



Evaluation of the Bridge Watch Suicide Prevention Initiative: Brief quantitative report

December 2025

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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Introduction

Suicide is a complex public health issue that affects individuals, families, and communities. Although a relatively small proportion of suicides happen at bridges, these sites are a significant concern; suicide incidents on bridges can be witnessed by others and can gain the bridge a reputation as a place where people go to take their lives. While physical barriers on bridges have proven effective in reducing suicide rates in some places, they can be expensive and are not always practical or feasible to implement. Because of this, alternative strategies to suicide prevention on the Bridges of London are needed.



Bridge Watch

Fully implemented in April 2024, Bridge Watch is a suicide prevention initiative that aims to keep people safe by preventing them from entering the river Thames. Bridge Watch deploys volunteer teams to patrol five of the Bridges of London, providing a physical human presence for suicide prevention. During the patrols, volunteers identify people at risk of entering the water, engage in empathetic listening, provide support, and connect the person in distress to appropriate resources, including alerting emergency services if needed.

Bridge Watch is part of the Ascension Trust and collaborates closely with partners including the City of London Corporation, the Royal National Lifeboat Institution and emergency services. You can find out more about Bridge Watch on their website: bridgewatch.uk.

Evaluation

What we did

Researchers from PHIRST Fusion co-developed an evaluation approach in collaboration with key stakeholders from the third and public sectors. This involved agreeing the aims of the evaluation, the questions we wanted to answer, and how we should go about answering them. Further information about this process can be found here:

<https://phirst.nihr.ac.uk/evaluations/london-bridge-watch/>.

The overall aim of our evaluation was to explore the feasibility, acceptability, and effectiveness of the Bridge Watch initiative. Questions around feasibility and acceptability were addressed through qualitative work, which is reported separately here: <https://phirst.nihr.ac.uk/evaluations/london-bridge-watch/>.

This report focuses on the quantitative component of the evaluation, which sought to answer the questions below.

Research questions

1) What is the impact of Bridge Watch programme on the number of people:

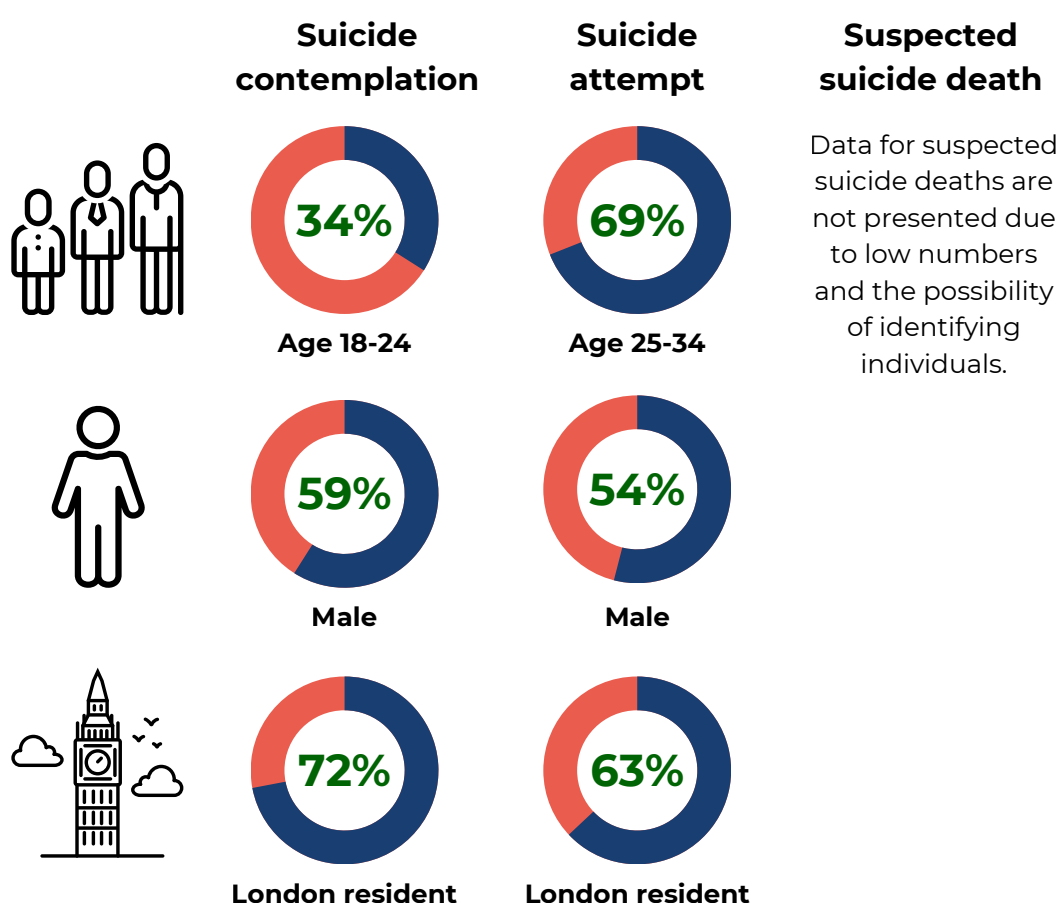
- a) entering the water for the purpose of harm (i.e. suicide)?
- b) indicating intent to enter the water for the purpose of harm?

