

**Why Do People Hurt Themselves?:
Improving our Understanding of Suicidal Thoughts and Behaviors**

**PSYCH GU3626
Fall 2026
4 points**

Course Information

Location: TBD

Time: Tuesday 10.10am-12.00 [1hr, 50min per week]

Office Hours: Tuesday 9.00-10.00 am (or by appt.)

Office Hours Location: TBA

Professor Information

Randy P. Auerbach, PhD, ABPP

Email: rpa2009@cumc.columbia.edu

Phone: (646) 774-5745

Office Location: 1051 Riverside Drive,
Pardes 2407, New York, NY 10032

Course Description

Presently, suicidal thoughts and behaviors (STBs) are on the rise, particularly among racially and ethnically minoritized youth. The seminar is designed to enhance understanding of: (a) prevalence, (b) etiology, (c) risk factors (d) mechanisms (e.g., phenotypes and biological markers), (e) prevention and treatment approaches, and (f) ethical considerations.

Prerequisites

The seminar is open to undergraduate students who have completed UN1001 (*Science of Psychology*) or an equivalent introductory course in psychology. Coursework in mental disorders and/or research methods is strongly recommended. Enrollment will be limited to 18 students.

Role in the Psychology Curriculum

The course is designed to complement material addressed across a range of subject matters in other psychology courses, including abnormal psychology, research methods, and affective neuroscience. In doing so, the course will provide a framework for students to think deeply about the onset, persistence, and treatment of mental disorders, particularly as it relates to suicidal thoughts and behaviors. Most critically, the seminar will encourage students to think carefully about what can be done to improve clinical outcomes.

The course can be used to fulfill the following degree requirements:

- For Psychology majors and concentrators, and for students pursuing the Post-baccalaureate certificate in Psychology, this course meets the Group III (Social, Personality, & Abnormal Psychology) distribution requirement.
- For Psychology majors and Psychology Postbac students, it fulfills the seminar requirement.

Motivating Questions

1. Despite increased awareness of mental health problems and better access to treatment, why is the prevalence of suicide increasing?
2. Reducing the prevalence of suicide is predicated on knowing *what* factors contribute to suicidal behaviors as well as *when* individuals may hurt themselves. However, it is unclear if knowing *what* factors confer increased risk informs us about *when* suicidal actions may occur.
3. Technology affords new inroads for intervention. However, there are key ethical considerations that must be considered; particularly as it relates to privacy. On the one hand, technology, such as smartphones, may play a pivotal role in delivering *just-in-time* interventions. On the other hand, it also may have downsides that need to be considered.

Course Overview

Suicide is a leading cause of death worldwide, and despite efforts to reduce the prevalence, rates continue to rise. Within this course, we will discuss research that clarifies the state of the problem and do so in the context of our current understanding of theory and mechanisms that may explain the transition from *thinking* to *acting*. Material covered within the course will integrate diverse areas of research, including psychiatric epidemiology, behavioral phenotyping, affective neuroscience, influences from (social) media, cultural considerations, prevention and treatment efforts, technological advancements, and ethical considerations. The course is designed to have students think deeply about *why people hurt themselves* and to identify necessary gaps that we need to address to reduce suicide.

An important consideration for this course is that there may be some material that is upsetting or triggering. If any of the readings or material from class is distressing, please communicate directly with the Professor. Please also be aware of the resources available to you on campus, including Counseling and Psychological Services (<https://health.columbia.edu/content/counseling-and-psychological-services>) and Nightline (<http://blogs.cuit.columbia.edu/nightline/>). More resources also are offered through the Office of University Life (<https://universitylife.columbia.edu/student-resources-directory#health>). There also are non-Columbia services for use during periods of distress: (a) National Suicide Prevention Lifeline: 1-800-273-TALK, (b) Crisis text line (text: 741741), and (c) 988.

Course Objectives

1. Students will obtain a clear understanding of the scope of the problem related to suicidal thoughts and behaviors.
2. Students will learn about leading suicide theory, and in doing so, identify how these theories have been advanced to develop prevention and intervention programs.
3. Students will learn about how certain factors (e.g., race, gender) and mechanisms (e.g., neural alterations) may confer risk for suicidal behaviors.
4. Students will learn to think critically about the limitations of extant research and will be encouraged to work cooperatively to clarify next steps to advance clinical research in this area across diverse methodologies (e.g., affective neuroscience, technology, treatment).
5. Students will develop effective oral and written skills.

