February 24, 2021

Dear Chairman Abney and Members of the House Committee on Finance,

I am writing to you to request that you please support Bill H5053, "RELATING TO HIGHWAYS -- RHODE ISLAND TURNPIKE AND BRIDGE AUTHORITY," to direct the RI turnpike and bridge authority to "erect a safety barrier and/or bridge netting on the Mount Hope Bridge, the Claiborne Pell Bridge, and the Jamestown Verrazzano Bridge," no later than January 1, 2023.

I write in support of this bill as a clinical psychologist, Associate Professor of Psychiatry and Human Behavior at Brown University, suicide prevention researcher and advocate, and RI resident. As you may be aware, our national rate of suicide has increased roughly 30% over the past 20 years, despite enormous efforts to develop, evaluate, and disseminate evidence-based interventions for suicide prevention. Although nearly 48,000 people die by suicide in the US annually, the rate of suicide attempt is nearly 30x this number, with approximately 1.4 million suicide attempts reported per year. The most updated statistics reveal that, in Rhode Island, we experience 1 suicide death every 3 days. This number translates to the 12th leading cause of death overall in our state, and for certain subgroups – particularly youth and young adults – suicide is a top 5 leading cause of death.

This pattern speaks to the need for not only individual-level, targeted preventive interventions but also public health, population-level interventions to support suicide prevention within our communities. Put simply, we cannot do it all with treatment alone; we need systems and programs in place to reduce risk for suicide on a wider scale.

Having spent close to 20 years in the field of suicide prevention research locally, as well as nationally, I can speak to some of the unique challenges we face here in RI. Of particular concern is our location on the coast, and many bridges that RI residents and visitors traverse daily to get to work, school, home, and other locations. These bridges support our movement across the state, but also provide enhanced access to one method of suicide that is especially lethal and hard to reverse, once attempted. The installation of bridge barriers is critical, because it effectively eliminates this one method of suicide at a moment in crisis, when someone may not be thinking clearly to ask for help – and cannot reverse course, once attempted.

Some have argued that investment in the elimination of one method of suicide – such as installation of bridge barrier – is insufficient. That "people will find another way to do it, if they really want to." Please understand that this argument overlooks the reality that different methods of suicide attempt carry different levels of lethality. As noted in the statistics above, we experience 30x more suicide attempts than suicide deaths annually; if we can reduce access to methods of suicide attempt that are especially lethal, even if we cannot reduce the total number of suicide attempts, this is still one way that we can effectively reduce the overall rate of suicide death and provide opportunities for people to seek treatment and support, so that they can live meaningful lives beyond a moment of crisis. The data support this notion. The large majority of people who survive a suicide attempt will not ultimately die by suicide.

To that point, there is evidence from other communities around the world that bridge barriers are, in fact, effective at reducing suicide death. As early as 2006, the National Institute of Mental Health in England published a review of all suicide prevention approaches — barriers, signs and telephone hotlines, bridge patrols and staff trainings — they concluded that: "The most effective form of prevention at jumping sites is a physical barrier, which literally restricts access to the

drop." Researchers in Australia analyzed nine studies done on the effectiveness of suicide barriers at bridges and cliffs in New Zealand, the United Kingdom, Washington, D.C., Maine, Switzerland, and Canada. They concluded that there was an 86 percent reduction in suicides at the various sites (Pirkis, et al., 2013).

More recently, there are some important lessons learned from the Bloor Street Viaduct in Toronto, Canada. Prior to installation of the bridge barrier there, the number of suicides on Bloor Street was second only to those at the Golden Gate Bridge in San Francisco. Since the barrier was erected, however, there has been only 1 suicide death at the bridge. Of particular note, there was a period immediately following the installation of the bridge barrier when suicide "traffic" had seemingly relocated to other bridges; a pattern that some have attributed an inadvertent effect of the media reporting widely on the project. However, with over a decade of follow-up data, it was determined that this was a temporary phenomenon. In fact, what is most interesting about the data from Toronto is that suicide rates – by any means – across the city have decreased in the long-term, following the installation of the barrier at the Bloor Street Viaduct.

The lessons from Toronto are clear: 1) Bridge barriers are effective at reducing suicide deaths, 2) The preventive effects of bridge barriers may be more evident with longer term follow-up, and 3) Education to the public needs to take certain "media guidelines" around reporting in mind, so as to avoid the temporary complication encountered in Toronto. One particular strength of the bill before you is the proposal to erect the bridge barriers across three bridges in close proximity, which would further minimize this risk.

In conclusion, the timing of this Bill is critical, in that suicide rates continue to climb, and early data from the pandemic suggest that the suicide crisis may only worsen. Bill H5053 is an opportunity for RI to take meaningful and effective population-level approach to suicide prevention to support the health and wellness of all of our residents and visitors, and to be a leader in New England in the area of suicide prevention.

Thank you very much for your time and attention,

Lauren Weinstock, PhD
345 Pine Hill Road
Wakefield, RI 02879