Public Attitudes, Inequities, and Polarization in the Launch of the 988 Lifeline

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Abstract

Context: To address the considerable burden of mental health need in the United States, Congress passed the National Suicide Hotline Designation Act in 2020. The act rebranded the national suicide prevention lifeline as 988, a three-digit number akin to 911 for individuals to call in the case of a mental health emergency. Surprisingly little is known about American attitudes toward this new lifeline.

Methods: The authors use a demographically representative survey of 5,482 US adults conducted June 24–28, 2022, to examine the influence of mental health status, partisan identification, and demographic characteristics on public awareness of the new 988 lifeline, public support for the lifeline, and intention to use it.

Findings: The authors find that while only a quarter of Americans are aware of the lifeline, support for the 988 lifeline is widespread, with more than 75% of Americans indicating they would be likely to use the new number if needed. The authors identify key disparities in awareness, support, and intended use, with Republicans, individuals with low socioeconomic status, and Blacks less supportive of the 988 lifeline and in some cases less likely to use it.

Conclusions: The results point to the need for additional interventions that increase public awareness of 988 and reduce disparities in program knowledge, support, and intention to use.

Keywords 988, mental health, disparities, polarization, lifeline

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As fallout from the COVID-19 pandemic continues to be analyzed, including its impact on health outcomes not directly tied to the virus itself (Gaur and Sarkar 2022; Hartwell et al. 2022; Rusu et al. 2021), mental health and mental disorders have emerged as leading concerns across all age groups (Coley et al. 2022; De France et al. 2022; Delgado et al. 2021; Reali et al. 2022). Notably, the Centers for Disease Control and Prevention (CDC) estimates that approximately half of all people in the United States will be diagnosed with a mental illness at some point in their lifetime (CDC 2021b). It is widely believed that the pandemic intensified social stressors that are known to increase the risk of mental illness and substance use (Jeffers et al. 2022; SAMHSA 2021). According to the CDC, drug overdose deaths as well as deaths by and thoughts of suicide hit record levels in 2021 (CDC 2021a; Jones et al. 2021; Czeisler et al. 2020). The National Suicide Prevention Lifeline (NSPL), which is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), received fewer than 50,000 calls in 2005, the year it was launched; but by 2018, it had received more than 2.2 million calls (NSPL 2019), and it received more than 2.6 million calls during 2020 alone, the first year of the COVID-19 pandemic (Cantor et al. 2022).

Originally, calls to the NSPL required dialing a 10-digit number: 1-800-273-8255 (TALK), which was not easy to remember in crisis situations (Hernandez 2022). Instead, most Americans have relied on the easier to remember 911 phone number as a resource for preventing suicide and dealing with other mental health crises (O'Connell et al. 2022; Krass et al. 2022). Correspondingly, it is widely recognized that the response to mental health crises in the United States has been far from ideal (Alegría et al. 2021; Waters 2021). This is because law enforcement personnel have historically been the first responders in these scenarios, and they are often not equipped to appropriately address various types of mental health crises (Waters 2021). More than two million people with serious mental illness were taken to jail in 2021, and in recent years, nearly a quarter of police-involved fatal shootings also involved individuals experiencing mental illness (Chatterjee 2022). Previous research has shown that 911 call rates for mental health crises vary among publicly insured individuals, minoritized individuals, and those with low levels of educational attainment (those with less than a bachelor's degree), with a positive relationship between suicide call rates among the publicly insured and a negative relationship between suicide call rates for minoritized individuals and those who had not attained a college degree or higher (O'Connell 2022). Moreover, it has been noted that the lack of mental health treatment

resources in one's community increases the risk for police contact, subsequent incarceration, longer sentences, and higher rates of recidivism (Alegría et al. 2021).

In light of the difficult-to-remember NSPL number, growing concerns about mental health and mental disorders, and less-than-ideal responses by first responders to individuals in mental health crises, in 2020 the US Congress designated a dialing code—988—to be operated through the existing NSPL (SAMHSA 2023a). This move has been hailed as an important first step in transforming the mental health crisis care system in the United States (SAMHSA 2023a), because it connects callers as needed with local mental health emergency services that are best equipped to handle individuals experiencing mental health crises (Cantor et al. 2022). Importantly, 988 expands on the NSPL to provide help not just for those with suicidal ideation but also for those experiencing substance abuse, mental health crises, or other kinds of emotional distress (SAMHSA 2023a; SAMHSA 2023b). 988 aims to connect individuals with trained mental health professionals to help de-escalate situations—a notable shift from the current system, in which individuals often just call 911 when experiencing a mental health crisis. However, law enforcement can still be involved in the 988 system if counselors believe it is necessary or if no viable alternatives exist in a community (Pattani 2022).

On July 16, 2022, the 988 dialing code became available nationwide for calls, texts, or chats (SAMHSA 2023a; SAMHSA 2023b). Unlike calls to 911, which often result in the dispatching of fire, police, and emergency medical services, calls to 988 will result in more direct access to mental health crisis resources and the NSPL network (SAMHSA 2023a; SAMHSA 2023b). Nevertheless, in a survey conducted by the National Alliance on Mental Illness in May 2022—two months before the rollout of the 988 dialing code—approximately 77% of US adults had never heard of the number (NAMI 2022). Additionally, amid concerns about possible spikes in crisis calls once the number was launched, federal and state officials alike expressed concerns about sustainable funding for sufficiently staffing local centers to answer calls, texts, and chats (Messerly and Owermohle 2022). These limited resources led officials to pursue a "quiet" launch for 988 without making any considerable effort at promotion, which potentially helps to explain low levels of program awareness (Messerly and Owermohle 2022). Thus, with limited public knowledge of the 988 rollout as well as concerns about staffing and funding for the initiative, very little is known about the public's attitudes toward the program and intended experiences with the new lifeline.

