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John Moe: A note to our listeners: this episode contains discussions of suicide.

Let's put it at the top of the show this week. The 988 Suicide and Crisis Lifeline can be reached in the US and Canada by calling or texting 988. It's free. It's available 24/7. And let's talk about that.

It's *Depresh Mode*. I'm John Moe. I'm glad you're here.

Transition: Spirited acoustic guitar.

John Moe: See, I usually read that at the end of our show in the closing credits. Have since 988 became a thing three years ago. Before that, on this show and my old show, I would read out the full-length phone number that preceded 988. It just seems like a responsible thing to do on a mental health show to provide a potential—literal—lifeline to people. A lot of folks who listen to this show have interesting brains, after all, and could—like anybody—find themselves in crisis or in urgent need of an understanding voice. I wanna make sure you get that, because like I say: I'm glad you're here. I wish for you to remain here.

988 is important for mental health, for society, for human beings. It's literally a life-or-death proposition for lots of people every day. But now that 988 has been around for a few years, it's a good idea to check in on how it's going. Pop the hood, give it a checkup, see how the machine is running. Especially because it's been in the news lately with reports of a possible drastic cut that would eliminate one of its key services, and because 988 is being talked about on social media in a way that may not be accurate—might need a fact check. Let's get the scoop on 988 with Hannah Wesolowski. She's the Chief Advocacy Officer for Government Relations, Policy, and Advocacy at NAMI, the National Alliance on Mental Illness.

Transition: Spirited acoustic guitar.

John Moe: Hannah Wesolowski, welcome to *Depresh Mode*.

Hannah Wesolowski: Hi. Thank you for having me!

John Moe: Let's start with a story that's been in the headlines, which is specialized services for LGBTQ teens who call 988. First of all, what is that service? How does that work?

Hannah Wesolowski: Yeah. So, 988 has been available since July 2022. And in the fall of 2022, the Substance Abuse and Mental Health Services Administration, or SAMHSA, piloted a specialized line. So, basically you call 988; you can press 3 if you identify as an LGBTQ+ youth or young adult, and you get connected to services that are more tailored to your needs. It was so successful and in so much demand that it became a permanent option. And now, over 1.3 million people have reached out to that specialized line; and it's staffed by people who are specially trained to be culturally responsive to LGBTQ+ youth, and in many cases have shared experiences, and kind of have been where the people who are calling for help have been.

And so, you know, it's a wonderful resource that has helped many young people.

John Moe: Talk a little bit about the volume of calls coming in. Like, how does that compare to the main 988 line? Like, how big is that number? How significant is that number?

Hannah Wesolowski: Yeah. It accounts for about 10% of overall contacts to 988. So, it's a pretty significant chunk of people who are reaching out to 988 for help—whether it's text or chat or calls—you know, a good chunk are reaching out to that specialized line. So, there's clearly a need and a demand there.

John Moe: Okay. And what's going on with the funding for that service?

Hannah Wesolowski: Well, I'll start with the good news first. Overall funding for 988 is looking like it's going to be relatively preserved. You know, we're facing a lot of federal budget cuts, and 988 overall has had a lot of increased funding, and we're feeling optimistic about it as a whole. Unfortunately, a leaked document a couple of weeks ago that was like a very early-stage document of the president's proposed budget suggested eliminating the specialized services line. It's about a \$50,000,000 a year line item. Not—in the grand scheme of things, not that expensive. And for something that saves lives, you know, a pretty darn good investment. But it proposed to eliminate that specialized line.

You know, this is early. It's not final, and Congress ultimately makes the decision, but it certainly has advocates like NAMI concerned.

John Moe: What's the concern? What's NAMI's position on it? What's—you know, where are you coming from on this?

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Hannah Wesolowski: You know, our position is: we know that LGBTQ+ youth have rates of suicide attempts that are almost four times as high as their peers. We know there is a unique need and challenge in the LGBTQ+ youth community, particularly trans and non-binary youth, are facing many attacks right now and may feel the need for support more than ever. And getting rid of this line we fear is going to make it so these young people don't see 988 as a resource for them, because they don't see the resources for them. And you know, we are very concerned that elimination will mean that people are just aren't gonna reach out for help. And what does that mean? And our young lives, these are our kids. We don't wanna lose them.

