

# Suicide: Why hope matters

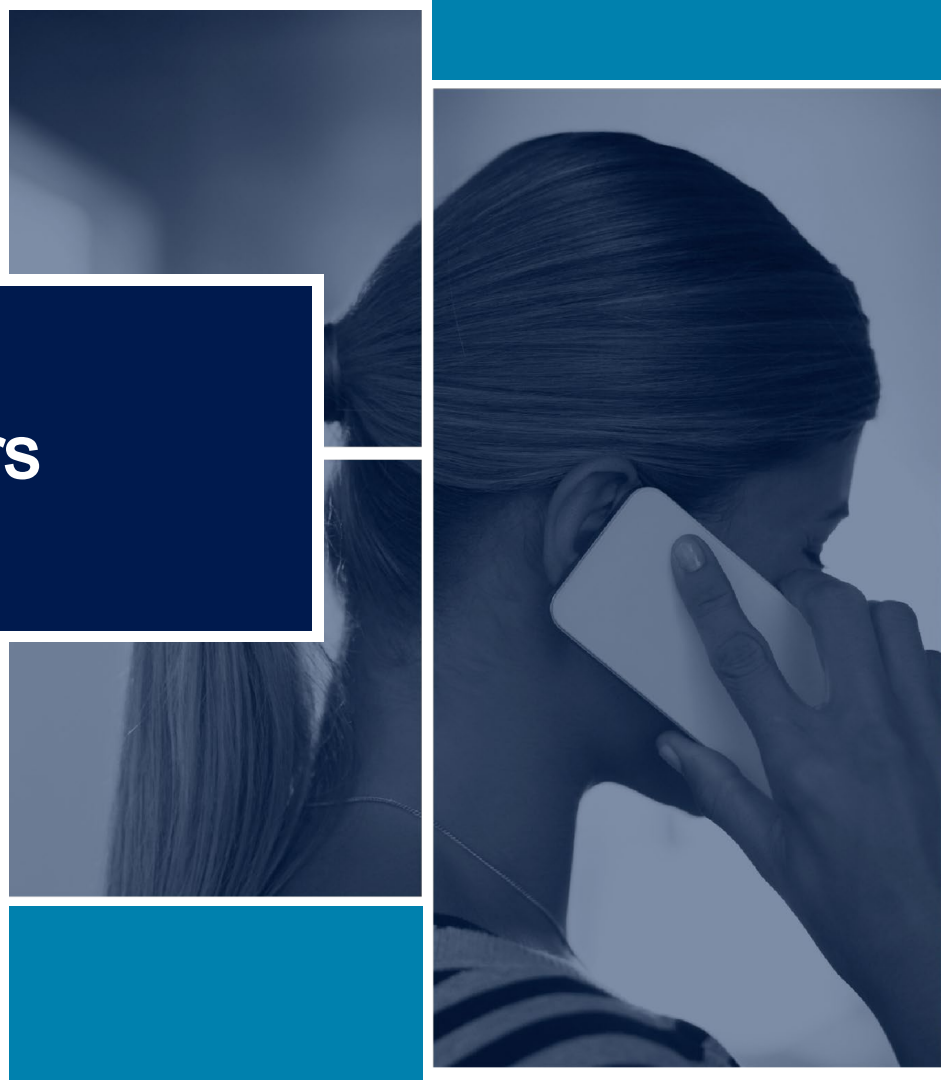


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SUICIDE & CRISIS  
LIFELINE



Tia Dole, Ph.D.  
Chief 988 Lifeline Officer  
July 28, 2025





**SAMHSA**  
Substance Abuse and Mental Health  
Services Administration



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# Disclaimer

The views, opinions, and content expressed in this presentation do not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services, the Substance Abuse and Mental Health Services Administration (SAMHSA), or the U.S. Department of Health and Human Services.



