



SUICIDE PREVENTION Fact Sheet

What to Know About “988,” A New National Suicide Prevention Lifeline Number

Introduction

The Federal Communications Commission (FCC) recently announced a two-year rollout of a new, easy-to-remember number—988—that callers can use to connect to the National Suicide Prevention Lifeline.¹ This fact sheet addresses 988’s key features, including why it was adopted, current suicide trends and risks, covered provider obligations and timing, and some key features of recent supportive legislation.

Suicide Prevention: The Need for A New 3-Digit Dialing Code

The National Suicide Prevention Lifeline is currently accessible using 1-800-273-8255 (TALK).² An early myth about suicide prevention lifelines was that suicidal individuals do not call lifelines; in fact research has shown that it is a core tool for suicide prevention.³ In 2018 Congress directed the FCC to conduct a study in coordination with the Department of Health and Human Services’ Substance Abuse and Mental Health Services Administration (SAMHSA) and the Department of Veterans Affairs (VA) on the impact and feasibility of designating a three-digit code for the National Suicide Prevention Lifeline, including assessing the impact of the lifeline.⁴ The FCC later issued a [2019 report](#) (Report) endorsing the designation of a three-digit number.

The Report cited evidence-based reports by SAMHSA showing that not only do those who are seriously considering suicide utilize the lifeline, but the lifeline reduced intent to die, psychological pain, and hopelessness during the call.⁵ It also cited evidence on the efficacy of follow-up calls. Out of 500 callers who received follow-up calls, interviewed within 6-12 weeks after calling, 79.6% reported the follow-up calls “stopped them” from death by suicide. These callers also reported that “the initial crisis calls stopped them from killing themselves (76.2 percent a lot, 18.7 percent a little).”

The FCC subsequently adopted a rule establishing 988 as the three-digit dialing code.⁶ A key goal of 988 is to reduce high suicide rates, the tenth leading cause of death in the U.S. for all ages for several years.⁷ The Report highlighted critical motivating factors including that:

- 
- In 2017, 47,000 Americans died by suicide;
 - In 2017, 1.4 million adults attempted suicide;
 - From 1999-2016, suicides increased in 49 states;
 - In over half those states, the increase was over 20%; and
 - At-risk populations (veterans, LGBTQ individuals) experience higher suicide rates.⁸

By July 16, 2022 the National Suicide Prevention Lifeline will be nationally accessible using two dialing codes 1-800-273-8255 (TALK) & 988

It concluded “a dedicated 3-digit dialing code [would] increase the effectiveness of suicide prevention efforts, ease access to crisis services, and reduce the stigma surrounding suicide and mental health conditions.”⁹

Similar to 911, the dialing code 988 will be easy to remember in a time of crisis both for the individual in crisis and others seeking help on behalf of that individual. Currently, reliance on 911 by those seeking mental health crisis assistance is so routine that some cities have enacted programs to divert 911 calls away from police response to mental health support teams.¹⁰

The Report considered utilizing 911 as the National Suicide Prevention Lifeline dialing code, noting its status as the “gold standard for emergency response in the United States.”¹¹ The Report ultimately recommended against doing so because it would increase 911 calls to an unmanageable volume and because 911 is a system based on short information-based conversations for the purpose of dispatching first responders, not crisis counseling.¹²

Implementation of the national dialing code 988 can potentially decrease the burden on 911 and support efforts to curb the use of police officers as primary first responders to a mental health crisis. It also aligns with other efforts to implement evidence-based strategies to reduce suicide rates.¹³

Current Trends in Suicide Rates and Risks

Although it will take about two years before 988 is fully activated, this measure comes at a critical time. The Centers for Disease Control and Prevention’s (CDC) technical package on suicide prevention cites crisis intervention services as a key strategy to identify and support people at risk of suicide.¹⁴ The CDC’s 2018 findings showed that suicide rates continued to increase at an average annual rate of 2% (from 2006-2018) compared with an average annual rate of 1% from 1999-2006.¹⁵ Suicide rates rose for both males and females, but were even higher for males.¹⁶ A comparison of rural and urban counties also showed overall higher rates of suicide in “the most rural counties” versus “the most urban counties” for both females and males in 2018.¹⁷

Throughout the COVID-19 pandemic there has been concern regarding the impact of the pandemic and associated economic downturn on suicide risks. One concern is how public health interventions requiring physical distancing might increase social isolation absent mitigating efforts to foster social connections.¹⁸ Increased sale of firearms, “the most common method of suicide in the US,” is also concerning in terms of how it might affect suicide risks.¹⁹ A recent analysis by the Brookings Institution concluded that about three million more firearms were sold in spring of 2020 than are typical for the time period.²⁰

