How the New 988 Lifeline Is Helping Millions in Mental Health Crisis

Melissa Suran, PhD, MSJ

Every 11 minutes, someone in the US dies by suicide. That grim statistic, from 2021, reflects a 36% increase in suicide rates over the previous 2 decades, according to the Centers for Disease Control and Prevention (CDC). It’s a tragic outcome of the nation’s mental health crisis.

In 2021, suicide was one of the 9 leading causes of mortality in the US among people aged 10 to 64 years, CDC data show. Provisional 2022 data indicate that there were nearly 50,000 deaths by suicide last year, approximately 2.6% more than in 2021. One bright spot: the suicide rate for 10- to 24-year-olds appeared to decrease in 2022. But it increased for people older than 24 years.

To improve access to crisis services, the National Suicide Prevention Lifeline converted from a 1-800 number to a 3-digit dialing code in July 2022 and ramped up its capacity to handle calls. Since this transition, the new 988 Suicide & Crisis Lifeline, where the old 1-800 number is now routed, has fielded more calls, texts, and online chats, and has responded to them more quickly. But despite such improvements, some states struggle with keeping up answer rates, and many people aren’t aware of the services provided—assuming they even know 988 exists.

A Call to Action

The Lifeline’s origins date back to 2001, when Congress appropriated funding for a suicide prevention hotline. Suicide rates among children and young adults had increased throughout the previous 2 decades, which may have spurred politicians to take action, noted psychiatrist Olusola Ajilore, MD, PhD, MS, who directs the Mood and Anxiety Disorders Program in The University of Illinois College of Medicine in Chicago.

In 2005, the Substance Abuse and Mental Health Services Administration (SAMHSA) launched the National Suicide Prevention Lifeline, and the nonprofit organization Vibrant Emotional Health won a competitive grant to oversee it. The Lifeline’s original number, 1-800-273-TALK (8255), received about 46,000 calls that year. By 2007, services included an option for Spanish speakers and an extension for veterans.

A decade later, the Lifeline reportedly answered more than 2 million calls in 2017 alone. Suicide rates were rising at the same time, Ajilore pointed out, so it’s difficult to gauge the program’s success. But that year, the Lifeline received a surge of public awareness—thanks to a rapper.

“I think the most attention the original Lifeline got was through the song by Logic titled ‘1-800-273-8255;’ which was estimated to have saved 245 lives during a 1-month period,” Ajilore wrote in an email to JAMA.

Still, politicians argued that the 1-800 number was too cumbersome. In an effort to make the dialing code easier to remember, the bipartisan National Suicide Hotline Improvement Act of 2018 required SAMHSA and the Federal Communications Commission (FCC) to evaluate the practicability of paring it down to 3 digits.

The FCC agreed that the benefits of a shorter number would likely outweigh the financial costs of changing the dialing code, and the digits 988 were chosen. Congress approved, and the National Suicide Hotline Designation Act of 2020 was signed into law, confirming 988 as the new number. The act also mandated a strategy to provide crisis
services tailored to populations at higher risk of suicide.

**Connecting in a Crisis**

Today the Lifeline comprises a network of more than 200 state and local crisis centers. Part of a roughly $1 billion federal investment allowed the Lifeline to add 10 centers, bringing the current total up to 215. Vibrant Emotional Health noted in an email. As before, counselors are available around the clock, 7 days a week for anyone who needs to talk, even if they aren’t contemplating suicide.

“IT’S FOR ANY KIND OF CRISIS—EMOTIONAL DISTRESS, SUBSTANCE ABUSE, A MENTAL HEALTH CRISIS, OR PEOPLE Who just aren’t sure where to turn next,” Emmy Betz, MD, MPH, a professor of emergency medicine at the University of Colorado who studies suicide prevention, said in an interview with JAMA.

The Lifeline’s ultimate goal is to provide emotional support while reducing stress and guiding healthy decisions, often without the need for emergency services such as 911.

