with experience in public messaging around suicide (such as Samaritans), alongside the communications team within the council, to target prospective volunteers as sensitively as possible.
- Incentives to support volunteer recruitment/engagement should be considered if the programme is extended or expanded.

For some volunteers, the expectation of the role was different to reality, with fewer

interventions than expected. The volunteer diary reflection following patrols showed how many patrols were '*uneventful*' in terms of emergency service intervention (only 1 of the 16 patrol reflections we collected involved emergency service intervention), with this being confirmed in the interview data. However, despite patrols being described as being uneventful or in some cases '*boring*', they were still perceived as beneficial and meaningful for many:

'I think people's perceptions about what they're entering into is very different to the reality. And the reality is you're doing a lot of observing and a lot of walking around...your hard-end interaction with people is a small proportion of what you do.' (VP1)

'We can have patrols where we won't talk to anybody and we won't have any conversations. And actually, we don't come away thinking, oh, that was pointless, we actually come away thankful that we haven't had to have those conversations with people.' (VP4)

Some volunteers who had not been involved in an intervention reported struggles with motivation for the role, which could have implications for ongoing volunteer retention:

'I think the only challenge I've faced, it's a personal one, is, am I actually making an impact? That's what I ask myself. I'm going out there, in whatever I do, am I actually making an impact or am I just standing around looking pretty, looking over the bridge? That's my feeling sometimes.' (VP5)

Motivating volunteers was seen as a key task to support ongoing retention. Knowing how and where the Bridge Watch role fitted into wider support systems was spoken of as being important for volunteers. This included receiving feedback and follow-up information from other services following interventions:

'I always think it's good because then you know what you did was right and your gut instinct was right or wrong. And then you say oh, if I see that again I know what that is, I won't react like this. It'll be okay or, yes, I did the right thing. I think it's really good to learn the outcome.' (VP3)

'I think it is helpful for people to understand where we sit in that [the wider support system].' (VP15).

Several volunteers spoke of how the Bridge Watch programme lead effectively communicated the impact of their collective contributions, and how they had fostered a sense of how all volunteers were contributing to impact, regardless of their actual involvement in an intervention:

'And [Bridge Watch programme lead] is very good with his emails, you know, 'you're wonderful volunteers', lots of feedback, it's important. Erm. You need to know that what you're doing has a value and it's working. So I think when [Bridge Watch programme lead] sends the newsletters out and you see how many hours we've done, how many interventions we've done, erm, it's really, that's your feel good

factor. That's when you know you're making a difference, and erm, if people know they're making a difference, people continue to turn up to make a difference. So it's communication is always the key.' (VP13)

Considerations

- Regular updates of outcomes and impacts were noted as useful in building a collective sense of achievement and contribution, and important for volunteers' motivation, well-being and awareness of the value of their work.
- Highlighting feedback from other agencies about the role of Bridge Watch in their organisation was also noted as helping highlight the impact and increase volunteer motivation by improving awareness of where Bridge Watch fits into the wider system of support.

Due to the perceived value and benefits of the Bridge Watch training package from volunteers, it was felt that a clear 'roadmap' outlining the universal training offer and potential follow-on options would be beneficial to support volunteer recruitment and retention:

'So like a bit of a roadmap map of that training, so a volunteer really is clear on that progressive pathway into the volunteering role... I think it provides them with the confidence that there is a clear plan in place to make sure that you are as prepared as possible and to continue to upskill you even after you've done that initial training.' (VP18)

Considerations

- Capturing and presenting a clear training 'roadmap' may be beneficial for volunteers, in order for them to see what training is offered and at what time points (e.g., mandatory, additional). Presenting the Bridge Watch training package, including additional training options, to new/potential volunteers may support recruitment and help show the skills and continuous development they would receive by volunteering. Many volunteers appreciated the additional training options they would be offered and valued the ability to develop their skills.

Patrol coverage

The challenge of providing patrol coverage over the large geographic area of the bridges with the current number of volunteers was noted. Recruiting more volunteers was seen as crucial to achieving more coverage:

'The importance of getting more volunteers to build the shifts is key.' (Volunteer diary 1)

Even during patrols, the limited coverage volunteers could provide presented difficulties in identifying individuals in need. Further, volunteers discussed the challenge of maintaining coverage when moving between bridges:

'I think the biggest challenge is the distance between the bridges, the lost time of it. And we've dabbled between hanging around bridges for longer, and then moving onto the next, to trying to get as many laps in as possible, and I don't know which one is the right approach. You lose a lot of time, and so that is genuinely like, especially if you're not near the water, you're not doing anything.' (VP8)

An evident issue for volunteers was a person entering to water when there was an active Bridge Watch patrol. This often resulted in feelings of 'failure', responsibility and guilt, even when volunteers were unaware of such incidents due to their patrol location:

'For that moment you sort of think, oh god, you know. Did I miss it? Could I have done something? But as I said, erm, you sort of talk through it with each other and we sort of concluded that there definitely wasn't anybody there when we went past, we didn't see anybody, we didn't notice anybody.' (VP13)

Nevertheless, despite limited coverage, all volunteers felt that their presence was providing some benefit:

'Our presence is sprinkled across the hours that we can... the coverage that you can give as an organisation is limited. But I think, yeah, I think it's fairly effective, when we're around.' (VP7)

Considerations

- It may be helpful to manage and make volunteers aware of their (limited) responsibility for ensuring there were no incidents during patrols. Even with multiple patrols, coverage is limited.

It was suggested that there was a lack of pattern in the data that explicitly indicates specific times of heightened risk (including times of day, days of the week and periods of the year), meaning it is hard to target patrols:

'It's really sporadic, everyone I speak to, I go to lots of mental health meeting and suicide prevention meetings, it feel like a flip of a coin, roulette, no one really knows, discourse around summer more than winter, discourse around evening more than day time, but again, when you look at the RNLI data, it's all over the shop. So, that's become a bit of guess work... So, the pattern is based on availability, because we, if you look at the, we tried to look at the pattern, if you look at the pattern of incidents, there isn't, it's difficult to find a pattern. So, there seems to be not enough data to produce a pattern of when people go in the water.' (P1)

Trying to provide 24-hour cover from Bridge Watch was noted as a significant challenge, especially with current volunteer levels, and the need to find volunteers to cover unsocial hours. Further issues around transport options for volunteers living outside the city centre made 24-hour coverage difficult:

'I'm aware there are, sort of, late evening and early morning ones, but that proves a bit difficult because I'm reliant on the train or tube to get there, which isn't really possible at certain times of the day.' (VP11)

Some participants suggested there were specific areas which may be greater risk sites, including places with good views, accessibility and transport links:

'We learnt that Blackfriars and Southwark Bridge, a lot of people...there's not a good view, so you're not going to get tourists standing on those bridges taking photos. If you've got somebody standing looking over, then that's when you need to go and have a talk and make sure that they're okay because they're not looking at the view because there's not really a view from those bridges.' (VP5)

Considerations

- Despite there being no confirmed high frequency locations, there was a suggestion that some bridges are less popular with tourists, so loitering on these can raise attention. Further work around perceived localised and specific 'risk' indicators (e.g., transport links, accessibility, views) could be undertaken with volunteers and professionals working across the bridges.
- Developing data collection, management and monitoring processes may support evidencing the wider impacts of Bridge Watch, and the targeting of patrols, by accurately recording the location and nature of all interactions and interventions.

