SAMHSA
Substance Abuse and Mental Health Services Administration

# Advising People on Using 988 Versus 911: Practical Approaches for Healthcare Providers

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**Abstract**

This guide provides practical strategies for healthcare providers to help people understand when to use the 988 Suicide & Crisis Lifeline for behavioral health support and 911 for physical emergencies. By offering clear explanations, real-world scenarios, and addressing common concerns, providers can prepare people and their trusted networks to make informed decisions based on the urgency and nature of their needs. The guide emphasizes the distinctions between 988 and 911, aiming to reduce confusion and ensure timely, appropriate responses to both behavioral health crises and physical emergencies. Following these actionable steps will help foster better outcomes and strengthen the continuum of care.

## MESSAGE FROM THE ASSISTANT SECRETARY FOR MENTAL HEALTH AND SUBSTANCE USE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

As the Assistant Secretary for Mental Health and Substance Use in the U.S. Department of Health and Human Services and the leader of the Substance Abuse and Mental Health Services Administration (SAMHSA), I am pleased to present this new resource—*Advising People on Using 988 Versus 911: Practical Approaches for Healthcare Providers*.

SAMHSA is committed to leading public health and service delivery efforts that promote mental health, prevent substance use, and provide treatments and supports to foster recovery while ensuring equitable access and better outcomes. SAMHSA's National Mental Health and Substance Use Policy Laboratory developed the Evidence-Based Resource Guide Series to provide communities, clinicians, policymakers, and others with the information and tools to incorporate evidence-based practices in their communities or clinical settings.

As part of the series, this practical guide presents strategies for helping primary care, behavioral health, and emergency medical services providers integrate crisis care discussions into routine practice through intentional, informative conversations about crisis care and the appropriate use of 988 and 911.

The guide highlights key differences between 988 and 911, common reasons people use 988, real-world scenarios, managing expectations, and supporting people through crisis escalation from 988 to 911.

I encourage you to use this practical guide to learn more about how identifying early signs of a behavioral health crisis and guiding people and their trusted networks in making informed decisions about when to contact 988 instead of 911 can ensure timely, appropriate responses to both behavioral health crises and physical emergencies.

**Miriam E. Delphin-Rittmon, PhD**
Assistant Secretary for Mental Health and Substance Use
U.S. Department of Health and Human Services

The Substance Abuse and Mental Health Services Administration defines behavioral health equity as the right of all individuals, regardless of race, age, ethnicity, gender, disability, socioeconomic status, sexual orientation, or geographical location, to access high-quality and affordable healthcare services and support.

Advancing behavioral health equity means working to ensure that every individual has the opportunity to be as healthy as possible. In conjunction with access to quality services, this involves addressing social determinants of health—such as employment and housing stability, insurance status, proximity to services, and culturally responsive care—all of which have an impact on behavioral health outcomes.

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# Key Terms

Key terms included in the guide are listed below. Key terms are **bolded** the first time they appear in the text.

| Term | Definition |
|---|---|
| **Behavioral health crisis*** | A disruption in a person's thoughts, emotions, behaviors, or functioning that leads to an urgent need for assessment and treatment to prevent the condition from worsening or becoming dangerous.[1,2] A behavioral health crisis can happen to anyone, anytime, and is shaped by how the person perceives the situation. |
| **Behavioral health providers** | Professionals who help individuals to address mental health and substance use disorders, including psychologists, psychiatrists, nurses, peers, patient navigators, therapists, addiction and mental health counselors, recovery coaches, case workers, social workers, psychiatric aides and technicians, and other medical and nonmedical professionals who support people in managing behavioral health issues.[3,4] |
| **Behavioral health services** | Services and supports designed to meet the needs of people with mental and/or substance use disorders.[5] |
| **Continuum of care** | An integrated system of care that guides and tracks a person over time through a comprehensive array of health services appropriate to their needs. A continuum of care may include prevention, early intervention, harm reduction, treatment, continuing care, and recovery support.[6] |
| **Crisis care** | A range of services for anyone who is experiencing a behavioral health crisis. Services can include crisis lines, mobile crisis teams, and crisis receiving and stabilization facilities.[7] |
| **988 crisis counselor** | A person trained to provide crisis counseling through the 988 Suicide & Crisis Lifeline, specializing in providing emotional support, crisis intervention, and referrals to local resources for people in emotional distress or experiencing behavioral health crises.[8] |
| **Cultural responsiveness** | "[A] set of behaviors, attitudes, and policies that…enable a system, agency, or group of professionals to work effectively in cross-cultural situations." It involves honoring and respecting "the beliefs, languages, interpersonal styles, and behaviors of individuals and families receiving services" (p. xvii).[9] Cultural responsiveness includes ensuring that 988 offers appropriate services for different cultural backgrounds and languages. |
| **Emergency medical services (EMS)** | A comprehensive system in which highly skilled pre-hospital clinicians respond to emergencies that require coordinated medical care, including behavioral health crisis services. EMS integrates with other services and systems, such as emergency management, public health, and public safety. EMS can also play a role in nonemergent medical care, such as mobile health and home-based services.[10] |

*The field lacks a standardized definition for "behavioral health crisis" because crises can vary widely in nature, severity, and how they affect each person.