A June 2020 CDC survey on the impact of COVID-19 found an increase in reports of poor mental health and suicidal ideation. Of those surveyed, 40.9% of adults reported at least one adverse mental health or behavioral health condition, including 10.7% of individuals who reported seriously considering suicide within the last 30

days.²¹ According to the CDC, this is more than twice as high as the number of people who reported suicidal ideation in 2018 (4.3%).²²

Young adults, aged 18-24, reported the highest rate of suicidal ideation, relative to other age groups. High relative rates of suicidal ideation were also reported by other groups, including: Black and Hispanic people (versus Asian and white people), caregivers for adults (versus non-caregivers for adults), employed (versus unemployed), essential workers (versus non-essential workers), and males (versus females).²³ These groups include individuals on the frontline of the COVID-19 pandemic as well as communities of color that have been disparately impacted by COVID-19.²⁴

Implementation and Support: Next Steps for 988

Telecommunications carriers as well as all interconnected and one-way Voice over Internet Protocol (VoIP) service providers must activate 988 by July 16, 2022. The FCC opted for a single national rollout date so that “stakeholders can clearly and consistently communicate to the American public when 988 will be universally available.”²⁵ Although service providers can implement 988 sooner, they are advised to coordinate with the FCC commission, SAMHSA, and the VA.²⁶ This approach provides time for necessary technological changes. For example, areas with seven-digit dialing codes that begin with 988 must convert to ten-digit dialing. The approach also aims for a swift as possible implementation that will not confuse the public.

Once fully adopted the National Suicide Prevention Lifeline will be accessible nationally using both 988 and the current number 1-800-273-8255 (TALK). Neither number, however, will be directly accessible via text or direct video calling.²⁷ The hope is that 988 will nonetheless increase access and use of the lifeline, especially by at-risk populations.

On October 17th 2020, the [National Suicide Hotline Designation Act of 2020](#), which amends the Communications Act of 1934 by designating 988 as the national suicide prevention and mental health crisis hotline number, was signed into law.²⁸ The 2020 Act will support the efforts already set in motion by the FCC in several ways. For instance, by codifying the Act, the designation of 988 as a crisis number will be more legally durable and harder to reverse down the road. Additionally, it allows states to impose a fee for maintenance of 988 and requires a report by the Assistant Secretary of Mental Health and Substance Use and the Secretary of Veterans Affairs, within 180 days of enactment, detailing the necessary resources to make use of 988. Finally, it also requires a report by the Assistant Secretary for Mental Health and Substance Use, in consultation with the CDC and specific organizations that serve high-risk populations, on how to provide specialized resources to American Indian and Alaska Natives, rural communities, LGBTQ youth, and other populations who experience high risk of suicide and/or suicidal ideation.²⁹

SUPPORTERS



Robert Wood Johnson Foundation

The Network for Public Health Law is a national initiative of the Robert Wood Johnson.

This document was developed by April Shaw, Staff Attorney for the Network for Public Health Law – Northern Region. The Network for Public Health Law provides information and technical assistance on issues related to

public health. The legal information and assistance provided in this document does not constitute legal advice or legal representation. For legal advice, please consult specific legal counsel.