Awareness of Bridge Watch

The volunteers noted the programme was developing good links with other services that work on and around the bridges (e.g., police, park guards, Street Angels):

'So now we have a good relationship with the police. So before we go out on patrol we ring the police and let them know we're on patrol, so if they get a report they might then ring us and say look, we've had a report of this person in the area, they're vulnerable, keep your eye out. So that has developed, whereas that wasn't necessarily something that happened right at the beginning.' (VP3)

This was also reported by park guard officers, who noted informal information sharing during crossovers on patrols:

'It just adds extra eyes on the ground...we will conduct our own patrols with them or we'll be conducting a patrol of the bridge and they will also be conducting their patrols and then we're able to information-share and say, have you come across

anything, has there been anything that you would like to bring to our attention, is there anything that we need to bring to your attention. So, we do have good information-sharing and it's generally very positive.' (P5)

However, a lack of awareness of Bridge Watch patrol times/dates and a lack of ability to communicate with patrol teams was noted as a challenge for other services:

'I think the direct line of contact would also be beneficial to both parties because at least that way, they've got our contact number to be able to contact us but we don't really have a way to contact them other than through their direct manager, Paul...I don't know if they've got anything like a duty mobile for whoever is on duty to take calls or anything like that. So, that would be beneficial to have something like that to be able to pass the information to them.' (P5)

It was suggested that there was work to be done to better embed Bridge Watch within the '*network of emergency services*':

'The interaction with some of the other statutory organisations in some respects is really good. It's not quite at the stage that I'd hoped it would be. I, you know, kind of envisaged that there would be just part of the network of the emergency services working together...I know that they will talk to the coastguard frequently, but I want to be at the stage where they're actually clocked on with the coastguard, and they do mention to the police that they're going out on patrol and then coming back in and all that sort of stuff. So, I think there's some development work to take place there' (P4)

Considerations

- More formal communication and contact between Bridge Watch and other relevant services may enable better joint working (e.g., sharing patrol times with services beyond the police control room) to ensure that other services are aware of when Bridge Watch is operating. 'Clocking in' with relevant services (police, Royal National Lifeboat Institution, park guards, control room) at the start of shifts will help awareness of when Bridge Watch is operating, and may help develop a more holistic '*network of emergency services*'. This may enable better integration of Bridge Watch into the consciousness of other support services, resulting in volunteers being alerted and deployed, if on patrol.

Interviewees from the police who had engaged with Bridge Watch were extremely positive about the programme and the support and role it can provide. However, several professionals suggested that the police and other services lacked awareness of Bridge Watch:

'I would say the response officers are not aware of them...They don't have any interaction with them....I think, it would make them happy to know that there it is, they are there and they exist.' (P3)

A police officer discussed how they had not heard of Bridge Watch before they were called to a Bridge Watch intervention:

'I don't know if any of my colleagues have any dealings other than me. I didn't know they were a thing until I spoke to them on the first time I met them, and they, sort of, explained what they did, and they're like, oh, yeah, we've had a few jobs. And I was like oh...because we never really hear about it.' (P8)

They described how they were '*apprehensive*' at the first intervention as they did not feel completely comfortable letting Bridge Watch take the lead due to little prior knowledge of the service. This concern was removed through witnessing the benefits of their support for managing interactions with vulnerable people:

'I think it works well. The only thing I would say, it would be nice for maybe someone [from the Bridge Watch team] to come in, meet the team. We have handover periods where if they can come and do a little input, just introduce themselves, introduce what they do. Because I feel like the first one, I was a little bit apprehensive of letting this bloke I don't know just speak to his man high off his head on drugs. But the second time, I was like they're quite competent, they know what they're doing, quite happy to let him speak when the other one didn't want to speak to police either, and then we can just bring the levels down a little bit.' (P8)

Despite considerable initial promotional work, continued promotion with other services was noted as a challenge for the Bridge Watch programme lead, due to time and capacity issues.

Further, challenges in communication between emergency services regarding Bridge Watch were noted, with a police officer who had attended a Bridge Watch intervention reporting not being informed by the control room that Bridge Watch had rung in the call and was providing support:

'The control room does not let the police know Bridge Watch have put a call through, it may be useful to also share this information with the police, which meant it was surprising when Bridge Watch were there.' (P8)

Across linked services, greater knowledge of Bridge Watch was suggested as facilitating increased use of the volunteers to support interventions:

'It could be that when they're aware of them they could use Bridge Watch as formulating a plan...if they know it's Bridge Watch then they'll get them to engage more. They'll say, come on, can you carry on talking to them. What about if you come...are you willing to sit and talk to them because you've got a good rapport. If we take them off the bridge, are you willing to talk to them down there. Whereas, they would never put that pressure on a member of the public, but because they don't know who Bridge Watch is, they wouldn't ask Bridge Watch for that extra support...So, yes, they could be very useful in that way. But if they don't know who they are, they're not using them.' (P3)

Considerations

- There was a need to improve awareness among police/other support services around the role of Bridge Watch. While individuals directly involved with Bridge Watch demonstrated awareness of its role, a knowledge gap was suggested across wider teams. Promotional work with relevant agencies, such as joint meetings, may be beneficial to increase awareness of Bridge Watch. This would require increased time and capacity from the Bridge Watch programme lead.

Building awareness and becoming embedded in the local community (local business, services) around the bridges was noted to enable more people to act as 'eyes and ears' in support:

'That can really help drive people's knowledge of it because the more people that are like, oh actually we saw someone that has been coming here a couple of days now, looking out at this sort of time, then it could be something that Bridge Watch check...[local] people are your eyes and ears out there and actually they know who to go to because they've seen something or to have the ability to report something that they've seen, then we should be doing that and making it as easy as possible.' (P7)

'If you build relationships with people that are in any location on a regular basis, they start to help you out as well.' (VP1)

Considerations

- Promotion of the Bridge Watch programme to local services and businesses around the bridges may help drive awareness of the programme.

Environmental and operational obstacles

The difficulty of identifying individuals at risk within a bustling environment was a significant challenge. The bridges, being public spaces, attracted a diverse range of people for various reasons, making it challenging to distinguish those in need:

'It's just spotting those that need the support is massively difficult in the environment that we are and in the location that we are, it's tourist hotspots, lots of people taking photos, lots of people standing out, looking and on their phones, handsfree now. So, I think just the location of where we are makes it really difficult to spot people in crisis, unless they are standing there in tears or sitting on the edge, it's really very difficult.' (VP7)

Weather conditions and the physical demands of the role were identified as potential challenges for some volunteers. While the distance covered during patrols provided the benefit of physical activity for some, it also presented a challenge for others:

'It's England, sometimes it is really cold, really wet. If you don't come prepared, with your coat, you're in trouble.' (VP6)

'It's physically demanding...and I think that is a challenge sometimes. I think, that's not to be disparaging about anybody that might have any physical challenges to them, or even age, but it is something you need to factor in that it's not, you know, you're not kind of just sitting around on a bridge on a chair waiting for something to happen, you're on your feet a lot.' (VP1)

These practical challenges alongside an absence of interventions made maintaining motivation for the role challenging for some.