Therefore, the purpose of this study was to conduct a demographically representative examination of American adults' attitudes toward the 988 lifeline. Specifically, we set out to explore self-reported awareness of the new 988 number, support for the initiative, and plans to use it. To the authors' knowledge, this is the first study that examines attitudes toward the 988 lifeline on a national basis. In our study, we are broadly interested in determining whether there are demographic, social, or political disparities in three areas: (1) those who are aware of the lifeline, (2) those who support the lifeline's implementation, and (3) those who intend to use the 988 lifeline in the future. We explore the extent to which these outcomes vary by racial identity, ethnicity, political affiliation, rural residence, insurance status, and other standard sociodemographic factors. Overall, our study aims to identify subpopulations of the United States that may need to be targeted for increasing awareness of this new way of accessing mental health resources and for reiterating the goal of decriminalizing crisis responses that are tied to mental health needs. The findings of this study will be useful to mental health professionals, policy makers, public health professionals, and other stakeholders who are interested in moving the country toward less reliance on law enforcement when mental health crises arise and more reliance on mental health resources via the new 988 lifeline.

Methods

To better understand public attitudes toward the new 988 mental health lifeline, we developed an original online survey that was given to a demographically representative sample of 5,482 US adults. The survey was administered June 24–28, 2022, programmed in Qualtrics, and disseminated via the Lucid Theorem survey platform. Lucid relies on a quota sampling process to produce samples that are representative of the US population based on gender, age, race, ethnicity, education, and income. To account for any deviations between our sample and US adult population benchmarks from the US Census Bureau, we constructed post-stratification survey weights based on respondents' gender, age, race, ethnicity, education, and income.

Table A1 in the appendix compares both raw and weighted sample data to national demographic benchmarks from the Current Population Survey. The table demonstrates the representativeness of our sample, with our sample's weighted demographic characteristics closely mirroring well-established population benchmarks. Critically, earlier research across the health and social sciences demonstrates that survey data from Lucid closely

matches demographic benchmarks from nationally representative studies and produces high-quality estimates of public opinion and health attitudes that have been replicated across nationally representative surveys (Callaghan et al. 2023; Coppock and McClellan 2019; Peyton, Huber, and Coppock 2021; Kreps et al. 2021; Motta 2021).

Outcome Measures

For our analysis of public attitudes and experiences with the 988 lifeline, all survey respondents were asked three questions that serve as the outcome measures in our study. First, to capture self-reported awareness of the program's establishment, all participants were asked whether they had heard about the nationwide launch of the 988 number, with response options for "yes" and "no." Second, to capture public attitudes toward 988, all participants were asked whether they supported or opposed the "creation of the three-digit 988 phone number for Americans to use for suicide prevention and mental health crises," with five response options ranging from "strongly support" to "strongly oppose." Finally, to capture 988 use intentions, all respondents were asked how likely they would be to use the 988 number if they or someone they knew needed suicide prevention or mental health crisis services, with four response options ranging from "very likely" to "very unlikely."

Since intended use is inherently contingent on understanding what the 988 lifeline is, before answering any 988 questions all participants were presented with short explanatory text providing background on the program. This background text, which can be found in appendix A, noted that the 988 number would be used for suicide prevention and mental health crisis counseling, similar in design to how 911 is used for medical emergencies. This preamble text helped ensure that our outcome measures captured opinions based on standardized background knowledge of the 988 program.

Explanatory Measures

We unpack the correlates of public attitudes toward the 988 lifeline as well as intentions to use it by including a series of measures in our analyses that could help to explain individual attitudes and behaviors toward the program. First, our analysis included several measures to capture participant mental health status. These include an interval measure of respondents' report of how many days out of the past 30 they had experienced poor

mental health, specifically relating to stress, depression, and problems with emotions. Next, we included two items that capture self-reported clinically diagnosed depression and anxiety. Specifically, respondents were asked if a doctor, nurse, or other health professional had ever told them they had been separately diagnosed with either depression or anxiety, with response options for "yes," "no," and "not sure." A "yes" response was coded as a 1, and "no" and "not sure" answers were coded as 0. As the number of *recent* days of poor mental health is substantively different from *ever* being clinically diagnosed with depression or anxiety, we look at each set of measures in separate multivariate regression models (described in detail below).

Beyond mental health status, we also included a measure to capture partisan identification using a standard 7-point scale ranging from "strong Republican" to "strong Democrat." Partisan identification is important to include in our analysis because of the growing politicization of public health attitudes, differences in attitudes toward mental health between Republicans and Democrats, and Republican preferences for small government, all of which might engender politicized support for or opposition to a costly new federal health initiative such as 988 (Barry and McGinty 2014; Gadarian, Goodman, and Pepinsky 2022; Munsch, Barnes, and Kline 2020; Sharfstein et al. 2021).

