

Should suicide prevention barriers be on Rhode Island bridges?

By Janine Weisman

NewportRI.com (Originally published in Newport Mercury)

May 2016

There is nothing extraordinary about Denise Panichas setting up an exhibit table to distribute pamphlets about suicide prevention. It's part of her job as executive director of the Samaritans of Rhode Island.

But Monday, May 16, marked the first time she had ever done so at a meeting of the International Bridge, Tunnel and Turnpike Association, which drew about 200 transportation and tolling industry experts from around the U.S., Canada, Jamaica, Israel, Italy, Austria and Japan to the Hyatt Regency Newport for three days this week. It's a sign that comfort zones for certain conversations are expanding.

The Samaritans have signs with its hotline number on Rhode Island bridges. Panichas said she knows the signs have made an impact because callers to the hotline seeking help mention them.

Signs didn't stop a 49-year-old Middletown woman who died after jumping from the Pell Bridge on May 10. They didn't stop three men who jumped from the Pell Bridge in 2015, one of whom survived the fall, and two men who jumped to their deaths from the Mount Hope Bridge in 2015.

Thirteen suicide prevention signs are posted along the 1.7-mile span of the Golden Gate Bridge in San Francisco. Golden Gate Bridge Manager Kary Witt, in Newport this week to attend the IBTTA conference, said the hotline number on the signs connects to the bridge's dispatch center. But the hotline is only used occasionally, usually by a bystander reporting someone who appears to be in crisis on the bridge, he said. Between 33 and 37 people a year jump to their deaths off San Francisco's famous landmark, which has open access to pedestrians, while police and bridge staff stop another 160-170 people from jumping, Witt said.

On July 10, bids for a Physical Suicide Deterrent System for the Golden Gate Bridge are scheduled to be opened after twice being postponed. The estimated \$76 million project would

To talk to a nonjudgmental volunteer at The Samaritans of Rhode Island, call (401) 272-4044 or statewide at 1-800-365-4044

install a steel mesh net extending 20 feet below and 20 feet from the east and widest side of the bridge.

Witt notes that research on the impulsive nature of suicide has found that most suicide attempts that are stopped are not repeated. “The general public doesn’t believe it. There’s a lot of research to back it up,” Witt said.

It’s true. But Rhode Island does not seem ready to start talking about restricting access to suicide hotspots, even with the Braga Bridge in Massachusetts, which has had a barrier for years, visible in the distance from the Mount Hope Bridge, which doesn’t. Barrier or deterrent systems are extremely costly. But there are other costs: search and rescue, the recovery of bodies, the public trauma of witnessing a suicidal act and the profound grief for the family and friends of those lost.

Conversations about suicide prevention at hotspots in Rhode Island do happen, but they happen quietly. Panichas spent two hours last fall educating the Rhode Island Turnpike & Bridge Authority’s (RITBA) maintenance staff on how to intervene when they encounter a suicidal person. “They’re often the first, first responders,” Panichas said.

RITBA Executive Director (and IBTTA President) Buddy Croft, who invited Panichas to meet with his staff and to exhibit at this week’s conference, said he is concerned that too much attention on suicide hotspots will harm the most vulnerable people. That’s a legitimate concern. But the numbers of reported incidents, whether attempts or suicides, was zero to three per year on the Mount Hope Bridge between 2000 and 2012, according to RITBA data. There were six incidents in both 2013 and 2014. That’s a huge spike to keep quiet about.

Costly barriers or steel nets may not be the answer for Rhode Island. Can we restrict access in other ways? Or do we need more public education, community-based programs and clinical services? Is our state importing a problem from Massachusetts? We should be looking at data and asking more questions about what can be done to address this significant public health problem.

To talk to a nonjudgmental volunteer at The Samaritans of Rhode Island, call (401) 272-4044 or statewide at 1-800-365-4044