

# Editorial



## Railway Suicide: Who Is Responsible?

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In the prevention of suicide one pertinent question is: Who is responsible for taking initiatives? Who is responsible for applying measures to reduce the number of suicides? Who pays for the application of procedures to decrease the number of suicides in a country? These questions arose when recently a report on railway suicides in The Netherlands was released by the Dutch railway company (Van Luijpen et al., *Railinfrabeheer*, December 2002). Here are some data:

- From a total of 1500 suicides registered in The Netherlands each year, about 180 suicides are railway suicides (ca. 12%).
- The network of railway tracks in The Netherlands is very dense, meaning no one has to travel more than 20 km to reach a railroad track. Perhaps that is why the rate of railway suicides per million inhabitants is much higher in The Netherlands (12.4) than elsewhere: England (2.8), Germany (0.8), Sweden (6.2), and Japan (6.3).
- The railroad tracks are for the most part freely accessible, there being hardly any fences to prevent people from approaching the tracks, except for short stretches in the cities.
- Railway suicides tend to cluster around certain hotspots—places where up to six times per year suicides are committed.
- These hotspots are well known, some of them being located near large psychiatric hospitals.
- Around 20% of all railway suicides occur in the vicinity of psychiatric hospitals.
- Around 90% of all collisions result in death.
- Some 45% of all suicides occur at or close by a railway crossing.
- More men than women choose this method.
- Most men are between 20 and 29 years of age.
- A peak in frequency is around 1.5 to 2 hours *after* sunset for males, while for females this peak is around 7 to 8 hours *before* sunset.

- No information is available on the personal characteristics of those who die on the railways by suicide.
- Young schizophrenic men might be overrepresented as well as female borderline patients, though exact information is lacking.

This is all the knowledge we have. Based on this information, what can be done to prevent suicides from occurring on the railroads? The Dutch railway company presented a list of possible measures to prevent people from acting impulsively:

- Fences on the railway tracks to prevent access to the tracks.
- Better maintenance of existing fences.
- Communication to potential suicidal persons, like young schizophrenic men, about treatment options, as well as about the devastating effects of suicide on train drivers.
- Communication to mental health professionals in psychiatric hospitals near railways to promote awareness that this method of suicide has devastating effects on train drivers and to promote measures that these hospitals can take to prevent their patients' access to the nearby railway track.
- Use of the media to inform commuters what they can do to help prevent railway suicides.
- Use of cameras at railway crossings, possibly deterring potential suicidal persons, if necessary combined with signals or megaphones.
- Use of cameras at hotspots to warn staff of psychiatric hospitals in the vicinity.
- Use of an alarm button on the platform that can be pressed by the public when they see someone behaving dangerously, in combination with a camera linked to the platform staff.
- Use of (glass) walls with sliding doors along the length

of the platform giving access to the train only after it has stopped (as in some metro systems).

- Possibly technical changes at the front of the train to prevent serious injury or death, such as air bags.

The authors should be complimented for their attempt to combine psychological knowledge with technical measures. It is very promising that the railway company issued this report. All of these measures may be helpful, especially in combination with one another. But I doubt whether the application of these measures will be put into operation soon: It all costs a lot of money. Who will pay for the fences? Who will take initiatives for systematic communication with mental health care specialists in psychiatric hospitals, who will pay for the walls preventing travelers at platforms from reaching the tracks? Since the railway company in The Netherlands is partly privatized and partly in the hands of the government (but never makes any profit anyway), one may expect a long dispute on the question of who is responsible and who will pay. Moreover, many of these measures demand action by other participants than the railway staff. Who will coordinate all of these initiatives? One might expect the government to take the leading

role, but the current official policy of the Dutch government is that suicide prevention is a task for the mental health care professions—not for the government.

This all calls for coordinated action. But where is the responsible coordinating agency? If there is no responsible party, what will happen to the number of suicides on the railway tracks? Will it continue to oscillate around 180 a year? My best guess is that this state of affairs cannot continue, simply because these suicides have an enormous effect on the train service. Because the railroad network in The Netherlands is intensely used, any case of suicide hinders many trains. One case of suicide during rush hour can obstruct the entire train service around Amsterdam for many hours. I think this fact alone will eventually compel the railway company to install preventive measures.

## Reference

- Van Luipen J, Kiers J, Ubink M, Kraker S de, & Thomas N. *Zelfdoding op het spoor* [Railway suicides]. Utrecht: Railinfrabeheer, 2002.