| Term | Definition |
|---|---|
| **Emotional distress** | A state of mental suffering or emotional upset that can be temporary or may last longer (e.g., several weeks or months). Signs of emotional distress can include feeling overwhelmed, sad, anxious, worried, or angry; changes to sleep and appetite; feeling tired or lacking energy; experiencing physical symptoms like headaches or stomach upset; increasing substance use; lack of interest in relationships; and difficulties at home or work and with relationships.[11] |
| **Mental health** | A person's emotional, psychological, and social well-being. It affects how someone thinks, feels, and acts and helps them determine how to handle stress, relate to others, and make choices.[12] |
| **Opioid overdose reversal medication (OORM)** | OORMs are lifesaving medications approved by the Food and Drug Administration (FDA) to reverse opioid overdose. Two FDA-approved OORMs are naloxone (available over the counter) and nalmefene (available by prescription), which are effective in reversing opioid overdose, even in instances when opioids are used in combination with other sedatives or stimulants.[13] |
| **Primary care provider (PCP)** | PCPs include physicians, nurses, nurse practitioners, and physician assistants. PCPs typically advise and treat a variety of health-related issues and coordinate care with specialists. They remain involved with people's care on a long-term basis.[14] |
| **Problematic substance use** | "The use of any substance in a manner, situation, amount, or frequency that causes harm to the person using the substance or to those around them...In the case of prescription medications, problematic use is any use other than as prescribed or directed by a healthcare professional. For some substances (e.g., heroin, cocaine) or people (e.g., those who engage in injection drug use), any use constitutes problematic use." (p. xiv)[15] |
| **Safety planning** | A brief intervention in which people identify steps they can use during a suicidal crisis to reduce the chance of engaging in suicidal behavior.[16] |
| **Suicidal ideation** | A range of thoughts that exist on a continuum from fleeting, vague considerations of death to more persistent and highly specific thoughts about suicide. These thoughts may occur sporadically or may be constant and unrelenting, but they do not necessarily involve concrete plans to carry out the act of suicide.[17] |
| **Trusted network** | The trusted people (e.g., family members, caregivers, friends, classmates, coworkers) involved in helping people make decisions during a crisis. |

Chapter 1.

# Helping People Navigate 988 and 911 Decisions

## 1.1 Purpose of This Guide

This practical guide encourages and supports **primary care,** behavioral health, and **emergency medical services** (EMS) providers in the integration of **crisis care** discussions into routine practice.[‡] Through intentional, informative conversations about crisis care and the appropriate use of both 988 and 911, providers can assess people they serve more holistically and educate them and their **trusted networks** about available crisis care options.[18-20]

To support these conversations in daily practice, this guide provides practical steps and real-world scenarios. Both are grounded in research emphasizing the importance of early intervention and clear communication in improving crisis outcomes and reducing reliance on emergency response systems.[21]

### KEY TAKEAWAYS

- **Primary Care:** During routine visits, educate people about using 988 for behavioral health support and 911 for physical emergencies.
- **Behavioral Health:** Role play crisis scenarios as a part of safety planning to simulate when and how to use 988 versus 911.
- **Emergency Medical Services:** After crisis intervention, educate people and their trusted network about future use of 988 for nonemergent behavioral health needs.

**Practical Steps**

- **Screen for the Person's Needs:** Identify behavioral health issues during routine visits.
- **Provide Clear Guidance:** Use straightforward language: 988 is for behavioral health, and 911 is for physical emergencies. After stabilizing a crisis situation, evaluate the person's need for follow-up behavioral health support and provide information about 988.

## 1.2 Clarifying the Confusion: 988 or 911?

Research shows that people, including healthcare providers, have experienced confusion in deciding whether contacting 988 or 911 is appropriate across a range of situations.[22] This confusion stems from the overlap in perceived functions. However, 988 is specifically designed to handle behavioral health crises—such as **emotional distress, suicidal ideation,** or **problematic substance use**—whereas 911 focuses primarily on medical emergencies and situations involving immediate physical danger. This confusion underscores the need for more public awareness and education in healthcare settings to ensure that these services are used correctly and to prevent unnecessary involvement of law enforcement or EMS in **behavioral health crises.**[23]

‡The information in this guide is not intended to replace the advice of medical and mental health professionals.

**988 and 911: Getting the Right Help at the Right Time**

Mental Health and Substance Use Crisis Response

Suicide Prevention and Crisis De-escalation

Linkage to Local Care and Treatment Resources

988 | Whole-Person Care | 911

Medical Emergency

Fire

Crime in Progress

Life-Threatening Situations

## Roles of Primary Care, Behavioral Health, and EMS Providers in Handling Behavioral Health Crises

People may hesitate to seek help during behavioral health crises due to concerns about unwanted emergency services activation,[24] including potential law enforcement response. Likewise, healthcare providers might feel uncertain about when to recommend 988 versus 911, which can hinder timely guidance and limit opportunities for early intervention. By talking with people about these services, providers can address their concerns and build trust, encouraging appropriate use of crisis resources. When healthcare providers understand the distinctions between 988 and 911, they can hold productive conversations with people about crisis care options.

The following list highlights how primary care, behavioral health, and EMS providers contribute to the **continuum of care** by opening and maintaining these essential conversations.

### *Primary Care Providers*

- **Role:** Act as the first point of contact for identifying signs of emotional distress, screening for behavioral health concerns, and managing these issues before they escalate into crises.[25]
- **Action:** During routine appointments, primary care providers can watch for signs of potential behavioral health issues and educate people on when and how to use 988. Providers should emphasize the importance of early intervention and clarify when to escalate to 911 for emergencies involving physical danger. These conversations should be revisited during future appointments to reinforce understanding.[26]

### *Behavioral Health Providers*

- **Role:** Serve as the long-term support system for managing behavioral health, working closely with people and their trusted networks to educate them about what behavioral health crises can look like and how crisis services like 988 work in their communities.[27]
- **Action:** Behavioral health providers can engage people in **safety planning,**[28] helping them role play contacting 988 if a crisis occurs. Providers can also reassure people about the confidentiality of 988 and the limited involvement of law enforcement, revisiting these assurances during interactions to help them feel comfortable with the service.