Our analysis also included several measures of sociodemographic characteristics thought to influence health-seeking behavior, which could in turn influence support of and willingness to use the 988 lifeline. Specifically, our analysis included dichotomous measures indicating whether each respondent had health insurance, had a primary care provider, or lived in a rural area. Insurance status is important to include in our modeling approach because uninsured individuals could be concerned about the cost of any incurred medical expenses after calling 988 and therefore could be less supportive of the lifeline. Similarly, individuals who have a personal doctor or primary health care provider may be more likely to seek out care, and they may be more supportive of and likely to use 988. Finally, rural residence is important to include because rural Americans have a relatively higher need for mental health services (Callaghan et al. 2023) but face limited access because of distance from specialty care (Akinlotan et al. 2021; Morales et al. 2020; Summers-Gabr 2020). This could shape their willingness to support and use the lifeline.

In addition to these measures, our analysis also included several demographic measures that could alternatively explain individuals' 988 attitudes and intended usage behaviors. These include measures to account for

respondents' gender identity (a dichotomous code denoting whether or not the respondent identified as female), age (continuous), education (a standard 7-point degree attainment scale), and income (on a 12-point ordered scale ranging from less than $5,000 per year to more than $250,000 per year). We also included indicators for Black and Hispanic racial/ethnic identity, a measure of religiosity using a 5-point scale from very inactive to very active involvement in religion, and a dichotomous measure to capture whether the respondent was unemployed. In our analysis, models predicting self-reported awareness of 988 relied on logistic regression given the dichotomous nature of the dependent variable. For program support and intended use of the lifeline, we relied on ordered logistic regression because of the ordered nature of the dependent variables. All analyses were performed using Stata version 17. Wording for all dependent variable questions is available in appendix A.

Here, we note that our original research design also included a question wording experiment. All participants read the 988 program introductory text. Half were then randomly presented with information suggesting that some proponents of the 988 lifeline believe that it could reduce the likelihood that individuals experiencing mental health crises would interact with law enforcement. The other half of study participants (the control condition) did not receive any additional text. In this companion experimental study, we found no significant effect of informing the public of the potential law enforcement implications of the lifeline. Erring on the side of statistical conservatism, we remove the possibility of experimental contamination effects on the observational analyses that we provide in this piece by subsetting our data to include *just* the study's control condition. Correspondingly, the valid sample size for this study is $N = 2{,}757$. Appendix B provides alternative models including the whole sample and controlling for experimental condition assignment, which replicate the pattern of effects presented in this article and thereby demonstrate the robustness of our findings.

Results

We began our analysis of public attitudes toward the new 988 lifeline by examining self-reported awareness of the new program. When asked whether they had heard about the nationwide 988 number after the program was described to them, just 25% of survey respondents answered affirmatively. In other words, just three weeks before the launch of the lifeline, roughly three quarters of Americans were unaware that the lifeline would

soon be operational. In multivariate analysis in model 1 of table 1, we found that highly educated individuals were 17% more likely to know of the program's existence, wealthy individuals were 7% more likely to be aware of the program, religious individuals were 46% more likely to be aware of the program, and individuals with a primary care provider were 1.99 times more likely to be informed compared to those without a primary care provider. Simultaneously, Republicans were 13% less likely to be informed, older Americans were 3% less likely to be informed, and female-identifying respondents were 55% less likely to know about the launch of the 988 lifeline than all other respondents. We found no effects for race/ethnicity, employment status, rural residence, or the presence of mental health issues. Importantly, these effects held across model 1 (which included clinically diagnosed mental health issues) and model 2 (which included self-reported recent poor mental health days).

While understanding Americans' self-reported awareness of the 988 lifeline is valuable, it is also important to assess the prevalence and correlates of public support of the program (findings presented in table 2). Studying public support for 988 is valuable because positive attitudes toward the program may encourage individuals to be more supportive of policies that expand 988's funding, efficacy, and scope over time. In addition, identifying partisan or other sociodemographic asymmetries in program support may help policy makers better anticipate and overcome sources of opposition to the program.

Our analysis documents broad public support for the 988 program. In descriptive analyses not presented in table 2, we find that 55% of Americans strongly supported the new 988 number, with an additional 19% of the public somewhat supportive of the lifeline. Only 7% of the public somewhat or strongly opposed the new lifeline at the time of our analysis.

When examining the correlates of support for the 988 number in model 3 of table 2, we found that women were 28% more likely to support the program than people who did not identify as female; a 1-unit increase in income was associated with an 11% increase in program support; individuals with primary care providers were 47% more likely to support the program compared to people without primary care providers; and older Americans were slightly more likely to support 988. Alternatively, Republicans were 6% less supportive of the new program, and Black Americans were 33% less supportive than non-Black Americans. These findings are largely consistent across mental health specifications in table 2. Notably, while mental health status was not associated with program awareness in table 1, it is correlated with program attitudes. Individuals with more poor

Table 1 Awareness of the Launch of the 988 Lifeline

Variables	Model 1 Clinically diagnosed	Model 2 Self-reported
Republican	0.87***	0.86***
	(0.028)	(0.027)
Age	0.97***	0.97***
	(0.004)	(0.004)
Black	0.71	0.76
	(0.154)	(0.159)
Hispanic	1.14	1.18
	(0.190)	(0.200)
Religiosity	1.46***	1.44***
	(0.075)	(0.075)
Uninsured	1.10	1.11
	(0.364)	(0.370)
Female	0.45***	0.46***
	(0.062)	(0.064)
Education	1.17***	1.19***
	(0.056)	(0.059)
Income	1.07**	1.08**
	(0.033)	(0.035)
Unemployed	1.02	1.16
	(0.262)	(0.301)
Has primary care provider	1.99***	2.17***
	(0.418)	(0.457)
Rural	0.94	1.00
	(0.202)	(0.216)
Clinically diagnosed depression	1.30	
	(0.237)	
Clinically diagnosed anxiety	1.11	
	(0.206)	
# days poor mental health		0.99
		(0.008)
Constant	0.12***	0.14***
	(0.048)	(0.059)
Observations	2,407	2,361
Pseudo R-squared	0.17	0.18

Notes: Standard errors in parentheses. Results based on binary logit models using odds ratios. The dependent variable is based on a question asking respondents if they have "heard about the nationwide launch of the 988 number."