Course Organization

Class. The class will meet once per week. Each 1 hour and 50 minute class will primarily consist of student presentations. Students will provide overviews of the weekly readings as well as a student-selected reading. For each class, students should be prepared to participate.

Assignments. Student grades will be determined by attendance, participation, weekly thought pieces, a presentation, and a final paper. More detail about grading is provided below.

Grading

- 25%: Participation & Attendance
- 25%: Thought Pieces
- 25%: Presentation
- 25%: Final Paper

Attendance and Participation. Attendance and participation in every class is expected, and this serves as the foundation for a seminar course. Attendance will be taken at the beginning of each

class. One absence will not negatively impact your grade, but documentation is requested (e.g., dean's note, doctor's note). Please contact the professor if you miss a class; it is preferred if you could let the professor know in advance of the class. You will still be responsible for the work from the missed class. As this is a seminar, students should be active contributors throughout each class. It is critical to be active participants in the class, as the majority of the class will be devoted to discussing (not summarizing) the material reviewed.

Thought Pieces. The seminar is enriched when everyone completes the reading. Prior to each class, students must submit a short (1-2 paragraphs; ~250-300 words) *Thought Piece* via Courseworks, including when it is your turn to present (see Canvas for due date/time). The purpose of the *Thought Piece* is **not to summarize the readings**. Rather, it is an opportunity for you to think deeply about what you read: (a) *what are the central issues discussed and how does this relate to the field*, (b) *what are problems in the approach/method highlighted*, (c) *what are the major obstacles that remain*, and/or (d) *what are ethical considerations that need to be addressed?* Each Thought Piece will be graded from 1 (*poor*) to 10 (*excellent*). Each submission should clearly state the primary issue/question being addressed (2 points). Then, clarify the importance of the issue (2 points) as well as what can be done from a clinical/research/policy capacity to better address the current problem (4 points). Finally, clarity of writing (2 points) also will factor into the grading. Unless provided approval in advance of the due date, late Thought Pieces will not be accepted. For these assignments, students will receive "0 points." **Example Thought Pieces are available on Courseworks.**

Presentation. Each student is expected to present for one class period. Depending on the number of students in the seminar, it may be that some students present alone or as a pair. Presentations will provide an overview of the reading as well as the presenter-selected reading. A presenter must select a complementary reading that will be distributed to the class at least a week before the presentation. This reading must be approved by the professor. This reading serves to provide an alternative perspective on the topic for the week. Critically, presentations do not merely summarize the readings. Rather, strong presentations will highlight remaining challenges, questions, and issues in the existing research. Presenters are encouraged to stimulate conversation and debate within the class. Presentations will be graded on: (a) quality of slide deck (5 points), (b) command of the material (5 points), (c) ability to highlight key gaps in the field (10 points; this also includes choosing an appropriate complementary reading), and (d) ability to stimulate active conversation among classmates (5 points). Feedback on all presentations will be provided in each of these domains.

Final Paper. Students will prepare a final paper (10-12 pages, double-spaced, excluding references). The paper can address any topic covered by the class, and it will be an expansion on material already covered in class during the weekly presentations. Students are required to discuss the paper topic with the professor. **As part of the approval process, students must submit by email a half-page description on their paper topic (along with a list of potential sources), and this must be approved. The proposal is due by XXXX XX, 2026.** The overall purpose of this exercise is to think deeply about what we know, what we don't know, and how we can move forward in a given area of suicide research. Papers should include appropriate citations and will be consistent with APA (7th Edition) format guidelines. Grading will reflect: (a) inclusion of clear thesis related to a specific class topic (5 points), (b) support of thesis using current research (10 points), and (c) inclusion of "next steps" to addressed identified gaps (5 points). Writing style and appropriate referencing also will be considered (5 points). The paper will be due on the last day (**December XX, 2026**) of class (**by 5.00 PM**). **Example Final Papers are available on Courseworks.**

Late Assignments. Completing assignments on time is strongly encouraged. It is not fair for some students to receive extensions. If there is a suitable reason for turning an assignment in late, please discuss with me in advance. Unless we have agreed on an extension, all late work will be penalized.