### *Emergency Medical Services Providers*

- **Role:** As frontline responders, EMS professionals play a critical role in de-escalating crises. After stabilizing people, they can also help educate them and their trusted networks about future crisis care options.[25,29]
- **Action:** Once a person is stabilized, EMS personnel should briefly explain the differences between 988 and 911, promoting the use of 988 for nonemergent behavioral health issues and reserving 911 for immediate physical threats. They should also encourage people and their trusted networks to engage in follow-up conversations with their primary care or behavioral health providers to ensure continuity of care.[30,31]

## Integrating Crisis Care Conversations Into Practice

Understanding the differences between 988 and 911 and knowing when to use each is just the first step to effective crisis management. People and their trusted networks must be prepared to apply this knowledge in real-world situations.[7] Primary care, behavioral health, and EMS providers play key roles in guiding these decisions, not just in acute situations, but also by fostering a culture of proactive behavioral health management.[25] By incorporating discussions about crisis care into routine practice, providers can help people recognize early signs of distress, identify appropriate resources, and make timely decisions about which service to contact based on their immediate needs.

This approach also aligns with broader efforts to integrate behavioral health care into traditional primary care models, where **mental health** is addressed alongside physical health, ensuring more holistic treatment plans.[32] Evidence suggests that integrated care models, in which behavioral health is embedded into primary care, may improve outcomes by promoting access to earlier intervention for mental health crises.[33] However, additional high-quality studies are needed to further support these conclusions.

**RESOURCES**

- SAMHSA | 988 Crisis Systems Response Training and Technical Assistance Center: This webpage provides resources for building and improving 988 crisis care systems, including toolkits, best practices, and technical assistance to support local and state-level behavioral health crisis interventions.
- SAMHSA | 988 Convening Playbook: Mental Health and Substance Use Disorder Providers: This playbook offers guidance to mental health and substance use disorder providers on how to integrate 988 services into their practices. It highlights the importance of collaboration between providers and 988 services to offer seamless care and ensure appropriate referrals.
- SAMHSA | 988 Convening Playbook: Public Safety Answering Points (PSAPs): This 988 pre-launch playbook provides guidance to PSAP supervisors and leadership on preparing for 988 by establishing coordinated workflows with 911 systems. It includes strategies to improve triage, referral processes, and collaborative support for individuals experiencing behavioral health crises.
- Agency for Healthcare Research and Quality | The Academy: Integrating Behavioral Health and Primary Care: This website provides comprehensive information for healthcare providers on integrating behavioral health into their practice, with a focus on holistic care for behavioral and physical health.
- EMS.gov | Resources: This website offers information about EMS professionals' roles in mental health crisis response, including best practices for educating people about 988 after stabilization.

Chapter 2.

# Explaining to People How, When, and Why To Use 988

The 988 Suicide & Crisis Lifeline (988 Lifeline) is available 24/7 through call, text, and chat, offering real-time support for emotional distress, suicidal thoughts, problematic substance use, and other behavioral health issues. This multichannel approach ensures accessibility for people from diverse backgrounds who may have different language preferences and comfort levels with technology.[34] Younger people and those in communities where **behavioral health services** are stigmatized or physically unavailable—such as in rural areas—may prefer chat or text options. These channels offer anonymity, privacy, and a way to access care, reducing potential barriers to seeking help.[35,34]

In 2022, the 10-digit National Suicide Prevention Lifeline number transitioned to 988 to increase access to lifesaving services through an easy-to-remember number.[8] The 988 Lifeline provides compassionate, confidential support offered by trained **crisis counselors** focused on behavioral health, rather than through law enforcement or emergency medical interventions.[8] In 2023, the 988 Lifeline expanded its capacity and services to include specialized support for lesbian, gay, bisexual, transgender, queer/questioning, or intersex+ (LGBTQI+) youth; Spanish-language text and chat services; and videophone for American Sign Language (ASL) users.[36] Ongoing implementation of georouting technology now connects individuals to local resources more efficiently.[37,38] The 988 Lifeline primarily uses georouting to connect callers with local crisis centers while preserving their anonymity, a feature that encourages people to seek help without fear of privacy violations.[39] In contrast, 911 relies on geolocation for precise location data, ensuring dispatchers can quickly send emergency services to the caller's exact location.[39]

### KEY TAKEAWAYS

- **Use 988 for:** Behavioral health crises.
- **Use 911 for:** Situations that require dispatch of emergency medical services, fire, and police.
- **Clarify Service Distinctions**
    - Clearly explain the differences between 988 and 911 to ensure people know when each is appropriate.
    - Reassure people that 988 is for emotional and behavioral health support, with minimal law enforcement involvement unless there is an immediate physical safety threat.
- **Practice Crisis Scenarios**
    - Engage in safety planning and role play exercises, simulating situations where people might use 988 versus 911.
    - Address fears and concerns, ensuring people feel confident and understand what will happen when they call.