*** $p < 0.01$, ** $p < 0.05$, * $p < 0.10$.

Table 2 Public Support for the 988 Program

Variables	Model 3 Clinically diagnosed	Model 4 Self-reported
Republican	0.94***	0.94***
	(0.022)	(0.022)
Age	1.01***	1.01***
	(0.003)	(0.003)
Black	0.67**	0.71*
	(0.122)	(0.132)
Hispanic	0.87	0.90
	(0.124)	(0.132)
Religiosity	0.98	1.00
	(0.038)	(0.040)
Uninsured	1.64**	1.70**
	(0.347)	(0.389)
Female	1.28**	1.26**
	(0.138)	(0.136)
Education	1.03	1.03
	(0.042)	(0.042)
Income	1.11***	1.11***
	(0.031)	(0.030)
Unemployed	0.84	0.81
	(0.159)	(0.156)
Has primary care provider	1.47***	1.58***
	(0.199)	(0.218)
Rural	0.83	0.79*
	(0.118)	(0.112)
Clinically diagnosed depression	1.27	
	(0.188)	
Clinically diagnosed anxiety	1.28*	
	(0.191)	
# Days poor mental health		1.02***
		(0.007)
Observations	2,409	2,363
Pseudo R-squared	0.03	0.03

Notes: Standard errors in parentheses. Results based on ordered logit models using odds ratios. The dependent variable is based on a question asking respondents if they "support or oppose the creation of the three-digit 988 phone number for Americans to use for suicide prevention and mental health crises."

*** $p < 0.01$, ** $p < 0.05$, * $p < 0.10$.

mental health days over the past month were more likely to support the program in model 4. Similarly, individuals with anxiety (but not depression) were more supportive of the 988 lifeline, although we note that these results only approached conventional levels of two-tailed significance ($p = 0.94$).

Finally, it is important to assess intention to use the 988 number, given that estimates of its future use vary widely. Reports suggest somewhere between six and 12 million individuals could use the lifeline in its first year of operation, with somewhere between 13 and 41 million using it by its fifth year of operation (Johnson 2022). Our results suggest that participation could be even more robust than estimated in previous research, especially if additional efforts are made to inform the public about the program.

In descriptive analyses, we find that 47% of the public was very likely to use the 988 number if they or someone they knew were in need of suicide prevention or mental health crisis services, with an additional 30% somewhat likely to use 988 in those circumstances. Twenty-three percent of the public reported that they would be unlikely to use the number: 10% fell into the very unlikely category, and 13% in the somewhat unlikely category.

Table 3 presents the correlates of intended future use of the 988 lifeline. We found in model 5 that older Americans, religious individuals, wealthy individuals, and individuals with primary care providers were all more likely to intend to use the 988 number. Simultaneously, Republicans were 7% less likely to intend to use the number—the only correlate we identified with a negative odds ratio. We found no significant effects in models 5 or 6 for race, ethnicity, insurance status, gender, education, employment status, or rural residence. Importantly, mental health status was strongly associated with intended 988 use across models. In model 5, individuals with clinically diagnosed depression were 34% more likely to use the 988 number, and in model 6, individuals with more poor mental health days were slightly more likely to intend to use the lifeline.

Discussion

The launch of the 988 lifeline represents an important step forward in efforts to address the mental health needs of people living in the United States. With almost 40 million individuals who have been diagnosed with a mental illness, and suicide rates that have risen considerably over the past decade (Cantor et al. 2022), the lifeline arrives at a time of considerable need. While research and news stories to this point have investigated the program's launch, early challenges, and initial use, far less is known about public attitudes toward this new mental health effort. Our analysis offers

Table 3 Intent to Use the 988 Program

Variables	Model 5 Clinically diagnosed	Model 6 Self-reported
Republican	0.93***	0.92***
	(0.022)	(0.022)
Age	1.01***	1.01***
	(0.003)	(0.003)
Black	1.02	1.06
	(0.159)	(0.168)
Hispanic	0.94	0.96
	(0.124)	(0.130)
Religiosity	1.14***	1.14***
	(0.043)	(0.043)
Uninsured	0.93	0.95
	(0.179)	(0.194)
Female	0.96	0.97
	(0.100)	(0.101)
Education	1.03	1.02
	(0.039)	(0.039)
Income	1.09***	1.09***
	(0.025)	(0.026)
Unemployed	0.94	0.91
	(0.147)	(0.147)
Has primary care provider	1.36**	1.44***
	(0.178)	(0.190)
Rural	0.83	0.83
	(0.114)	(0.115)
Clinically diagnosed depression	1.34**	
	(0.174)	
Clinically diagnosed anxiety	1.15	
	(0.153)	
# days poor mental health		1.01**
		(0.006)
Observations	2,409	2,363
Pseudo R-squared	0.03	0.03

Notes: Standard errors in parentheses. Results based on ordered logit models using odds ratios. The dependent variable is based on a question asking respondents how likely they would be "to use the 988 number if you or someone you knew was in need of suicide prevention or mental health crisis services."

