

1 **The 3114: A new professional helpline to swing the French suicide prevention in a new**
2 **paradigm**

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Abstract

30 Helpline services have been identified as an important component of suicide prevention
31 strategies. While the Covid-19 pandemic have raised major concerns about severe and
32 longstanding mental health consequences, the French ministry of Health has recently decided
33 to implement a national professional helpline dedicated to suicide prevention. The 3114 has
34 been launched on the 1st of October 2021. Accessible 24/7 from any point of the national
35 territory, it offers remote assistance to individuals in distress or worried for a close one,
36 professionals and bereaved persons. Spread in regional call centers, medically supervised
37 nurses and psychologists provide callers with listening, evaluation, intervention (including
38 possible dispatch of a rescue team) and, whenever needed, referral to adapted services. At the
39 same time, the “3114 centers” contribute to the implementation of the regional suicide
40 prevention strategies by stimulating the development of actions, promoting resources,
41 monitoring at-risk events, and collaborating with professional and associative stakeholders.
42 From a public health perspective, the inception of the 3114 has settled the conditions for a new
43 paradigm in the French suicide prevention strategy. By dedicating specific resources to promote
44 and organize interactions between stakeholders, it supports a major shift from the juxtaposition
45 of efficient but segregated actions to the creation of an integrated prevention system. Embedded
46 to the project, multidisciplinary and multilevel research will be carried out to evaluate the
47 implementation, impact, and transferability of the 3114 model, conceived both as a helpline and
48 territorial prevention strategy.

49 Despite a trend decline since the beginning of century, suicide rates in Europe remain
50 among the highest of WHO regions [1]. In the past ten years, France has consistently
51 belonged to the half of most impacted European countries [2]. In 2017, 8 214 French
52 individuals died by suicide [3]. Lately, strong concerns have emerged about the fact that
53 mental health consequences of the Covid-19 pandemic may translate into longstanding
54 increases of suicide rates worldwide [4], and more specifically in Europe [5]. In France,
55 alarming indicators tend to support this hypothesis. For instance, from 2018-2019 to 2021,
56 admissions to the ED for suicidal ideations and suicide attempt in 11-17 yo adolescents –
57 especially girls – have increased by about 130% and 30% respectively [6,7]. First figures
58 from 2022 suggest even more concerning patterns, with increases of suicidal behaviors rates
59 extending to older age classes [7].

60 In line with the recommendation of the European Psychiatric Association that
61 “unprecedented times are calling for unprecedented efforts” [5], the French government has
62 recently decided to complete its national strategy for suicide prevention by implementing an
63 universal professional helpline service. Helplines are one of the historical pillars of suicide
64 prevention. In the 1950’s, Samaritans have inaugurated in Great Britain a massive spread of
65 telephone help services across the world. Based on an important – although methodological
66 fragile – corpus of evidence supporting their efficacy [8], helplines are now recommended as
67 an important selective component of suicide prevention strategies [9].

68 In France, local and national suicide-prevention helplines have burgeoned since the
69 1960’s. Almost all consisted in trained volunteers providing distressed callers a non-directive
70 listening. Recently, national instances remarked the lack of a complementary professional
71 service able to provide distressed individuals more proactive and evidenced-based remote
72 evaluation and preventive interventions. More specifically, the absence of referral to mental
73 health professionals was identified as a missed opportunity to promote and facilitate access to

74 care. In addition, the only way of getting immediate help in case of acute suicidal crisis was
75 by calling the general emergency numbers, with non-optimal responses due to shortage of
76 specialized skills. Finally, numerous suicide prevention actors called for a reliable, visible,
77 and unified national professional helpline as a resource to promote in the community,
78 broadcast in the media, spread on the web, and display on hotspots.

79 To fulfill the gap, the 3114, French national helpline for suicide prevention, has been
80 launched by the French minister of health on the 1st of October 2021. Freely accessible 24
81 hours a day and 7 days a week from any part of the country including overseas territories, it
82 targets any individual needing assistance about suicidal issues, which encompasses (a)
83 distressed persons, ranging from emerging suicidal ideations to acute crisis, (b) persons
84 worried about a close one, (c) professionals needing information or advice and (d) persons
85 bereaved by suicide.

86 The development and implementation of the 3114 are coordinated by the “National
87 pole” of the 3114, a federative organization hosted by the University Hospital of Lille which
88 closely collaborates with various experts, institutions, and associations. The French ministry
89 of Health, which funds the project, steers its general orientation, and ensures its conformity
90 with the current regulatory framework.