## 2.1 Integrating 988 Into Care: Essential Insights for Providers

### Efforts To Reduce Stigma and Enhance Accessibility

A major goal behind the creation of 988 was to reduce the stigma often associated with seeking help for mental health or substance use issues.[40] Many people experiencing behavioral health crises perceive traditional emergency services like 911 as punitive, especially when law enforcement is involved. This perception can deter them from seeking help, as they fear involuntary treatment or legal consequences.[41]

The 988 Lifeline was designed to be a safe, nonjudgmental resource for people in crisis and those who support them. In many cases, communicating with a compassionate crisis counselor can be enough to de-escalate a situation, reducing the need for EMS or law enforcement involvement.[29] By normalizing the act of reaching out for help, the 988 Lifeline encourages more people to seek support before their situation escalates to a physical emergency requiring an immediate response.[42]

This approach to crisis response is particularly impactful in communities where behavioral health issues are heavily stigmatized and where people might avoid seeking care altogether out of fear of social or legal repercussions.[43]

### Effectiveness of 988 for People in Distress

The transition from the traditional 10-digit National Suicide Prevention Lifeline to 988 has greatly simplified access to behavioral health support, with the goal of enabling those in acute behavioral health crisis where there is no immediate physical danger to get the help they need.[24] The transition to 988 has increased call volume in all states, with an intervention that helps resolve crises for most callers without in-person responses—crisis counselors contact emergency services for approximately 2 percent of calls, about half of which occur with the explicit consent of the caller.[44] Additionally, people who connect with crisis lines such as 988 are more likely to feel supported, empowered, and less isolated in their time of need.[44] For more information about the effectiveness of the 988 Lifeline and its impact, including evaluations of crisis interventions and counselor training, refer to published studies and reports available through SAMHSA's 988 Crisis Systems Response Training and Technical Assistance Center (CSR-TTAC) website and from V!brant Emotional Health (a nonprofit organization that administers the 988 Suicide & Crisis Lifeline on behalf of SAMHSA).

### Common Reasons People Use 988

People reach out to crisis lines like 988 for a range of reasons. Some of the most common reasons are suicidal ideation, overwhelming emotional distress, and problematic substance use.[45] Others contact 988 when experiencing anxiety, depression, or other mental health issues, especially when they are unsure where to turn for support.[46] Additionally, friends, family members, coworkers, classmates, and trusted networks use 988 when they are concerned about someone else's well-being and need guidance on how to support them through a crisis.[47,48]

## Accessing 988: Considerations for Diverse Communities

- **Cultural Responsiveness:** Reassure people and their trusted networks that 988 services accommodate diverse cultural and linguistic needs.
- **Specialized Support:**
  - **People who identify as LGBTQI+:** Ensure LGBTQI+ people, including youth and young adults, know that they will have the option to speak with a counselor experienced in supporting and affirming their identities.
  - **People with disabilities:** Highlight 988's accessibility features, including text and chat options, and ASL support.
  - **People whose primary language is not English:** Ensure non-English speakers have access to interpreter services when contacting 988. Let Spanish speakers know that there are counselors who can communicate with them in Spanish.

For more information, see 988 Frequently Asked Questions | FAQs About How 988 Addresses Diverse Populations.

The 988 Lifeline plays a critical role in serving populations at heightened risk for mental health crises, including young and older adults, people who identify as LGBTQI+, and communities disproportionately affected by suicide, such as American Indian, Alaska Native, and Black populations.[49] Many of these groups often face systemic barriers to accessing behavioral health care, including stigma,[50,51] historical, structural, and systemic racism, and mistrust of medical institutions.[52] As a result, they may avoid seeking help until crises escalate,[53] making 988 an essential resource for accessing immediate care.

## 2.2 Services Overview: Key Differences Between 988 and 911

Knowing when and how to communicate the distinctions between 988 and 911 is critical. People may not always know when to reach out for behavioral health support versus emergency medical care, and they often rely on their providers for clarity.

| 988: A LIFELINE FOR BEHAVIORAL HEALTH CRISES | 911: A RESPONSE SYSTEM FOR MEDICAL, FIRE, OR POLICE EMERGENCIES |
|---|---|
| **DESCRIPTION** | |
| The 988 Lifeline connects people with trained counselors who provide emotional support, crisis de-escalation, and linkage to local community resources, without relying on law enforcement or emergency medical intervention unless necessary. | 911 is the primary contact for medical emergencies, fire, crimes in progress, or other situations requiring immediate physical intervention. Although 911 is highly effective for emergencies involving physical harm, it is not specialized to manage behavioral health crises. |
| **KEY FEATURES** | |
| **Crisis Counseling:** People receive real-time emotional and mental health support and crisis intervention from trained crisis counselors. | **Immediate Intervention for Physical Danger:** 911 dispatches police, fire, or EMS to address urgent threats to life or safety. |
| **Minimal Law Enforcement Intervention:** Most crises (approximately 98 percent of calls) are managed without involving law enforcement, reducing the likelihood of escalated responses.[54] | **Law Enforcement Involvement:** Law enforcement officers are typically dispatched in crises involving potential violence or criminal activity. |
| **Connection to Local Resources:** People are referred to local mental health and/or substance use treatment services for follow-up care, ensuring continuity of support. | |

**Summary:** Both 988 and 911 provide critical support but focus on different crisis types: 988 specializes in behavioral health crises, offering crisis counseling and emotional de-escalation, while 911 addresses physical dangers needing police, fire, or EMS. Understanding the distinction is essential to ensuring the appropriate response and care.