Students with Disabilities

If you are a student with special needs, please meet with me before the first class. We will ensure that appropriate accommodations are made. Please also contact the Disability Services prior to the first class in order to ensure that accommodations are ready for the first class (<https://health.columbia.edu/disability-services>).

Academic Integrity

You are a vital member of the intellectual community at Columbia University. Core to our mission is upholding principles of academic integrity and honesty. At all times, present your own work and ideas—plagiarism is strictly prohibited. If you are falling behind in the seminar, please speak with me at any time. Another fundamental component of academic integrity is respect. The classroom should be a safe place to explore different ideas in a respectful manner. Please review Columbia College’s Honor Code and Guide to Academic Integrity: <http://www.college.columbia.edu/academics/academicintegrity>).

Per the Office of the Provost, “*Absent a clear statement from a course instructor granting permission, the use of Generative AI tools to complete an assignment or exam is prohibited. The unauthorized use of AI shall be treated similarly to unauthorized assistance and/or plagiarism.*” Accordingly, use of generative AI tools to complete any assignment (i.e., Thought Pieces, presentation, and final paper) is strictly prohibited. For more information on this policy, please see the notice from the Office of the Provost on [generative AI and academic integrity](#).

Course Topics & Readings

Readings will be provided as pdfs on CourseWorks. Each student is responsible for reading every article each week. Additionally, the presenter(s) will select a complementary reading that will be distributed to the class at least a week before the presentation, which also should be read. Some material covered in this course may be distressing. If at any time course materials (e.g., readings, presentations, seminar discussions) result in distress or are triggering, please contact the professor. There also are resources available on Columbia’s campus, including: (a) [Counseling and Psychological Services](#) (212-854-2878), which is available 24/7 and (b) [Nightline](#) (212-854-7777), which is available 10.00 pm–3.00 am. There also are non-Columbia services for use during periods of distress: (a) National Suicide Prevention Lifeline: 1-800-273-TALK and (b) Crisis text line (text: 741741).

Week	Topic	Readings
1 9/8/26	<p>Epidemiology and Trends of Suicidal Thoughts and Behaviors (STBs)</p> <ul style="list-style-type: none"> • What is the structure of the seminar? • What are the rules for the seminar 	<p>i. Liu, R. T., Walsh, R. F., Sheehan, A. E., Cheek, S. M., & Sanzari, C. M. (2022). Prevalence and correlates of suicide and nonsuicidal self-injury in children: a systematic review and meta-analysis. <i>JAMA psychiatry</i>, 79(7), 718-726.</p> <p>ii. Mortier, P. et al. (2018). Suicidal thoughts and behaviors among first-year college students: results from the WMH-ICS Project.</p>

	<ul style="list-style-type: none"> • What is the scope of the suicide crisis? • What are differences by sex, gender, race, and ethnicity? • What are the known contributors to the suicide crisis? 	<p>Journal of the American Academy of Child & Adolescent Psychiatry, 57(4), 263-273.</p> <p>iii. Curtin, S. C., Brown, K. A., & Jordan, M. E. (2022). Suicide rates for the three leading methods by race and ethnicity: United States, 2000–2020. CDC.</p>
<p>2 9/15/26</p>	<p>Clinical Assessment of STBs (and Challenges Therein): Past, Present, Future</p> <ul style="list-style-type: none"> • How is suicide risk assessed? • What are the goals of the suicide risk assessment? • What are the challenges in assessing suicide risk? • How can suicide risk assessment be improved? <p>Student Presenter:</p>	<p>i. Rudd, M. D. (2014). Core Competencies, Warning Signs, and Assessment in Clinical Practice. In Matthew Nock (Ed), <i>The Oxford Handbook of Suicide and Self-Injury</i> (pp. 323-336). Oxford University Press.</p> <p>ii. Millner, A. J., Lee, M. D., & Nock, M. K. (2017). Describing and measuring the pathway to suicide attempts: A preliminary study. <i>Suicide and Life-Threatening Behavior</i>, 47(3), 353-369.</p> <p><i>Exemplar Assessment Tools:</i></p> <p>i. Self-Injurious Thoughts and Behavior Instrument</p> <p>ii. Columbia Suicide Severity Rating Scale</p> <p>iii. Ask Suicide-Screening Questions (ASQ) Toolkit</p>
<p>3 9/22/26</p>	<p>Leading STB Theory</p> <ul style="list-style-type: none"> • What are the leading suicide theories? • What are strengths and weaknesses of extant suicide theory? • How do these theories account (or not) for developmental differences? • How are these theories integrated within clinical care? <p>Student Presenter:</p>	<p>i. Chu, C., Buchman-Schmitt, J. M., Stanley, I. H., Hom, M. A., Tucker, R. P., Hagan, C. R., ... & Joiner Jr, T. E. (2017). The interpersonal theory of suicide: A systematic review and meta-analysis of a decade of cross-national research. <i>Psychological Bulletin</i>, 143(12), 1313.</p> <p>ii. Klonsky, E. D., & May, A. M. (2015). The three-step theory (3ST): A new theory of suicide rooted in the “ideation-to-action” framework. <i>International Journal of Cognitive Therapy</i>, 8(2), 114-129.</p> <p>iii. Kirshenbaum, J. S., Pagliaccio, D., Bitran, A., Xu, E., & Auerbach, R. P. (2024). Why do adolescents attempt suicide? Insights from leading ideation-to-action suicide theories: a systematic review. <i>Translational psychiatry</i>, 14(1), 266.</p>