Considerations

- It would be beneficial to highlight the physicality of the role to potential volunteers and provide further opportunities to shadow patrols so people can experience the role, including its potential physical challenges.
- Developing a 'kit list' for new volunteers (e.g., waterproof clothes, warm clothes, comfortable shoes, a drink, a notebook and pen, bring your phone, snacks, etc.), to help people be more prepared for the potential realities of the patrols may be beneficial.

The current volunteer base and limited amount of sheltered space available across the patrolling site were noted as a challenge. Increased access to available and suitable spaces for volunteers was suggested as needed to provide more time to patrol the bridges, and more space to provide immediate support in quieter and more private locations:

'At the moment we're very limited. We have a small hub that was kindly lent to us by Transport for London, on the pier, where we can change and have a coffee and that...going forward that would be really good is if these people that we stop, if we could take them away from danger, sit them down somewhere calming, give them a coffee, let them make phone calls, talk to them more about guiding and signposting them and things like that. But at the moment it's very much all done where we intervene with them. So that's something that I think would make things better for aftercare for the people that we speak to.' (VP19)

'If we got a base at the other side of London, we'd have more time out...we want to spent more time on the bridges.' (P1)

The volunteers spoke of using available spaces for support (e.g., local café's), but noted how these were not ideal for having private conversations:

'The café was convenient which was good but not so good in terms of busyness and noise.' (Volunteer Diary 1)

Considerations

- Finding further 'Bridge Watch bases' or areas that can act as a 'welfare facility' for immediate support would be beneficial.

Limited programme resources

Bridge Watch operates with limited resources and funding. The workload on the programme lead was noted as significant:

'Anything that is remotely Bridge Watch focused, it's straight into [the Bridge Watch programme lead inbox, whereas there could be a bit of filtering, okay, this is maybe recruitment, this is a volunteer enquiry, and we can do some initial vetting, maybe direct to like an admin role.]' (P4)

A stretched programme lead and limited funding restrict the programme's ability to expand its coverage and provide more resources for volunteers. Several professionals and volunteers suggested that the role could be split to ease the workload of the programme lead .

Without an increase in resources, it was felt that it would be challenging to improve coverage:

'The only thing that makes it less effective than it could be is just the scale. It needs scaling up. You would also then be able to do more, because you would always be around. You know, we miss a lot, because we're not out...if we could have the resources somehow to scale it up, then we would definitely make more of an impact, and reduce the amount of people that go into the water, and take some of the burden off of the other agencies.' (VP15)

Considerations

- Administration support for the Bridge Watch programme lead may be useful and would allow a separation of tasks around volunteer coordination (arranging the patrol rotas, volunteer recruitment, managing volunteers) and programme coordination (promotion of the programme to key services and stakeholders, fundraising). This may support focus on improving Bridge Watch coverage.

Awareness of volunteer support options

Volunteers acknowledged the potential emotional toll of encountering individuals in crisis and the importance of having support systems in place. Having informal debriefs between volunteers was noted as beneficial for managing experienced issues and challenges, with this being the typical approach used by volunteers. The importance of debriefing after patrols was highlighted, with suggestions for a greater emphasis on this practice:

'I think perhaps a bit more focus on briefing and debriefing and the importance of those things to share and to perhaps going forward for something to be created which allows a bit more briefing, debriefing. The importance really of gathering together at the beginning, gathering together at the end, so that you can make sure everybody goes home okay, anything anybody wants to talk about.' (VP2)

'It was helpful to talk it through after with others on the shift to debrief.' (volunteer Diary 1)

More formal discussions were noted to be offered by the Bridge Watch programme lead . However, there was a lack of awareness from several of the volunteers around formal aftercare options, beyond speaking to the Bridge Watch programme lead , which all volunteers suggested would be their primary option. Many volunteers did not know about the formal support offered by the Listening Place, while others were aware of some support, but knew little about this, how to contact, or where to find out this information independently, beyond asking the Bridge Watch programme lead :

'So, I think at some point it'd be good for to just a little card that says, laminated that gives, you know, telephone numbers that you can contact if you do want to have a chat with somebody that's not within Bridge Watch.' (VP13)

'Yeah, we talk to each other, really. That's really it. But I'm sure that if someone was very upset, then we'd raise the alarm. We don't have a routine, kind of, counselling thing where we go and have a sit down. Maybe we should do more of that.' (VP15)

Many volunteers had not appreciated the potential of a 'failed intervention', but several spoke about potential feelings of guilt and responsibility. Most did not conceptualise how a failed intervention could impact themselves, in terms of wellbeing, or more practical reasons (needing to make a statement, around having to potentially attend coroners court):

'But I really don't know how I'd react. If I was intervening with somebody and then they jumped I think it would be horrific. If I've been told I've forgotten. I can't tell you specifically how I would be treated at that point, but I'm sure because of what I know I would be treated very well and at that point then things would kick in for my support. Because we try and document everything, so then the external we would probably be put in touch with other talking agencies, listening agencies to help. I have no doubt that there would be help for us in that scenario.' (VP3)

'And God forbid you've got someone off the bridge, and then two hours' later, they've then jumped off and killed themselves, questions would be asked. It's like, did we do a good enough job.' (VP8)

Considerations

- A more formal and structured patrol plan and debrief process in place for each patrol, led by the shift leader, may be beneficial, to provide consistency for volunteers and help manage feelings of anxiety following 'unresolved' interventions. Encouraging the sharing of reflections on patrols may be beneficial for volunteers in learning how to better manage and respond to such situations.
Such a planning and debrief process may involve: [planning] check-in, plan and teams, intervention roles, need-to-know information; [debrief] what situations were encountered, what info was needed (e.g., signposting information, etc.), recording support/interventions, processes of support and aftercare.
- Developing and disseminating more detailed guidance, pathways and processes of volunteer support options, and making this accessible to volunteers (e.g., sent via email, or publicised in the current Bridge Watch volunteer base) would be beneficial to refresh and re-highlight support options.

3.2.3. Perceived benefits and impact of Bridge Watch

Identifying and supporting those in need

All volunteers and professional staff perceived the Bridge Watch programme as having a positive impact in terms of preventing suicides. There was a perception from the volunteers that their work made a difference - this was based on direct experiences delivering suicide interventions, conversations between volunteers about the support they had provided, and regular updates from the Bridge Watch programme lead covering key service statistics:

'You will see the data in terms of the number of interventions we have, the number of people who are suicidal...A couple of people, if we haven't met them, again anecdotally they would have jumped of the bridge, end off, but the way they have spoken and stuff, so I think that has been fundamental.' (VP1)

'I think it would be hard to show with figures that it's making an impact, because it is quite small. But we definitely have helped people, stopped them from entering the water, signposted care that they wouldn't have known about.' (VP15)

The Bridge Watch volunteers spoke of intervening with people who did not express any overt signs of distress, but who were identified from more subtle observation and instinct. This highlights the volunteers' potential to detect and intervene with individuals who might otherwise have gone unnoticed, demonstrating the unique value of the Bridge Watch programme in preventing potential suicides:

'You get that feeling when you know that somebody's not right, not happy,...the more, the more you actually walk around and you see people interacting along the

riverside and on the bridges, the more obvious it becomes...the more patrols you do, and the more you see people, you know, visiting [place], taking their pictures, standing on [place] taking a picture of [place], err, sitting along the river, the more you're out and about you get to understand sort of the average normal behaviour of people, who are visiting, ok in their lives, or whatever. So when you see somebody who isn't, it jars with you, it stands out, and literally you go, ooh. You get a feeling. You think ah, that's not quite right...and we saw someone just standing around, they didn't look in distress, but you just think, there's something not right here...and they were one of the ones who needed the services calling, as they were a risk of going in the water. And it wasn't obvious until we started talking to them.' (VP13)

The professional staff had direct examples of where Bridge Watch had encountered and supported people in 'crucial interventions', potentially preventing people from entering the water:

'I think it works quite well. As I said, there's good handovers, it's good to work with the people in crisis. At both times they've called us we've actually needed to be there. I haven't thought there's no point us being here, we've actually...if we weren't called, that person probably would have gone in the water.' (P8)

'[I've been involved in callouts from Bridge Watch] twice, and they were both valid. That's me personally....Yeah, and they were both valid referrals. They were of valid concerns about people behaving unusually...Bridge Watch interrupted their plans.' (P3)

A key strength of the Bridge Watch programme was seen to be the proactive nature of the initiative and the physical presence of volunteers to provide direct support via human intervention. It did not rely on deterrence as a mechanism for the prevention of suicides, but actively sought to identify and provide support to those in need:

'It's proactive as opposed to reactive; so we're not reacting to something that's already unfolding and you're turning up to something that's already sort of happening.' (VP1)

'Actual physical measures of I don't know with glass screens and netting and things like that is great but it will just move the problem somewhere else. That person obviously needs support and if they're looking for help, then the physical measure will stop the outcome but they will just go somewhere else and find out somewhere else to go and do this...Whereas if you went to the bridge, you presented at the bridge but Bridge Watch spoke to you and actually helped you down the path to getting the support you needed, that I think is massive.' (P7)

'A camera's never going to stop anybody from jumping, it was just identifying the fact that they'd jumped or they're thinking about it, it's that human interaction that makes a difference.' (VP13)

Due to this, Bridge Watch was described as filling in a '*missing link*' in support and service provision on the bridges:

'There was a missing link there for sort of, more kind of, social support for people who were coming to the river because they were despondent...that's what we do.'
(VP15)

Secondary benefits beyond suicide intervention

Alongside suicide intervention, volunteers spoke of several secondary benefits of the intervention. A large amount of the role was described as delivering support beyond suicide intervention, including more general and wider public health support. This included: risk management of people doing 'unsafe' things on/around the bridges; supporting vulnerable, intoxicated and distressed people; assisting partner agencies and other services in managing incidents (e.g., the police in looking for missing people); and, more general preventative work. Thus, the benefits were seen to go beyond suicide intervention to prevention, and managing other risky behaviours:

'We don't just focus entirely, although it's our main function, on people who are looking suicidal. But you see, you just see people in some sort of trouble, argument, or something, and you will engage, you know. You will engage beyond your specific brief.' (VP7)

'We had a team the other day, who called out and we looked for a missing child...So sometimes they ask us to do stuff outside of that suicide prevention which I think that is totally fine because it is part of our networking and relationship building.' (P1)

Considerations

- The challenge in measuring 'impact' was acknowledged by the majority of participants, with interventions being straightforward to record, but secondary outcomes and impacts related to prevention being much harder to measure and capture. Encouraging the Bridge Watch team to evidence the wider impacts of the work (e.g., accurately recording all interactions and interventions) may help understand and document the wide range of support being provided.

The patrols were discussed as acting as a form of suicide prevention through the visibility of volunteers. Indeed, many volunteers spoke of the importance of the role as a physical presence in the de-stigmatising of suicide, alongside raising awareness of issues and support:

'So, just being there, having the jacket on, you know, that says, Bridge Watch, and trying to hopefully help people feel a bit safer, even if they don't interact with us...It's actually doing interventions, and then there's also that kind of, preventative part of just being someone who could be there, if someone, you know, was having a bad day. And also, sharing, kind of, a message around, like, that suicide is important...and letting them know that people do care in London, because it can be quite an unfriendly place.' (VP6)

'I believe it's been really successful in raising awareness of the risks of suicide, raising awareness of the challenges entering the water present, being that listening presence for people who are vulnerable and who are at risk, and engaging with the wider community, and being known as people that can be called upon to respond or signposted to somebody who maybe be at risk.' (VP12)

'I have noticed in London how people are very focused on where they're going and there doesn't seem to be much interaction between people...I think by, by being very visible on the bridge, it's starting that conversation about suicide and that can only be a really positive thing. The more people are aware about suicide, the more they'll be able to spot the signs, and the more they will be able to intervene and prevent it.' (VP2)

Several volunteers spoke of how members of the public alerted them to potential issues, highlighting how awareness of Bridge Watch was used by the public to respond to concerns:

'Someone on the bridge told us of a person who looked upset at the other end of the bridge.' (Volunteer diary 2)

Public perception of Bridge Watch

Volunteers spoke of the positive reaction from the public and local communities to Bridge Watch and their presence on the bridges:

'When we tell them about what we do, some of them say, oh, that is brilliant, that is impressive, that is good...People are so happy that at least there is such an organisation on the bridge to look out for other people. So it gives them a kind of relief.' (VP10)

Bridge Watch was perceived as being different to the emergency services by members of the public. This distinction was noted to be particularly beneficial in helping engage people who may have been reluctant to engage with emergency services. The clothing of the Bridge Watch volunteers helped both identify and differentiate them:

'It just helped that it was another friendly face that wasn't a uniformed presence because sometimes with us being a uniform presence, people can go one of two ways. They can either go, you are a uniform presence, please help me or it can go, you are uniform presence, I don't like you, so I don't want to talk to you. So, it was nice just to have someone that was just an everyday person that was through the Bridge Watch service, just wearing a plain green coat and a baseball cap saying, talk to me, tell me what's going on.' (P5)

Bridge Watch volunteers' ability to establish rapport with individuals in crisis before involving emergency services was seen as crucial in stabilising situations. This was also noted to save police time by streamlining the process of risk assessment and gathering a person's background and understanding the reasons for their crisis, eliminating the need for extensive

engagement and rapport-building:

'By the time we got there, both cases they'd already established that relationship with the person. For the second one especially, they almost convinced him to let them call the police, which meant that we weren't turning up and he wasn't surprised. He wasn't hostile towards us or anything. We had that link already and also, they could then give us a rundown of what's been said, what's happening. So then we don't have to do that initial process, because I think that's one of the hardest bits is trying to get someone to run through what they're thinking when they're in a mental health crisis, and if they've already spent an hour with them, then, brilliant, we've got all that information...when we've gone out to Bridge Watch they've massively saved time, because the first one we just turned up, took the volunteer to one side and said, oh, what's going on? He's like, oh, we've been speaking to this guy, he's made threats to jump off the bridge, we think he's on some drugs, and that's why we called you because we don't think it's safe for him to be on the bridge. And then we're like, we can take over based on that, that's a nice handover because you need...we know the risks to us, the risks to the person on the bridge.' (P8)

