



Crestwood Recovery Resilience Solutions

Rob Wipond discusses 988.

The rapid growth of the new 988 mental health hotline has been greeted with [positive media coverage](#). As many people expected, calls, texts, and chats to the National Suicide Prevention Lifeline, now renamed “988 Suicide and Crisis Lifeline,” started climbing immediately with the launch of the 988 number in July of 2022. The Substance Abuse and Mental Health Services Administration (SAMHSA) and the nonprofit that was given centralized control over the 988 system, [Vibrant Emotional Health](#) (VEH), have been releasing [monthly updates](#) on key metrics.

In April 2023, compared to April 2022, calls answered increased by 52%, chats by 90%, and texts by 1022%. The trend was heralded by federal Health and Human Services Secretary Xavier Becerra [to CNN](#): “Our nation’s transition to 988 moves us closer to better serving the crisis care needs of people across America. 988 is more than a number, it’s a message: we’re there for you.”

However, as [previously reported](#) by *Mad in America*, a percentage of people who contacted the former National Suicide Prevention Lifeline were subjected to geolocation tracing of their phone, computer, or mobile device. The Lifeline advertised itself as a place for confidential discussions about suicidal feelings but, according to [its own policy](#), if a call-attendant believed a person might be at “imminent risk” of taking their own life in the next few hours, days, or week, the call-attendant was required to contact 911 or a Public Safety Answering Point to send out police and/or an ambulance to forcibly take the person to a psychiatric hospital.

Many Lifeline users described the experiences of betrayal, public exposure, police interactions, loss of freedoms, and forced psychiatric treatment as dangerous, harmful and traumatizing.

So, since the transition to 988, has anything changed? As contacts to 988 rise, how many people are getting forcibly subjected to these types of unexpected, unwanted interventions?

It appears detention numbers are climbing dramatically, too—even as VEH, SAMHSA, and many news outlets continue to obfuscate the facts publicly.

Contacts and Detentions Rising Together

For the ten-month period from July 2022 to April 2023, the new 988 Lifeline received more than 4 million total contacts—on pace to double the average [2.4 million calls annually](#) to the Lifeline from 2017 to 2021.

The 988 metrics that are publicly shared, though, do not include any information about call tracing and involuntary interventions.

Replying in an email, Hannah Collins, the Director of Marketing and Communications for VEH, told *Mad in America*: “Still less than 2% of all contacts, for use of emergency services.”

SAMHSA spokesperson Dani Bennett gave the same approximation: “Based on the network call centers that collect and report this data, we estimate that fewer than 2% of 988 Lifeline calls require connection to emergency services like 911.”

Both VEH and SAMHSA refused to share any of the underlying data on which this 2% estimate was based.

It’s the same rate that VEH and SAMHSA have been publicly reporting for the Lifeline for several years. It’s also consistent with a 2018 [internal Lifeline survey](#) obtained by *Mad in America* through a freedom of information request—to this point in time the only actual data on the Lifeline’s involuntary interventions that’s been publicly released—which showed that on average 2% of total contacts, or 44,000 people, had been subjected to involuntary interventions over the previous year.

However, continuing at 2% means that detentions are climbing on pace with the rising number of contacts to 988. This means that, over the past ten months, a staggering 81,000 Americans who’ve reached out to 988 for confidential conversations have ended up being coercively taken to psychiatric hospitals. In 988’s first full year of operation, its call centers are on pace to incarcerate nearly 100,000 people.

Clarifying the Policies, Facts, and Obfuscations

Yet despite the rapidly expanding assault on many people’s basic civil rights, VEH and SAMHSA, aided by inaccurate reporting from major news outlets, continue to misrepresent what’s going on.

The 988 Suicide and Crisis Lifeline’s [promotions](#) still misleadingly reassure the public that all contacts are “confidential.”

And many news outlets falsely assert, as a *Cosmopolitan* [article](#) did, that “If you aren’t in the middle of a suicide attempt while calling, you don’t need to be afraid of being hospitalized or having emergency services called on you.” This, though the *Cosmopolitan* article, inscrutably, also linked to a [VEH policy document](#) that specifically clarifies that Lifeline’s “imminent risk” policy applies to a much broader range of situations than an “imminent death” policy. VEH also produced an [updated policy](#) in December of 2022 that re-affirmed its practice of conducting “involuntary emergency service interventions” when a call-attendant feels that a person could be at “imminent risk” for suicide within an undetermined “short time frame” in the future.

