



**American
Foundation
for Suicide
Prevention**

Crisis Lines: The National Suicide Prevention Lifeline Network

According to the latest verified data from the Centers for Disease Control and Prevention (CDC), in the United States in 2019, suicide was the tenth leading cause of death overall and the second leading cause of death for youth and young adults ages 10-34 (CDC, 2021). In 2019 in the U.S., 47,311 people died by suicide (CDC, 2021). A recent CDC report found that from 1999 through 2018 the suicide rate increased 35%, with a significant increasing trend after 2006; the rate increased on average approximately 1% per year from 1999 to 2006 and by 2% per year from 2006 through 2018 (Hedegaard, Curtin, & Warner, 2020). While these statistics point to a serious public health problem, we do know there are steps we can take to prevent suicide.

Suicide and suicide attempts have a devastating impact on individuals, families, and communities across the country. Upwards of 90% of individuals who ultimately die by suicide were living with a diagnosable mental health condition at the time of their death, although these conditions often go undiagnosed or untreated. Mental health conditions like depression, anxiety, and substance problems, especially when untreated, increase risk for suicide.

Connecting individuals with mental health services and resources is a vital component in suicide prevention. By offering immediate help to everyone that may need it, crisis lines provide invaluable support at critical times. The National Suicide Prevention Lifeline and statewide hotlines help to ensure that gaps in local services are served and that crisis calls can truly be answered 24/7/365. Timely access to mental health services and crisis supports can save lives.

Overview of the National Suicide Prevention Lifeline: The National Suicide Prevention Lifeline (NSPL) is a national network of state and local crisis centers linked through a 24/7 toll-free number (1-800-273-TALK or 8255) that connects callers throughout the U.S. to immediate crisis care. Trained counselors assess callers for suicidal risk, provide emotional support and crisis counseling, and offer referrals to behavioral health and emergency services when necessary (Gould, Munfakh, Kleinman, & Lake, 2012). The Lifeline is accessible in over 150 languages and includes chat and TTY services for the deaf and hard of hearing. The Lifeline also includes Veteran specific services through call routing to the Department of Veterans Affairs' Veterans Crisis Line as well as non-English speaker specialized services ("About the Lifeline," n.d.). The Lifeline is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) and is administered by Vibrant Emotional Health (National Suicide Prevention Lifeline (NSPL), 2019).

The Lifeline network consists of over 170 independently operated local- and state-funded crisis call centers spread across all 50 states and the District of Columbia. Callers dial the Lifeline number and are routed to their nearest crisis center based on area code. Ideally, callers are connected with a local counselor in their own state. However, if the local center is unable to answer, the Lifeline reroutes calls to backup centers in their network, both in- and out-of-state ("Our Network," n.d.).

Affiliation with the Lifeline network requires accreditation from a certifying organization such as the American Association of Suicidology, the Council on Accreditation, and the Joint Commission. The crisis call center must also have liability insurance, the capacity to consistently cover a geographic region, designated and trained staff, administrative guidelines, and adherence to Lifeline quality assurance – including evaluations, referrals, and other best practices (NSPL, 2017).

Since the Lifeline launched in 2005, call volume has increased approximately 14% annually. In 2005, the Lifeline answered over 46,000 calls; 15 years later in 2020, the Lifeline received over 2.6 million calls, chats, and texts (Vibrant Emotional Health, 2021). Additionally, the Veterans Crisis Line has served over 3.5 million callers since its inception in 2007, including 600,000 Veterans and active service members in 2018 (NSPL, 2019).

The Lifeline’s united network provides uniformity for at-risk individuals across the country with a single, well-known phone number and name. This unity enables the Lifeline to assure that centers are accredited, provide training for counselors, and disseminate best practices. Most crisis centers are nonprofit organizations, and many utilize trained volunteers as well as mental health professionals (“Our Network,” n.d.).