## About the Speaker

### Tia Dole, Ph.D.

she/her

Tia Dole, Ph.D., (she/her) is the Chief 988 Suicide & Crisis Lifeline Officer at Vibrant Emotional Health. Dr. Dole is a licensed clinical psychologist and a long-time advocate for the rights of those with intersectional identity. Prior to stepping into the role of Chief 988 Officer, Dr. Dole was the Executive Director of The Steve Fund, the nation's only organization focused on the mental health and emotional well-being for young people of color. Additionally, Dr. Dole was the Chief Clinical Operations Officer at The Trevor Project, the world's largest suicide prevention and crisis intervention organization for LGBTQIA+ youth. Dr. Dole oversaw all of The Trevor Project's crisis services programs as well as their volunteer community and increased their impact by a factor of four.


After completing her bachelor's degree at Carleton College, Dr. Dole received her Master's degree in Developmental Psychopathology from Columbia University (Teacher's College), and she received a Fulbright Fellowship to study Forensic Psychology in Switzerland. She then completed her doctorate in clinical psychology at Fordham University. Dr. Dole is a published author and sits on several committees. One of her passions is normalizing mental health conditions within communities of color, LGBTQIA+ communities and helping people get access to services.



Why do people consider suicide?





A man with short dark hair, wearing a light blue button-down shirt over a white t-shirt and tan pants, is seated in a silver wheelchair. He is gesturing with both hands raised, palms facing forward, as if in the middle of a conversation. He is looking towards a woman whose back is to the camera. The woman has dark, curly hair. They are in a modern living room with a wooden wall, a large window with black frames, a floor lamp, and a potted plant on a small table. A dark blue banner with white text is overlaid on the bottom half of the image.

# Why do we need the 988 Lifeline?

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# America is Experiencing a Mental Health Crisis ...

## ... but There is Hope

- The suicide rate has climbed nearly 30% since 1999 – and the rate has increased in 49 out of 50 states over the last decade.
- From 2016-2017 alone there was a 10% increase in suicides of young people between 15-24 years old in the US.
- It is estimated that more than one in five adults (18+) live with a mental illness and an estimated 49.5% of adolescents (13-18) had any mental disorder. (NIMH, 2021)





# Importance of the 988 Lifeline

In 2022 a person died by suicide every 10 and a half minutes.

- In 2021 an estimated 12.3 million American adults seriously thought about suicide, 1.7 million attempted suicide, and 2022 data showed an increase in suicide deaths.
- According to the CDC, in 2022\* the suicide death rate **was the highest number ever recorded in history of the United States.**
- In 2023, there were recorded approximately 50K deaths by suicide

\* provisional 2022 data; final numbers are expected to increase.





# Suicide Rates in the U.S.

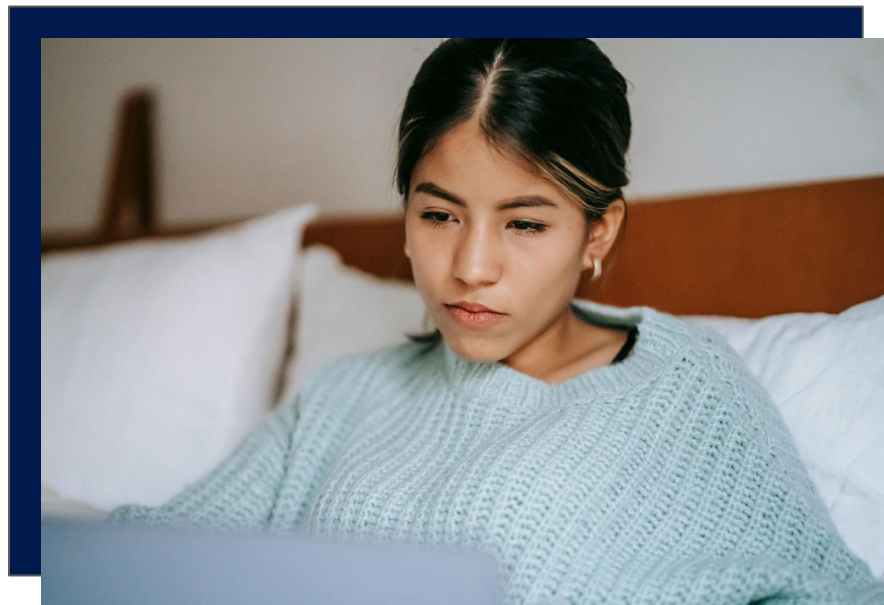
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In 2021 suicide was determined to be the second leading cause of death for youth ages 10 to 14 and American adults ages 20 to 34.