Adapted from Centers for Disease Control and Prevention (CDC) | Vital Signs and 988 Suicide & Crisis Lifeline Fact Sheet

## 2.3 Putting Guidance Into Practice

Navigating the complexity of crisis scenarios, such as those highlighted in the following table, requires flexibility and a careful assessment of the evolving factors involved in each case. Providers who understand these nuances can respond effectively, using practical tools to ensure people receive the most appropriate care.

| Real-World Scenarios | | |
|---|---|---|
| **Scenario Type** | **In-Person Guidance** | **Telehealth Guidance** |
| **Emotional Distress** | Someone begins showing signs of severe anxiety or a panic attack.<br>• Encourage the person to try grounding techniques, such as deep breathing or focusing on their surroundings.<br>• Provide calm, direct reassurance, and monitor the person's symptoms.<br>• If their distress continues, suggest contacting 988 for additional emotional support.<br>• If they begin to exhibit severe physical symptoms, such as chest pain or shortness of breath, treat this as a medical emergency and contact 911 immediately. | Someone contacts you while experiencing a panic attack.<br>• Advise the person to use grounding and deep breathing techniques, counting backward, or focusing on their senses.<br>• Recommend contacting 988 for additional emotional support if they continue to feel overwhelmed.<br>• Instruct them to call 911 immediately if they experience severe physical symptoms like chest pain or shortness of breath, as these could indicate a medical emergency. |
| **Suicidal Ideation Without a Plan** | During an appointment, someone discloses experiencing suicidal thoughts but has no clear plan for self-harm.<br>• Provide immediate emotional support, reassure the person that they are in a safe space, and recommend they contact 988 for additional help from trained crisis counselors.<br>• Clarify that 988 offers confidential support and does not involve law enforcement unless there is an immediate risk to safety.<br>• Offer to help connect the person to ongoing mental health resources or schedule a follow-up to monitor their well-being. | Someone reaches out, expressing suicidal thoughts but no clear plan for self-harm.<br>• Advise them to contact 988 immediately for emotional support and assistance.<br>• Reassure them that 988 provides confidential support and does not involve law enforcement unless an immediate safety risk is present. |

| Real-World Scenarios, continued | | |
|---|---|---|
| **Scenario Type** | **In-Person Guidance** | **Telehealth Guidance** |
| **Suicidal Ideation With a Plan** | Someone informs you during the session that they have a specific plan for suicide or self-harm that they plan to carry out immediately following your visit with them and access to the means to carry out their plan.<br>• Treat this as an immediate emergency.<br>• Calmly reassure the person while maintaining their safety, privacy, and confidentiality.<br>• Contact 911 yourself or instruct another staff member to do so immediately and stay with the person until emergency responders arrive.<br>• Clearly communicate that this is a life-threatening situation and intervention is required.<br>If the person has a plan but without the means to carry it out or an intent to act on the plan in the immediate future, instruct them to call 988. | Someone calls and discloses having a specific plan for suicide or self-harm that they plan to carry out immediately following your call with them and access to the means to carry out their plan.<br>• Urgently instruct the person or someone nearby to call 911 or do so on their behalf.<br>• Clearly communicate that this is an emergency requiring immediate medical and/or law enforcement intervention.<br>If the person has a plan but without the means to carry it out or an intent to act on the plan in the immediate future, instruct them to call 988. |
| **Problematic Substance Use (Nonemergency)** | During an exam, someone reports feeling overwhelmed by their substance use but is not in immediate danger.<br>• Provide a supportive, nonjudgmental response and suggest they contact 988 for additional behavioral health services.<br>• Explain that 988 offers a confidential, safe space to discuss substance use concerns and get referrals for treatment.<br>• Offer to connect them to substance use treatment providers and develop a care plan for follow-up. | Someone reports feeling overwhelmed by their substance use but is not in immediate danger.<br>• Recommend they contact 988 for support and connection to behavioral health services.<br>• Explain that 988 offers a safe, nonjudgmental space for addressing substance use and getting referrals for additional care. |

| Real-World Scenarios, continued | | |
|---|---|---|
| **Scenario Type** | **In-Person Guidance** | **Telehealth Guidance** |
| **Overdose** | A person or someone accompanying them suspects an overdose is occurring<br>• Immediately assess the person's responsiveness and vital signs. Administer an **opioid overdose reversal medication (OORM)** if available and appropriate.<br>• Call 911 without delay and continue to monitor the person while awaiting EMS, providing additional support as needed.<br>• Emphasize the urgency and importance of timely medical intervention to prevent life-threatening consequences. | A person or someone close to them suspects an overdose is occurring.<br>• If the person becomes unresponsive or is showing other signs of an overdose, call 911. If the person is conscious and responsive but is showing signs of an overdose, they should be encouraged to call 911 themselves.<br>• Emphasize to the person on the phone—whether it is the person or their companion—the importance of having EMS on site to provide life-saving care and administer an OORM, if needed and available. It is crucial that EMS stays on site as long as necessary to monitor for recurring symptoms, such as respiratory depression, which can return after an OORM wears off. |
| Adapted from SAMHSA's Overdose Prevention and Response Toolkit, CDC's Suicide Prevention Resource for Action, and National Institute of Mental Health's Anxiety Disorders webpage. | | |

