Challenges to Just and Effective 988 Implementation:

**Forced Hospitalization**

By Deanie Anyangwe and Whitney Bunts

The National Suicide Hotline Designation Act, which was signed into law after receiving bipartisan support in 2020 and launched in 2022, authorized 988 as the new three-digit number for people experiencing suicidal, mental, and behavioral health crises.

The 988 Suicide & Crisis Lifeline (988 or The Lifeline) is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) and administered by Vibrant Emotional Health (Vibrant). However, policymakers, advocates, and community members have voiced growing concern around 988’s implementation and impact on those seeking mental and behavioral health services, especially marginalized young people.

This is the second in a series of fact sheets exploring the challenges and missed opportunities to effectively implement 988 and transform our existing mental and behavioral health crisis response system. This fact sheet focuses on the ways that 988 has expanded forced hospitalization.

988 and Force Hospitalizations

Cities and states increasingly rely on involuntary commitment as a default response to mental and behavioral health challenges, violence prevention, and homelessness. According to one estimate, in the first year of 988’s implementation, forced psychiatric detentions may have increased by as much as 120 percent.

The increase may be dissuading people in need of crisis services away from the Lifeline. Survey data demonstrates that 55 percent of people with mental health issues are hesitant about using 988 due to fear of being forced to go to the hospital.

The increase in forced detentions may be the result of existing Lifeline policies. For example, several states have Duty to Warn policies that require mental health professionals, including crisis counselors, to alert law enforcement about people who may be a danger to others or themselves. Per the Lifeline’s policies, 988 crisis counselors must also dispatch emergency services to 988 contacts when there is “imminent risk” to someone’s life that cannot be reduced during the call, and share pertinent data, including names, contact information, and addresses, with law enforcement entities.

Notably, SAMHSA and Vibrant have yet to release data on involuntary commitment and forced psychiatric treatment as a result of contacting the Lifeline.

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6. Ibid.
Impact of Forced Psychiatric Treatment on the Mental and Behavioral Health Crisis

Involuntary commitment and forced psychiatric treatment policies in the United States are ineffective and at odds with global human rights standards, including the World Health Organization’s directive to end coercive psychiatric practices.\(^7\)

Coercive service delivery models raise additional concerns, including:

- Coercive service delivery in institutional settings has a very low success rate and often does not support people stabilizing over time.\(^8\)
- Forced hospitalizations can exacerbate financial instability and hardship for individuals, families, and public health systems.
  - Patients are kept out of work or school and can be held financially liable for care they did not authorize and even actively refused.\(^9\)
  - Involuntary psychiatric care can incur substantial costs, such as deductibles, copayments, and co-insurance, that may be passed on to patients and infringe upon additional rights, including individuals’ ability to consent to contracts and to allocate money.\(^10\)
- Psychiatric hospitalization can especially put children and youth at high risk of being physically or sexually assaulted, drugged against their will, restrained, and killed.\(^11\)
- Mental and behavioral health crisis assessments are racially discriminatory and perpetuate harmful stigmas about Black youth while failing to address structural violence and other root causes of trauma and crisis.\(^12\)
The implementation of 988 also raises concerns for the civil rights of people with disabilities protected under federal and state laws, including Title II of the Americans with Disabilities Act (ADA). Title II prohibits public entities, such as emergency rooms and law enforcement, from discriminating against individuals with disabilities.\(^1\)

Black and brown people, especially those with disabilities and survivors of violence, have been disproportionately met with a criminalizing and potentially lethal law enforcement response when calling 911.\(^2\) People with untreated mental and behavioral health challenges are 16 times more likely to be shot by police and account for one in four people incarcerated in jails and prisons in the United States. According to the Mapping Police Violence database, police killed 1,183 people in the United States in 2022. According to the database, 25 percent of those killed were Black, although Black people make up less than 13 percent of the national population.\(^3\)

The ADA, as interpreted by the Supreme Court’s decision in *Olmstead* v. L.C., prohibits the unjustified institutionalization of people with disabilities, holding that:

- Public entities must provide community-based services to people with disabilities when such services are appropriate.
- The affected people do not oppose community-based treatment.
- Community-based services can be reasonably accommodated.

The lack of sufficient community-based crisis services and longer-term services to prevent needless institutionalization of people with disabilities, law enforcement encounters, and incarceration of people with disabilities violates this decision. The American Civil Liberties Union of Washington, D.C., filed a lawsuit in federal court in June 2023 alleging that the district’s practice of sending police officers, rather than mental health specialists, to respond to mental health crises violates the Americans with Disabilities Act.\(^4\)

**Conclusion**

Using law enforcement to facilitate forced hospitalizations on people experiencing mental and behavioral health crises is unjust, ineffective, and irresponsible. Doing so makes 988 unsafe and therefore inaccessible for marginalized young people. To create a system that reflects values of racial and disability justice, 988 has to resist efforts to utilize carceral interventions such as law enforcement and institutionalization in crisis response - it must be preventative, not punitive.

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\(^1\) https://www.cchrint.org/2021/06/11/world-health-organization-new-guidelines-are-vital-to-end-coercive-psychiatric-practices-abuse/


\(^3\) Ibid.


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**988 Implementation and Disability Justice**

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