

December 21, 2022

The Honorable Xavier Becerra
Secretary
U.S. Department of Health and Human
Services
200 Independence Avenue, SW
Washington, DC 20201

The Honorable Miriam Delphin-Rittmon
Assistant Secretary for Mental Health and
Substance Use
Substance Abuse and Mental Health
Services Administration
5600 Fishers Lane
Rockville, MD 20857

Dear Secretary Becerra and Dr. Delphin-Rittmon:

Thank you for the ongoing work by the Substance Abuse and Mental Health Services Administration (SAMHSA) to launch the new short code for the 988 Suicide and Crisis Lifeline. According to data released in September 2022, the first month of the 988 transition saw a 45% increase in call volume and improvements to answer rates and wait times compared to August 2021. The work accomplished to improve answer rates and build out the network is impressive and will undoubtedly save lives. However, there is still work to be done to enhance and supplement 988 implementation, and the undersigned organizations respectfully ask that you prioritize addressing existing gaps and disparities within our crisis continuum of care in 2023.

Specifically, recent investment in the Lifeline can help mitigate the acute suicide risk experienced by populations and communities that have been marginalized and excluded. The suicide death rate among Black youth, for example, has increased faster than for any other racial/ethnic group, with Black youth under 13 years twice as likely to die by suicide. When comparing by sex, Black males aged 5 to 11 years are more likely to die by suicide compared to their white peers.¹ More broadly, self-reported suicide attempts by Black teenagers rose 73 percent between 1997 and 2017.² In addition, LGBTQ+ youth are four times as likely to attempt suicide than their peers,³ and The Trevor Project found in its 2022 National Survey on LGBTQ Youth Mental Health that more than half of transgender and nonbinary youth seriously considered suicide in the past year.⁴ The Centers for Disease Control and Prevention has also found that adults with disabilities are almost four times more likely to report suicidal ideation compared to persons without disabilities.

¹ Congressional Black Caucus, Ring the Alarm: The Crisis of Black Youth Suicide, 2019, *available at* https://watsoncoleman.house.gov/imo/media/doc/full_taskforce_report.pdf.

² Bridge et al., Age-Related Racial Disparity in Suicide Rates Among US Youths From 2001 Through 2015, 2018, *available at* <https://jamanetwork.com/journals/jamapediatrics/fullarticle/2680952>.

³ Johns et al., Transgender Identity and Experiences of Violence Victimization, Substance Use, Suicide Risk, and Sexual Risk Behaviors Among High School Students — 19 States and Large Urban School Districts, 2017, 2019, *available at* <https://www.cdc.gov/mmwr/volumes/68/wr/mm6803a3.htm>; Johns et al., Trends in Violence Victimization and Suicide Risk by Sexual Identity Among High School Students — Youth Risk Behavior Survey, United States, 2015–2019, 2020, *available at* <https://www.cdc.gov/mmwr/volumes/69/su/su6901a3.htm>.

⁴ The Trevor Project, National Survey on LGBTQ Mental Health, 2022, *available at* <https://www.thetrevorproject.org/survey-2022/>.

These troubling rates have occurred alongside documented barriers to accessing mental health and substance use care among communities of color. People of color for example, are disproportionately impacted by lack of access to mental health and substance use care and culturally and linguistically appropriate services. Racism and bias in the behavioral health system can also serve as a barrier to quality care through misdiagnosis or minimization of symptoms for patients of color, among other disparities.⁵ In fact, Black and Hispanic children are 14% less likely than their white counterparts to receive treatment for depression,⁶ and more than half of Hispanic young adults aged 18-25 with serious mental illness may not receive treatment. This level of inequitable access to care creates higher levels of risk in these communities for more severe and persistent forms of mental health conditions.⁷

Unprecedented support for the Lifeline and other crisis services provides an opportunity to address these disparities and improve mental health outcomes for communities that have been historically marginalized and under-resourced. We thank you for your ongoing work, and we respectfully urge you to consider the following key recommendations to further enhance equity through the Lifeline and other crisis services in 2023:

1. Provide national training for 988 crisis counselors, centers, and associated staff on diversity, equity, inclusion, and accessibility and strategies for providing culturally and linguistically appropriate services, referrals, and treatment.
2. Implement Spanish text and chat services in a way that represents bicultural communities and moves beyond simple translation.
3. Enhance federal resources for LGBTQ+ youth programs, supports, and services to combat individual and collective trauma and other mental health issues resulting from discrimination and stigma.
4. Intentionally train and deploy mental health and substance use prevention paraprofessionals from underrepresented communities, including peers with disabilities, to reduce stigma and proactively increase a diverse behavioral health workforce.
5. Develop and enhance mobile crisis care units across the country to increase access to alternate systems of care and response for communities that are marginalized. SAMHSA should also assist with integrating ongoing support, services, and referrals to culturally and linguistically appropriate treatment within these units.
6. Create a roadmap for implementing culturally and linguistically appropriate and trauma-informed services for communities that are marginalized and at high-risk for poor behavioral health outcomes, including messaging on available services via 988.

In this time of great need across the country, it is more important than ever that the federal government seize the opportunity to invest in lasting change for behavioral health services. **We recognize the incredible work that has been accomplished in standing up the new 988 Lifeline and acknowledge the need to continue deepening the reach and scale of these**

⁵ See, e.g., Gara et al., A Naturalistic Study of Racial Disparities in Diagnoses at an Outpatient Behavioral Health Clinic, 2019, available at <https://ps.psychiatryonline.org/doi/10.1176/appi.ps.201800223>.

⁶ Mental Health America, Addressing The Youth Mental Health Crisis: The Urgent Need For More Education, Services, and Supports, available at <https://mhanational.org/addressing-youth-mental-health-crisis-urgent-need-more-education-services-and-supports>.

⁷ SAMHSA, National Survey on Drug Use and Health: Hispanics, Latino or Spanish Origin or Descent, 2018, available at https://www.samhsa.gov/data/sites/default/files/reports/rpt23249/4_Hispanic_2020_01_14_508.pdf.

efforts and related initiatives. As we work collectively to support, publicize, and implement 988, we ask that you prioritize communities that are marginalized and experience disproportionate impact to improve their mental health outcomes and address behavioral health inequities.

We welcome the opportunity to serve as a resource for you on the issues above, and we thank you for your ongoing efforts and attention to this crucial matter.

Sincerely,

2020 Mom

American Academy of Social Work and Social Welfare (AASWSW)
American Association for Psychoanalysis in Clinical Social Work
American Association on Health and Disability
American College of Clinical Pharmacy
American Mental Health Counselors Association
American Psychiatric Association
American Psychiatric Nurses Association
American Psychological Association (APA)
Anxiety and Depression Association of America
Association of Maternal & Child Health Programs
Association of State and Territorial Health Officials
Behavioral Health Association of Providers
Children and Adults with Attention-Deficit/Hyperactivity Disorder
Crisis Text Line
Depression and Bipolar Support Alliance
FASD United (formerly NOFAS)
Inseparable
International Certification & Reciprocity Consortium (IC&RC)
International OCD Foundation
The Jed Foundation (JED)
The Kennedy Forum
Lakeshore Foundation
Maternal Mental Health Leadership Alliance
Mental Health America
MindWise Innovations
NAADAC, the Association for Addiction Professionals
National Alliance on Mental Illness (NAMI)
National Association for Children's Behavioral Health
National Association of School Psychologists
National Association of Social Workers
National Network of Depression Centers
Nemours Children's Health
Prevention Institute
Public Health Institute
RI International

Safe States Alliance
Sandy Hook Promise
The Trevor Project
Trust for America's Health