John Moe: Yeah, there was a meme going around. I saw it on social media on a few different platforms that said 988 itself is being defunded and that Canada is opening its hotline to Americans. Neither of those things is true, correct?

Hannah Wesolowski: So, 988 is not being defunded. We've gotten no indication of that. We've only seen support for 988. It is a strong bipartisan initiative. It has only gotten to where it is today because of policymakers on both sides of the aisle being really committed to it. And I'd have a hard time believing any of them would move away from 988 to defund it

entirely. But we've also seen some of these early budget docs, for example, really keep flat funding for 988 overall. So, that's great. We just can't lose these specialized services.

Canada did follow the United States lead, and Canada has added a 988 line of their own. I don't believe there is any technological way that people could reach out to 988 from call and text in the US and be connected to Canada's line. Perhaps they could use an online chat. But just the way technology works, I don't believe that we could do that. It's not like we can call—I don't believe—Canada has the same thing as 911 here. They have their own version, but we can't call that from the United States. It's just not how these services are set up to operate.

John Moe: Let's talk a little bit about funding in general for 988. How does that work? Is it a federal thing? Is it a state thing? How does 988 get its money to operate and pay its operators and keep going?

Hannah Wesolowski: It's a great question. It is complicated. So, it is a—

John Moe: Tell us everything.

Hannah Wesolowski: (*Chuckles.*) It's a national network that is partly funded by the federal government. It funds its infrastructure, but states have a big role in funding and operating this service. So, before 988 went live in 2022, there were call centers that were part of the National Suicide Prevention Lifeline. That lifeline flipped over into the 988 Lifeline, but it has obviously grown in scope. It's about any type of mental health crisis or period of emotional distress, and there's been a lot of investment. So, the federal government investment has grown. There have been hundreds of millions of dollars in federal grants to states over the last few years to help states build up the capacity that they needed now that people are becoming aware of 988.

And so, federal appropriations each year are at a little over \$500,000,000 for 988, which is a huge jump from where we were four or five years ago. But states still have a lot of costs that are not necessarily covered, and we've been pushing across the country for states to have sustained funding streams for 988. When Congress created 988, something they said in the legislation was that states could add a small fee on phone bills. So, right now, if you were to look at your phone bill, you pay a small 911 fee every month, and it helps fund the 911 network. Well, states were given the option to add a 988 fee. And to date, 11 states have added it. So, we've had almost—for four and a half years, 11 states have added it. It raises tens of millions of dollars to fund not just 988, but mobile crisis response.

So, if somebody needs more help than can be provided over the phone, who do we send? Traditionally we've sent police. We wanna make sure we're giving people a mental health response. So, those resources can also be used to build up those crisis response services.

John Moe: So, then you mentioned 11 states have provided this extra funding. What happens to the 39 states who aren't doing that? Are they in trouble of—is their funding in trouble? Is the service in trouble?

Hannah Wesolowski: Not necessarily. That's where it gets complicated. So, you have the fee; you put that into law, and you know that funding stream's gonna be there no matter what. A lot of states have appropriated funding. So, each year or every other year in their budget cycle, they will appropriate some money. And that's great. That gets us what you need each year, but that's something you have to keep going back to the State House every fiscal cycle to make sure that money's still available.

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So, I wouldn't say anything's at risk. But I do think having funding that we can rely on long-term is really important. Because certainly budgets get tight. You don't want anything on the chopping block, and having that small fee—again, the highest fee is 60 cents per phone line per month. It's a very, very small amount that people are paying, but it raises so much money, and it's something we know we can rely on.

John Moe: Okay. I read where Oklahoma in particular was having some issues, and there are some reports that they might run out of funding next year. Is that true? And what's the situation there?

Hannah Wesolowski: Yeah, I mean, some states are in a really tough fiscal environment right now. And there were some federal grants that had been appropriated through the American Rescue Plan Act. So, that was one of the COVID response bills, and it funneled a lot of money through kind of mental health programs out to states. And states used a lot of that to build up 988. It was really helpful in getting 988's capacity off the ground. Well, that funding was cut off six months early. The administration kind of rescinded any remaining funds at the end of March, so it kind of pulled back about \$1,000,000,000 that was still out there.