'I do know they have called in and the police have gone down to support and sometimes the police have gone and they've left the Bridge Watch person doing the talking because that relationship, rapport's been built up.' (P6)

Reducing pressure on emergency services

Professional staff perceived Bridge Watch as contributing to reduced pressure on the police/emergency services around the bridges, by preventing callouts and de-escalating issues before emergency service involvement:

'I think it saved us time. I imagine they've done a lot of work in the background where we haven't even been called, which saves us loads of time, because there's so much paperwork that we have to do if we attend those calls. Whereas, if Bridge Watch attend, it's probably a lot faster I imagine the way they do it than our team.' (P8)

'I know officers have been involved with them on the bridges. I know they've been called...basically they're in charge and they've just got the officers for support in case it goes wrong and they've dealt with it very well. They've got people away from the bridge in some cases, which is a massive thing. Because if someone's on the bridge, all the resources...we get the marine units out, ambulance, everyone. Everyone's out in case that person jumps, so. Once they're off the bridge and away everyone can go back to patrolling...we will always attend calls for welfare, crisis calls etc...We would have been at that call but Bridge Watch are there first, they've picked up the person before something's gone too far and they're helping the situation. So even if they do call us they're massively helped.' (P6)

A wider concern from some professional staff was that Bridge Watch would increase the use of emergency services as volunteers would call the police to help manage their anxiety around any 'risky situations'. However, this was not suggested to have been observed among the interviewed emergency service professionals:

'I think my initial reaction to finding out about it was like, oh, great, so we're just going to get more calls to the bridges, because they're going to find the people. But actually, I think, as I said at the start, there's been a reduction, maybe that's Bridge Watch, maybe not, it's hard to quantify. But it definitely feels like there's been less calls for service to the bridge ...I think it's [reduced]... I feel like we've spent a lot less time at hospital. Whether that's a reduction in calls or a bettering in the process. I don't know. It could be either one. But it feels like in recent months we haven't had as nearly many officers in hospital as we did say a year ago...I think it works quite well in that respect, that they'll only call us if there's an actual need for a police officer to attend, like if that person's life will end otherwise. And if not, I think they're quite good at leaving us out of it and just cracking on.' (P8)

Positive impacts from volunteering

Volunteers reported several benefits of Bridge Watch volunteering, including developing skills in supporting others, improving their own mental health and wellbeing, and building social connections.

Many volunteers reported gaining valuable skills and confidence through training and delivering patrols. They noted developing a heightened awareness of potential issues and confidence to intervene when needed:

'I have privately done it when I'm not on Bridge Watch, actually. I talked to a guy on [name of] Bridge, since having the training, who I think probably was, and I chatted to him. And then I sort of walked him off the bridge and followed him off the bridge, so he wasn't by the water anymore.' (VP14)

'It's made me more observant, like in general. So, the other day, I was walking in a different part of London, in [place], and there was someone just sitting with his head on the floor, on the bridge there. Where normally, I might have just walked past, but instead I just stopped, and checked in, and was just like, you know, is everything okay, and everything was fine, he was just picking something up, or something like that. But it's just made me more observant, and a bit nicer, just like, in checking in with people.' (VP6)

Volunteers reported positive impacts on their own mental health through volunteering and being part of Bridge Watch:

'It's, kind of, raised my self-esteem...I think it's such a positive thing..., the potential to affect your own social communities and work communities. And just potentially also to change stigma and destigmatising. It's just such a positive thing. And I can't recommend it highly enough really.' (VP9)

'I find it very rewarding. It allows me to give something back, and I think that's what's really important...certainly for me I would say to people that are thinking about volunteering, it's very rewarding. You do feel like you're getting something out of it.

You're giving something back. You're meeting new people. So there's lots to it. But I would certainly say first and foremost it's a rewarding thing to do.' (VP19)

Volunteers highlighted the social benefits of volunteering, including opportunities to network, form friendships, and build connections:

'You connect with so many different people that you would not connect in your normal life.' (VP3)

Considerations

- Highlighting the benefits of volunteering around skills development alongside potential future employment prospects, may help promote volunteer engagement.

4. Discussion

4.1. Quantitative component

Suicide events and the people who experience them on and around BoL

Over a period of five years and four months between January 2019 and April 2025, a total of 837 suicide events were reported on or around the BoL, including 249 suicide contemplations, 559 suicide attempts and 29 suspected suicide deaths. For suspected suicide deaths, this equates to approximately 1% of all suicide deaths by any means in Greater London in the Thrive LDN Real-Time Suicide Surveillance database. That the number of suicide attempts is substantially higher than suicide contemplations may, in part, be due to the more visible nature of attempts, which require an individual to take action to end their life (e.g., climbing onto bridge barriers) and make them more likely to be witnessed by others and reported to authorities. Our analyses showed that the greatest proportion of suicide events took place on London Bridge (including 50% suspected suicide deaths reported), suggesting a greater of risk of suicide events at this location in comparison to the other BoL.

Our findings indicated a higher prevalence of all suicide events among people in younger age groups (18 to 34 years). This is in line with findings from the Adult Psychiatric Morbidity Survey, which found that, in the UK, lifetime suicide attempts were more often reported by people aged 16 to 34 (15). Our findings are contrary, however, to statistics on suicide deaths in the UK, which are more common among those between the ages of 45 and 54 (8). This could be due to the population of London being almost five years below the average of the rest of the UK (35.6 versus 40.3 years in 2019; 16).

In terms of gender, we found that the majority of all suicide events on or around BoL affected men, in line with UK-wide statistics (8). This finding was particularly notable for suspected suicide deaths, which in our data exceeded the male:female ratio in UK-wide suicide statistics (3:1 according to the latest ONS statistical release; 8). This could be due to the finding that men, on average, employ more lethal means of suicide than women (17), and are more likely than women to die by suicide in public versus private spaces (18). Our analyses found that a small proportion of people who attempted suicide at BoL were transgender. However, as gender identity is not consistently self-reported in either CoLP or Thrive LDN, transgender people are likely under-recognised in our samples. Although the study of suicidal behaviours in LGBTQ+ (lesbian, gay, bisexual, transgender, queer, and other sexual and gender minority) individuals remains a developing area of research, it has been found that people who identify as LGBT have a substantially higher risk of attempting suicide than their heterosexual and cis-gender peers. Therefore, continued and accurate reporting of gender identity in real-time suicide surveillance data is of great importance (19).

The impact of Bridge Watch patrols on suicide contemplations, attempts and suspected suicide deaths

We estimated the potential impact of Bridge Watch patrols on suicide contemplations, attempts, and deaths by carrying out a series of ITS analyses in data from CoLP and Thrive LDN. Our findings were limited by a potential lack of statistical power in models examining

suicide contemplations and suspected suicide deaths. In terms of contemplations, our models indicated that before the introduction of Bridge Watch, the number of suicide contemplations were increasing by 12% per month. Immediately post intervention, there appears to be a decline in the number of contemplations, but there is considerable uncertainty around this estimate. In the 13 months following the intervention, numbers of suicide contemplations rose once again, but at a slower rate of 10% per month in comparison to the pre-intervention trend. Whilst we are limited in our ability to make clear inferences about any potential impact of the intervention on suicide contemplations, it will be valuable to repeat these analyses with additional post-intervention time points to examine whether any clear effects emerge from the tentative trends that we see in the current models.