<p>4 9/29/26</p>	<p>What is the Function of NSSI and STBs?</p> <ul style="list-style-type: none"> • What are the different reasons that individuals engage in non-suicidal and suicidal behaviors? • How do these functions differ by age group? • What is the relationship between non-suicidal and suicidal behaviors? <p>Student Presenter:</p>	<p>i. Nock, M. K. (2009). Why do people hurt themselves? New insights into the nature and functions of self-injury. <i>Current Directions in Psychological Science</i>, 18(2), 78-83.</p> <p>ii. Klonsky, E. D., Glenn, C. R., Styer, D. M., Olino, T. M., & Washburn, J. J. (2015). The functions of nonsuicidal self-injury: converging evidence for a two-factor structure. <i>Child and adolescent psychiatry and mental health</i>, 9(1), 44.</p> <p>iii. Gardner, K. J., Paul, E., Selby, E. A., Klonsky, E. D., & Mars, B. (2021). Intrapersonal and interpersonal functions as pathways to future self-harm repetition and suicide attempts. <i>Frontiers in Psychology</i>, 12, 688472.</p>
<p>5 10/6/26</p>	<p>Risk Factors for Suicide</p> <ul style="list-style-type: none"> • What are core psychological, behavioral, and biological suicide risk factors? • How do these factors differ by age group? • What are key gaps in what we know about these risk factors? <p>Student Presenter:</p>	<p>i. Franklin et al. (2017). Risk factors for suicidal thoughts and behaviors: A meta-analysis of 50 years of research. <i>Psychological Bulletin</i>, 143(2), 187.</p> <p>ii. Turecki, G., Brent, D. A., Gunnell, D., O'Connor, R. C., Oquendo, M. A., Pirkis, J., & Stanley, B. H. (2019). Suicide and suicide risk. <i>Nature Reviews Disease Primers</i>, 5(1), 74.</p> <p>iii. Glenn, C. R., Kleiman, E. M., Cha, C. B., Deming, C. A., Franklin, J. C., & Nock, M. K. (2018). Understanding suicide risk within the Research Domain Criteria (RDoC) framework: A meta-analytic review. <i>Depression and Anxiety</i>, 35(1), 65-88.</p>
<p>6 10/13/26</p>	<p>Influence of Media on STBs</p> <ul style="list-style-type: none"> • How does the media influence "clusters" of suicides? • What are the safe practices for media? • Why does media influence suicide outcomes? • How have reporting practices changed (or not) over the past 20 years? 	<p>i. Gould, M. S. (2001). Suicide and the media. <i>Annals of the New York Academy of Sciences</i>, 932(1), 200-224.</p> <p>ii. Ma-Kellams, C., Baek, J. H., & Or, F. (2018). Suicide contagion in response to widely publicized celebrity deaths: The roles of depressed affect, death-thought accessibility, and attitudes. <i>Psychology of Popular Media Culture</i>, 7(2), 164.</p> <p>iii. Bridge, J. A., Greenhouse, J. B., Ruch, D., Stevens, J., Ackerman, J., Sheftall, A. H., ... & Campo, J. V. (2020). Association between</p>