“It’s difficult to track whether 988 is substantially decreasing police intervention, according to an email from SAMHSA, but Lifeline counselors do their best to create the least invasive safety plan. And emergency services are only used when other interventions aren’t possible.

There’s also an opportunity to reduce incarceration. Coordination with law enforcement officials can help people with mental health issues obtain the treatment they need instead of getting arrested, SAMHSA emphasized.

“988 is one stop on the crisis continuum,” Tia Dole, PhD, MA, the chief 988 Suicide & Crisis Lifeline officer at Vibrant Emotional Health, said in an interview. “The key is to reach people before they are standing on a bridge, literally and figuratively.”

Since the switch to 988, more people in crisis have been reached. In its first year, the Lifeline answered nearly 5 million calls, texts, or online chats. 2 million more than were answered in the prior year. The number of answered calls and chats increased by 46% and 141%, respectively, and dependent on continued support at the federal and state level.

Additional support would help the Lifeline answer even faster.

“Our goal for fiscal year 2024 is to get under 30 seconds, because each second counts,” said Dole, who is also a clinical psychologist. “The longer people wait, the less likely they are to stay on the line.”

Certain populations are at an elevated risk of suicide, and reaching them has been a priority.

“Individuals from various demographic groups may do better talking with someone who really understands their perspectives, backgrounds, or specific concerns,” Betz said.

To that end, Washington State implemented an extension specifically for and operated by members of American Indian and Alaska Native communities, which historically have had higher suicide rates than other races and ethnicities. But these specialized call services are only available to people with a Washington area code at this time.

On a national level, the Lifeline already has countrywide extensions for some at-risk groups, including the original Veterans Crisis Line, which the US Department of Veterans Affairs operates, and a pilot extension tailored to youths and young adults who identify as lesbian, gay, bisexual, transgender, queer (or questioning), asexual, intersex, or have other sexual or gender identities. Since 988 launched, the veterans’ line alone has answered almost 1 million calls, texts, and chats from military members, veterans, and their families.

Other improvements are being rolled out to expand accessibility. This summer, Spanish text and chat services were added to extend 988’s range to Spanish speakers. Callers can access interpretation services in more than 240 languages, too.

The Lifeline is also increasing access for people who are deaf or have hearing impairments. Although relay services exist, 988 plans to implement a video phone service. “This is something that our partners have been speaking about as a barrier and as an inequity in terms of access,” said John Palmieri, MD, MHA, who oversaw the 988 rollout as a senior medical advisor at SAMHSA as well as the acting and deputy director of its 988 & Behavioral Health Crisis Coordinating Office. “By the end of this fiscal
year, we will be able to launch services through American Sign Language.”

“The Best Kept Secret”
Despite its streamlined dialing code and accessible services, the Lifeline still needs a push to get the word out.

“It’s much easier now to refer patients to a number that’s easier to remember,” Betz said, but “we have a ways to go in terms of continuing to raise awareness among the general public.”

A June poll of 2073 US adults conducted by Ipsos and the National Alliance on Mental Illness (NAMI) found that 82% of respondents were not very familiar with the Lifeline or hadn’t even heard of it.

“If we collectively want to help people in crisis—and save lives—988 cannot be the best kept secret,” NAMI Chief Executive Officer Daniel Gillison Jr said in a statement this July. “Thankfully, the data show more people are beginning to become aware of this important resource—but not nearly enough.”

Efforts to change that are underway. There are now signs promoting 988 at public transportation stations across the country, for instance. And later this year, Vibrant Emotional Health will debut an awareness campaign to increase the Lifeline’s outreach throughout the US and its territories, Dole noted.

Betz emphasized that it’s essential for the public to know that help is available through 988, and she wants clinicians to raise awareness. “I put it on the discharge instructions for every patient I see, whether it’s an ankle sprain or something else,” she said. “I don’t know if they read those discharge instructions, but I think we can really do a lot in terms of just letting people know that the resource is there.”

