Meeting Adolescents' Mental Health Needs Through 988 and Crisis Support

Adolescent Health & Well-Being

Date Posted:

Jul 02, 2026



*Editor's Note: This post is part of our **Blind Spots series**, exploring how current and potential future policy changes will affect children, families, and communities, and what can be done to mitigate harm.*

All adolescents need and deserve supportive health systems and social programs in this exciting phase of life, including accessible mental health care and crisis support. Yet suicide remains one of the leading causes of death among adolescents and young adults with particularly alarming rates among LGBTQ+ youth. For years, national groups, including the American Academy of Pediatrics, have sounded the alarm, and Congress responded by establishing the 988 Suicide and Crisis Lifeline. 988, launched in July 2022, offers 24/7 access to trained mental health counselors and strives to be an accessible support for individuals, including adolescents, when they are in crisis. We are now starting to see data on whether the federal investment in 988 has paid off (tldr; it's promising!). And yet, funding is a limiting factor broadly, and for some specialized services, federal funding has been committed but not yet disbursed or implemented.

In this post, we bring together our different areas of expertise in adolescent clinical care and behavioral health policy to share what emerging research can tell us about 988's impact, describe the importance of 988 for LGBTQ+ youth, and offer actionable opportunities to bolster 988 in this shifting funding environment.

Data shows 988 is having an impact and is in demand

988 connects people with trained crisis counselors who address mental health-related distress. Since its launch in 2022, 988 has evolved to enable access through calls, text, and online chat; Spanish text and online chat; and videophone for the deaf and hard of hearing. These options have helped to make it accessible, especially

for adolescents.

A recent study found that after the launch of 988, suicide deaths among young people ages 15-34 fell significantly. There were 4,400 fewer deaths from suicide than projected—an 11% decline. In states with the highest 988 usage, projected deaths fell by 18%. This dose-response pattern matters: it shows that awareness and utilization correlate with outcomes. While these data do not show causality, the findings represent strong early evidence that this large federal investment in crisis infrastructure translated into lives saved. The question now is not whether 988 works—it's whether policymakers will sustain and build upon this critical investment.

Use of 988 has more than doubled nationally since its launch, with demand continuing to climb. Here in Pennsylvania, 14 call centers received more than 14,000 calls in May 2026. Yet, the state's per-capita utilization remains below the national average. Given the relationship between utilization and outcomes described above, that gap is worth taking seriously. States that invested in awareness and capacity saw bigger reductions in suicide mortality. Pennsylvania's numbers suggest room to grow, and a reason to invest.

A system under strain: The LGBTQ+ specialized services story

LGTBQ+ youth are more likely to experience depression, as well as thoughts and attempts of suicide, than their cisgender, heterosexual peers. In this moment, we are learning more about factors that may contribute to this disparity and how we can close it.

Dr. Whelihan’s research shows that LGBTQ+ youth who reported their parents listened to their feelings and discussed their strengths were less likely to experience depressive symptoms, suicidal thoughts or suicide attempts. Specialized affirming and supportive care is the premise behind 988's dedicated line for LGBTQ+ youth, known as Press 3. This option within 988 connects young people to identity-affirming crisis support. It has had a steady increase in initialization. This dedicated line was added due to the unique mental health needs of LGBTQ+ youth and is similar to other dedicated lines that branch off 988 such as the Press 1 option, which leads to the Veteran’s Crisis Line.

However, in July 2025, the Trump administration cut funding for Press 3. The cut was a step backward at precisely the wrong moment. LGBTQ+ youth are among the highest-risk populations that 988 serves, and specialized support is critical for supporting them.

Thankfully, in early 2026, Congress expanded funding for 988, in part to reinstate specialized LGBTQ+ youth services. While reinstatement of the specialized services is required, implementation timelines remain unclear, and this warrants continued attention.

The bigger opportunity: 988 as connective infrastructure

988 is already a trusted, accessible touchpoint for adolescents and young people of different backgrounds. Bolstering the system will benefit all callers, including LGBTQ+ youth.

Funding for 988 programs has not kept pace with demand. State call centers rely on a patchwork of state and federal dollars that don't fully cover operating costs as utilization rises. At least 12 states have implemented cell phone surcharges modeled on 911 funding and four others have recurring funds from the state budget.

One needed policy change is to improve state-level data transparency, which would help build a connected and holistic behavioral health system to support individuals in crisis. Without knowing who is calling, who isn't, what happens after the call, and where the gaps are, we cannot design precise interventions to address areas of highest need. North Carolina is one of a handful of states that offers a meaningful way to leverage data. North Carolina’s state dashboard illustrates who is accessing 988 services, their reason for contacting 988, and what supports and referrals they are receiving. This helps to shed light on the needs throughout the state and identify

trends and areas of further need and investment.

Finally, a call to 988 is often the beginning of a process, not the end. Connected infrastructure for adolescents and young adults involves: warm handoffs from 988 counselors to other parts of the behavioral health workforce, including school counselors or care navigators; data-sharing agreements that enable follow-up contact; and integration with Medicaid-funded services for enrolled youth. Targeted investment in care navigation and interoperability can link crisis intervention to school-based services, primary care, community mental health centers and ongoing treatment.

The gains are real—now we need to build on them

There has been a great deal of bad news about adolescent mental health over the past decade. Yet the data about 988 is heartening. It is likely that the lives of thousands of young people have already been saved. That is not a small thing.

But those gains are fragile. They depend on sustained funding, equitable access, specialized supports for the highest-risk populations, and a system capable of catching young people outside of crises, not just during it. More investment, more awareness and more utilization are critical for better outcomes.

988 has the potential to be more than a crisis line. With the right investments paired with care navigation, school-based connections, data transparency, and specialized services for populations that need them most, 988 can serve as the central connector of a behavioral health system that actually follows young people through to care. The research on the impact of 988 is developing in real time, but these emerging findings give us a promising signal of its importance.

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