Lifeline Effectiveness: There is clear evidence that the Lifeline can be effective in reducing suicide. Utilization of the Lifeline has been found to successfully de-escalate callers classified as high risk and to reduce the burden on emergency rooms, police, emergency responders, and other mental health emergency services.

A 2013 study of imminent risk callers found that crisis counselors actively engaged the callers in collaborating to keep themselves safe on 76.4% of calls; on 19.1% of calls the counselors collaborated to send emergency services, and on 55% other collaborative interventions were used, such as reducing access to lethal means, involving a third party, collaborating on a safety plan, and agreeing to receive rapid follow-up from the crisis center (Gould et al., 2016). A 2018 survey of Lifeline centers found that almost 98% of crisis calls are de-escalated such that costly, highly restrictive responses from law enforcement and emergency medical services are not necessary (NSPL, 2018b).

In an evaluation of a national initiative funded by SAMHSA to provide follow-up care to high-risk callers, a majority of the follow-up call recipients interviewed reported that the intervention stopped them from killing themselves (79.6%) and kept them safe (90.6%) (Gould et al., 2017).

Lifeline Challenges: Although the Lifeline has proven itself to be an essential and necessary component of the suicide prevention and mental health care system, the network of crisis centers consistently faces two main interconnected barriers to its effectiveness and success: (1) insufficient funding, and (2) the capacity to respond to a steadily increasing call volume.

While the Lifeline is a national program, federal funding goes toward managing call routing, best practice standards, public messaging, capacity-building opportunities, and technical assistance for its nationwide network (NSPL, 2018b). As a result, local crisis centers answering the calls are reliant on funding from state and local contributors to operate and grow. Less than half of states have a suicide prevention specific line item in their state budget in general, and only

some of those have a provision that puts aside state funds for crisis centers. Many centers rely on private contributions and volunteers to keep their centers running.

Without the necessary resources, local centers are unable to answer calls, resulting in high out-of-state answer rates. Based on funding and staffing levels, local call centers set their own hours and determine their coverage area, and most Lifeline-affiliated call centers in the U.S. answer calls on other helplines in addition to the Lifeline (NSPL, 2018b). In addition, a convergence of modern-day events and other factors have caused a steady increase in the number of calls made to the Lifeline. Increased media attention, such as celebrity deaths and musical references to the Lifeline and social media posts, have also had a major effect on call volume in recent years (NSPL, 2018a).

When local call centers are unable to answer calls to the Lifeline, callers get re-routed to other centers in their state, or out-of-state and into Lifeline's National Backup Network. When this happens, callers in crisis wait longer, receive fewer linkages to effective local care, and are more likely to abandon their calls, making the use of in-state crisis centers as opposed to a centralized national help center crucial.

Low in-state answer rates also put a strain on the backup network. A 2018 evaluation of four national backup centers that utilize Automatic Call Distribution (ACD) technologies found that the average longest wait time increased 29% in one year (NSPL, 2018a). In 2018, 21% of all calls were answered out-of-state (NSPL, 2019).

Currently, the only regular federal funding that goes to local Lifeline centers is a small annual stipend of \$1,500 to \$2,500, with an extra \$1,000 if they collect data on Veteran calls, though centers can apply for additional grants (Vivekae, 2018). In 2014, 46% of the network's crisis centers had flat funding and 31% had funding decreases; 73% of the centers with flat funding and 81% with funding cuts had call volume increases (NSPL, 2018a).

In summary, crisis call centers provide invaluable support at critical times and connect individuals to services that can save lives. Statewide crisis call centers can reduce gaps in local service delivery, and local Lifeline-affiliated call centers ensure callers are linked with local services and resources. State, county, and local level support for and investment in the Lifeline network is critical for crisis centers across the U.S., at a time when many are underfunded and in jeopardy of having to reduce services, or in some cases, close entirely.