And while states knew that they were gonna have to fill that gap at the end of the fiscal year, they basically have to fill that gap six months earlier than expected. And that's hitting some 988 resources. So, states certainly are scrambling. We have not gotten any confirmed reports that services have been cut, but certainly advocates in states where there is a funding concern are working with legislators to identify other funding options—whether that's kind of direct appropriations or other things that they might be able to implement.

Transition: Spirited acoustic guitar.

John Moe: We're talking with Hannah Wesolowski, Chief Advocacy Officer at NAMI, the National Alliance on Mental Illness. We're talking about 988, and we'll be back in a moment.

(ADVERTISEMENT)

Transition: Gentle acoustic guitar.

John Moe: We're back talking with Hannah Wesolowski from NAMI.

When we talk about states trying to fund 988 to keep it going, now that we're about three years into running the 988 line, what's a state that's handling it well that could maybe be a model for other states?

Hannah Wesolowski: It's a great question. So, many states are handling 988 well. I think a lot of us, before that July 2022 implementation date, we thought that there'd be a lot of demand and that we didn't know what would happen. Would the system stand up to it? And it has stood up to growing demand remarkably well. I mean, there are states like Washington State that added an additional specialized service for American Indian and indigenous populations. So, another group that faces high rates of suicidal ideation, and that's serving as a model that potentially could be replicated on a larger scale.

We know these states that have identified these permanent funding streams that help make sure all the services are available. You know, New Hampshire is one that has kind of a statewide mobile crisis response that has done a really great job. And I mean, states across the country have really stood up and run with this to make 988 not just a number to call, but to build up the services around it, so that you get a full continuum of crisis response services.

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So, you know, 80-90% of people who contact 988 are gonna get the help that they need immediately over the phone. But there's a small percent that are gonna need more. And so, making sure we have those mobile crisis response teams—or if somebody needs a place to go, having crisis stabilization facilities as an alternative to typical emergency departments that aren't great in a psychiatric crisis. So, you know, I'm really seeing states across the country take up that mantle and build out these crisis systems. Some started in a stronger spot, because they had already been working on this. Colorado is a state that comes to mind that had been building up their crisis systems for quite some time before 988 was even on the horizon but have continued to grow it.

So, you really have states across the country who have invested in this. Arizona is another great example. They have—Tucson, Arizona's one that we always stand up, because they have such terrific collaboration between law enforcement and the mental health systems. So, we're handing people in crisis off to the best resource at every point of intervention. If somebody comes in contact with law enforcement, they're handing them off to the mental health system. And 988 has fit in seamlessly with that system that they have there. So, it's really inspiring to see how state leaders have localized this to fit the needs of their populations.

John Moe: Like we said, we're three years into 988. Has the—how is the overall stability of the structure? Like, are there services there to meet the demand? Is the demand greater than expected? Like, how stable is this rig?

Hannah Wesolowski: You know, that's something I think about all the time. You know, NAMI has continued to look at public awareness of 988, and we've tracked that over time. And you know, what we've seen is that more and more people are becoming aware of this and actually understanding what 988 is for. You know, more than 2 in 3 Americans have at

least heard of it and may have an idea of what it offers. And a good chunk of Americans actually know what 988 is. So, the more people that know about it, the more people that call.

What we've seen is that answer times have gone down. So, people are connected to resources more quickly. And kind of success rates—people who contact 988, talk to somebody, actually get through—have gone up. So, the system is holding up remarkably well to the demand on the 988 side. The side that gets a little bit more complicated is what comes after 988, right? So, you know, if people need that in-person response, is it available? Not every community has alternatives to law enforcement response. And so, that's really been a priority to build out those other services, because that is still very inconsistent across the country.

John Moe: Is there a system that mandates that? Like, that is consistent from state to state, where people are going to get referred to? How does that work?