*** $p < 0.01$, ** $p < 0.05$, * $p < 0.10$.

new insights into public opinion about the program and provides several important conclusions about the 988 lifeline that could shape health communication efforts and interventions moving forward.

Based on survey results from just three weeks before 988's launch on July 16, 2022, we found troubling evidence that roughly three in four Americans were not aware of its launch. While there is reason to believe that public awareness could have improved somewhat in the months after the program's launch—a conclusion supported by initial increases in call volume as compared to volumes under the former suicide prevention lifeline—it still appears that significant shares of the US public are unaware of the new lifeline (Chatterjee 2022). This lack of awareness may be attributable to what has been characterized as a "quiet" launch for the 988 program (Messerly and Owermohle 2022) as a result of limited resources for promotion and concerns about a flood of new calls without sufficient capacity to handle them, and it could be reducing access to needed resources by those with mental health challenges.

Equally problematic is that there appear to be clear equity concerns regarding who is aware of the program. Vulnerable populations who are poorer, less educated, and without a regular source of primary care are the least likely to be aware of the 988 lifeline and therefore are less likely to benefit from the mental health resources it can provide. This could exacerbate existing disparities in mental health treatment and outcomes if it is allowed to persist.

Despite this lack of self-reported awareness, once individuals are informed about the new program, the lifeline enjoys widespread support, with only 7% of survey respondents opposed to 988. This suggests that if improvements are made to inform the public about the lifeline, it should see broad popular support among the American public. The populations most opposed to the lifeline, relatively speaking, tend to be Black people and Republicans. The support versus opposition dependent variable is the only outcome for which we see differences in attitudes based on race. We believe that Black Americans may be less supportive of the 988 lifeline for several potential reasons. First, even as our experiment found no effects for mentioning that 988 might reduce interactions with law enforcement, it remains possible that fear and mistrust of law enforcement among Black Americans could push them to be opposed to the lifeline. Particularly in the context of the low levels of awareness identified in our study, it is possible that some Black participants could have reasoned that calling the three-digit government number could lead to intervention by law enforcement. Alternatively, cultural differences in attitudes toward

seeking treatment for mental illness in the Black community and concern about reaching out to authorities and a medical establishment that has mistreated the Black community both historically and to this day could explain this pattern of results (Alsan et al. 2020; Misra et al. 2021; Rosenthal, Motta, and Farhart n.d.; Taylor and Richards 2019).

Furthermore, the partisan asymmetries we document are consistent across the different 988 questions. Republicans are less likely to be aware of the lifeline, less supportive of its launch, and less likely to intend to use the lifeline in the future. These findings could reflect the growing politicization of and opposition to evidence-based health policies on the political right (Motta, Callaghan, and Lunz Trujillo 2023) as well as stigmatized attitudes toward mental health among Republicans. Alternatively, these findings might reflect conservative concerns about the role and scope of government (DeLuca and Yanos 2016; Munsch, Barnes, and Kline 2020). Better understanding Republican hesitancy and opposition with regard to 988 is an important direction for future research. At a minimum, our findings make clear that even in low-visibility policy areas that on the surface would seemingly be apolitical—for example, providing support for those in mental health crises—political polarization can still thrive.

Our analysis also provides important new information about intended future use of the 988 program. It appears that intent to use will be highest among the wealthy, Democrats, older Americans, religious individuals, individuals with primary care providers, and individuals with mental illness or poor mental health. Our findings for mental illness status lend a degree of face validity to our data and suggest that, perhaps unsurprisingly, intent to use the lifeline will be higher among those with more acute need. The results for income and having a primary care provider suggest that those who are better equipped to afford and navigate the health care system are more likely to use 988 as a resource. Finally, while we did not have strong *a priori* expectations regarding the effects of religiosity on 988 use, one interpretation of our results could associate strong religious values with a greater likelihood of supporting those in need of help and community.

Combined, these findings point to the need for educational interventions and several directions for future research. Most importantly, more work needs to be done to educate the public about the 988 lifeline. Significant shares of the US public are unaware of the new program, and without funding for and consistent use of 988-focused communications on traditional and social media channels, the 988 lifeline may be underutilized. While the omnibus spending bill passed by Congress at the end of 2022

provides additional funding for the 988 program, ensuring that those funds are earmarked for educational outreach will prove critical to the lifeline's success (Roubein 2022).

Moreover, increased awareness of the 988 program does not necessarily ameliorate disparities, like those documented throughout this article, in attentiveness to the program's availability. Consequently, we further argue that outreach efforts ought to be targeted at certain communities, including Republicans, individuals with low socioeconomic status, and Black Americans. Interventions focused on these communities are particularly necessary to prevent the 988 launch from creating new inequities, and exacerbating existing ones, in access to mental health care services. Accordingly, investigating appropriate communication strategies for each community is an important step for future research. Future research would also benefit from examining any differences in 988 utilization across states based on state policies and resource allocations for 988.