	Student Presenter:	the release of Netflix's 13 Reasons Why and suicide rates in the United States: An interrupted time series analysis. <i>Journal of the American Academy of Child & Adolescent Psychiatry</i> , 59(2), 236-243.
7 10/20/26	Influence of Social Media on STBs <ul style="list-style-type: none"> • What is the relationship, if any, between social media use and suicide risk? • How might we use social media to detect suicide risk? • What are the challenges in understanding the relationship between social media use and suicide risk? Student Presenter:	i. Jaycox, L. H., Murphy, E. R., Zehr, J. L., Pearson, J. L., & Avenevoli, S. (2024). Social media and suicide risk in youth. <i>JAMA Network Open</i> , 7(10), e2441499-e2441499. ii. Coppersmith, G., Leary, R., Crutchley, P., & Fine, A. (2018). Natural language processing of social media as screening for suicide risk. <i>Biomedical informatics insights</i> , 10, 1178222618792860. iii. Twenge, J. M., Joiner, T. E., Rogers, M. L., & Martin, G. N. (2018). Increases in depressive symptoms, suicide-related outcomes, and suicide rates among US adolescents after 2010 and links to increased new media screen time. <i>Clinical Psychological Science</i> , 6(1), 3-17.
8 10/27/26	Novel Behavioral Phenotypes of Suicide <ul style="list-style-type: none"> • Why is it important to identify behavioral indicators of suicide risk? • How could behavioral phenotypes be used in clinical settings? • What are the challenges in identifying behavioral phenotypes? Student Presenter:	i. Nock, M. K., & Banaji, M. R. (2007). Prediction of suicide ideation and attempts among adolescents using a brief performance-based test. <i>Journal of Consulting and Clinical Psychology</i> , 75(5), 707. ii. Cha et al. (2010). Attentional bias toward suicide-related stimuli predicts suicidal behavior. <i>Journal of abnormal psychology</i> , 119(3), 616. iii. Jaroszewski, A. C., Millner, A. J., Gershman, S. J., Franz, P. J., Bentley, K. H., Kleiman, E. M., & Nock, M. K. (2025). Past suicide attempt is associated with a weaker decision-making bias to actively escape from suicide-related stimuli. <i>Journal of Psychopathology and Clinical Science</i> .
9 11/3/26	NO CLASS ELECTION DAY	NO CLASS ELECTION DAY
10 11/10/26	Novel Biological Markers of STBs <ul style="list-style-type: none"> • What are know biological markers of suicide risk? 	i. Auerbach, R. P., Pagliaccio, D., Allison, G. O., Alqueza, K. L., & Alonso, M. F. (2021). Neural correlates associated with suicide and nonsuicidal self-injury in youth. <i>Biological psychiatry</i> , 89(2), 119-133.

