



988 SUICIDE AND CRISIS HOTLINE

After the call

The hotline helps but experts see much room for improvement

Content warning: Mention of suicidal ideation, attempt.
If you need help, call 988 to speak to someone today.



Cari Shane Special to USA TODAY NETWORK

The middle of the night is the hardest for Scott Freed — that time after the night owls have gone to bed and even the early risers haven't yet risen. It's an awful few hours for him because he's often desperate for someone to talk to; but, in the wee hours when his psychologist isn't available and he doesn't want to intrude on a family member or friend, he's also afraid to dial 988.

For Jen Basinger, the stranger on the other end of the 988 Suicide and Crisis Lifeline "is my lifeline," says the 51-year old. In 2022, after multiple failed visits to an ER in Cincinnati near where she lives, when she says she was feeling actively suicidal, she found "power in talking to a stranger." That year, the same year 988 debuted, was "the most desperate that I've ever felt in my entire life," she recalls. Calls to 988 — as many as 50 in nine months, she says — made her feel more hopeful and less depressed and suicidal. "They weren't friends, they weren't family, they weren't part of my care team. It was just, it was freeing, honestly."

Basinger is among millions for whom 988 has been helpful.

Still, according to the National Alliance on Mental Illness (NAMI), worries about anonymity and the kind of help a caller will receive are concerns for about a quarter of U.S. population. "It comes from a place of real trauma," says Hannah Wesolowski, Chief Advocacy Officer at NAMI.

Freed, whose name has been changed for anonymity, says he has considered calling 988 when he's perseverating, consumed by a weight and urge to take his own life. What's stopping him, he says, is a fear that gun-toting police officers will show up at his New Jersey home and forcibly drag him to a mental hospital —

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Jen Basinger
51-year old Cincinnati resident who has called 988

because that actually happened to him, before 988 launched.

"More scary than the actual trying — attempting suicide — was being in various hospitals and facilities where you're locked in and you can't leave, and those just scare me to death. That's what's stopping me from calling 988," says Freed.

Wesolowski says 988 and the crisis system being built around it is meant to "drastically reduce in-person responses," law enforcement involvement and hospitalization lock-ups, like Freed experienced.

Unlike 911 which has the ability to know where someone is, 988 is completely anonymous. "911 can find you, 988 cannot," says Wesolowski.

AN IMBALANCED ROLLOUT

As part of the original 988 rollout, Congress gave a total of \$1 billion to states to build out their 988 hotlines and crisis support networks. For fiscal year 2026, federal funding levels for 988 have increased slightly, from \$520 million to \$535 million.

It's still not enough, says Wesolowski. "We also need states to be taking some responsibility." NAMI is tracking states that have begun funding 988, most adding small fees to resident phone bills, a method used to fund 911. So far, 12 states have added small 988 fees.

"We've asked people about these fees, and once they find out that they already pay a 911 fee they're like, 'Yeah, I want mental health services to be available,'" says Wesolowski. On average, the fee costs individuals \$7 a year. "Cumulatively, this can raise hundreds of millions of dollars for states to help fund not just 988, but the crisis services that surround it," says Wesolowski.

While the goal is for every caller to have a comparable experience, currently, there are inconsistencies in the continuum of care from state to state, community to community. That means, "We can't definitively say 'this is what happens next when you call 988,' because it depends on where you live, and until we can get to

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that point ... it's going to be hard for people to have trust when they don't know what to expect," says Wesolowski. It's something NAMI and other mental health advocates are "working toward and advocating for," she says.

In January 2025, to better respond to the nation's crisis care needs, the Substance Abuse and Mental Health Services Administration (SAMHSA) updated their standards to focus on three main pillars: 1) someone to talk to; 2) someone to respond; and, 3) a safe place for help.

Pillar One: Someone to talk to

Trained crisis counselors respond to a range of crises that come into 988 by phone, text or chat, from suicidal ideation to psychosis, says Wesolowski.

"The goal is really to de-escalate the immediate situation, determine if there's an imminent risk to the individual and to direct them to the next step of care," including resources available in the caller's community, says Wesolowski. Eighty percent of 988 calls resolve this way, she says.

Pillar Two: Someone to respond

Historically, law enforcement has been the only dispatchable service in a community, says Wesolowski. "And, because we never invested in community mental health resources, we've let more people get to the point of crisis," which can appear scary for those who don't understand mental illness, she says.

The system created a cycle of escalation. "What do you call when you're scared? You call 911. What can 911 dispatch? Law enforcement. So, it really became the de facto response," says Wesolowski.

"For a heart attack, for a broken leg, for diabetes, we don't send in the police, we don't criminalize health conditions. But, we fundamentally have criminalized mental health crises."

In the same way police aren't trained to respond to a health condition, they're not trained to respond to a mental health crisis — nor did they sign up for that kind of work. As a result, the entire approach to mental health has left communities treating a mental health symptom rather than the actual root cause, says Wesolowski.

It's a real problem because the goal is to de-escalate an individual's mental health crisis. Yet, "someone in crisis may not be able to process commands from law enforcement officers, and the presence of a gun, an officer in a uniform, can escalate a situation quickly — and potentially put both the person and the officer at risk."