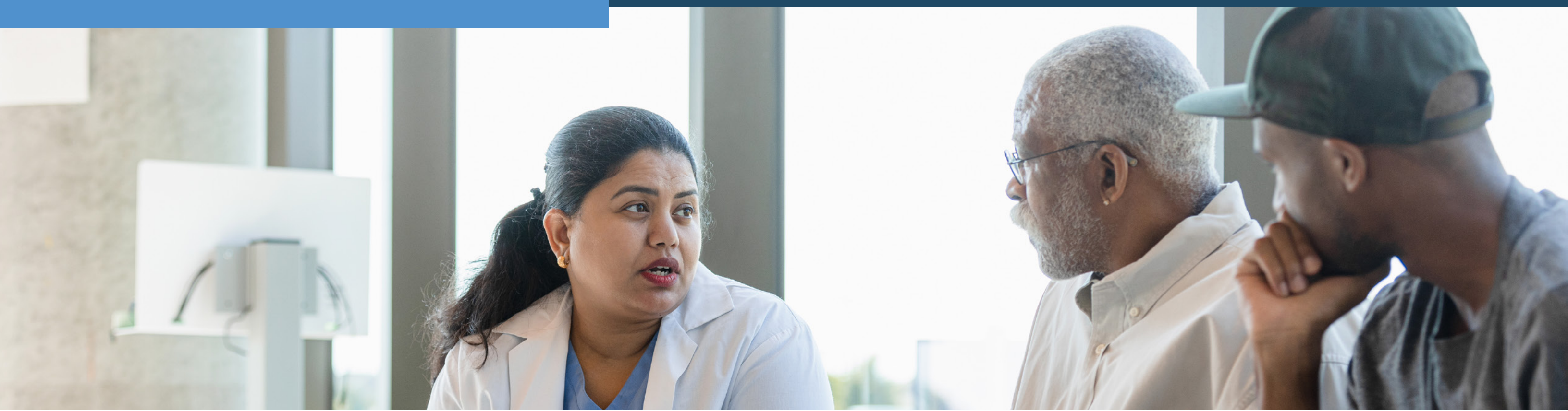
This guide offers clear guidance wherever possible; however, providers may still encounter situations where the decision to contact 988 versus 911 is less straightforward. In such cases, decisions may evolve as new information becomes available during the encounter. These gray areas reflect the variability of individual cases, requiring providers to remain vigilant and exercise clinical judgment based on the unique needs of each situation.

## 2.4 Building on the Basics: Guiding People in Crisis Response

This chapter describes how to provide people with a clear understanding of how 988 and 911 differ, including when each service is appropriate and what to expect when reaching out for help. However, even with this knowledge, people may still face uncertainty during high-stress situations. Chapter 3 offers providers strategies to guide people in deciding when to contact 988 for behavioral health support and when to call 911 for physical emergencies.

## RESOURCES

- American Academy of Family Physicians | Managing Behavioral Health Issues in Primary Care - Six Five-Minute Tools: This article offers primary care providers practical strategies for supporting people experiencing behavioral health issues.
- National Alliance on Mental Illness | Navigating a Mental Health Crisis: This guide supports people experiencing mental health crises and their trusted networks by providing information about factors that contribute to mental health crises, crisis warning signs and de-escalation strategies, and available resources. Providers can use this guide as an educational tool for the people they care for.
- National Council for Mental Wellbeing | Suicide Prevention Month: A Resource Guide: This webpage offers resources related to suicide prevention, including information about hotlines and messaging services, educational and interactive materials, and a link to the Mental Health First Aid training for people interested in learning to recognize and respond to behavioral health crises.
- Suicide Prevention Resource Center | Suicide Prevention Toolkit for Primary Care Practices: This toolkit provides resources to support management of suicidal thoughts or behaviors, and includes office protocols and checklists, educational modules, pocket guides, and safety planning tools.
- Zero Suicide Institute | Zero Suicide Toolkit: The Zero Suicide Toolkit provides healthcare organizations with tools to prevent suicides by embedding evidence-based practices across care systems.



Chapter 3.

# Supporting People in Knowing When To Use 988 or 911

## KEY TAKEAWAYS

**Primary Care**

- Screen people for emotional distress and substance use and provide referrals to behavioral health providers for additional evaluation when indicated.
- Explain crisis services during routine visits.
- Involve trusted networks in safety planning to ensure clear understanding of when to contact 988 versus 911.

**Behavioral Health**

- Reassure people about the confidential nature of 988 and lack of law enforcement involvement.
- Use sessions to create safety plans and role play crisis responses.

**Emergency Medical Services**

- Educate people about using 988 for future situations after they are stabilized.
- Clarify the transition process from 988 to 911.

**Crisis De-Escalation/Transitioning From 988 to 911**

- **Role-Playing Crisis Scenarios:** Prepare people and their trusted networks by practicing scenarios to transition from 988 to 911 when needed.
- **When to Call 911:** Call when there is immediate physical danger, such as overdose or violent behavior involving immediate physical threat. In the event of an overdose, administer an opioid overdose reversal medication before calling 911.

**Ongoing Support**

- **Coordinate Follow-Up Care:** Ensure continuity by integrating 988 and 911 into safety plans, and work with people on long-term behavioral health support.

## 3.1 Talking About Crisis Care Options

The term "crisis" can mean different things to different people. What may feel like a manageable situation for one person can be overwhelming for another. Factors such as personal history, cultural background, trauma, individual coping mechanisms, and support systems all shape how a crisis is perceived and experienced.[55] By acknowledging these differences, providers ensure that every situation is approached with empathy and an understanding that each person's needs are unique. This approach offers more tailored interventions that meet people where they are in their crisis.

Healthcare providers can help people identify early signs of a behavioral health crisis, such as emotional distress, suicidal ideation, or an increase in substance use. By addressing these signs proactively, providers can guide people and their trusted networks in making informed decisions about when to contact 988 for emotional or behavioral health support and when to escalate to 911 for immediate threats to safety.[56]

People may face barriers in accessing 988 services, such as stigma, lack of awareness, or mistrust of crisis services. Providers can help address these barriers by:

- Discussing what the person wants to happen in response to a crisis situation (e.g., having someone to talk to, having someone respond, or having a safe place for help).[57]
- Reassuring the person that 988 is confidential, and that a transition to 911 for dispatch of emergency medical services (EMS) only occurs when necessary for safety.[8]

Clear communication ensures that people understand the appropriate service for their needs and can manage crises appropriately to prevent unnecessary escalation.[7]

### Using the SAMHSA 988 Partner Toolkit in Healthcare Settings

Healthcare providers in primary care, behavioral health, and EMS settings can use materials from the 988 Partner Toolkit to promote awareness and initiate conversations with people about behavioral health crises. Free resources suitable for use in healthcare settings are available to order or print.

