

MENTAL HEALTH RESOURCES

Beginning in Mid-July, Dial 988 for the Mental Health Hotline

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The three-digit code will be like 911, but for mental health emergencies only.

Since 2005, individuals experiencing mental health crises in the United States have had to call a 10-digit phone number to connect with someone who can help. Soon, they'll be able to dial a much shorter code in times of crisis: 988.

Starting July 16, the new national mental health hotline number will go into operation. The shorter code is intended to be easier to remember, like dialing 911 for emergencies, which officials hope will make mental health help more accessible overall.

"Remembering a three-digit number beats a 10-digit number any day, particularly in times of crisis," Xavier Becerra, the U.S. Health and Human Services (HHS) secretary, said in a December 2021 [statement](#).

Later this summer, individuals will be able to call, text or online chat the number 988 to get in touch with trained counselors with the National Suicide Prevention Lifeline network. Those experts are available to listen, offer support and share additional resources. More than 200 local crisis centers across the country make up the nationwide network, which has received more than [20 million calls](#) since it launched 17 years ago. The existing suicide prevention number—1-800-273-8255—will remain active even after the new code takes effect.

The Federal Communications Commission (FCC) adopted rules to implement the new three-digit code in July 2020, noting in an [online fact sheet](#) that the switch to an easy-to-remember code will "make it easier for individuals in crisis to access the help they need and decrease the stigma surrounding suicide and mental health issues."

Suicide is a leading cause of death in the U.S., according to statistics gathered by the [Centers for Disease Control and Prevention](#) (CDC). Nearly 46,000 individuals died by suicide in the U.S. in 2020 and some 12.2 million American adults contemplated it.

Some groups have higher rates than others, including folks who identify as non-Hispanic American Indian or Alaska Native, veterans, citizens living in rural areas and employees working in mining and construction, per the CDC. Suicide affects all ages and ranks as one of the top nine leading causes of death for individuals between the ages of 10 and 64. It is the second-leading cause of death for children who are 10 to 14 years old, as well as for those adults who are 25 to 34 years old. Young individuals who are members of the LGBTQ+ community also have higher rates of suicidal thoughts and behaviors compared

to their peers. This number is particularly high among trans [youth](#), 82 percent of whom have contemplated suicide and 40 percent of whom have attempted it.

Calls to the existing suicide lifeline have been increasing since it launched in 2005, though the uptick is likely related to a range of factors, including more awareness of the hotline's existence. With the implementation of the new 988 code, public health officials expect a surge of calls. That's ultimately a good thing for getting individuals the help they need, but many local crisis centers are not yet equipped to handle the increased volume, reports [HealthDay's](#) Amy Norton. The switch to 988 comes at a time when many counties and states are already grappling with funding and staffing challenges.

Bipartisan legislation in 2020 mandated the launch of 988, but ultimately left funding and infrastructure decisions to the states. But as of this summer, most states had not yet created comprehensive plans or allocated funding to the new code. So far, the U.S. Department of Health and Human Services has allocated roughly [\\$400 million](#) to help with the 988 rollout.

"We have all of the technology," Jennifer Piver, executive director of Mental Health America of Greenville County, tells [NBC News'](#) Erika Edwards, Emily R. Siegel and Kate Snow. "We do not have the funding for staff, for salaries."

Regardless of how the 988 implementation goes, public health officials and lawmakers agree that it must be just one part of a much larger plan to address mental health challenges. As Rep. Chris Stewart, a Utah Republican, and Rep. Seth Moulton, a Massachusetts Democrat, wrote in a 2019 op-ed in the [Washington Post](#), individuals need to talk more about mental health so that "seeking help for everything from suicidal thoughts to addiction to depression is as routine as going to the doctor for a broken arm or an annual checkup."