The suicide rate among 10-24 year olds in the US increased 62% from 2007 through 2021.

Some groups have higher suicide rates than others. These rates vary by race, ethnicity, age, and other factors such as where a person lives.

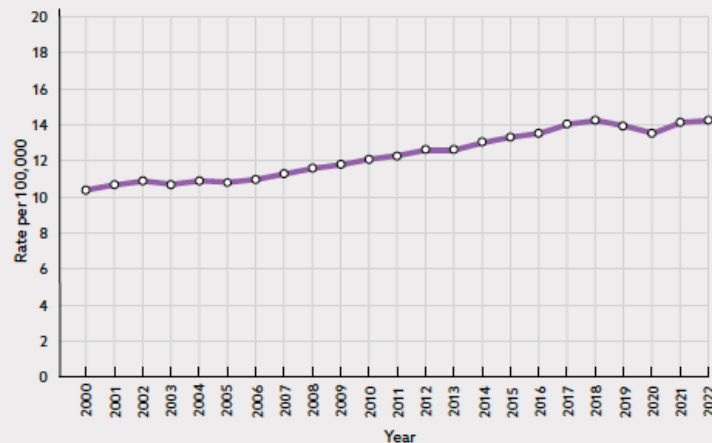


Suicide rates continue to rise increasing by 12.7% from 2012 to 2022, with brief declines in 2019 and 2020.

In 2022:

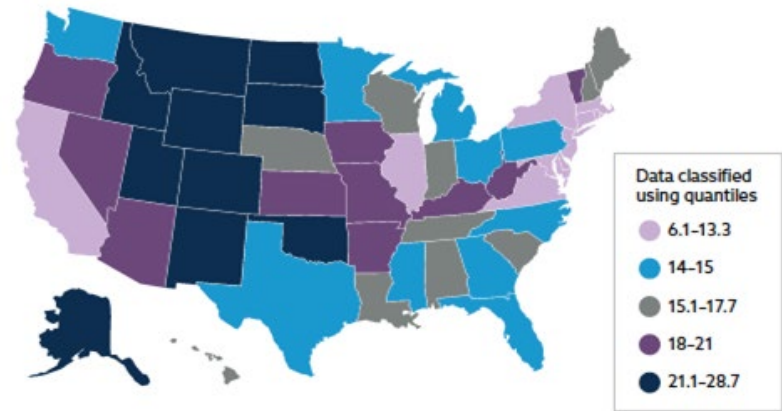
- Nearly 50,000 lives were lost to suicide
- 13.2 million people reported seriously considering suicide
- 1.6 million report a suicide attempt
- Millions more supported someone close to them who was in distress

Figure 1. Age-adjusted suicide rates, 2000–2022, United States



Source: CDC, 2024a

Figure 2. Age-adjusted suicide rate per 100,000 for the United States by state of residence, 2022



Source: CDC, 2024a

Table 1. Suicide rates by age, United States, 2022

Age	Number of Suicides	Rate per 100,000
10-14	493	2.4
15-24	6,040	13.6
25-34	8,663	19.0
35-44	8,185	18.7
45-54	7,781	19.2
55-64	7,864	18.7
65-74	5,396	16.0
75-84	3,549	20.3
85+	1,493	23.0

Source: CDC, 2024a

Considering the intersection of age, race, and ethnicity, between 2018 and 2021 suicide rates increased (Stone et al., 2023):

- 36.6% and 22.9% among non-Hispanic Black or African American populations ages 10–24 and 25–44 years, respectively
- 33.7% among non-Hispanic AI/AN populations ages 25–44
- 20.6% among non-Hispanic multiracial populations ages 25–44
- 19.4% among Hispanic populations ages 25–44 years

Table 2. Age-adjusted suicide rates by race and ethnicity, United States, 2022

Race/Ethnicity	Number of Suicides	Age-Adjusted Rate per 100,000
<b>Non-Hispanic</b>		
American Indian and Alaska Natives	650	27.1
Asian	1,459	6.9
Black or African American	3,826	8.9
Native Hawaiian or Other Pacific Islander	95	14.3
White	37,481	17.6
More Than One Race	682	10.5
<b>Hispanic</b>	5,122	8.1

Source: CDC, 2024a



Suicide rates among females and males show large differences. Male age-adjusted suicide rates in 2022 were about four-fold higher than female rates.