### Building Trust Through Active Listening and Emotional Validation

Listening carefully to a person's concerns builds trust and can help guide them through the decision-making process. Active listening involves concentrating fully on what the person is saying, responding thoughtfully, and acknowledging their emotions.[58] By doing so, practitioners can better understand the person's mental state and help clarify when they should consider contacting 988 versus 911. Listening and validating a person's concerns not only encourages openness, but can also reduce the emotional weight they may be carrying.[58]

The following section highlights how primary care, behavioral health, and EMS providers can approach these conversations.

### *Primary Care Providers*

- **Screen for emotional distress and suicidal ideation:** During routine visits, engage people in conversations about their behavioral health, especially if they mention experiencing symptoms like overwhelming sadness[59] or anxiety.[60] Identify the person's desired outcome. Introduce 988 as a confidential resource for behavioral health support. Clarify that 911 should only be used for situations posing immediate physical danger, such as medical emergencies or immediate threats to safety.
- **Normalize reaching out for help:** Use language such as, "It's okay to ask for support—988 is there to listen and help, not to judge." This can be especially useful in reassuring people who are concerned about stigma or confidentiality.
- **Involve trusted networks:** Encourage people to involve their trusted networks in safety planning, which includes understanding when to contact 988 versus 911.
- **Display and distribute educational materials available in the 988 Partner Toolkit:** Display posters in waiting rooms, reception areas, and exam rooms to create opportunities for dialogue on behavioral health topics. Display and make available wallet cards, magnets, and/or stickers in waiting rooms, reception areas, and exam rooms to reinforce when to use 988 for behavioral health support.

**TIP: Update Outgoing Messages for Crisis Support**

Updating your voicemail or automated answering system can help guide people to the appropriate crisis services when they need them.[27] Include clear instructions for both medical and behavioral health emergencies:

- **For medical emergencies:** "If you are experiencing a medical emergency, please hang up and dial 911."
- **For behavioral health or emotional crises:** "If you are experiencing a behavioral health crisis, call 988 to reach a trained crisis counselor."

### *Behavioral Health Providers*

- **Address confidentiality concerns:** Many people hesitate to use 988 due to misconceptions about law enforcement involvement.[46] Reassure them that 988 is focused on emotional support and behavioral health crises, without law enforcement or EMS being dispatched unless there is an immediate safety threat.
- **Promote crisis readiness:** Use sessions to discuss 988 with people, role-playing potential scenarios when creating safety plans to build confidence in using the right service during a crisis. Help them understand the value of 988, how the outcome of calling 988 will differ from that of calling 911, and when they may need to transition to 911 (i.e., during situations that involve ongoing suicide attempts or escalating violence).
- **Provide educational materials:** Use print and/or digital materials like those available in the 988 Partner Toolkit during safety planning sessions to help people understand the role of 988 and how it differs from 911. For example, a visual aid, such as the "988 and 911: Getting the Right Help at the Right Time" diagram in Chapter 1, can help people understand when to use each service.

### *Emergency Medical Services Providers*

- **Differentiate between 988 and 911:** After stabilizing the person in crisis, EMS providers should educate them and their trusted network on the appropriate use of 988 for emotional support and 911 for immediate physical threats, such as injury, violence, or overdose.
- **Empower trusted networks:** Ensure that the person's trusted network also knows how to use 988 for future behavioral health crises, to avoid calling 911 for nonemergent situations.
- **Provide educational materials:** After responding to a non-life–threatening behavioral health crisis, provide 988 wallet cards to people and their trusted networks.

## What People Can Expect When…

### … Contacting 988

After dialing 988, the caller will hear an automated message telling them that[61]:

- Veterans can choose to press 1 for veteran-specific crisis services.[62]
- Spanish-speaking counselors can be reached by pressing 2.[63]
- Callers can press 3 to reach a specialized LGBTQI+-affirming counselor.[64]
- People who communicate with ASL can dial 988 on their videophone to be connected with a counselor via video feed. Teletypewriter (TTY) users can dial 711, then 988.[65]
- For callers who speak languages other than English, Spanish, and ASL, 988 offers access to translation services in more than 240 languages. Callers can request an interpreter by stating the needed language. Connections are typically made within 20 seconds.[63]

If callers do not press options 1, 2, or 3, their call is automatically routed to the closest local crisis center based on their area code. This ensures they receive support from professionals familiar with resources in their community. Note that the routing is based on the caller's area code, not their physical location, but the Federal Communications Commission has recently implemented rules requiring wireless carriers to transition to georouting for 988 calls in the future, which will provide more accurate and localized support (see Chapter 2 for further details).

A trained **988 crisis counselor** will answer the phone, listen to the caller's situation, and provide support.[61] When texting or chatting with 988, the texter/chatter will first receive a message with the estimated wait time, then be connected to a crisis counselor who will text with them to provide support.[61] Call, text, and chat services are available in English and Spanish, ASL, and from LGBTQI+-affirming counselors, as needed. The 988 crisis counselor may provide referrals to behavioral health providers in the caller's area. On the rare occasions that it is necessary, 988 counselors can contact emergency services or mobile crisis services to go to the caller's location for immediate assistance.[66] Callers must provide their physical location and address because geolocation is not enabled for 988 call centers.[67] However, 988 call centers may use georouting to protect privacy and can work with 911, which can locate callers in physical emergencies.[37] Even though 988 counselors occasionally must call in police or EMS when there is an immediate threat to safety, most concerns can be addressed by talking to the caller.[68]

## What People Can Expect When…

### … Calling 911

When someone calls 911 for police, fire, or EMS, the dispatch operator will ask the caller a series of questions, which usually begins with, "What's your emergency?"

