Example from Great Britain (source: Holdaway et al. 2012)

The National Suicide Prevention Strategy in GB includes collaboration with psychiatric institutions + staff training + risk assessment. The 'Strategy to reduce People on London Underground Ltd. (LUL) track' includes:

1. Extending the Mile End trial (a low-cost suicide prevention trial) to the 'top 5' stations for suicide.
2. The installation of additional monitors in station operations rooms to increase the probability of seeing a person climbing onto the track.
3. The installation of infra-red cameras with an appropriate alarm system to provide warning of a person climbing onto the track.
4. The introduction of a training module as part of the induction of train operators as preparation for the possibility of a 'Person Under Train' incident.
5. The introduction of trauma awareness for station management to reduce the impact of trauma on train operators.
6. Training to provide basic awareness of mental health issues to all staff.
7. Analysis of local root causes for delays in train service due to Persons On Track (POT) / Under Train (PUT) to deliver a data extraction process using information LU currently records and promote good corporate governance in utilising staff risk workshops.

The strategy has three goals:

1. Goal one was to reduce risk of suicide in key high groups, with men under 25 years of age as the priority group. An implication of this goal was that local mental health services would be supported to implement a wide-ranging plan to improve, among other services, clinical risk management, improved contact point, discharge and access to crisis services. Information about how to deter people from suicide on the railway by, for example, alerting staff to 'escapees', by training staff to be watchful; by representing the views of the railway and its aims in relation to suicide reduction to those who manage local services and generally building good working relationships.

2. Goal two is concerned with establishing a cross-government network to address a range of social issues that have an impact on people with mental health problems (inter-agency work).

3. Goal three is concerned with helping local services to identify their suicide 'hotspots' and to take steps to improve safety at them. Once hotspots have been identified, an audit should be undertaken to establish action taken at them and whether or not it draws on advice from research based materials. The Samaritans, for example, have published advice about placing signs and other literature to raise awareness of their helpline service.
Example from Belgium: Activities of the Belgium Working Group (source: Andriessen, 2011)

1. Annual publication of a Directory of Suicide Survivor Services (2000-2005), currently online only.
2. Peer supervision meetings and a yearly training for group facilitators.
3. Advocating survivor issues in health and social structures.
4. Publication of the Charter: The Rights of Suicide Survivors.
5. Until today, more than 7,000 people have undersigned this Charter and are included in the mailing list of the Working Group.
6. Publication of guidelines regarding facilitation of survivor support groups.
8. Organizing radio and poster campaigns.
10. Organizing National Suicide Survivor Day, since 2002, yearly held on the 3rd of November.