988 Mental Health Crisis Line

30 Percent

Percent the suicide rate has climbed since 1999

1 in 5

persons above the age of 12 has a mental health condition

280

For every one person that dies by suicide, 280 people seriously consider suicide

Why Do We Need 988?

America is experiencing a mental health crisis. But the crisis is not irreversible.

- The suicide rate has climbed nearly 30% since 1999 – and the rate has increased in 49 out of 50 states over the last decade.
- From 2016-2017 alone, there was a 10% increase in suicides of young persons between 15-24 years old in the US.
- Approximately one in five persons above the age of 12 has a mental health condition in the US.
- Suicide is the second leading cause of death among young people, and the tenth leading cause of death in the US.
- **More Americans died from mental health crisis and substance abuse in 2018 alone than have died in combat in every war combined since World War II.**
- However, suicide is most often preventable. For every person who dies by suicide, there are 280 people seriously consider suicide but do not kill themselves.
- Over 90% of people who attempt suicide go on to live out their lives.

For too long, our system for mental health crisis services has been underfunded and undervalued. It's time to meet this challenge with the evidence-based crisis intervention that the 988 crisis line will provide.

What Will 988 Be?

A direct three-digit line to trained counselors can open the door for millions of Americans to seek the help they need, while sending the message to the country that healing, hope, and help are happening every day.

In 2020, the National Suicide Prevention Lifeline is estimated to reach over 2.5 million people through phone and chat. **With an easy to remember and dial number like 988, the Lifeline hopes to reach many more people in emotional crisis.**

A 988 crisis line that is **effectively resourced and promoted** will be able to:

- Connect a person in a mental health crisis to a trained counselor who can address their immediate needs and help connect them to ongoing care
- Reduce health care spending with more cost-effective early intervention
- Reduce use of law enforcement, public health, and other safety resources
- Meet the growing need for crisis intervention at scale
- Help end stigma toward those seeking or accessing mental healthcare

When you've got a police, fire or rescue emergency, you call 911.
When you have an urgent mental health need, you'll call 988.

Vibrant Emotional Health · MRI International · ABHW · American Foundation for Suicide Prevention · BHL Behavioral Health Link · Centerstone · lines for life Building Hope Every Day · MHA Mental Health America · NAMI National Alliance on Mental Illness · National Council for Behavioral Health · American Association of Suicidology · The Trevor Project Saving Young LGBTQ Lives

Lifeline Crisis Centers are Effective

The National Suicide Prevention Lifeline provides 24/7, free and confidential emotional support to people in suicidal crisis or emotional distress across the United States. The Lifeline is administered by the nonprofit Vibrant Emotional Health and funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). **The Lifeline is effective in reducing suicidal and emotional distress.**

- Evaluations and caller feedback show that Lifeline counselors are effective in reducing caller distress and suicidality, and help tens of thousands of people get through crises every day.
- Since launching in 2005, the Lifeline call volume has increased approximately 15% annually.
- In 2005, the first year of the Lifeline, it answered over 46,000 calls. In 2019, the Lifeline answered over 2.2 million calls.

The Lifeline is a network of over 170 accredited crisis call centers.

- Crisis centers are local and connected to their community resources, community mental health, hospitals, social service and first responders.
- All Lifeline centers are accredited, provide extensive training in crisis intervention and suicide prevention, and must apply Lifeline's best practices on calls.
- These same crisis centers continue to answer more than 10 million additional non-Lifeline crisis calls on their local, city, county and state crisis lines.

The Lifeline partners with nonprofit suicide prevention resources across the country to effectively assist disproportionately impacted populations. The Senate companion bill, S. 2661, requests a plan to implement specialized services for LGBTQ youth and other at-risk populations, encouraging the training of existing counselors in serving these groups and the potential of diverting calls to specialty organizations that can deliver the highest standard of care.

The current Lifeline grant is not designed to fund the centers answering of local Lifeline calls. The Lifeline currently provides the following support to the national network for local crisis call centers:

- Routes calls through the network to a local crisis center or national backup center and pays for incoming call charges.
- Sets clinical standards and sector-wide best practices, and provides constant quality assurance, training, assessments, and guidelines to ensure quality, effective help for people in crisis.
- Runs state-of-the-art technology to ensure responsiveness, including online 24/7 chat platform technologies.
- Supports centers providing specialty national services for the network, such as: national back up centers; Lifeline's crisis chat centers; and Lifeline's Spanish-speaking subnetwork.
- The Lifeline and Vibrant Emotional Health provide grants to temporarily support some states to answer more Lifeline calls until they can sustain their own funding.
- Lifeline and its partner, the National Association of State Mental Health Directors, work closely with state directors to promote awareness and approaches for successfully funding local Lifeline crisis centers.

How Does 988 Improve Health Care and Public Safety Costs?

When 988 is fully implemented, Lifeline call centers could potentially divert many calls from 911, resulting in substantial cost-savings for health and safety crisis and emergency systems nationally.

- A typical 911 call results in thousands of dollars in cost to taxpayers, including the dispatcher and system, the first responder personnel, and the often-resulting emergency department visit or hospitalization.
- **In comparison, Lifeline calls cost a fraction of the cost of a 911 call.**
- Reducing the dispatch of law enforcement to persons in non-emergent mental health crises frees more resources to respond to public safety needs, and reduces the prejudice associated with reporting mental health crises.

Call centers in the Lifeline divert hundreds of thousands of calls from 911 every year.

- The Lifeline dispatches emergency services for only 2% of calls.
- People in crisis who call the Lifeline have better health outcomes than people in crisis who are triaged with emergency services personnel.

How Much Will It Cost – And How Do We Pay For It?

The National Suicide Prevention Lifeline's network of centers provides a strong foundation for 988. With funding from communities, the private sector, and state and local governments, the Lifeline is ready to grow, but requires further investment to support 988's potential reach.

- The current federal appropriation of the Lifeline supports the routing of calls and the administration of the network, including best practices and standards, research, quality assurance, technology and specialty national services (national backup centers, crisis chat, etc).
- There is currently no material funding for the local crisis call centers beyond a small annual stipend, and temporary grants to enable more calls to be answered in states where local answer rates are lowest.

Making 988 work effectively will require a mix of federal and local funding.

- Both the House and Senate versions of the National Hotline Designation Act provide authority to states to levy fees to support the successful implementation of 988.
- The Act opens the door to state and tribal governments recovering some costs from wireless providers, among other potential revenue sources.
- There are Congressional proposals to provide some funding for crisis services through State Mental Health Block grants (a "5% set-aside").

We encourage Congress and the FCC to work with stakeholders, crisis centers, telecommunications agencies, mental health providers, and people with lived experience to help build this public health safety net for all.