- **Callers should try to be calm and patient** as they answer questions about their situation. The questions allow 911 operators to send the right type of emergency resources.[69] As operators are gathering information from the caller, they are sending it to the dispatcher in real-time.

- **Callers should know their location.** Because some areas of the country do not yet have the enhanced 911 technology needed for emergency systems to pinpoint the exact location of mobile phone callers, the operator may ask for this information (e.g., a street address).[69] If the caller is in an unfamiliar place, they should try to take note of their location (e.g., nearby streets or landmarks), and be ready to give the 911 operator as many details as possible.
- **Callers should stay on the line until the response team arrives.** The operator may want to walk the caller through giving first aid or CPR if necessary, or tell the caller if they should move to a safer location until help arrives.[69]

911 operators and dispatchers are typically handling a large call volume with limited staff. Operators need to determine the nature of the emergency quickly so each caller can receive a response as fast as possible.[69]

## Crisis De-escalation

Crisis de-escalation is an important skill for healthcare providers when supporting people experiencing behavioral health crises. Specific techniques can help prevent crises from escalating to the point where emergency services are necessary.

Providers can use the following de-escalation methods during interactions with people in crisis:

- **Crisis intervention scripts:** Use simple, supportive language such as, "You are safe now, and we can talk through this together," or "I'm here to help you. Let's take this one step at a time."
- **Grounding exercises:** Encourage the person to focus on their immediate physical sensations (e.g., "Place your feet flat on the ground and describe how it feels."). This helps reduce anxiety by drawing attention away from distressing thoughts.
- **Deep breathing exercise:** Guide the person through slow, controlled breathing. For example, instruct them to breathe in for 4 seconds, hold for 7 seconds, and exhale for 8 seconds. This breathing exercise can calm both physical and emotional responses to stress.

## Supporting People Through Crisis Escalation From 988 to 911

It is not enough to simply inform people and their trusted networks about escalating from 988 to 911 when needed—they must also feel prepared and supported throughout the process. Walking people and those they trust through potential crisis scenarios and practicing the steps for escalation can empower them to make the right decision if a crisis occurs.[70]

Role-playing exercises can be an effective way to practice these transitions. For instance, a practitioner might role-play with a person who struggles with substance use, guiding them through how to call 988 during emotional distress. In this exercise, the person's companion could practice recognizing the signs of an overdose and escalating the situation to 911 if necessary. Practicing these steps builds confidence and ensures that both people and their trusted networks are prepared to act when a crisis situation arises.[71]

## Ongoing Safety Planning: Coordinated Provider Roles

For people who need ongoing care, providers should work with them and their trusted networks to develop comprehensive safety plans that outline when to call 988 and when to escalate to 911. This planning ensures continuity of care and prepares people for future crises, reducing the risk of unpreparedness during emergencies.

The roles of providers along the continuum of care might vary, but they all have a part to play in developing, reviewing, or enacting safety plans, ensuring appropriate responses and continuity of care before, during, and after a behavioral health crisis.[72]

## 3.2 Bringing It All Together: Supporting Crisis Care Through 988

Effectively managing behavioral health crises requires collaboration across primary care, behavioral health, and EMS settings. By integrating the tools and strategies outlined in this guide, providers can better inform people about the appropriate use of crisis services like 988 and foster trust through proactive conversations. These efforts not only reduce the unnecessary involvement of emergency services, but also promote earlier interventions and help people access the right care at the right time.

The 988 Partner Toolkit and other resources highlighted in this guide are valuable tools that support providers in these critical efforts. Together, by staying informed and prepared, healthcare professionals can make meaningful contributions toward improving outcomes and ensuring that crisis care becomes more accessible, compassionate, and effective.

**RESOURCES**

- SAMHSA | Creating Safe Scenes Training: This online course equips first responders with skills to safely assist individuals in crises involving mental health or substance use, using positive approaches to ensure safety for everyone involved.
- SAMHSA | 988 Lifeline > Current Events [in English]; SAMHSA | Línea 988 > Eventos Actuales [en Español]: These resources provide updates on the 988 Lifeline's initiatives and events, highlighting its role in behavioral health crisis intervention across English- and Spanish-speaking communities.
- SAMHSA | 988 Suicide & Crisis Lifeline: What to Expect: This resource explains the 988 Lifeline experience, providing clarity on what callers can expect, including compassionate support, confidentiality, and potential referral to additional services.
- American Medical Association | Behavioral Health Integration in Physician Practices: This guide promotes the integration of behavioral health services into primary care settings, offering strategies for physicians to enhance access to and coordination of mental health care.
- Crisis Intervention Team (CIT) International | A Best Practice Guide for Transforming Community Responses to Mental Health Crises: CIT programs offer a collaborative approach to crisis intervention, training law enforcement to de-escalate situations involving individuals with mental health issues and connect them to appropriate care.
- CIT | Training Scenarios: This collection of scenarios helps train responders to manage behavioral health crises effectively by focusing on real-life situations that require de-escalation and appropriate crisis management.
- National Council for Mental Wellbeing | 988 Playbook for Mental Health and Substance Use Disorder Providers: The 988 Playbook offers guidance for providers on using the 988 Lifeline effectively, ensuring smooth integration of the service into their behavioral health practice workflow.
- National Council for Mental Wellbeing | 988 and 911: Similarities and Differences: This resource explains the distinct roles of 988 and 911, helping people understand when to use each service based on the nature of the crisis.
- U.S. Department of Justice | Police–Mental Health Collaboration Toolkit: This toolkit provides practical strategies for law enforcement and mental health professionals to work together, improving crisis response and reducing unnecessary arrests through collaborative interventions.

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