Despite the importance of this research to our understanding of public attitudes toward 988, this work has several limitations worth noting. First, we acknowledge the cross-sectional nature of our survey data as a limitation. We are only able to capture public attitudes toward 988 at a single moment in time, and we are unable to assess the extent to which lifeline awareness, support, and intended use have evolved since its launch. Longitudinal research or repeated cross-sectional work would be a valuable extension of the research presented here. In addition, our measures of intended future use may not reflect actual use in the future, especially if there are improved outreach efforts about the lifeline. Our study also focuses only on adult populations. Recognizing that teens and young adults may also make use of 988 services, we encourage efforts to replicate our work in samples of individuals younger than the age of 18. Finally, while we include personal mental health status as an explanatory measure, our survey did not include measures to assess mental health issues in friends and families, a key correlate that could explain individual attitudes and behaviors.

In addition, it is important to acknowledge that while Lucid is broadly representative, especially when using poststratification weighting, the platform may oversample those who are more politically engaged (Coppock and McClellan 2019). While this could be problematic in some contexts, it is potentially a strength of our approach. If political awareness is indeed overrepresented and we are nonetheless documenting low levels of awareness of 988, then our estimates of awareness could represent an *overestimate or upper bound* of public knowledge, suggesting the problem

might be even worse than our study implies. It is also important to recognize that our study relies on self-reported awareness instead of actual awareness or use. To the extent that certain groups are more likely to falsely report awareness (i.e., males being more likely than females to falsely report awareness), then our results could be biased.

Even with these limitations, our research represents a valuable step forward in our understanding of public attitudes toward the 988 lifeline. The vast majority of the public is unaware of the 988 launch, but once informed, most Americans support the program. However, there are key differences in 988 lifeline awareness and support that, if left unaddressed, could result in inequities and polarization in mental health access and outcomes.

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References

Akinlotan, Marvellous, Kristin Primm, Nima Khodakarami, Jane Bolin, and Alva Ferdinand. 2021. "Rural-Urban Variations in Travel Burdens for Care: Findings from the 2017 National Household Travel Survey." Southwest Rural Health Research Center, July. https://srhrc.tamu.edu/publications/travel-burdens-07.2021.pdf.

Alegría, Margarita, Richard G. Frank, Helena B. Hansen, Joshua M. Sharfstein, Ruth S. Shim, and Matt Tierney. 2021. "Transforming Mental Health and Addiction Services." *Health Affairs* 40, no. 2: 226–34. https://doi.org/10.1377/hlthaff.2020.01472.

Alsan, Marcella, Marianne Wanamaker, and Rachel R. Hardeman. 2020. "The Tuskegee Study of Untreated Syphilis: A Case Study in Peripheral Trauma with Implications for Health Professionals." *Journal of General Internal Medicine* 35, no. 1: 322–25. https://doi.org/10.1007/s11606-019-05309-8.

Barry, Colleen L., and Emma E. McGinty. 2014. "Stigma and Public Support for Insurance Parity and Government Spending on Mental Health: Findings from a 2013 National Opinion Survey." *Psychiatric Services* 65, no. 10: 1265–68. https://doi.org/10.1176/appi.ps.201300550.

Callaghan, Timothy, Morgan Kassabian, Natasha Johnson, Aakriti Shrestha, Janet Helduser, Scott Horel, Jane N. Bolin, and Alva O. Ferdinand. 2023. "Rural Healthy People 2030: New Decade, New Challenges." *Preventive Medicine Reports* 33: article ID 102176. https://doi.org/10.1016/j.pmedr.2023.102176.

Cantor, Jonathan H., Stephanie Brooks Holliday, Ryan K. McBain, Samantha Matthews, Armenda Bialas, Nicole K. Eberhart, and Joshua Breslau. 2022. "Preparedness for 988 throughout the United States: The New Mental Health Emergency Hotline." RAND Corporation, Working Papers, June. https://www.rand.org/pubs/working_papers/WRA1955-1-v2.html.

CDC (Centers for Disease Control and Prevention). 2021a. "Drug Overdose Deaths in the US Top 100,000 Annually." November 17. https://www.cdc.gov/nchs/pressroom/nchs_press_releases/2021/20211117.htm.

CDC (Centers for Disease Control and Prevention). 2021b. "About Mental Health." https://www.cdc.gov/mentalhealth/learn/index.htm (accessed December 27, 2023).

Chatterjee, Rhitu. 2022. "The New 988 Mental Health Hotline Is Live. Here's What to Know." NPR, July 16. https://www.npr.org/sections/health-shots/2022/07/15/1111316589/988-suicide-hotline-number.

Coley, Rebekah Levine, Naoka Carey, Christopher F. Baum, and Summer Sherburne Hawkins. 2022. "COVID-19-Related Stressors and Mental Health Disorders among US Adults." *Public Health Reports* 137, no. 6: 1217–26. https://doi.org/10.1177/00333549221120451.

Coppock, Alexander, and Oliver A. McClellan. 2019. "Validating the Demographic, Political, Psychological, and Experimental Results Obtained from a New Source of Online Survey Respondents." *Research and Politics*, January 28. https://doi.org/10.1177/2053168018822174.

Czeisler, Mark É., Rashon I. Lane, Emiko Petrosky, Joshua F. Wiley, Aleta Christensen, Rashid Njai, Matthew D. Weaver, et al. 2020. "Mental Health, Substance Use, and Suicidal Ideation during the COVID-19 Pandemic—United States, June 24–30, 2020." *MMWR Morbidity and Mortality Weekly Report* 69, no. 32: 1049–57. http://dx.doi.org/10.15585/mmwr.mm6932a1.