Some communities have added mobile crisis response teams to their crisis systems, a dispatchable service made up of mental health and health care professionals. "In those instances, they can de-escalate the situation 60%-70% of time," says Wesolowski. Unfortunately, there's no wide scale data on police responder success with de-escalation of a mental health crisis.

Pillar Three: A safe place for help

In addition to 988 call centers and mental-health-related, in-person response, people in crisis need a place to go when they need immediate care.

Crisis stabilization units or crisis stabilization facilities are a key third step in the continuum of crisis care, says Wesolowski.

"Sometimes they're co-located in hospitals. Sometimes they're stand alone facilities that people can go to where they can triage, they can do observation, they can do immediate stabilization, usually for 24 hours or less." The focus of these facilities is to determine if a person needs more intensive inpatient care and whether and where there's a service in the community to help them.

Still years away, the ideal scenario is the three pillar continuum of care in all communities, says Wesolowski. Getting there will require not only a coordinated effort by the federal government, states, territories and tribes, but also the building of a national 988 back-up system to ensure that all calls and texts are answered, no matter a state's capacity.

A LONG-TERM INVESTMENT

To date, Tuscon, Arizona has come as close to the ideal as any city in the country, says Wesolowski. They began investing their time, energy and money in mental health crisis response more than 30 years ago. Their continuum of care includes mobile units (similar systems are used in 20 other states) and Crisis Stabilization Centers, designed to help those in serious psychiatric distress.

The continuum of care system allows a vast majority of individuals can be kept stable and living safely in the community, says Wesolowski.

"That's what everyone wants. We don't want people cycling in and out of crisis, and frankly, in our system, typically, that's what happens. Because for somebody in crisis, the options usually are go to the emergency room, which is generally not a great place if you're in a

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Hannah Wesolowski
Chief Advocacy Officer at NAMI

psychiatric crisis, or law enforcement response. And, neither of those generally are able to connect you to that follow up service and really help you get well and stay well," she says.

While Arizona as a state is considered a model for crisis care,

what works there may not necessarily be the solution in every state.

GEO ROUTING

After receiving an alarming call from a friend whom she hadn't talked to in a few years, Jessica Peters called 988.

"[He] called me, basically, saying goodbye, telling me he didn't want to be alive anymore," recalls the 30-year-old who was living in New York City in 2023, the morning she received the call. He was in Virginia and audibly drunk, though he'd been sober when they worked together during college summers 10 years earlier.

Peters, whose name has been changed to protect her and her friend's privacy, says when she called 988, "I was expecting someone to help me and to walk me through what to do," she says.

She called 988 three different times in two hours, but each time a different person told her to hang up and call 911. "You want someone with a gun on them to show up at his house when he's having a mental health crisis?" she recalls asking the 988 counselor.

In the end to help her friend, "it took me talking to my mother, my brother, a friend of my brother's who was a former social worker, who gave her the name of an in-state crisis center, Virginia's Emergency Mental Health Services, CR2 Crisis Response.

Eight hours after the whole ordeal began, and after Peters had also tracked down his parents' phone number, a police officer went to her friend's house.

"There just weren't enough mental health professionals available to match the need," Peters recalls the 988 operator telling her. "They told me the officer was trained in mental health response though not a mental health officer." When they knocked on her friend's door, Peters says, the police had his parents on speaker phone.

What Peters experienced is an issue that NAMI had been pushing Health and Human Services (HHS) to fix for years, says Wesolowski. A year after Peters' call debacle in 2023, 988 launched new georouting technology which enables calls and texts to be routed based on physical location, not area code, while still blocking the individual's location.

When Peters called 988, she was routed to a New York crisis counselor, not someone in Virginia who could help her friend.

To ensure the new 988 georouting technology, the Federal Communications Commission (FCC) in 2024 began requiring that telecommunications companies add the generalized system that routes a 988 to the closest call center. "It's not any exact identifiable location information, so it's still anonymous. It's enough to ping off cell towers to get you to the closest call center," says Wesolowski.

That said, there are rare times, about 2% of all 988 calls, when, using the imminent risk protocol as written by the Substance Abuse and Mental Health Services Administration (SAMHSA), a crisis counselor will determine that life-saving services are needed. In half of those cases, that is, 1% of all 988 calls, the individual provides their location; for the other 1%, 988 works through 911 and the individual's telecommunications provider to get the caller's location for an on-the-ground response.

Like 911, the three-digit 988 lifeline number was created because it's easier to remember, says Wesolowski.

"It's a public good. It's there for anyone who needs it at any time," says Wesolowski, and free.

A report by Pew Charitable Trust, "America's Mental Health Crisis," published in December 2023, shows that since the COVID-19 pandemic, 38 percent more people are in mental health care than before.

THE FUTURE

"With ... Medicaid cuts, there's a concern that it's going to get worse because there's going to be fewer resources available to states," says Wesolowski. "More people are probably going to go without care and end up in crisis. So, we're facing this really urgent period."

Wesolowski is hopeful that 988 will close the gap. "The funding, right now, is strong. 988 is not going anywhere. It continues to meet the demand and rise to the increasing demand." Wesolowski urges people in need of help to reach out.

"A lot of people are often worried about taking this resource away from somebody else if their crisis isn't, quote, unquote serious enough. If it's a crisis for you, it's a crisis ... If you are struggling, it is worth calling 988, don't wait."