Among females, the highest rates were among ages 45–54 years (9.0 per 100,000), non-Hispanic AI/AN (14.6 per 100,000), and non-Hispanic White females (7.3 per 100,000).

Among males, the highest rates were among ages 75 years and older (43.9 per 100,000), non-Hispanic AI/AN (39.6 per 100,000), and non-Hispanic White males (28.1 per 100,000).

Table 3. Age-adjusted suicide rates by sex, United States, 2022

Sex	Number of Suicides	Age-Adjusted Rate per 100,000
Females	10,203	5.9
Males	39,273	23.0

Source: CDC, 2024a

# Suicide Trends:

other populations disproportionately impacted



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## Individuals who have served in the armed forces:

- The unadjusted suicide rate for Veterans increased 45%, from 23.3 per 100,000 in 2001 to 33.9 per 100,000 in 2021. Among non-Veteran U.S. adults, the suicide rate increased about 33%, from 12.6 per 100,000 in 2001 to 16.7 per 100,000 in 2021 (U.S. Department of Veterans Affairs, 2023).
- Between 2020 and 2021, the age-adjusted suicide rate among female Veterans increased 24.1%, and 6.3% for male Veterans.
- Among recent users of Veteran's Health Administration (VHA) health care services experiencing homelessness, the suicide rate increased 38.2% to 112.9 per 100,000 in 2021.
- AI/AN Veterans have the highest rate of suicide based on race and ethnicity (46.3 per 100,000) and saw the sharpest increase between 2020 and 2021 (51.8%).

# Suicide Trends:

other populations disproportionately impacted



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## Certain civilian occupation groups

- Men in construction and extraction (65.6/100,000)
- Women in installation, maintenance, and repair (26.6/100,000)

## Individuals living with mental disorder

People with diagnosed mental disorders (including substance use disorders) have a higher suicide risk than people without such diagnoses. However, the vast majority of people with mental disorders will not die by suicide.

Suicide rates vary by how common (e.g., mood disorders) and how impairing (e.g., anorexia) the disorder is. Risk also varies based on the age of onset, the age of diagnosis, how many disorders are present, and based on demographic characteristics more generally, such as age and sex.

# Suicide is most often preventable

For every person who dies by suicide in the United States each year, there are 316 others who seriously consider suicide but do not kill themselves.

Over 90% of people who attempt suicide go on to live out their lives. With the help of the evidence-based crisis intervention that the 988 Lifeline provides, we can offer emotional support to help save lives.





# What is the 988 Suicide & Crisis Lifeline?

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**“988 is designated as the universal telephone number within the United States for the purpose of the national suicide prevention and mental health crisis hotline system operated through the National Suicide Prevention Lifeline...”**

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*National Suicide Hotline Designation Act, 2020*