De France, Kalee, Gregory R. Hancock, Dale M. Stack, Lisa A. Serbin, and Tom Hollenstein. 2022. "The Mental Health Implications of COVID-19 for Adolescents: Follow-up of a Four-Wave Longitudinal Study during the Pandemic." *American Pscyhologist* 77, no. 1: 85–99. https://doi.org/10.1037/amp0000838.

Delgado, Cássia Evangelista, Eveline Aparecida Silva, Edna Aparecida Barbosa de Castro, Fabio da Costa Carbogim, Vilanice Alves de Araújo Püschel, and Ricardo Bezerra Cavalcante. 2021. "COVID-19 Infodemic and Adult and Elderly Mental Health: A Scoping Review." *Revista da Escola de Enfermagem da USP*, December 1. https://doi.org/10.1590/1980-220X-REEUSP-2021-0170.

DeLuca, Joseph S., and Philip T. Yanos. 2016. "Managing the Terror of a Dangerous World: Political Attitudes as Predictors of Mental Health Stigma." *International Journal of Social Psychiatry* 62, no. 1: 21–30. https://doi.org/10.1177/0020764015589131.

Gadarian, Shana Kushner, Sara Wallace Goodman, and Thomas B. Pepinsky. 2022. *Pandemic Politics: The Deadly Toll of Partisanship in the Age of COVID*. Princeton, NJ: Princeton University Press.

Gaur, Aman, and Prathama Sarkar. 2022. "Eye: The Hard-Hit Victim of COVID-19 Pandemic." *Journal of Ophthalmic and Vision Research* 17, no. 2: 290–95. https://doi.org/10.18502/jovr.v17i2.10805.

Hartwell, Micah, Vanessa Lin, Ashton Gatewood, Nicholas B. Sajjadi, Morgan Garrett, Arjun K. Reddy, Benjamin Greiner, and Jameca Price. 2022. "Health Disparities, COVID-19, and Maternal and Childbirth Outcomes: A Meta-Epidemiological Study of Equity Reporting in Systematic Reviews." *Journal of Maternal, Fetal, and Neonatal Medicine* 35, no. 25: 9622–30. https://doi.org/10.1080/14767058.2022.2049750.

Hernandez, Rolando. 2022. "A New, Easier to Remember Hotline for People Experiencing Mental Health Struggles Launches." Oregon Public Broadcasting, August 4.

https://www.opb.org/article/2022/08/04/a-new-easier-to-remember-hotline-for-people-experiencing-mental-health-struggles-launches/.

Jeffers, Alexiss, Ashley A. Meehan, Jordan Barker, Alice Asher, Martha P. Montgomery, Greg Bautista, Colleen M. Ray, et al. 2022. "Impact of Social Isolation during the COVID-19 Pandemic on Mental Health, Substance Use, and Homelessness: Qualitative Interviews with Behavioral Health Providers." *International Journal of Environmental Research and Public Health* 19, no. 19: article ID 12120. https://doi.org/10.3390/ijerph191912120.

Johnson, Steven. 2022. "Ready or Not, 988 Mental Health Helpline Set to Launch." *US News and World Report*, July 14. https://www.usnews.com/news/health-news/articles/2022-07-14/988-ready-or-not-new-mental-health-helpline-set-to-launch.

Jones, Sherry Everett, Kathleen A. Ethier, Marci Hertz, Sarah DeGue, Vi Donna Le, Jemekia Thornton, Connie Lim, et al. 2021. "Mental Health, Suicidality, and Connectedness among High School Students during the COVID-19 Pandemic—Adolescent Behaviors and Experiences Survey, United States, January–June 2021." *MMWR Morbidity and Mortality Weekly Report* 71, no. 3: 16–21. http://dx.doi.org/10.15585/mmwr.su7103a3.

Krass, Polina, Evan Dalton, Molly Candon, and Stephanie Doupnik. 2022. "Implementing the 988 Hotline: A Critical Window to Decriminalize Mental Health." *Health Affairs*, February 25. https://www.healthaffairs.org/do/10.1377/forefront.20220223.476040/.

Kreps, Sarah, Nabarun Dasgupta, John S. Brownstein, Yulin Hswen, and Douglas L. Kriner. 2021. "Public Attitudes toward COVID-19 Vaccination: The Role of Vaccine Attributes, Incentives, and Misinformation." *NPJ Vaccines* 6, no. 1: article no. 73.

Messerly, Megan, and Sarah Owermohle. 2022. "988 Set for Quiet Launch in Light of State, Federal Concerns about Crisis Call Spike." *Politico*, July 12. https://www.politico.com/news/2022/07/12/988-mental-health-line-launch-00045194.

Misra, Supriya, Valerie W. Jackson, Jeanette Chong, Karen Choe, Charisse Tay, Jazmine Wong, and Lawrence H. Yang. 2021. "Systematic Review of Cultural Aspects of Stigma and Mental Illness among Racial and Ethnic Minority Groups in the United States: Implications for Interventions." *American Journal of Community Psychology* 68, nos. 3–4: 486–512. https://doi.org/10.1002/ajcp.12516.

Morales, Dawn A., Crystal L. Barksdale, and Andrea C. Beckel-Mitchener. 2020. "A Call to Action to Address Rural Mental Health Disparities." *Journal of Clinical and Translational Science* 4, no. 5: 463–67. https://doi.org/10.1017/cts.2020.42.

Motta, Matthew. 2021. "Republicans, Not Democrats, Are More Likely to Endorse Anti-Vaccine Misinformation." *American Politics Research* 49, no. 5: 428–38.

