



AMERICA'S FIRST 3-DIGIT MENTAL HEALTH CRISIS LINE

Even before the COVID-19 pandemic, America was suffering historically high suicide and overdose rates and mental health challenges. In 2020 Congress approved 988 to help, but a phone number alone isn't enough. Each state must have a fully-funded crisis response system supporting 988 when it goes live by July 2022.



What is 988?

988 is a safety net for people experiencing a mental health emergency. If fully funded, mobile crisis teams will respond in-person and connect people to care when needed.



Who should use it?

Once 988 goes live, if you or someone you know is having suicidal thoughts, experiencing delusions, or displaying severe symptoms of mental illness, you should call 988 instead of 911.



Why do we need it?

Traditionally, police have responded to mental health emergencies, which require tremendous local resources and often result in criminalizing mental illness. In fact, in 2017, an average of 10% of law enforcement agencies' total budgets and 21% of staff time were spent responding to and transporting persons with mental illness.¹ People with untreated mental illness are 16 times more likely to be killed during a police encounter than other civilians.²



What is needed to make 988 work?

Every state needs:

- 24/7 call centers that are adequately staffed by mental health professionals who are specially trained to respond to crises.
- Mobile response teams that are equipped for differing scenarios.
- Crisis stabilization services that also connect people to follow-up care.

HOW CAN YOU HELP?



General public & advocates

- Contact your Congressional representatives and ask them to support states in building a crisis response infrastructure that ensures people get the help they need.
- Contact your state representatives and ask them to pass a bill that includes 988 user fees to support a crisis system that provides a mental health response to mental health crises.
- Ensure 988 implementation and crisis services are key priorities in policy agendas for both state and federal policymakers.
- Engage people with lived experience to inform policy asks.

State policymakers

- Introduce and pass bills that include 988 user fees to support crisis call centers and non-billable mobile crisis and crisis stabilization program costs.

Federal policymakers

- Ensure federal coordination and technical assistance for 988 implementation.
- Provide funding for states to develop and maintain an effective crisis response infrastructure.
- Ensure all payers, including commercial insurers, cover crisis services.



¹ <https://www.treatmentadvocacycenter.org/road-runners>

² www.treatmentadvocacycenter.org/key-issues/criminalization-of-mental-illness/2976-people-with-untreated-mental-illness-16-times-more-likely-to-be-killed-by-law-enforcement

The National Action Alliance for Suicide Prevention's Mental Health & Suicide Prevention National Response to COVID-19 ("National Response") collaborated with chief executives of the nation's leading mental health advocacy organizations and professional associations ("The CEO Huddle") to develop this infographic, which reflects the alignment of both the National Response's *An Action Plan for Strengthening Mental Health and the Prevention of Suicide in the Aftermath of COVID-19* and the CEO Huddle's *A Unified Vision for the Future of Mental Health, Addiction, and Well-Being in the United States*. To learn more, visit NationalMentalHealthResponse.org/CrisisResponse.