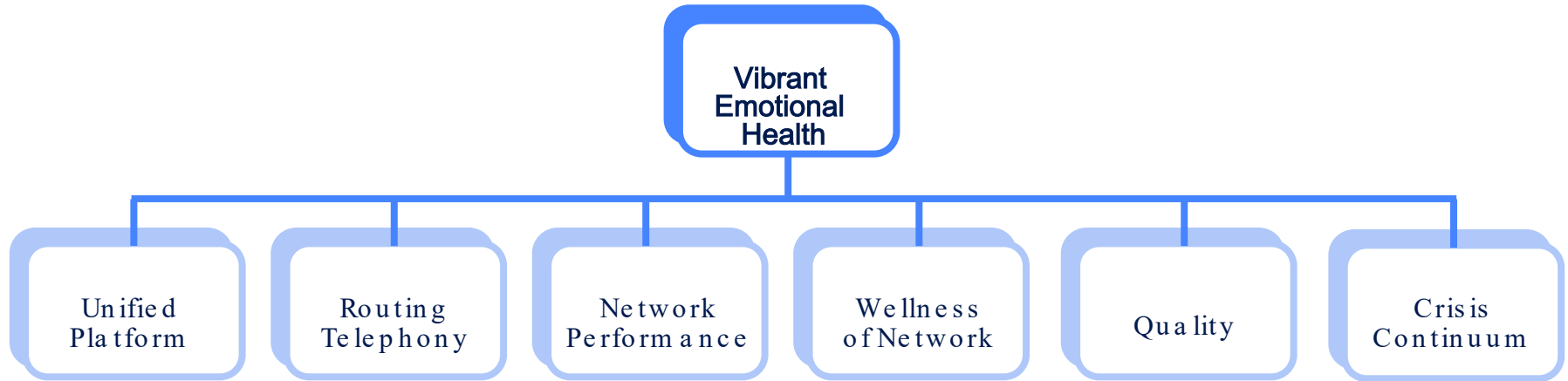
# The 988 Suicide & Crisis Lifeline

The 988 Suicide & Crisis Lifeline (also known as the 988 Lifeline) provides support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week across the United States.

The 988 Lifeline, known originally as the National Suicide Prevention Lifeline, launched in 2005 and is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). It is administered, under a cooperative agreement, by Vibrant Emotional Health.

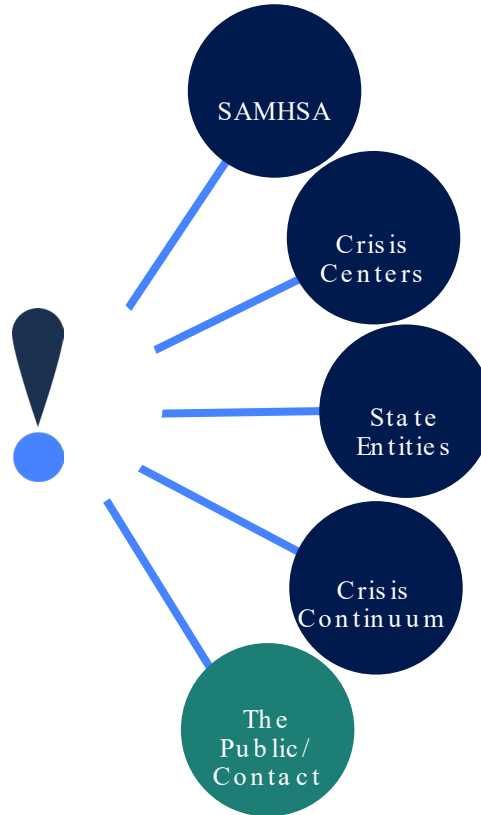


# 988 Lifeline Administration

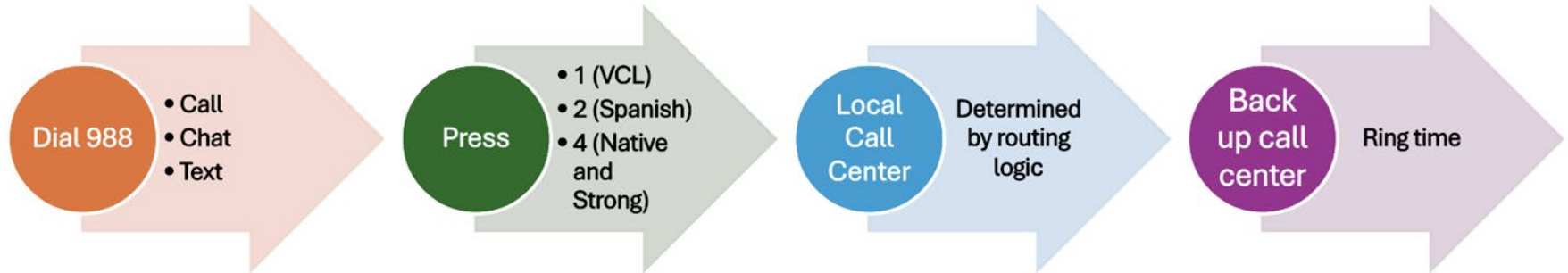




# Vibrant's Primary Stakeholders



# How the 988 Lifeline Works



# Current State of 988

Over the last three years



Expanding access to care through  
specialty services



Nearly **\$1.5 billion** investments from the previous  
federal administration have strengthened and  
expanded the 988 Lifeline capacity and services