Motta, Matthew, Timothy Callaghan, and Kristin Lunz Trujillo. 2023. "'The CDC Won't Let Me Be': The Opinion Dynamics of Support for CDC Regulatory Authority." *Journal of Health Politics, Policy and Law* 48, no. 6: 829–57. https://doi.org/10.1215/03616878-10852592.

Munsch, Christin L., Liberty Barnes, and Zachary Dillon Kline. 2020. "Who's to Blame? Partisanship, Responsibility, and Support for Mental Health Treatment." *Socius*, May 27. https://doi.org/10.1177/2378023120921652.

NAMI (National Alliance on Mental Illness). 2022. "NAMI Poll Finds Public Unaware of 988 before July Launch but Supportive of Policies to Improve Crisis Response." June 16. https://nami.org/Press-Media/Press-Releases/2022/NAMI-Poll-Finds-Public-Unaware-of-988-Before-July-Launch-but-Supportive-of-Policies-to-Improve-Crisi.

NSPL (National Suicide Prevention Lifeline). 2019. "The National Suicide Prevention Lifeline: The Nation's Mental Health Public Safety Net." https://988lifeline.org/wp-content/uploads/2019/04/NSPL-Overview-2019.pdf (accessed December 27, 2023).

O'Connell, Katherine L., Samantha V. Jacobson, Andrew T. Ton, and Keyne C. Law. 2022. "Association between Race and Socioeconomic Factors and Suicide-Related 911 Call Rate." *Social Science and Medicine* 306: article ID 115106. https://doi.org/10.1016/j.socscimed.2022.115106.

Pattani, Aneri. 2022. "Social Media Posts Warn People Not to Call 988. Here's What You Need to Know." NPR, August 25. https://www.npr.org/sections/health-shots/2022/08/11/1116769071/social-media-posts-warn-people-not-to-call-988-heres-what-you-need-to-know.

Peyton, Kyle, Gregory A. Huber, and Alexander Coppock. "The Generalizability of Online Experiments Conducted during the COVID-19 Pandemic." *Journal of Experimental Political Science* 9, no. 3: 379–94.

Reali, Laura, Ruud Gerard Nijman, Adamos A. Hadjipanayis, Stefano Del Torso, Patrizia Calamita, Innocenza Rafele, Manuel Katz, et al. 2022. "Repercussions of the COVID-19 Pandemic on Child and Adolescent Mental Health: A Matter of Concern—A Joint Statement from EAP and ECPCP." *Frontiers in Pediatrics*, November 28. https://doi.org/10.3389/fped.2022.1006596.

Rosenthal, Aaron, Matthew Motta, and Christina Farhart. n.d. "Beyond Tuskegee to Middlesboro: How Perspectives of Policing Shape Vaccine Attitudes for Black Americans." https://osf.io/wjq4a/download (accessed December 27, 2023).

Roubein, Rachel. 2022. "The Under-the-Radar Health Provisions in the Massive Government Funding Bill." *Washington Post*, December 21. https://www.washingtonpost.com/politics/2022/12/21/under-the-radar-health-provisions-massive-government-funding-bill/.

Rusu, Laura-Cristina, Lavinia Cosmina Ardelean, Codruta Victoria Tigmeanu, Anamaria Matichescu, Iulia Sauciur, and Emanuel Adrian Bratu. 2021. "COVID-19 and Its Repercussions on Oral Health: A Review." *Medicina* 57, no. 11: article ID 1189. https://doi.org/10.3390/medicina57111189.

SAMHSA (Substance Abuse and Mental Health Services Administration). 2021. "A Preliminary Look at the Mental Health and Substance Use-Related Effects of the COVID-19 Pandemic." May. https://www.samhsa.gov/sites/default/files/dtac/mental-health-substance-use-effects-covid-pandemic-srb.pdf.

SAMHSA (Substance Abuse and Mental Health Services Administration). 2023a. "988 Suicide and Crisis Lifeline." April 24. https://www.samhsa.gov/find-help/988.

SAMHSA (Substance Abuse and Mental Health Services Administration). 2023b. "988 Frequently Asked Questions." June 15. https://www.samhsa.gov/find-help/988/faqs.

Sharfstein, Joshua M., Timothy Callaghan, Richard M. Carpiano, Sema K. Sgaier, Noel T. Brewer, Alison P. Galvani, Rekha Lakshmanan, et al. 2021. "Uncoupling Vaccination from Politics: A Call to Action." *Lancet* 398, no. 10307: 1211–12. https://doi.org/10.1016/S0140-6736(21)02099-7.

Summers-Gabr, Nicole M. 2020. "Rural–Urban Mental Health Disparities in the United States during COVID-19." *Psychological Trauma: Theory, Research, Practice, and Policy* 12, suppl. 1: S222–S224. https://doi.org/10.1037/tra0000871.

Taylor, Dalon, and Donna Richards. 2019. "Triple Jeopardy: Complexities of Racism, Sexism, and Ageism on the Experiences of Mental Health Stigma among Young Canadian Black Women of Caribbean Descent." *Frontiers in Sociology*, May 15. https://doi.org/10.3389/fsoc.2019.00043.

Waters, Rob. 2021. "Enlisting Mental Health Workers, Not Cops, in Mobile Crisis Response." *Health Affairs* 40, no. 6: 864–69. https://doi.org/10.1377/hlthaff.2021.00678.