2) Is Bridge Watch coverage achieved across key risk periods and bridges?

A researcher at the University of Glasgow analysed two real-time suicide datasets from the City of London Police (CoLP) and Thrive LDN (<https://thrivedn.co.uk/>). CoLP data included information about suicide contemplations, attempts and suspected suicide deaths on or around five of the Bridges of London between 01 January 2019 and 30 April 2025. Thrive LDN data included information about suspected suicide deaths by any method within Greater London, between 01 January 2020 and 30 April 2025. Suicide deaths are described as “suspected” as they are not all coroner confirmed.

What we found*

In the CoLP database there were a total of 249 suicide contemplations (223 unique individuals), 599 suicide attempts (494 unique individuals) and 24 suspected suicide deaths occurring on or around the five bridges between January 2019 and April 2025. These suspected suicide deaths accounted for around 5% of suspected suicide deaths in public places across greater London in the Thrive LDN database.



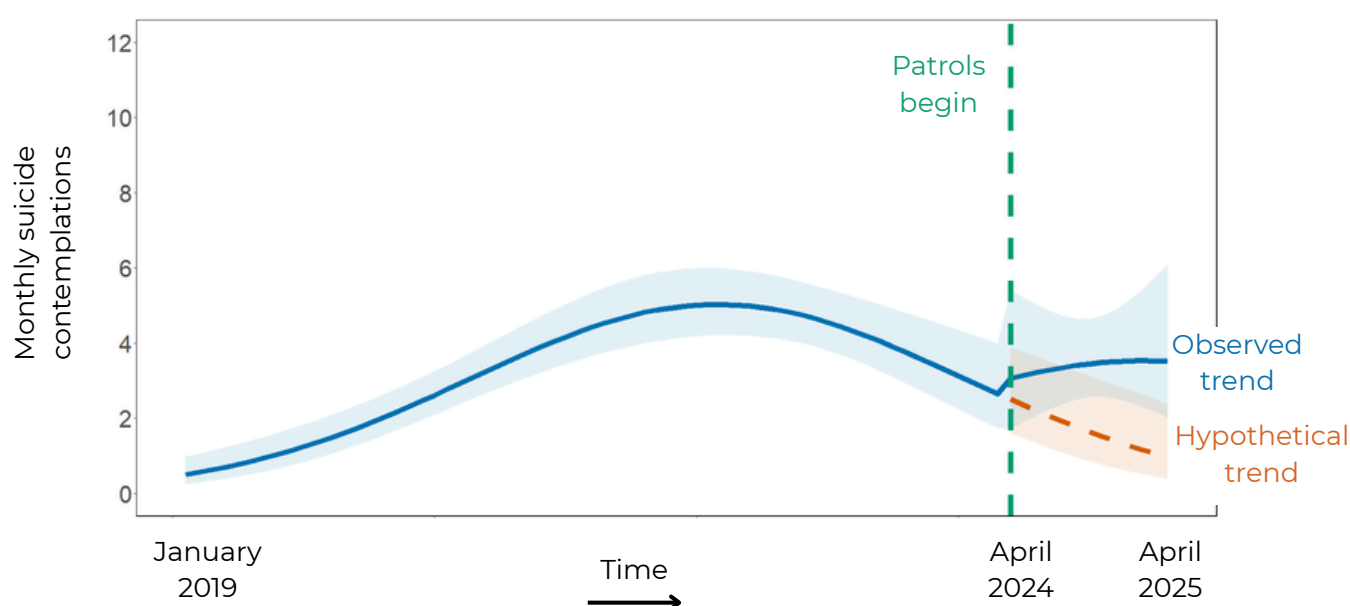
In CoLP, suicide contemplations were most frequent among individuals aged 18 to 24 years (vs. other age groups). Suicide attempts and suspected suicide deaths were slightly more frequent among those aged 25 to 34 years. All suicide incidents (contemplations, attempts, and suspected suicide deaths) were least observed in those aged 65+ and were more frequent among men (vs. women, or transgender people), especially suspected suicide deaths. All suicide incidents were also more frequent among people who were resident in London (vs. those who were resident elsewhere, or who had no fixed abode).