Current Advocacy Efforts: AFSP supports an increase in funding for the Lifeline network on the federal, state, and local levels. Adequate funding is needed to ensure that calls can truly be answered locally 24/7/365 by individuals who have been trained to handle suicide risk and other mental health crisis situations and who are supervised by a mental health clinician.

Federal Efforts: Congressional efforts to support the Lifeline and its network of backup call centers are through the appropriations process (federal funding) and through authorizing legislation (legislation to improve the Lifeline). Federal funding and authorizing legislation will go hand in hand to secure top-down support for the national Lifeline and the local call center network.

A 988 crisis line that is effectively resourced and promoted will be able to:

- Connect a person in a mental health or substance use crisis to a trained counselor who can address their immediate needs and help connect them to ongoing care.
- Reduce healthcare spending with more cost-effective early intervention.
- Reduce use of law enforcement, public health, and other safety resources.
- Meet the growing need for crisis intervention at scale.

Appropriations. Federal appropriations for the Lifeline have gradually increased since its inception in 2005. The Lifeline is currently funded at \$24 million and has received vital increases since FY 2018. The Lifeline's current funding more than triples its authorized funding level of \$7.2 million. Federal funding pays for national Lifeline services, administration, and backup call centers as well as the small annual stipends (\$1,500-\$2,500) that go directly to crisis call centers. Additional federal funding for the Lifeline would directly support local capacity, as new funding has provided additional grants for states and local crisis call centers.

Authorizing Legislation. The [National Suicide Hotline Designation Act](#) became law in October of 2020, designating 988 as "the universal telephone number for reaching a national suicide prevention and mental health crisis hotline system operating through the National Suicide Prevention Lifeline" and replacing the current 10-digit number (1-800-273-8255).

In 2020, the Lifeline received over 2.6 million calls, chats, and texts. Full implementation and public promotion of 988 will likely result in even higher call volumes, requiring more trained personnel to answer the phones, mental health professionals to do the training and supervise shifts, and advanced infrastructure upgrades.

Current authorizing efforts in Congress include federal legislation to fortify quality assurance provisions and to provide for a public education campaign to raise public awareness of available crisis services and broadcast the new 988 number.

State Efforts: State support for and investment in crisis support systems and call centers within the Lifeline network is also critical; increased state and local investment is needed now more than ever to ensure capacity to respond to a steadily increasing call volume as Americans continue to face stressors during the COVID-19 pandemic.

Adequate and steady funding for local crisis call centers is vital so that access to immediate help is available 24/7 to everyone who may need it and individuals in crisis are connected to local counselors who are familiar with the community and better equipped to provide culturally competent support, referrals to local community resources, and other lifesaving follow-up care.

The *National Suicide Hotline Designation Act* included language allowing each state to pass their own legislation funding 988 and their local in-state crisis call centers the same way as 911, through state-managed monthly customer service fees. It is critical that appropriate funding for the Lifeline network, individual crisis centers, and the crisis continuum be allocated to serve more people in crisis. In 2018, fees for 911 generated \$2.6 billion to support that service; similar investment must be made for mental health and suicidal crises.

AFSP is currently focused on advocating for state funding by urging state legislators to exercise their authority to implement a 988 fee. This fee would go toward funding local crisis call centers and response services that make up the crisis continuum. This will help to ensure a robust infrastructure is in place and local call centers and response services are adequately prepared by the time 988 is available nationwide in July 2022.

The fee revenue should supplement, not supplant, funding from diverse sources, including federal, state, and local governments.

Call centers in the Lifeline divert hundreds of thousands of calls from 911 every year and only dispatch emergency services for 2% of calls. People in crisis who call the Lifeline have better outcomes than people in crisis triaged with emergency services personnel. Evaluations and caller feedback show that Lifeline counselors are effective in reducing caller distress and suicidality and help tens of thousands of people get through crises daily (Vibrant Emotional Health, 2021).

For more information about state 988 implementation and funding, model state legislation, and other state advocacy efforts, please email AFSP's Public Policy Team at advocacy@afsp.org.

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