

I strongly support the implementation of a 3-digit number becoming the direct line linking individuals at risk of suicide to crisis support. Further, this 3-digit number should be linked to the existing National Suicide Prevention Lifeline network as opposed to 211 operators.

I am a Registered Associate Marriage and Family Therapist with 1.5 years working in the field of suicide prevention and postvention, meaning that the entirety of the clinical work that I do is with suicide attempt survivors and people are grieving the loss of a loved one to suicide. I also formerly volunteered for 1.5 years as a crisis counselor for the Trevor Project (a suicide hotline for LGBTQ youth).

From my various educational, clinical, and volunteer experiences speaking with and learning about survivors affected by suicide, I have gathered that when an individual is in a state of crisis, their ability to think rationally and follow through with simple tasks becomes severely impaired. Thus, to the individual in crisis, the simple act of looking up a crisis line phone number on the internet and typing this into their phone has the potential to become a seemingly impossible and extremely overwhelming task—another stressor on top of the mountain of other seemingly insurmountable life stressors contributing to the suicidal crisis already at hand. In this way, the length of the number of the existing crisis line could potentially be serving as a barrier for individuals in crisis getting the support they need. A 3-digit number would be a better alternative as individuals in crisis would no longer be put in the position of having to use their impaired “crisis brain” to navigate the internet, and alternatively call upon an easy-to-remember number by memory (just as 911 is effective in other crisis situations).

Further, I support the 3-digit number being linked specifically to the National Suicide Prevention Line. From my clinical and volunteer experiences, I have learned the importance of evidence-based trainings—specifically when it comes to crisis support and psychological first aid. Locating resources (which is the primary task of the 211 phone operators) requires a completely different skill set than supporting a person who is in an acute state of crisis. To give the task of supporting individuals in a suicidal crisis with specialized mental health needs to somebody who is potentially only equipped to locate resources in my view is irresponsible and unethical; only 25% of 211 lines are members of the Lifeline network, thus the other 75% of callers would not receive adequate care. For this reason, it is extremely important for all counselors manning the 3-digit crisis line number to be accredited in suicide prevention and have specific training in suicide assessment and safety planning. Since the Lifeline network’s training program has all of these elements, and has been shown by research to be effective in reducing distress and suicidality across all callers, we must connect callers to the Lifeline, specifically, as opposed to 211.

Thank you taking the time to consider my views on the topic.