# Three Years of 988 Growth

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## INCREASED OUR REACH

- Launched Spanish Chat/Text
- ASL for Deaf and Hard of Hearing
- 988 Day

## BROADENED DIGITAL FOOTPRINT

- Georouting
- Unified Platform
- [988lifeline.org](https://988lifeline.org) update
- Bolstered Cybersecurity

## INCREASED QUALITY AND ACCESSIBILITY

- Suicide Safety Policy Implementation
- Training for Crisis Counselors in Spanish
- Launched Counselor Training Platform
- Caring Contacts Pilot
- Trainings for Autistic Helpseekers and Rural Helpseekers

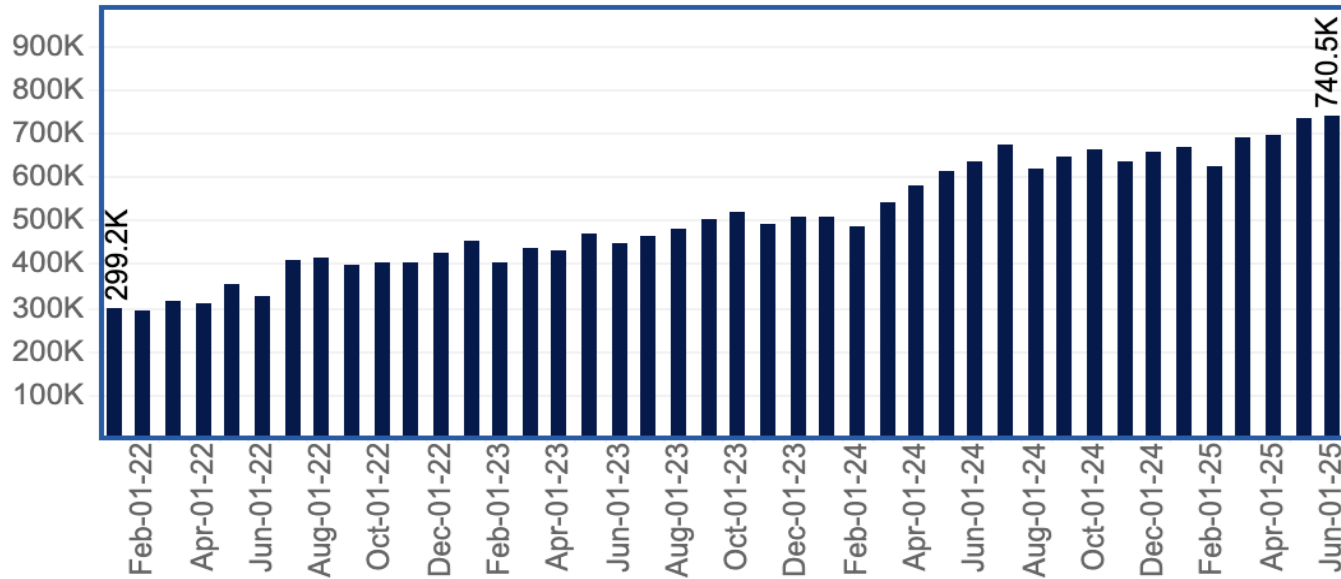




## How many overall interactions are routed within the 988 Network?

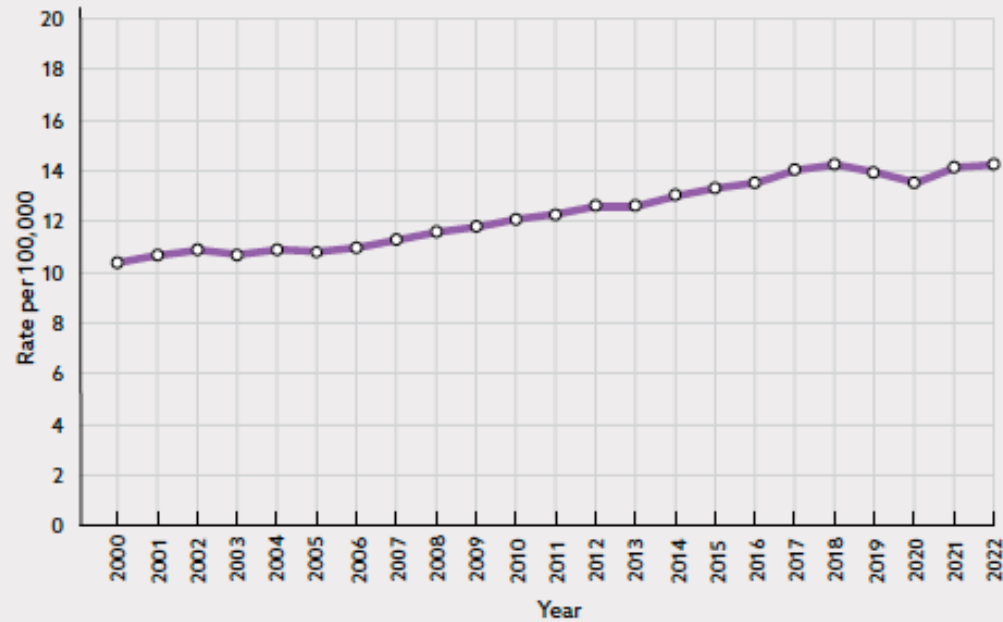
**21,327,412 Routed (2,592,125 VCL)**

Includes calls routed to the Veterans Crisis Line, all other visuals do not include data from the VCL



# Look Familiar?

Figure 1. Age-adjusted suicide rates, 2000–2022, United States



Source: CDC, 2024a



# Georouting Launch

- In conjunction with the **FCC, SAMHSA and major U.S. wireless carriers** expect to begin rolling out georouting in Fall 2024. FCC, SAMHSA, the 988 Lifeline network administrator (Vibrant Emotional Health) and major U.S. wireless carriers have been working collaboratively on technology upgrades, tests, and rollout planning. Georouting will be activated on a rolling basis with each wireless carrier.
- **Starting in Fall 2024,** people who call 988 will be connected to a nearby crisis call center if their phone carrier has implemented georouting.
- Callers who use a wireless carrier for which georouting is not active will be connected to the **nearest 988 crisis call center** based on the defined location of the first six digits (area code and prefix) of the caller's phone number.