*A report presenting more detailed methods and results will be available on the NIHR website in mid to late 2026: <https://phirst.nihr.ac.uk/evaluations/london-bridge-watch/>

Impact on suicide contemplations

To estimate the potential impact of Bridge Watch on numbers of suicide contemplations, we ran an interrupted time series analysis (ITS). This statistical model calculates the trend of monthly suicide contemplations both before and after the Bridge Watch patrols started. By projecting the pre-patrol trend forwards, the model can estimate what would have happened in the absence of the patrols. The difference between the observed and the hypothetical scenarios indicates the potential impact of the patrols on suicide contemplations.

Using CoLP data, we found that before the introduction of Bridge Watch patrols in April 2024, the number of suicide contemplations was increasing by 12% per month. After the introduction of Bridge Watch, it seems as though there is an increase in suicide contemplations, but the model suggested some uncertainty around this. Post-patrols, results indicate an increase in contemplations by 10% per month compared to the pre-patrol trend.

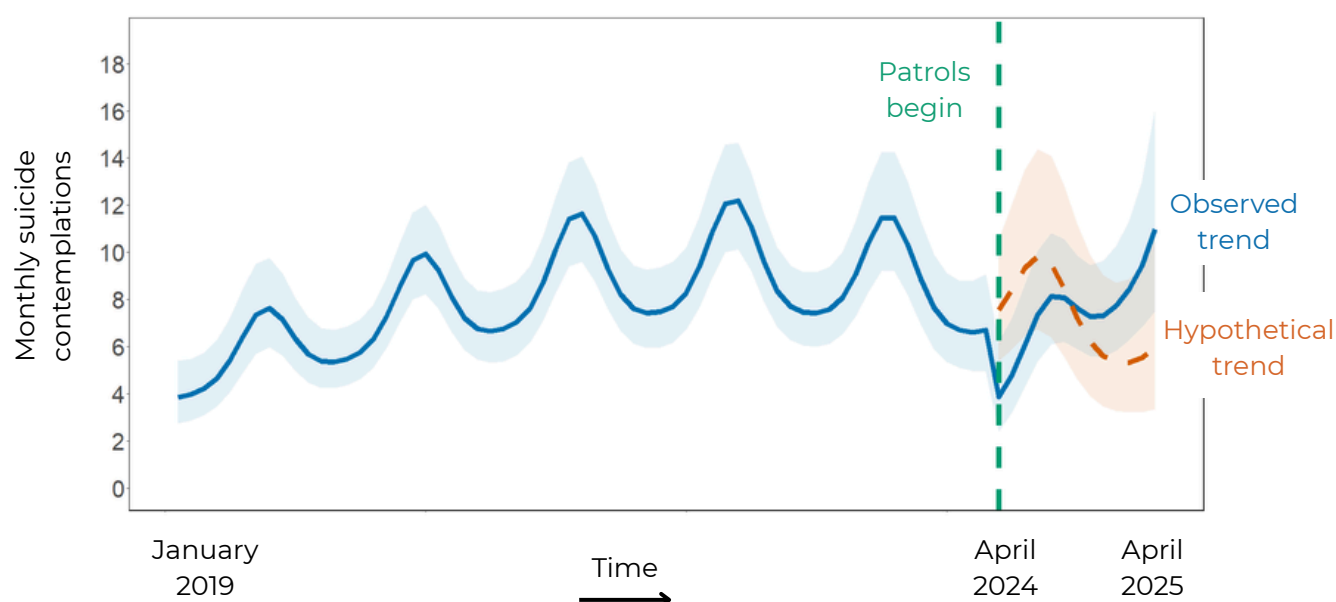


Due to low numbers of monthly contemplations, there was some uncertainty in the results produced by this ITS model, limiting what we can interpret from them. However, the uptick in suicide contemplations after April 2024 was anticipated and could be because Bridge Watch volunteers are simply reporting more suicide incidents to CoLP. The number of incidents reported may also increase over time as volunteers gain more confidence and practical experience performing interventions.