Results are clearer for suicide attempts, which showed pre-intervention increase of 3% per month. Immediately after the introduction of Bridge Watch, model results indicated a substantial reduction in the number of suicide attempts (51%). However, in the proceeding months, attempts rose sharply at a rate of 11% per month in comparison to the pre-intervention trend. This steep increase means that at 12 months post-intervention, the number of attempts exceeded levels expected in the absence of Bridge Watch. The magnitude of the reduction in suicide attempts immediately post intervention is somewhat unexpected, but could possibly be due to Bridge Watch patrols. To further investigate attribution of this potential effect, it would be beneficial to assess the numbers of interventions on individuals attempting suicide performed by Bridge Watch staff and volunteers, both at the time of the intervention rollout and in the following months.

In contrast to this, the uptick in suicide attempts post-intervention was anticipated. Increased case ascertainment would be expected due Bridge Watch staff and volunteers reporting cases, especially during anti-social hours when attempts are less likely to be observed and reported by members of the public. It is also possible that ascertainment of cases would increase over time due to increased confidence of staff and volunteers at Bridge Watch as they undertake training and gain more practical experience of performing interventions. An alternative explanation could be that the presence of Bridge Watch and/or publicity surrounding the initiative has drawn attention to the BoL as a viable location for those wishing to attempt suicide. However, our analyses indicated that post-intervention, trends in BoL-related suspected suicide deaths continued to increase in line with wider suicide trends in London, suggesting that this is unlikely to be the case. Seasonal terms added to the statistical model for attempts were significant, indicating the presence of a seasonal effect in the data. This is clearly reflected in the ITS plot (see [Figure 2](#)), which indicate annual peaks in attempts during the summertime.

Regarding any potential impact of the intervention on suspected suicide deaths, our analyses produced imprecise estimates due to the small number of events (there were 29 cases over a time series of 64 months). A lack of clear results does not imply an absence of effect, only that we are currently unable to draw inferences about potential effects on suspected suicide deaths due to limitations in the available data. As with both suicide contemplations and attempts, it would be valuable to repeat these analyses in approximately one year, when more post-intervention data is available.

Key risk periods for suicide events on the BoL and Bridge Watch coverage

We compiled descriptive statistics and plotted suicide events that occurred over the study period to ascertain any key risk periods and whether adequate coverage was achieved by Bridge Watch patrols. Using CoLP data, we found that across all years in the time series, the majority of events tended to occur between the hours of 8 PM and 4 AM. This appeared to be driven by greater numbers of suicide events around midnight and 8 PM. Suicide events also occurred more often during hours of darkness (58% of all events) — this was the case for all suicide event types. Whilst Bridge Watch did carry out patrols during this key period between 8 PM and 4 AM, the majority of patrols occurred outside of this and during daylight hours (61% of patrols). There was a mismatch in proportions of patrols and proportions of suicide events between 12 and 4 AM (greater proportion of suicide events than patrols) and 4 and 8 PM (greater proportion of patrols than suicide events). The timing of patrols will, to some extent, depend upon the volunteer availability, and it was noted in the qualitative data to be challenging to recruit volunteers willing to patrol anti-social hours and particularly during hours of darkness. If there is scope to do so, Bridge Watch may consider carrying out additional patrols during the identified key risk period. Ongoing monitoring of key risk periods for suicide events and communication of any changes in trends to the Bridge Watch team will be important if the organisation wishes to optimise its patrolling schedule with the aim of reaching more people in need.

Descriptive statistics and visualisations showed no clear temporal patterns in suicide events by day of the week or by day of the month. It follows, that there was no visible sign of trends in suicide events around the end of the month, when workers commonly receive their monthly pay. We did find, however, that suicide events were more frequent during the summer, which is in line with the wider literature. Although there persists a common cultural perception that suicide events peak around the Christmas and New Year's holidays, published studies tend to show seasonal peaks outside of the winter holidays (20-22), in line with our observations.

4.1.1 Strengths and limitations of the quantitative component

The existence of two individual-level, real-time suicide surveillance datasets covering the same geographic area is perhaps unique in a UK context and is extremely valuable for suicide prevention efforts in Greater London and particularly on the BoL. It is a key strength of this study that, with the support of colleagues at CoLP and Thrive LDN, we were able to leverage these datasets for the purposes of our evaluation. The ability to compare trends in suspected suicide deaths on BoL against suicide trends more generally across greater London is valuable and will be useful for assessing potential displacement effects if an impact on BoL related suspected suicide deaths is found in future analyses.

There are several limitations to the quantitative component of this study. First, there was considerable uncertainty around some of our model estimates, particularly for suspected suicide deaths, which has limited our ability to make meaningful inferences. This is likely due to the limited post-intervention time series (13 months) and the rarity of outcomes (for both contemplations and suspected suicide deaths). Second, during discussions as part of the evaluability assessment process, we were unable to identify a suitable control area or bridge to include in our modelling, largely due to the uniquely iconic nature of the BoL. Third, we make an assumption that there were no Bridge Watch patrols taking place before 1.21.2021,^[10]

Bridge Watch patrols were piloted from 4th December 2023 until 31st March 2024. However, the focus of these patrols was on training volunteers and establishing patrol routes. Because of this, and due to limited statistical power, we chose to model the introduction of Bridge Watch as a discrete point in time, but it may be possible to include an intervention transition period in future analyses with a longer post-intervention time series.

4.1.2 Recommendations from the quantitative component

Recommendations for the activities of Bridge Watch

- 1) **Patrol timings:** if Bridge Watch secures more resources and/or is scaled up to include more patrols, it may be beneficial to align patrol timings with key risk periods for suicide events on and around BoL. According to our analyses, this would mean more patrols during hours of darkness, especially between the hours of 8 PM and 4 AM, and during the summer months.
- 2) **Monitoring trends in key risk periods for suicide events:** it is important to note that key risk periods may change over time, therefore, it will be important to monitor any changes in risk periods so that patrols can be adapted accordingly. In practice, this might mean that partner organisations with access to CoLP and Thrive LDN data continue to monitor risk periods and provide updates to Bridge Watch staff at regular intervals.

Recommendations for future evaluation and/or monitoring

- 3) **Repeat analyses in approximately 1 year:** repeating the impact analyses in approximately one year with a longer post-intervention time series would increase the statistical power of the analyses and enable more inferences to be made about the effectiveness of the intervention on suicide events.
- 4) **Consistency of real-time suicide data:** to support any ongoing monitoring or future evaluation of Bridge Watch, it would be beneficial for CoLP and Thrive LDN to continue to work together in maintaining consistency, as far as possible, between their real-time suicide datasets.
- 5) **Record keeping at Bridge Watch:** Bridge Watch currently keep records of any interventions that their staff and volunteers perform on BoL. These data may be valuable for ongoing monitoring/evaluation of Bridge Watch's effectiveness, particularly for investigating attribution of any potential changes in outcomes to Bridge Watch patrols. In order to do this, the collection and management of data must be high quality, consistent and secure. Together with Bridge Watch, we have secured additional funding with a view to facilitating this.