# #988Day

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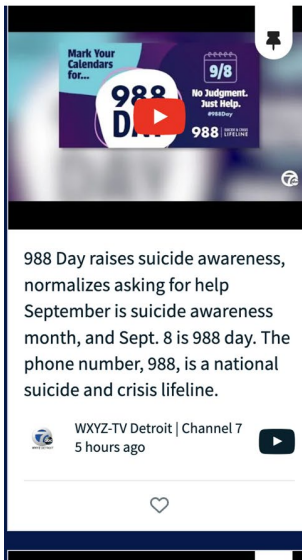
**WHAT WAS IT:** A day to create positive buzz around the 988 Suicide & Crisis Lifeline and its related activities across the country.

**GOAL:** Raise awareness of 988 in fun and creative ways, beginning an annual tradition on 9/8/24.

**CALL TO ACTION:** On September 8th we asked folks to use the message “No Judgment. Just Help.” to positively promote 988, and then share what they did on social media using the hashtag: #988Day.”

**INITIAL RESULTS:** We saw **4,647 individual posts** from participants with nearly **6,500 total page views** on our wall. **150M total impressions** for 988 Day overall.

**NEXT STEPS:** Vibrant and SAMHSA started meeting the week of 9/9/24 to discuss what worked well and what we can improve upon for the 2025 988 Day.



Help is Available.

This week is National Suicide Prevention Week and we're proud to collaborate with paparaoach



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Happy 988 Day! 🧠 🌱 🌟

#988Day

# The 2024 National Strategy for Suicide Prevention

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This is the third [National Strategy for Suicide Prevention](#), the first occurring in 2001 with a subsequent strategy release in 2012.

The new 2024 National Strategy for Suicide Prevention (National Strategy) is meant to address gaps in the field and to guide, motivate, and promote a more coordinated and comprehensive approach to suicide prevention in communities across the country.

National Strategy *for*  
Suicide Prevention

[www.hhs.gov/nssp](http://www.hhs.gov/nssp)

2024





Why I have hope





# Thank you!

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