Hannah Wesolowski: Yeah, so it's—I mean, it's highly localized. You think about—you know, we've relied on 911 in law enforcement for a long time to respond to people in a mental health crisis. And that's a highly localized resource. So, a lot of this is not only having the funding at a state level and any federal resources, but also building out the collaboration and cooperation at a local level between a 988 call center and local law enforcement and the local 911 call centers. And so, it's a complicated thing to implement, but there's a good framework for what it should look like. Everyone has someone to contact. Everyone has someone to respond. And everyone has a safe place to be. And there are different ways that communities can implement those pillars.

988's the someone to contact. Right? But the other pillars? There are options that fit a range of needs. If you're a more rural community, you know, what works for you might look different than in a large urban center. Right? So, you know, it's really working with local advocates and leaders on the ground to determine what resources they have to bear, what they already have in place, and how can law enforcement and mental health work together to get people connected to the right services. And I have to say, law enforcement has been a really big champion of this as well. They know that people need to be connected to mental health resources, and they've been a wonderful asset in this work.

John Moe: I'd like to talk a little bit about how 988 works, because it may be that some people listening have been in need of its services. Maybe it's suicidality or a mental health crisis. But they may be nervous to call, because they don't know what will happen, if the police will show up at their door, if they'll be locked up.

What happens when someone calls or texts 988?

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Hannah Wesolowski: Yeah, it's such an important question, because people have fear based on their real experiences, right? People have called for help in times where they are struggling or a loved one is struggling, and often have been met with really traumatic and not helpful responses. And so, building that trust with 988 is really important. So, we advocated, and as of last fall, if you call 988 you're gonna be routed based on your general geographic location. Some technology—that I am not an expert in, but—pings office cell towers to

connect you to the closest call center. But it doesn't transmit any of your specific location information. 988 is anonymous, and it's important for people to know that. So, if you call—

John Moe: Text as well as phone?

Hannah Wesolowski: So, text is anonymous as well, but we don't have kind of what we call geo-routing, where you can get routed based on your general location area to the closest call center. Not yet. We're working on it. Advocates are working on it to try to get the Federal Communications Commission there. And they're certainly looking at that issue. So, right now, that's an effect for calls. And so, calls go to a local call center. Sometimes people worry, "Well, what if these call centers are overburdened and people wait?" Well, there's a national backup network. And basically, if a call goes to a local call center and no one can answer it there, there are backup centers that have trained crisis counselors that can answer the call so that no one's ever lingering and can't talk to somebody.

Now the concern "will police respond?" There's about one—about 2% of cases where 988 call takers identify somebody who may have—their life may be at imminent risk, right? This is a suicide crisis lifeline. There might be other factors in play. If that—if they go through that protocol, and they determine that somebody's life may be at imminent risk, there is a very lengthy process that they go through working with 911 to try to determine any information. They ask people to voluntarily share their information so they can send out lifesaving resources. And in about half of those cases, people do. So, then you're left with that small—about 1%—of total contacts where then they have to go into protocol with 911, with phone companies, to try to get any information they can on where the person's calling from so they can dispatch lifesaving resources.

It can sometimes take hours and hours to try to get EMS dispatched if somebody thinks somebody's life is at risk. The privacy and anonymity of 988 is absolutely crucial. But there is this protocol in place to save lives if those lives seem to be at risk.

John Moe: You used the term "imminent risk." What defines imminent risk?

Hannah Wesolowski: So, there's a pretty heavily researched protocol that call takers go through. It's available on the 988 Lifeline website. And basically, there's a series of questions and protocol that a call taker goes through. And if there are certain responses, they'll continue to determine if people meet that level of need. Again, it's been heavily researched as the protocol that does determine if a life is potentially at risk, and lots of smart people have worked on it. And it's something that continues to be evaluated and updated over time, as needed, to make sure that it's consistent with current research and information. 'Cause no one wants to— First of all, there's not a lot of capacity to go through this process, right?

So, you know, 988 is overtaxed, and to try to go through this process—we certainly don't wanna do it. And certainly people are worried about it. So, it's not something you wanna over rely on. So, it's used—I would say—pretty judiciously and conservatively to make sure that protocol is followed to a T. And these crisis counselors that are answering the phone take it seriously. They go through pretty extensive training on it.