	<ul style="list-style-type: none"> • What are challenges to this line of research? • How can this work be applied in clinical settings? <p>Student Presenter:</p>	<p>ii. Allison, G. O., Benau, E. M., Asbaghi, S., Pagliacco, D., Stewart, J. G., & Auerbach, R. P. (2021). Neurophysiological markers related to negative self-referential processing differentiate adolescent suicide ideators and attempters. <i>Biological Psychiatry global open science</i>, 1(1), 16-27.</p> <p>iii. Melhem, N. M., Keilp, J. G., Porta, G., Oquendo, M. A., Burke, A., Stanley, B., ... & Brent, D. A. (2016). Blunted HPA axis activity in suicide attempters compared to those at high risk for suicidal behavior. <i>Neuropsychopharmacology</i>, 41(6), 1447-1456.</p>
<p>11 11/17/26</p>	<p>Under-Represented Individuals and STBs</p> <ul style="list-style-type: none"> • Are there groups that may be more vulnerable for suicide? • Why may certain racial, ethnic, gender, and sex subpopulations be more at risk for suicidal behaviors? • Why is it important to focus this clinical research on specific subgroups? <p>Student Presenter:</p>	<p>i. Gholamrezaei et al. (2017). Nonsuicidal self-injury across cultures and ethnic and racial minorities: A review. <i>International journal of psychology</i>, 52(4), 316-326.</p> <p>ii. Polanco-Roman, L., Álvarez, K., Corbeil, T., Scorza, P., Wall, M., Gould, M. S., ... & Duarte, C. S. (2021). Association of childhood adversities with suicide ideation and attempts in Puerto Rican young adults. <i>JAMA Psychiatry</i>, 78, 896-902.</p> <p>iii. Wolford-Clevenger et al. (2018). Correlates of suicide ideation and behaviors among transgender people: A systematic review guided by ideation-to-action theory. <i>Clinical Psychology Review</i>.</p>
<p>12 11/24/26</p>	<p>Prevention and Treatment of STBs</p> <ul style="list-style-type: none"> • What are the range of options for preventing or treating suicide? • Why does the environmental context matter? • What are the challenges in both the short- and long-term treatment? <p>Student Presenter:</p>	<p>i. Sim, L., Murad, M. H., Croarkin, P. E., McKean, A. J., Mohammed, K. S., Rajjo, T. I., ... & Wang, Z. (2025). Suicide interventions for youths: a systematic review. <i>JAMA Pediatrics</i>.</p> <p>ii. Bentley, K. H., Ball, M. I., Bose, S., Fortgang, R. G., Coppersmith, D. D., DeMarco, D., ... & Nock, M. K. (2025). Pilot microrandomized trial of a brief digital intervention for suicidal thoughts. <i>Journal of Consulting and Clinical Psychology</i>, 93(10), 690.</p> <p>iii. Price, R. B., Iosifescu, D. V., Murrough, J. W., Chang, L. C., Al Jurdi, R. K., Iqbal, S. Z.,</p>

		... & Mathew, S. J. (2014). Effects of ketamine on explicit and implicit suicidal cognition: A randomized controlled trial in treatment-resistant depression. <i>Depression and anxiety</i> , 31(4), 335-343.
13 12/1/26	<p>The Use of Technology to Improve Short-Term Prediction of STBs</p> <ul style="list-style-type: none"> • What are the technological challenges for detecting suicide risk? • What are the ethical challenges? • What are age-related differences that may impact deployment? <p>Student Presenter:</p>	<p>i. Kleiman, E. M., Glenn, C. R., & Liu, R. T. (2019). Real-time monitoring of suicide risk among adolescents: Potential barriers, possible solutions, and future directions. <i>Journal of Clinical Child & Adolescent Psychology</i>, 48(6), 934-946.</p> <p>ii. Auerbach, R. P., Bloom, P. A., Pagliaccio, D., Lan, R., Galfalvy, H., Bitran, A., ... & Allen, N. B. (2025). Using Smartphone GPS Data to Detect the Risk of Adolescent Suicidal Thoughts and Behaviors. <i>JAMA Network Open</i>, 8(1), e2456429-e2456429.</p> <p>iii. Czyz, E. K., King, C. A., Al-Dajani, N., Zimmermann, L., Hong, V., & Nahum-Shani, I. (2023). Ecological momentary assessments and passive sensing in the prediction of short-term suicidal ideation in young adults. <i>JAMA Network Open</i>, 6(8), e2328005-e2328005.</p>
14 12/8/26	<p>Ethical Issues to Consider in Reducing STBs</p> <ul style="list-style-type: none"> • What are the ethical issues to consider around suicide? • What is our duty, as investigators, to intervene when suicide risk is detected? • Can suicide always be prevented? <p>Student Presenter:</p>	<p>i. Yang, Y. T., & Curlin, F. A. (2016). Why physicians should oppose assisted suicide. <i>JAMA</i>, 315(3), 247-248.</p> <p>ii. Hom, M. A., Podlogar, M. C., Stanley, I. H., & Joiner Jr, T. E. (2016). Ethical issues and practical challenges in suicide research. <i>Crisis</i>.</p> <p>iii. Nock, M. K., Kleiman, E. M., Abraham, M., Bentley, K. H., Brent, D. A., Buonopane, R. J., ... & Pearson, J. L. (2021). Consensus statement on ethical & safety practices for conducting digital monitoring studies with people at risk of suicide and related behaviors. <i>Psychiatric Research and Clinical Practice</i>, 3(2), 57-66.</p>

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