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Who Will Fill the 988 Hotline Gap for LGBTQ+ Youth?

— Local and state governments, NGOs, and clinicians will need to step up

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The national suicide prevention hotline, 988 National Suicide & Crisis Lifeline, has been required to end its specialized support for LGBTQ+ callers, saying they can use the general services instead. After July 17, youth and young adult callers will no longer have the option to "Press 3" or text "PRIDE" to be connected with counselors who offer tailored support as part of the hotline's LGBTQ+ Youth Specialized services program.

This change will eliminate a critical LGBTQ+ support service from the crisis line -- ending life-saving services for the country's LGBTQ+ young people who rely on it. This is no small population: a report by The Trevor Project found that 39% of LGBTQ+ young people seriously considered suicide in the past year, and 12% attempted suicide. LGBTQ+ young people are more than four times as likely to attempt suicide than their peers. Since the specialized hotline was started in 2022, there have been over 1.3 million contacts (calls, texts, and chats) made.

The overall federal funding for the 988 hotline (via the Substance Abuse and Mental Health Services Administration [SAMHSA]) will remain the same, despite the elimination of the specialized services.

This exemplifies a systematic and targeted diversion of federal resources from the LGBTQ+ community, and comes after the Trump administration canceled more than $125 million in grant funding for LGBTQ+ health.

As funding losses threaten the existence of nationally available resources, we can expect the gaps in care to widen for LGBTQ+ young people. Crucially, there will be more pressure on local, state, and non-governmental organizations, as well as healthcare professionals, to compensate for the removal of the specialized line.

The Cost of Eliminating a National Resource

The end of the LGBTQ+ specialized services program means that a positive, affirming support system will no longer be accessible to young people across the country. The 988 hotline offered consistent, high-quality support that providers in all communities could confidently recommend, especially in areas lacking local LGBTQ+ affirming services, like rural communities.

A report from Hopelab found that more LGBTQ+ young people in rural areas reported receiving support online compared with their urban and suburban peers. The 988 LGBTQ+ youth specialized services ensured 24/7 availability, employed counselors specifically trained to address the needs of LGBTQ+ youth under 25, and was equipped to accommodate a high volume of callers. Without a national option, young LGBTQ+ individuals, especially those in rural or underserved areas, may find themselves in a resource desert, with few, if any, accessible and safe mental health resources.

Are Local Organizations Equipped to Address This Gap?

Under the 988 model, the majority of the specialized funding was given to larger national nonprofit organizations. But many of them may struggle to offer sufficient support without continued government funding. For example, the Trevor Project, which provided services to the 988 line and served over 50% of calls for the Press 3 option, will continue to operate its own crisis lines independently, but the federal funding had doubled its reach and now they will have only half the capacity to serve individuals at a time when demand for support is increasing.

In the absence of the national program, many LGBTQ+ youth may turn to local resources and organizations in their communities.

Even for services that do exist and have sufficient resources, they are frequently provided in-person, making them inaccessible to young people who may face transportation barriers or live in remote areas. This issue is compounded by the fact that certain under-resourced organizations operate with limited funding and staff, making it difficult for them to serve a high volume of young people in crisis. As a result, some young people may be turned away or experience long wait times -- critical delays that can worsen their mental health and leave them feeling even more isolated.

Providers and Healthcare Workers Can Help Build Awareness

While some local organizations may be under-resourced or overwhelmed by high demand, others may be underutilized simply because many LGBTQ+ youth are unaware of their existence. This lack of awareness often stems from limited outreach, low visibility, and the absence of public awareness campaigns.

The medical community can play a powerful role in uplifting LGBTQ+ youth by serving as a trusted access point to refer them to appropriate resources. This is especially crucial given findings from the National Coalition for LGBTQ Health, which surveyed healthcare providers and reported that fewer than half offer LGBTQ-specific services or culturally tailored interventions. Additionally, only

57% felt very confident using inclusive, affirming, and culturally sensitive terminology when speaking with LGBTQ+ patients.

Providers can start the conversation in the clinic by giving LGBTQ+ youth patients a resource sheet tailored to local and state LGBTQ+ services -- especially those that focus on crisis intervention and mental health support. By offering this information directly during appointments, it presents a unique opportunity for healthcare providers to increase awareness of resources offered outside of the health system, meeting LGBTQ+ youth where they are. Providers need to start the conversation -- and by doing so, they can help bridge the widening gap in care while affirming to young patients that they are seen, supported, and not alone.

If you or someone you know is considering suicide, call or text 988 or go to the 988 Suicide and Crisis Lifeline website.

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