4.2. Qualitative component

An alternative approach to suicide intervention

Bridge Watch is a suicide prevention initiative for people indicating intent to enter the water. It was described as a 'missing link' in service provision for those on the bridges at risk of entering the water, sitting between wider prevention and emergency service response. The Bridge Watch programme's use of trained volunteers to patrol suicide risk areas to directly intervene with people identified at risk presents an alternative way of approaching and delivering suicide intervention. It differs from typical and more conventional suicide prevention initiatives (e.g., 'hotline' support such as the Samaritans) which require individuals actively seeking help and support, as it proactively attempts to engage people in immediate need at the risk sites, even if they have not actively or directly requested or sought support. Further, it goes beyond restricting access to means and 'target-hardening' approaches (e.g., bridge barriers/nets) as it creates a human presence at at-risk sites, producing a 'humanised' target-hardening approach. Bridge Watch's humanised approach, alongside its direct link to other services across the system, provides an active pathway into support for those who are in need. It does not rely on deterrence as a mechanism for the prevention of suicides, but actively seeks to identify and provide support potentially reducing displacement or deferral of suicide behaviour.

Added value of Bridge Watch to existing support

Bridge Watch is seen to provide a proactive, visible presence on the London bridges, which is helping to identify and support individuals in crisis, and preventing potential suicides and harm for people entering the water. Volunteers and professionals reported numerous examples of how the Bridge Watch programme had supported and prevented people from entering the water. Further, the volunteers described how they had detected and intervened with people who might otherwise have gone unnoticed, highlighting the potential preventative nature of the intervention.

In addition to direct intervention around suicide, Bridge Watch is seen to be providing a range of secondary benefits and positive public health impacts, including: risk management for unsafe behaviours around the bridges (e.g., sitting on the bridges) potentially preventing accidental entry to the water; support and signposting for vulnerable individuals experiencing non-crisis mental health issues, distress or intoxication; destigmatising and raising public awareness of suicide and suicide prevention via being a visible presence of support; and assistance to partner agencies like the police in managing incidents (e.g., searching for missing people, supporting victims of physical violence/assault). Bridge Watch appears to be contributing to a safer environment around the bridges, showing the programme's potential impact beyond suicide prevention.

Further, Bridge Watch was suggested to play a role in reducing pressure on emergency services. By de-escalating situations and providing initial support, volunteers were seen to prevent unnecessary callouts and reduce the workload on police and other emergency responders. Volunteer's abilities to establish rapport with individuals in crisis before involving emergency services also streamlines the process of risk assessment and information gathering, ultimately saving valuable time and resources for both the police and the individual in need.

The programme also benefits the volunteers themselves, with volunteers reporting gaining valuable skills and confidence in supporting others, improving their own mental health and well-being and building social connections.

4.2.1. Strengths and limitations of the qualitative component

We achieved adequate numbers of interviews with volunteers and other stakeholders and were able to supplement these with analysis of data from volunteers' logs and diaries of their patrols. We were greatly helped in this by the close involvement of the Bridge Watch team. We also worked with a Patient and Public Involvement group to develop our data collection tools, and to sense check our findings.

Drawing on our qualitative data, we are not able to talk to the 'effectiveness' of the Bridge Watch programme in relation to impacts on suicide rates. We have discussed the perspectives of the professional and volunteer participants we sampled, allowing us to discuss the perceived impact and effectiveness of Bridge Watch upon suicide prevention on the bridges of London, and to look at acceptability, feasibility and suggestions for the development of Bridge Watch.

Due to the relatively small-scale nature of the Bridge Watch programme, we had a limited sample of both professional practitioners and volunteers to draw on. Due to the way Bridge Watch supports and signposts services users (i.e., that no personal information is collected), it was not possible to speak to people whom Bridge Watch had engaged with.

We only spoke to volunteers who were actively engaging in Bridge Watch and who consented to take part, resulting in potentially missed perspectives and insights from those who did not engage or dropped out/stopped volunteering. Therefore, we do not know how these link to perspectives around motivation, support, training and recruitment and retention, that we found. Sampling more volunteers, including those who had stopped volunteering, may have allowed greater insights into the perspectives of Bridge Watch.

With our convenience and non-random sampling approach, we are not able to infer generalisations of the findings. Nevertheless, similar perspectives were consistently reported in the professional staff and volunteer accounts, and our sample appeared sufficient enough to provide valuable insights into perspectives of the Bridge Watch programme.

4.2.2 Recommendations from the qualitative component

Key considerations for Bridge Watch development are noted in the qualitative component results (see section 3.3). Below, specific considerations around development and expansion are discussed, before overall considerations are brought together and summarised.

The findings show that Bridge Watch is perceived as having considerable potential in terms of providing suicide intervention and prevention support, as well as numerous wider public health impacts. However, the findings also show several considerations for the development of Bridge Watch, relating to its delivery, sustainability, and organisation. Fundamentally,

securing further funding is essential for the onward sustainability and development of the Bridge Watch programme. Bridge Watch operates with limited resources and funding, and its abilities to develop, expand and provide increased coverage is restricted and bound by this.

The current Bridge Watch model consists of the Bridge Watch programme lead managing and delivering a considerable proportion of the programme's eclectic roles. The workload of the programme lead was noted as significant, with this impacting key developmental activities around funding, volunteer recruitment, and promotion of the programme.

To achieve greater impact and coverage across the bridges, more volunteer capacity is needed. However, volunteer recruitment was a key challenge. Current recruitment of volunteers requires a considerable and sustained effort from the Bridge Watch programme lead which they manage alongside other key elements of the role. Additionally, the need to balance promotion of volunteering against the potential of publicising the bridges as a potential suicide location, was noted as an issue which impeded the potential expansion of Bridge Watch. Volunteer retention was also a challenge, with the difficult nature of the role, and maintaining motivation (as the expectation of the role was different to reality with fewer interventions than expected) being key issues. Further, our findings indicate that better integration into local services and support systems may increase the awareness, use and impact of Bridge Watch. However, this requires continual promotion of the initiative to external services from the Bridge Watch programme lead, which without increased resources, time and capacity, was considered to be a key challenge alongside the management of other tasks.

Developing the Bridge Watch delivery model, with the addition of administrative support for the Bridge Watch programme lead role, may be beneficial for the development of the programme. It is crucial that staff capacity is sufficient to meet the demands and requirements of the programme. Extra support would facilitate better workload management. This would allow the splitting and prioritisation/delegation of tasks over different roles (e.g., recruitment, sourcing and applying for funding, processing volunteer applications, delivering training, promoting to services, managing patrol rotas, wellbeing support for volunteers). Without an increase in resources and capacity, it could be challenging to improve coverage to desired levels.

Recommendations for enhancing volunteer training and support

Bridge Watch training could be developed through:

- Developing and adding training which reflects actual engagement and interventions in the specific context and conditions of the London bridges (nosiness, busyness from tourists and commuters, the difficulty of identifying people in need, and how these have weather, seasonal, time-of-the-day and day-of-the-week influences).
- Having training focused on the crisis nature of suicide interventions (e.g., more intervention-focused on those actively suicidal, as well as prevention-focused for people 'reaching out' for support).
- Using case studies and role plays/simulations based on real-life examples of Bridge Watch interventions, so volunteers can learn and reflect on how to respond in different situations.

