

# 988 and the National Suicide Prevention Lifeline

**30**  
Percent

The percent the suicide rate has climbed since 1999

**1 in 5**



people above the age of 12 has a mental health condition

**280**

For every one person that dies by suicide, 280 people seriously consider suicide but go on to live

## 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 people between 15-24 years old in the US.
- Approximately one in five people 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 crises 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 who 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. We will now meet this challenge with the evidence-based crisis intervention that the 988 crisis line will provide.

## What Is 988?

A direct three-digit line to trained National Suicide Prevention Lifeline counselors will 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 Lifeline received over 2.6 million calls, chats, and texts. **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 healthcare 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.**

**V!brant**  
Emotional Health

 **lines of life**  
Building Hope Every Day

 **MLHA**  
Mental Health America

 **NAMI**  
National Alliance on Mental Illness

 **NATIONAL COUNCIL FOR BEHAVIORAL HEALTH**

 **AMERICAN ASSOCIATION OF SUICIDOLOGY**

 **INTERNATIONAL**

 **ABHW**

 **American Foundation for Suicide Prevention**

 **BHL**  
Behavioral Health Link

 **CENTERSTONE**

 **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 14% annually.
- In 2005, the first year of the Lifeline, it answered over 46,000 calls. In 2020, the Lifeline received over 2.6 million calls, chats, and texts.

**The Lifeline is a network of over 180 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 12.1 million additional non-Lifeline crisis calls on their local, city, county and state crisis lines.

The current Lifeline grant is not designed to fund the centers answering local Lifeline calls. The Lifeline and Vibrant Emotional Health currently provide 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.
- Provides specialty national services for the network, such as: national backup centers; Lifeline's crisis chat centers; and Lifeline's Spanish-speaking subnetwork, translation services and accessibility options for individuals who are deaf or hard of hearing.
- Provides grants to temporarily support some states to answer more Lifeline calls until they can sustain their own funding, and one-time planning grants to help state agencies and centers plan and prepare for 988.
- Lifeline and its partner, the National Association of State Mental Health Program Directors, work closely with state officials 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.

- Reducing the dispatch of law enforcement to persons in non-emergency mental health crises frees more resources to respond to public safety needs, and reduces the hesitation 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.

## What Is Next?

Vibrant Emotional Health, the administrator of the Lifeline, has identified three key themes to guide 988 implementation:

- 1. Universal and Convenient Access**, including omnipresent public awareness and varying modalities for individuals to access 988 through their preferred method of communication.
- 2. High Quality and Personalized Experience** that is tailored to the unique needs of the individual while also in line with identified best practices.
- 3. Connection to Resources and Follow Up** to ensure all persons contacting 988 receive additional local community resources as needed.

In keeping with these themes, Vibrant has several key recommendations:

It is critical that **appropriate funding** for the network, individual crisis centers, and the crisis continuum be allocated to serve more people in crisis. States should exercise their authority to implement a 988 fee, similar to the current 911 fee, that would be restricted to crisis center and service provider expenses, to ensure a robust infrastructure. In 2018, fees for 911 generated \$2.6 billion to support that service; similar investment is needed for mental and behavioral health crises. The fee revenue should supplement, not supplant, funding from diverse sources, including federal, state and local governments.

Increased **collaboration between 911 and 988** can provide more options for those in crisis, such as dispatching mobile crisis teams to individuals in mental health or suicidal crisis rather than police or EMS, and greater coordination of care options like crisis stabilization units. Such collaborations can reduce the burden on the costly use of hospital emergency departments.

We must also seek to optimize and support services that ensure **access and inclusion** within 988 to meet the unique needs of at-risk groups, including youth, rural populations, BIPOC communities, and LGBTQ+ individuals.

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