**Why the Nation Needs a Dedicated 3-Digit Suicide Hotline Number**

Didi Hirsch Mental Health Services supports Congress’s historic commitment to exploring the feasibility of dedicating a 3-digit number to suicide prevention. We are home to the nation’s first Suicide Prevention Center, which is now 61 years-old, and its first 24/7 Suicide Crisis Line. We have been members of the National Suicide Prevention Lifeline network since its inception and rank among the top three in call volume.

Between 1999 and 2017, the annual suicide rate has increased 30%, particularly since 2008. Economists call these losses “deaths of despair.” Not only is suicide the second-leading cause of death among 10 to 34 year-olds, students in grades 9 through 12 attempt suicide about 10 times more frequently than adults. We can’t dismiss these attempts as “just trying to get attention.” Over 40% of those who eventually die by suicide have made at least one previous attempt.

The promotion of the Lifeline’s number (1 800 273-TALK) by hospitals, health and mental health agencies, schools and the media has been very successful. If you mention suicide to Siri, she asks if you would like her to connect you to the Lifeline. Facebook provides the link to the Lifeline whenever anyone posts language indicative of suicide risk. And calls spiked after the musician Logic released a hit song titled “1-800-273-TALK” that reached #3 on the Billboard Hot 100.

A 3-digit phone number would boost access even more. Especially for individuals who can’t afford computers and smart phones—or can’t learn how to use them. But a 3-digit number will be meaningless if the right people aren’t answering the phone.

211 is a valuable and very busy community resource, but its purpose has little in common with suicide prevention. The skills required to help someone find housing, legal aid, etc. are not at all similar to the skills required by counselors answering suicide crisis lines. Only 7% of the calls to 211 are about mental health, according to a report by the 211 Steering Committee in 2013. In addition, unlike the 1-800-273-8255 system, most 211 providers are not linked, so calls do not roll to another line when a home line is busy or down.

For these reasons, we advocate that 611 be repurposed for suicide prevention, since it is largely used by private Telecom Services. If repurposing and rebranding these lines is not cost effective, however, the alternative—988—would suffice.

Stigma fuels silence that kills. Many callers to our crisis line haven’t even shared their suicidal feelings with their therapists. This is why we need a 3-digit number dedicated to the dark night of the soul, and it needs to be staffed by people who have the unique training and personal fortitude to help callers find glimmers of hope.

Having lost three family members to suicide, I know how critical it is to have trained and compassionate counselors answering a line dedicated to saving lives. Please don’t dilute the focus on suicide prevention by merging Lifeline, an emergency service, with 211, a referral resource.

Thank you for this opportunity to participate comment.

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