Correcting erroneous assumptions about the Lifeline is just as important as promoting it, according to Palmieri.

“There continue to be gaps in awareness around 988, what it is, and how it’s different from 911,” he said in an interview. Addressing misinformation is “a piece of work that we’re going to need to continue amplifying, particularly in those communities where there may be more apprehension about calling 988.”

However, it may be decades before 988 even comes close to being as well-known and functional as 911.

“While 911 was conceived in the late ’60s and designated as a number, we didn’t get to the point where over 90% of the US have availability to dial 911 until the year 2000—so it took over 30 years of local rollout before we arrived at the fully established emergency response system that we’re accustomed to,” Vincent Atchity, PhD, the president and chief executive officer of Mental Health Colorado, said in an August webinar. “I think that it’s important for all of us to just remember that it is going to take some time for 988 to become the thing that we need it to be.”

Bumps in the Route
Limited public awareness is not the Lifeline’s only challenge. Calls are automatically routed to the nearest 988-affiliated crisis center based on the area code of the phone used—not the physical location of the caller.

“This method of routing doesn’t always result in a person reaching the nearest crisis center,” Palmieri explained, adding that many people have an area code assigned to their mobile device that doesn’t match their current geographic location. “Being routed out of the area can create additional challenges in linking people to services for ongoing care and support.” And not all states have the same level of resources.

A July KFF report found that in-state answer rates range from as high as 97.8% in Mississippi to as low as 55% in Alabama. The report suggests that such differences may reflect state investments in crisis services.

“Answering all calls, and quickly, is an important metric to track and may continue to be a challenge across states,” Betz said.

The Lifeline aims for local call centers to answer at least 90% of calls, texts, and chats. “When you’re in crisis and looking for local services, that local call center has the best understanding of what’s available to you,” Dole remarked. “If the local call center can’t answer a call in a timely manner, then you go to the backup call center, which is one of our national call centers across the country, and they’re able to help you—and of course, they still have access to resources.”

SAMHSA’s website notes that the Lifeline has been “historically unfunded and under resourced” since its 2005 debut, and that it needs more staff urgently. Positions in 988 centers across most of the country remain unfilled as of August.

“The resourcing part cannot be overstated,” Palmieri said. Although government investments over the past 2 years have connected more people to help faster, the
funding momentum needs to pick up speed to increase local access to care, he said.

The investments include more than $200 million in funding, announced this May, for expanding local care and follow-up ser-

“as a health care community, we need to continue advocating for funding—for both research and provision of mental health ser-

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Daniel Gillison Jr

vices. A week later, SAMHSA awarded 13 grants totaling almost $9.3 million to create and enhance mobile crisis teams, which of-

ten provide in-person care. Palmieri explained that a behavioral health clinician or team will respond, depending on availabil-

ity, when a caller isn’t in immediate danger but requests in-person assistance.

if we don’t have adequate and accessible mental health treatment, we’re going to run into problems.”

If you or someone you know is in crisis, please call or text 988 for the Suicide & Crisis Lifeline, chat online at https://988lifeline.org/chat, or contact the Crisis Text Line by texting HOME to 741741.

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Conflict of Interest Disclosures: Dr Ajilore reported being the cofounder and chief medical officer of KeyWise AI, an advisory board member of Blueprint and Embodied Labs, an advisor for Sage Therapeutics, and a consultant for Otsuka Pharmaceutical. Dr Betz reported receiving honoraria for presentations on suicide prevention from a number of academic institutions and nonprofit organizations. Dr Liu reported receiving research funding from the National Institute of Mental Health and honoraria for presenting work at the Miami International Child and Adolescent Mental Health Conference; being a consultant for Relmada Therapeutics; serving on the advisory board for Launch2Life; and that he will receive a stipend for presenting his research at the 2023 International Summit on Suicide Research in October. Dr Dole reported serving on the steering committee of the Suicide Prevention Resource Center. No other disclosures were reported.

Note: Source references are available through embedded hyperlinks in the article text online.