91 From the operational point of view, the French national helpline has a decentralized
92 organization. The regional spread of “3114 centers” (1 to 2 per region) allows for proximal
93 responses and accurate knowledge of local resources. These centers host the “respondents” of
94 the 3114, i.e. nurses and psychologists placed under the supervision of a senior psychiatrist.
95 Respondents as well as supervisors received a specifically designed training based on an
96 expert consensus and evidence-grounded practices. The remote professional help they offer
97 consists in: (a) non-judgmental and empathic listening, with the objective of rapidly creating,
98 reinforcing, and maintaining an alliance with the caller; (b) a targeted clinical evaluation,

99 which comprises an estimation of the suicide risk, the identification of salient
100 psychopathological signs and symptoms and an assessment of the psychosocial context; (c) a
101 strategical intervention, which may include counselling, motivational reinforcement and/or
102 problem solving. The objective is to bring a first relief, commit the caller to the caring process
103 and mobilize his/her personal and external resources. (d) referral to adapted sanitary (i.e.
104 general practitioner, psychiatric services or emergency room), welfare, social or associative
105 resources, with the possibility to program a follow-up contact. A tight collaboration with
106 emergency services allows for dispatching a rescue team whenever the caller is estimated in
107 immediate danger. Also, in a global care perspective, respondents are supported by a social
108 worker when financial needs, housing problems, educative precarity or difficulties in
109 accessing social rights are identified.

110 Beyond this distant help activity, the 3114 regional centers also have a territorial
111 mission. Thanks to social workers and network managers, they contribute promoting available
112 suicide prevention actions, federating stakeholders, monitoring the occurrence of at-risk
113 events (e.g., hot spots), reducing territorial and social inequalities and stimulating the
114 development of innovations under the pilotage of Regional Health Agencies. The structure,
115 missions, and actions of the 3114 are summarized in Figure 1.

116 The launch of the 3114 have been supported by an intensive communication campaign
117 with diffusion of print and digital flyers, collaboration with journalists, organization of
118 webinars with local actors, promotion by national institutions and active social media
119 publications. A specifically designed website (www.3114.fr) have been developed to provide
120 the general population with various specified information, advice and resources about suicidal
121 behaviors and prevention.

122 The implementation of the 3114 represents a turning point for suicide prevention in
123 France. In eight months of existence, it already received about 90,000 calls ranging from early

124 prevention for mild distress without suicidal ideation to acute suicidal crisis needing
125 immediate rescue. Complementary to associative services, it ensures tailored responses based
126 on tight articulations with healthcare service, which has been pinpointed as a key condition to
127 reduce suicide rates [10]. The implantation of the 3114 regional centers also represents a
128 strong opportunity to put in synergy prevention actors and actions in accordance with local
129 needs, thus helping to concretely translate the WHO recommendations for a multilevel (i.e.
130 combining targeted, indicated and universal actions), multisectoral (i.e. base of the
131 cooperation of the sanitary, associative, social and community sectors), multidisciplinary (i.e.
132 appealing to various disciplines such as biomedicine, epidemiology, sociology, etc.) and
133 multimodal (i.e. combining modalities of actions such as communication, healthcare, training,
134 etc.) prevention strategy. In that, the 3114 swings French prevention into a new paradigm,
135 from animating multiple efficient but juxtaposed actions (such as the brief contact
136 intervention system Vigilans [11]) to shaping a coherent territorialized prevention ensemble.

137 Importantly, the 3114 is still at an inception stage. Developments are ongoing to reach
138 a mature, stabilized system: opening of the last call centers, consolidation of the digital and
139 technical solutions, implementation of a continued training for responders and supervisors,
140 improvement of work conditions, reinforcement of inter-centers collaborations, strengthening
141 of the access for the underserved and people living with a disability, promotion of deeper
142 territorial anchoring, stepping-up of networking activities and leveling-up of the
143 communication strategy for greater local and national visibility. On top of these routine
144 developments, the National Pole and the French ministry of Solidarity and Health have already
145 anticipated major evolutions for the 3114. Among those, the opening of a 24/7 online chat is
146 intended to broaden the spectrum of reached populations both in terms of socio-demographic
147 (especially towards youth) and clinical characteristics. In a further effort to support the
148 development of a national digital prevention strategy, the 3114 may also open a social

149 network channel, so as people can contact respondents directly from their daily
150 communication apps. Because such innovation is highly sensitive from a technological,
151 regulatory, and ethical point of view, the National Pole will rely on insights from the Elios
152 project, a national randomized control trial assessing the efficacy of allowing suicidal young
153 adults to get a direct contact with web-clinicians through Instagram and Messenger [12].