October 2020

- ¹ FCC NEWS, *FCC Designates '988' As 3-Digit Number for National Suicide Prevention Hotline* (July 18, 2020), <https://docs.fcc.gov/public/attachments/DOC-365563A1.pdf>.
- ² National Suicide Prevention Lifeline, <https://suicidepreventionlifeline.org> (Last visited September 1, 2020)
- ³ COLUMBIA UNIVERSITY, *Columbia Suicide Research Culminates in New National Hotline Number* (July 17, 2020), <https://www.cuimc.columbia.edu/news/columbia-suicide-research-culminates-new-national-hotline-number>.
- ⁴ The National Suicide Hotline Improvement Act of 2018, Pub. L. No. 115-233, 132 Stat. 2424 (2018), <https://www.congress.gov/115/plaws/publ233/PLAW-115publ233.pdf>.
- ⁵ See also Stone, D.M., Holland, K.M., Bartholow, B., Crosby, A.E., Davis, S., and Wilkins, N., *Preventing Suicide: A Technical Package of Policy, Programs, and Practices*, NATIONAL CENTER FOR INJURY PREVENTION AND CONTROL, CENTERS FOR DISEASE CONTROL AND PREVENTION, p. 37 (2017) <https://www.cdc.gov/violenceprevention/pdf/suicideTechnicalPackage.pdf>.
- ⁶ The FCC's rule is effective starting October 16, 2020. *Implementation of the National Suicide Hotline Improvement Act of 2018*, 85 FED. REG. 57767 (September 16, 2020), <https://www.federalregister.gov/documents/2020/09/16/2020-16908/implementation-of-the-national-suicide-hotline-improvement-act-of-2018>.
- ⁷ NATIONAL INSTITUTE OF MENTAL HEALTH, *Suicide* (April 2019) <https://www.nimh.nih.gov/health/statistics/suicide.shtml>.
- ⁸ Wireline Competition Bureau Office of Economics and Analytics, *Report on the National Suicide Hotline Improvement Act of 2018*, p. 1, FCC (August 14, 2019), <https://docs.fcc.gov/public/attachments/DOC-359095A1.pdf>.
- ⁹ *Id.* at 9.
- ¹⁰ LJ Dawson, *Taking The Cops Out of Mental Health-Related 911 Rescues*, KAISER HEALTH NEWS (October 11, 2019), <https://khn.org/news/taking-the-cops-out-of-mental-health-related-911-rescues/>.
- ¹¹ Wireline Competition Bureau Office of Economics and Analytics, *Report on the National Suicide Hotline Improvement Act of 2018*, p. 14, FCC (August 14, 2019), <https://docs.fcc.gov/public/attachments/DOC-359095A1.pdf>.
- ¹² *Id.*
- ¹³ Joshua A. Gordan, Shelli Avenevoli, Jane L. Pearson, *Suicide Prevention Research Priorities in Health Care*, JAMA PSYCHIATRY (May 20, 2020), <https://jamanetwork.com/journals/jamapsychiatry/article-abstract/2766446>.
- ¹⁴ Stone, D.M., Holland, K.M., Bartholow, B., Crosby, A.E., Davis, S., and Wilkins, N., *Preventing Suicide: A Technical Package of Policy, Programs, and Practices*, NATIONAL CENTER FOR INJURY PREVENTION AND CONTROL, CENTERS FOR DISEASE CONTROL AND PREVENTION (2017) <https://www.cdc.gov/violenceprevention/pdf/suicideTechnicalPackage.pdf>.
- ¹⁵ Holly Hedegaard, Sally C. Curtin, and Margaret Warner, *Increase in Suicide Mortality in the United States, 1999–2018*, CDC (April 2020), <https://www.cdc.gov/nchs/products/databriefs/db362.htm>.
- ¹⁶ *Id.*
- ¹⁷ *Id.*
- ¹⁸ Mark Reger, Ian Stanley, Thomas Joiner, *Suicide Mortality and Coronavirus Disease 2019— A Perfect Storm?*, JAMA PSYCHIATRY (April 10, 2020), https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2764584?guestAccessKey=ae4883ac-c532-4615-aac5-89e99a0a7cbf&utm_source=silverchair&utm_medium=email&utm_campaign=article_alert-jamapsychiatry&utm_term=mostread&utm_content=olf-widget_09022020.

¹⁹ *Id.* at E2.

²⁰ Phillip B. Levine and Robin McKnight, *Three million more guns: The Spring 2020 spike in firearm sales*, BROOKINGS INSTITUTION (July 13, 2020), <https://www.brookings.edu/blog/up-front/2020/07/13/three-million-more-guns-the-spring-2020-spike-in-firearm-sales/>.

²¹ Mark E. Czeisler, Rashon I. Lane, Emiko Petrosky, *et al.*, *Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic – United States, June 24-30, 2020*, MMWR, CDC (August 14, 2020), https://www.cdc.gov/mmwr/volumes/69/wr/mm6932a1.htm#T1_down.

²² *Id.*

²³ *Id.*

²⁴ CDC, *COVID-19 Hospitalization and Death by Race/Ethnicity* (Updated August 18, 2020), <https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-race-ethnicity.html>.

²⁵ *Implementation of the National Suicide Hotline Improvement Act of 2018*, 85 FED. REG. 57767 (September 16, 2020), <https://www.federalregister.gov/d/2020-16908/p-45>.

²⁶ *Id.*

²⁷ *Id.* at ¶¶ 56-58.

²⁸ Congres.Gov, *S.2661 – National Suicide Hotline Designation Act of 2020*, <https://www.congress.gov/bill/116th-congress/senate-bill/2661/text>.

²⁹ *Id.*