

## **Suicide barrier may not be the best choice**

Several weeks ago I completed a review of the evidence presented in support of the decision to build a suicide prevention barrier on the Cold Spring Bridge. I found that while there was evidence that suicide prevention barriers can deter suicides at a particular location, there was no evidence that these barriers save lives. We cannot rule out the possibility that installing a suicide prevention barrier on the Cold Spring Bridge will simply lead suicidal individuals to commit suicide in another place or in another way.

My findings have been portrayed by many as contradicting decades of previous suicide prevention research. This is untrue. In fact, most previous research on the topic agrees with my conclusion. Despite pointing this out in my review, many advocates for the barrier remain confused about what previous suicide prevention research actually says, and continue to claim there is evidence that barriers save lives.

For instance, advocates for the barrier often mention a study that compared the number of suicides from the Ellington and Taft Bridges in Washington, D.C. After a suicide prevention barrier was installed on the Ellington Bridge, there were no further suicides from that bridge, and the number of suicides per year from the Taft Bridge remained roughly constant. Although I point out in my review that this is not proof that the barrier on the Ellington Bridge is preventing suicides, advocates for the barrier continue to cite this study as proof that barriers save lives. Some are even incredulous that I do not agree with them. For example, in her column published on October 4<sup>th</sup> Dr. Laura Schlessinger wrote “Glasgow doesn’t think that this necessarily proves lives were saved. Good grief.”

As it turns out, the authors of this study don’t think this necessarily proves lives were saved either. Just a few paragraphs after presenting the data on the suicides from the Ellington and Taft Bridges, one of the authors of the study writes:

“Are the data provided sufficient to substantiate the effectiveness (or lack thereof) of bridge barriers as a means to prevent suicide? The answer is no, the data are not sufficient to answer that question, because they do not touch on the issue of whether persons who would have committed suicide by jumping from the Ellington Bridge went on to commit suicide by other means. ... [P]ersons frustrated in their efforts to commit suicide by jumping from the Ellington Bridge are in no sense restricted to committing suicide by jumping from the Taft Bridge.”

Thus, advocates for the barrier are citing this study as evidence that suicide prevention barriers save lives despite the fact that one of the authors of the study explicitly states it should not be interpreted in this way. Unfortunately, this is not an isolated example.

Why are the advocates for the suicide prevention barrier on the Cold Spring Bridge citing studies as evidence that barriers save lives, when these studies actually prove no such thing? I do not believe they are intentionally trying to mislead us. Rather, I suspect they are unfamiliar with the statistical jargon used in many of these studies, and confused by the tendency of suicide prevention researchers to (improperly, in my opinion) mix

personal opinions with scientific facts. While none of the research papers I have reviewed find evidence that suicide prevention barriers save lives, in some cases the authors of these studies go on to recommend building barriers anyway, since they *might* save lives. In effect, many of these researchers say “if building a barrier saves even one life, it is worth it.” This is not necessarily true.

The funding for the suicide prevention barrier on the Cold Spring Bridge is not coming from funds dedicated to suicide prevention, but from funds intended for highway safety projects. Based on the mistaken belief that suicide prevention barriers were proven to save lives, Caltrans designated the construction of the barrier a “high priority spot safety improvement,” giving this project funding priority over most other highway safety projects. Which projects has Caltrans delayed or downsized in order to fund the barrier, and what effect will this have on our safety? Will the decision to fund the barrier actually wind up *costing* us lives?

Advocates for the barrier have generously donated their time and energy in an effort to save lives, and for that we owe them our respect and gratitude. However, good intentions do not always produce good outcomes. If we truly care about saving lives, we must reconsider the decision to build a suicide prevention barrier on the Cold Spring Bridge, and weigh it against other safety projects that may prove to be more effective.

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