Still, perhaps the *Cosmopolitan* journalist can be forgiven for being misled because, in explaining the 988 intervention policy, SAMHSA’s Bennett recently wrote even to *Mad in America* that “some safety and health issues may warrant a response from law enforcement and/or Emergency Medical Services (namely when a suicide attempt is in progress).”

Bennett added that a majority of the interventions “are done with the consent and cooperation of the caller”—a talking point from 988 leadership that’s repeated often, even by journalists [raising concerns about the Lifeline’s involuntary interventions](#). It remains unclear what “consent” means, though, when some Lifeline call-attendants reportedly tell certain callers that police will come for them whether they voluntarily disclose their location or not. It seems likely that, as police shootings during wellness checks have gained notoriety in recent years, many people now quickly realize it’ll be much safer to be described to police as “cooperative” rather than as in dangerous emotional distress and uncooperative.

With similar smokescreening, a [VICE article](#) reassuringly reported that “a representative for SAMHSA told VICE, ‘988 does not currently use geolocation.’” It wasn’t clarified that 988 call-attendants simply contact 911 to do the geolocating for them.

And typical of most 988 news coverage, NPR and Kaiser Health News [attempted](#) to correct alleged social media alarmism and [appease an irate psychiatrist](#) by characterizing the likelihood of these unwanted interventions as “rare” and “remote.” The underlying disregard for the basic rights and freedoms of people who call mental health hotlines is striking—If the state was locking up 1 in every 50 journalists in America for purveying dangerous misinformation, or jailed 58,000 of America’s 2.9 million daily airline travelers as potential terrorists, would major news outlets blithely reassure their audiences that these unsettling occurrences were nevertheless “rare”?

In any case, the actual rate of the involuntary interventions is much higher than 2%. When asked by *Mad in America*, neither VEH nor SAMHSA provided data on the main reasons for calls since the transition to 988. But data previously obtained from the National Suicide Prevention Lifeline [showed](#) that only 20% of people typically called to discuss suicidal feelings—many people called to discuss other kinds of issues and problems or for referrals to community services. Calculating the rate of interventions on suicidal callers as a percentage of the “total contacts,” then, concealed a much more telling and alarming rate: Apparently, about 1 in 10 of callers with suicidal feelings were getting subjected to coercive interventions.

And since 988 has been heavily promoted as a [broader mental health service](#), it seems likely that callers with suicidal feelings are a shrinking percentage of the “total contacts.” So, if callers with suicidal feelings now represent, say, 15% of total contacts, that would mean involuntary interventions are being imposed on 1 in every 7.5 people with suicidal feelings who call 988.

Both Promising and Concerning Developments

There are nevertheless some slightly promising new developments for 988 on the horizon—or at least, promises of promising developments.

According to its updated policy document, VEH has instituted a requirement that all involuntary emergency service interventions by 988 call centers must undergo a “supervisory review” in which the call-attendant and center supervisor document what, if anything, could have been done differently.

VEH also encourages call centers to “investigate alternatives” to sending out police and ambulances for imminent risk cases, and to “document strategies for outreach/education efforts to public/private entities to address this need” in their communities.

And in response to my queries about releasing more detailed data on involuntary interventions, VEH’s Collins’ replied, “We do not publish this data set yet, but work is underway to expand and improve the collection of this type of information so that we can publish with the other reports that we have made public.”

Yet there are some disturbing developments as well. As previously [reported](#) by *Mad in America*, members of the Lifeline’s own Lived Experience Committee had begun vehemently protesting the Lifeline’s policy of initiating unwanted interventions against people deemed to be at imminent risk, and had noted the [lack of any scientific evidence](#) that the practice saves lives or helps more than harms people. According to 988 Lifeline internal minutes from a March 2023 meeting obtained by *Mad in America*, VEH has disbanded the Lived Experience Committee and shut it down.

Overall, it’s astonishing that these 988 Suicide and Crisis Lifeline practices are not generating broader public concern. A wave of recent [news stories](#) in New York, California, and elsewhere around the nation allege that there’s a desperate [“shortage of beds”](#) for helping the most [“severely”](#) ₃

[mentally ill](#)” and [“outrageously dangerous”](#) people. As I discuss in [my book](#) and in a recent *Los Angeles Times* [article](#), such claims tend to be mired in poor science, prejudicial over-generalizations, and incorrect data on bed numbers and forced treatment rates. Regardless, what impact is it having to be filling those psychiatric inpatient beds with nearly 100,000 people annually who are doing nothing more “dangerous to self or others” than simply calling 988 to discuss their feelings?

Editor’s Note: The headline for this piece was edited. An increase from 44,000 to 100,000 is approximately 120%, not 220%.