- Practicing *in-situ* roleplays on the bridges to develop knowledge, skills, and confidence in intervening in the conditions of the bridges. This may help volunteers better prepare for the realities and practicalities of an intervention.
- Employing mentoring from more experienced volunteers to learn about how they responded in certain situations (including suicide/emergency intervention and non-emergency intervention).
- Offering refresher training to reiterate intervention procedures, or regular role plays/simulations to help maintain skills and confidence in the absence of interventions.
- Working with volunteers to look at frequently encountered challenges during patrols, using this to inform additional training options (e.g., around basic first aid, training around managing 'non-crisis' mental health issues, and managing intoxicated individuals).

Support for volunteers enhanced by:

- Developing and disseminating more detailed guidance, pathways and processes of volunteer support options, and making this accessible to volunteers (e.g., sent via email, or publicised in the current Bridge Watch volunteer base) would be beneficial to refresh and re-highlight support options.
- Encouraging reflection and debriefing after patrols, especially after 'unresolved' interventions. Encouraging the sharing of reflections may be beneficial for volunteers in learning how to better manage and respond to situations.
- Developing a 'kit list' for new volunteers (e.g., waterproof clothes, warm clothes, comfortable shoes, a drink, a notebook and pen, bring your phone, snacks, etc.) to help people be more prepared for the potential realities of the patrols.

Recommendations for volunteer confidence and experience

- The infrequent nature of interventions, concerns over the potential implications of a failed intervention and a tendency for some to defer to more experienced volunteers, limits opportunities for gaining practical experience. Assigning roles at the start of patrols may help some volunteers get more experience or confidence. Encouraging volunteers to approach people of concern, even if it is not a clear suicide intervention, may help build confidence in leading an intervention.
- Re-highlighting misconceptions about suicide discussions (i.e., that there is little harm that can be caused by speaking to someone about suicide intent) may improve confidence.
- Increasing awareness of abilities and limitations around preventing suicide or preventing someone from entering the water (e.g., the limits of what can be done in an intervention), may remove some pressure and expectation, and improve confidence to intervene.

Recommendations for improved knowledge of Bridge Watch processes

- Develop guidance and protocols outlining steps for emergency and non-emergency interventions (i.e., those with no clear and immediate suicide risk), with clearer pathways for less experienced volunteers (e.g., developing guidance with examples based on previous Bridge Watch interactions).

- Disseminate collection of useful phone numbers to all volunteers (e.g., police control room, Royal National Lifeboat Institution).
- Develop knowledge of external support agencies and local support options for onward support/signposting for frequently encountered issues. Knowledge of local support options, or information on how to access local support could be beneficial for volunteers to have access to provide to people spoken to (for example, <https://hubofhope.co.uk/>). This could be a list of resources accessible to volunteers, or a small amount of accessible information (e.g., a prompt card) which could be provided to people after an intervention.
- Highlight policies and processes for recording interventions/patrols, and develop data collection, management, and monitoring processes. This may support evidencing wider impacts of Bridge Watch, and targeting of patrols, by accurately recording all interactions and interventions.
- Clarify shift leader roles and responsibilities for volunteers, and empower shift leaders to make decisions and manage situations (to ease workload on the Bridge Watch programme lead).
- A more formal and structured patrol plan and debrief process in place for each patrol, led by the shift leader, may be beneficial and provide consistency in patrols. This could involve: [patrol planning] check-in, plan and teams, intervention roles, need-to-know information; [patrol debrief] what situations were encountered, what information was needed (e.g., signposting information, etc.), recording support/interventions, processes of support and aftercare.

Recommendations for volunteer recruitment and retention

- Map current volunteer recruitment sources to help establish how well current recruitment strategies are working, and where work can be done to increase recruitment.
- A recruitment and communications strategy could be developed in collaboration between organisations with experience in public messaging around suicide (such as Samaritans), alongside the communications team within the wider Bridge Watch team, to develop a volunteer recruitment strategy (e.g., over social media) which is sensitive and targeted.
- Highlighting a clear training 'roadmap' which outlines mandatory and optional training and opportunities for skill development. Presenting the Bridge Watch training package to new/potential volunteers may support recruitment and help show the skills and continuous development they would receive by volunteering.
- Highlighting benefits from volunteering (developing skills in crisis support, improving mental health and wellbeing, building social connections) may support recruitment.
- Highlighting the realities of the volunteering role (e.g., the physicality of patrolling bridges). Providing shadowing opportunities to help people assess if the role is suitable for them.
- Regular updates of outcomes and impacts can help build a collective sense of achievement and contribution, and maintain volunteers' motivation, well-being, and awareness of the value of the work.
- Highlighting feedback from other agencies about the role of Bridge Watch in their organisation was also noted as helping highlight the impact and increase volunteer

motivation by improving awareness of where Bridge Watch fits into the wider system of support.

- Incentives to support volunteer recruitment/engagement could be considered.

Recommendations for collaboration and communication with other services

- Develop communication and contact with relevant services who operate around the bridges, to improve awareness of the Bridge Watch role. Promotional work with relevant agencies may be beneficial to increased awareness of Bridge Watch, as there suggested little wider knowledge across teams/people with direct engagement or contact with Bridge Watch.
- More formal communication and contact between Bridge Watch and other relevant services may enable better joint working (e.g., sharing patrol times with services beyond the police control room and 'clocking in' with other services at the start of patrol) to ensure that other services are aware of when Bridge Watch is operating.
- Despite there being no confirmed risk high-frequency locations, there was a suggestion that some bridges are less popular with tourists, so loitering on these can raise attention. Further work around perceived/anecdotal localised and specific 'risk' indicators (e.g., transport links, accessibility, views) could be undertaken with volunteers and services operating across the bridges.
- Explore sustainable funding sources with partner agencies to expand programme coverage, provide adequate resources for volunteers, and potentially establish paid support roles for the programme lead. Administration support for the Bridge Watch programme lead may be useful, and allow a separation of tasks around volunteer coordination (arranging the patrol rotas, volunteer recruitment, managing volunteers) and programme coordination (promotion of the programme to key services and stakeholders, fundraising).

5. Conclusion

The Bridge Watch programme is an innovative suicide prevention initiative with important potential public health benefits. Bridge Watch proactively monitors the Bridges of London, providing a visible presence that helps identify and support individuals in crisis, and aims to prevent people from entering the water.

Our quantitative analyses over the first year of implementation found that suicide attempts had returned to their previous level after an initial fall. We found no conclusive evidence of an impact on suicide contemplations, attempts, or suspected suicides at the five bridges over the first year of implementation. We, therefore, recommend continued investment in data gathering and repeat of the analyses over a longer period of follow-up.

In addition to its potential for the prevention of suicide, both volunteers and professionals described several secondary benefits of Bridge Watch, including: management of risky and unsafe behaviours around the bridges; support and signposting for vulnerable individuals; increasing awareness of suicide and suicide prevention; reducing pressure on external services; and providing social and developmental benefits for volunteers. However, our evaluation found several challenges to service delivery such as volunteer recruitment and capacity limiting coverage, promotion and integration into local services and support systems restricting awareness of Bridge Watch, and stretched capacity of the Bridge Watch programme lead in managing all the required tasks to develop and expand coverage. Bridge Watch appears to have great potential in supporting suicide prevention, but further funding and resources over a longer period are required for Bridge Watch to achieve this.

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