A Check-up for 988 One Year After Launch

Behavioral Health

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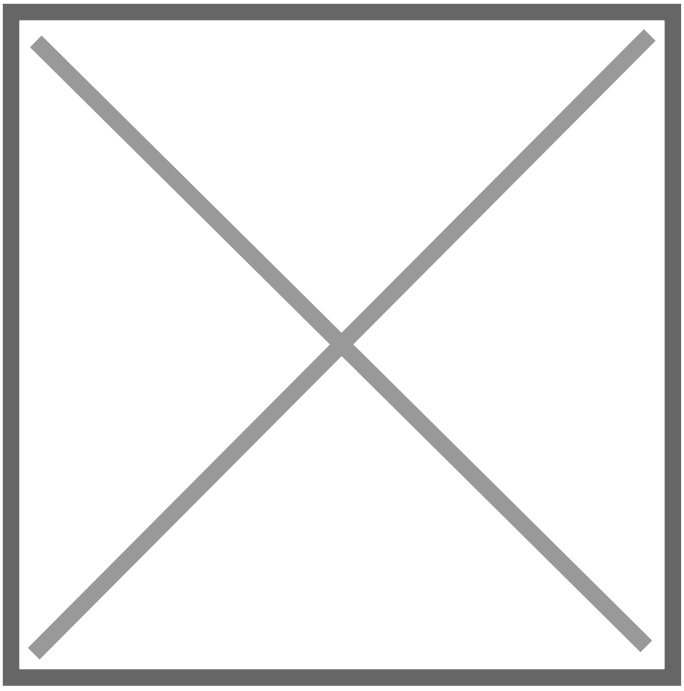


It's been just over a year since 988, the national three-digit Suicide and Crisis Lifeline, launched. 988 provides a free, national, centralized number individuals can contact for mental health crisis support via phone call, text or chatbot messaging. Mandated by the federal government in 2020, the roll-out of this needed resource was the culmination of decades of advocacy. Now, local mobile crisis services, suicide hotlines and even certain 911 calls are routed through 988 in all 50 states.

Last year, I wrote about the opportunity for 988 to address the pediatric mental health crisis. Today, data is beginning to show that the 988 Suicide and Crisis Lifeline is improving the availability of crisis mental health care overall, but it still faces several challenges, particularly in meeting the needs of children and adolescents. Below, I share progress that has been made since launch, outline several remaining barriers to success and provide suggestions for how this vital resource can live up to its promise, particularly for youth.

What's the status of 988 since launch?

Since its 2022 roll out, more than 6 million individuals nationally have contacted 988 via call, text or chat. This represents an estimated increase of 30% from the National Suicide Prevention Lifeline—the previous version of 988—although part of this increase is driven by veteran-specific services now included.



Source: Substance Abuse and Mental Health Services Administration

Since the transition from the National Suicide Prevention Lifeline to 988, more calls are being answered in the state they originated from across the country. 988 calls are routed first to a state call center, then to a national center if the state crisis center is not available. In Pennsylvania, 78.7% of calls were answered in-state over the past year, as compared to 56% in 2020, prior to the 988 roll out. This means that callers in Pennsylvania are more likely to reach someone with knowledge of local resources.

Calls are also being answered more quickly. Wait times declined to less than a minute, after previously averaging more than two minutes.

As of July, calls and texts are also now answered in Spanish.

Additionally, within Pennsylvania, funds allocated from the Substance Abuse and Mental Health Services Administration (SAMHSA) have been used to bolster existing crisis infrastructure, including increasing the number of 988 call centers, developing shared infrastructure across 988, mobile crisis services and crisis stabilization services, and supporting wraparound care for individuals with serious mental illness. Here in Philadelphia, City Council recently allocated city funds to support the development of additional mobile crisis team resources.

Challenges Remain Around Awareness, Logistics & Data

Despite these positive developments, one of the key challenges for 988 is that there is limited awareness—only 18% of Americans know about the hotline, in contrast to the widespread awareness of the 911 number for other emergency services.

There are also challenges with appropriately locating 988 callers. Unlike 911, which can geolocate callers based on their phone's physical location, 988 calls are routed based on the caller's area code, which often does not reflect a person's current location. As a result, 988 callers are less likely to reach a counselor with knowledge of local resources, and callers who pose an acute threat to their own safety cannot be located as quickly and accurately.

These challenges are augmented by a lack of data. There is limited data on how 988 has been adopted by children and adolescents, despite initial numbers suggesting that children and adolescents may represent a large proportion of 988 contacts. According to statewide data from Georgia, more than 25% of its monthly 988 calls were from individuals under 25 years old and 13% of callers were under age 18; in South Dakota, which reports on chat and text data, callers less than 20 years of age represented over 50% of chats and more than 30% of all texts. However, data on child and adolescent use of 988 is not available at the national level and in the vast majority of states, including Pennsylvania.

Data is also limited on whether 988 has resulted in decreased criminal justice system involvement in mental health emergencies. SAMHSA estimates 2% of all calls end up having emergency services involvement from EMS or law enforcement. It's unknown if this number differs for minors, for whom any disclosure of any risk of harm to themself or of abuse would, by law, require escalation to emergency services and/or child and family welfare agencies.

How Can We Bolster 988?

While challenges exist, there are several key ways clinicians, researchers, and decision-makers can ensure the utility and longevity of 988, particularly in Pennsylvania:

- **Spread the word.** With low levels of awareness, more needs to be done to promote the availability of this resource. Fortunately, there's movement underway to do just that. Just last month, the National Association of Broadcasters rolled out a national campaign to raise awareness of and share the 988 number through public service announcements and local reporting. While this campaign shows progress, there is still no state-level advertising of this service in Pennsylvania. State health agencies, health systems and providers could consider how they could leverage existing resources to reach Pennsylvanians.

- **Provide funding support.** Many states are funding 988 through a telecommunications fee mechanism, or similar efforts. Recent legislation in Pennsylvania has looked to implement the same approach. Whether it's through such a fee or by appropriating general funds, Pennsylvania needs a path forward to sustainably fund 988.

- **Gather more specific data.** More research is needed to increase transparency of who is using the line, particularly among youth, and how the criminal justice system is involved. Developing a publicly available national dashboard, with information on the demographics of 988 callers and the involvement of other services such as police and emergency medical services, would allow individuals and policymakers to better understand how 988 is currently being utilized and what steps can be taken to improve the efficacy of this service.

- **Advocate for 988 infrastructure for youth.** States can boost the infrastructure of 988 for youth by requiring pediatric-specific expertise at regional call centers, addressing unique confidentiality concerns and by allowing 988 calls to be geolocated like 911 calls. To address the mental health crisis, we must provide a continuum of care for kids and teens—988, if tailored for youth, could be one more tool in the toolbox.

After being operational for a year, the benefits of 988 are already starting to emerge. But as we recognize World Mental Health Day this week, we need to do more to help 988 live up to its promise to provide key mental health support, particularly for children and adolescents.

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