An alternative explanation could be that the presence of Bridge Watch and/or publicity surrounding the initiative has drawn attention to the five bridges as a place to do suicide. However, separate analyses that we carried out suggest this is unlikely as trends in suspected suicide deaths on and around the bridges increased in line with wider trends in Thrive LDN after the patrols began.

Impact on suicide attempts

Results of a separate ITS analysis using CoLP data suggested that suicide attempts were increasing by approximately 3% per month before Bridge Watch patrols began. Immediately after the introduction of Bridge Watch, model results indicated a dramatic 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-patrol trend. This steep increase means that at 12 months post-patrols, the number of attempts exceeded levels expected in the absence of Bridge Watch. The trend line in the figure below undulates because the model accounted for seasonal patterns in the data.



The size of the reduction in suicide attempts immediately post-patrols is unexpected, but could be due to Bridge Watch patrols. To investigate this further, future work would need to assess the numbers of interventions on individuals attempting suicide performed by Bridge Watch staff and volunteers at the time of the intervention rollout and in the following months.

The fact that the observed trend in suicide attempts exceeds the hypothetical trend 12-months after the introduction of the patrols does not necessarily mean that the patrols have resulted in more suicide incidents. Similar to suicide contemplations, the uptick in suicide attempts after the introduction of Bridge Watch patrols could be due to volunteers reporting more suicide incidents to CoLP, especially during anti-social hours when attempts are less likely to be observed and reported by members of the public.

Impact on suspected suicide deaths

Due to limited data on suspected suicide deaths, results from the ITS analysis were highly uncertain and we were unable to confidently interpret them. We hope to repeat all the ITS analyses in 2027 when more post-patrol data is available.



Key risk periods for suicide incidents

We looked at numbers of all suicide incidents (contemplations, attempts and suspected suicide deaths) by various time breakdowns (time of day, weekday, day of the month, and month of the year), for each year in the CoLP dataset.



8pm-4am

Across all years in the CoLP data, the majority of incidents tended to occur between the hours of 8 PM and 4 AM. This generally appears to be driven by two peaks in suicide incidents: one around midnight and the other around 8-9 PM, although the 8-9 PM peak is less prominent from 2023 onwards.



June-August

There were no clear patterns for suicide incidents occurring on certain days of the week or times of the month. In terms of months of the year, a higher proportion of incidents took place in the summer months of June, July, and August. There was no evidence of an increase in incidents around the Christmas and New Year's holidays

Coverage of Bridge Watch Patrols

Bridge Watch staff and volunteers carried out 366 patrols between 1st April 2024 and 30th April 2025. This equates to 736 hours of patrolling over 13 months.

Between April 2023 and April 2024, patrols start times were generally spread across the day, but most frequently covered the hours between 7am-9am (17%), 7pm-9 PM (18%), and 9pm-11pm (13%). The majority of patrols occurred during daylight hours (61%; n = 222). This is largely due to better volunteer availability in the daytime. In contrast, suicide incidents in the CoLP data most often occurred during hours of darkness.

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). However, CoLP data indicated that suicide incidents most often peaked during the summer months.

Looking ahead

Recommendations and next steps



Align patrol timings with key risk periods

If Bridge Watch secures more resources and/or is scaled up, it may be beneficial to align patrol timings with key risk periods for suicide incidents on and around the Bridges, although this is subject to volunteer availability. According to our analyses, this would mean more patrols during hours of darkness, especially between 8 PM and 4 AM, and during the summer months.



Monitor trends in key risk periods

Key risk periods may change over time. It will be important to monitor these changes so that patrol timings can be adapted. 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.



Repeat analyses in approximately 1 year

Repeating the analyses in approximately one year with a longer post-patrol time series would help us to make more confident observations about the effectiveness of Bridge Watch on suicide incidents.



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.



Record keeping at Bridge Watch

Bridge Watch currently keep records of any interventions that their staff and volunteers perform on BoL. For future monitoring and evaluation 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 achieving this.



Help and support is available:

When life is difficult, Samaritans are here, day or night, 365 days a year. You can call them for free on 116 123, email them at **jo@samaritans.org**, or visit **www.samaritans.org** for more information.

For more information about Bridge Watch, you can visit their website:
www.bridgewatch.uk

For more information about the evaluation, please contact Leandro Garcia at l.garcia@gub.ac.uk or Olivia Hamilton at olivia.hamilton@glasgow.ac.uk

More information about PHIRST Fusion can be found on their website:
<https://phirst.nihr.ac.uk/about-phirst/phirst-fusion/>



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