154 Given its key role in the French public health strategy for suicide prevention, it is
155 crucial to evaluate the relevance and effectiveness of the 3114, both as a hotline and a
156 territorial prevention actor. As respect to distal indicators, the national all-at-once
157 implementation represents both an opportunity and a hurdle to impute observed changes to the
158 service: on the one hand, it allows for observing the time trends of suicidal behaviors
159 precisely before and after the launching date, on the other hand, it prevents any comparison
160 with equivalent non-covered territory. However, as noticed by Hoffberg et al., evaluation of
161 crisis lines is a multi-faceted area covering much more than the reduction of suicidal behavior
162 [8]. To meet this challenge, the National Pole intends to broaden its research interest and
163 implement several studies based on collected data and metadata. The following protocols are
164 already planned: (1) description of calls and callers' characteristics producing follow-up
165 indicators, (2) medico-economic evaluation of the cost of suicidal behavior and comparison to
166 the period preceding the opening of the service, (3) embedded monitoring of the respondents'
167 mental health – the final aim being the production of recommendations to promote better
168 quality of life for the professionals, (4) sociological observations that will help drawing
169 lessons from the 3114 about the socio-cultural determinants, political constrains and
170 contextual leverages or obstacles to be taken in account when implementing such a broad and
171 complex prevention project, (5) assessment of the opinion and representations of the service
172 users as well as upstream and downstream partners in order to improve the acceptability of the
173 3114. Of note, systematically collected data will be also made available to external research

174 teams upon application. Overall, the idea is to shed light on the relevance of the 3114 model,
175 but also on the transferability of this model to other contexts and countries.

176 **Key words:** suicide, suicide prevention, helpline

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182 **Conflicts of Interest.** The authors have no conflict of interest to declare.

183 **Data availability.** The data about the number of calls received by the 3114 are available upon
184 request to recherche@3114.fr

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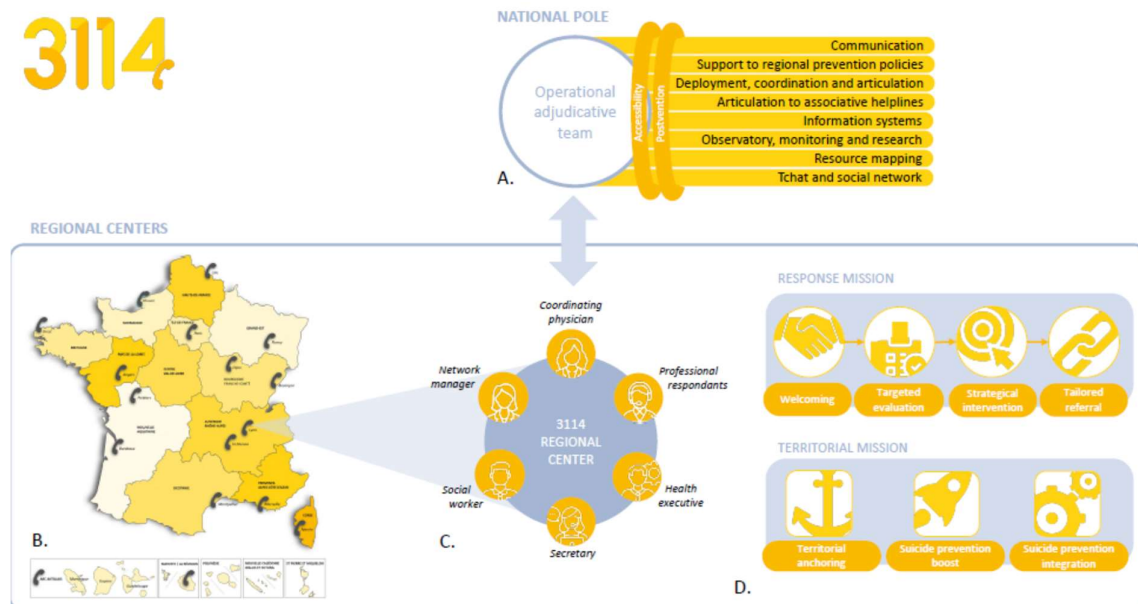
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219 **Figure legends**

220 *Figure 1. Structure, missions, and actions of the 3114.* A. The 3114 National Pole is composed
 221 of 8 strategic poles (horizontal light-yellow lines) and 2 transversal thematic axis (dark-yellow
 222 rings), coordinated by an operational adjudicative team (gray circle). B. Seventeen regional
 223 centers (black phones) spread over the French territory hold the 3114 missions. Each regional
 224 center is assigned an area of operation. C. The 3114 regional centers are composed of clinical,
 225 operational, and supervisory professionals. D. Each 3114 regional center has both a response
 226 and a territorial mission. As regards to territorial missions, territorial anchoring comprises
 227 articulations with healthcare and community resources, participation to health democracy
 228 organizations, cooperation with health policy makers and mapping of the sociodemographic
 229 and epidemiological indicators. Suicide prevention boost comprises contribution to surveillance
 230 of suicidal behaviors, provision of information and alerts to stakeholders and identification of
 231 prevention opportunities. Suicide prevention integration comprises operational articulation
 232 between prevention actions and systems, promotion, and facilitation of collaboration between
 233 stakeholders, mobilization of the community and resource sharing.



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