Transition: Spirited acoustic guitar.

John Moe: Talking with Hannah Wesolowski from NAMI. We'll be right back.

Promo:

Music: Bright, energetic music.

Jeremy Bent: Hey, we're the Eurovangelists, and it's the most wonderful time of the year, because the Eurovision song contest is next week!

Oskar Montoya: 37 countries will face off in Basel, Switzerland to determine who has the best song in Europe.

Dimitry Pompée: On our show, we've argued about all the songs, and we are heading to Europe to bring you our reactions straight from Switzerland!

Jeremy: And on our next episode, we're gonna predict who's gonna survive the semifinals, compete in the grand final, and ultimately win Eurovision 2025!

Dimitry: Albania, baby!

Oskar: It's Malta.

Jeremy: Uh, Latviaaaa!

Dimitry: But we won't be alone. Glen Weldon of NPR's *Pop Culture Happy Hour* will be with us sharing his own predictions. Aaand telling us why we're wrong.

Oskar: So, make sure you're ready for Eurovision by listening to *Eurovangelists* on Maximum Fun, available everywhere you get podcasts.

(Music ends.)

Promo:

Music: Playful piano.

Helen Hong: You never know what you'll learn more about on the celebrity trivia show, *Go Fact Yourself!*.

[00:25:00]

J. Keith van Straaten: For over 150 episodes, we've welcomed guests like DJ Jazzy Jeff, Audie Cornish, and Andy Richter to tell us why they love what they love and then get quizzed on it!

Helen: And past quizzes have included some pretty unexpected topics like:

J. Keith: Reverse painting.

Helen: The perfect flip turn while swimming.

J. Keith: Prince's house party playlist from that one episode of *New Girl*.

Helen: And so much more!

J. Keith: Plus, our guests meet surprise experts in their topics.

Helen: Like the time we met an actual celebrity cow.

J. Keith: So, listen to *Go Fact Yourself!* twice a month, every month on Maximum Fun.

Helen: Do it for the cow!

Sound Effect: Mooing and a cow bell.

(Music fades out.)

Transition: Gentle acoustic guitar.

John Moe: We're back, talking with Hannah Wesolowski from NAMI.

We've talked about, you know, some of the funding issues, some of the backup support systems, the referral systems in place. What would a full, properly funded, smooth-running 988 system look like? If you were to just build this as good as it can be, what would that be?

Hannah Wesolowski: Oof! Yeah, that's a great question. First of all, I think all 911 operators would be trained to identify somebody calling 911 who may be in a mental health crisis, so that they can connect those individuals to 988. That's something that's happening on a more ad hoc basis, but that's one component. That everyone who contacts 988 is connected to local resources. So, whether you're texting, chatting, calling, we want everyone connected to local resources. 'Cause we want people, once they get off the phone, to be able to go seek out whatever they might need and to get well. We don't want people to keep cycling into crisis, right? So, whether you need housing support or food services, or whether you need to get in

with a community mental health provider—whatever it is you might need, we wanna be able to have a local 988 call center refer that individual to whatever might be beneficial to them so they can get well.

Second, for those who need more than just those referrals, we wanna make sure that people always get help, not handcuffs, when they're in crisis. So, we want 988 call centers, if they determine that somebody needs an in-person response, to have trained mobile crisis teams in every community that are made up of peer support specialists, social workers, nurses, EMTs, who go out and provide a mental health response to those crises. And many of those situations where that exists, those individuals can be deescalated on site and, again, referred to additional resources. And for the smaller number of people that may need more intensive care and support, we want everyone to have a safe place to be.

And so, rather than being in an overcrowded emergency room where they might wait hours or days—and in some cases, weeks—to see a psychiatric professional, we want people to go to a safe, welcoming place like a crisis stabilization room that's based on a living room model, where they can talk to someone, where they can maybe sleep, take a shower, can be observed. And mental health professionals can determine “What does this person need to get?” Well, these are usually 23-hour facilities, under that one-day mark. They're really to help determine “Do they need inpatient care?” In many cases they do not. And so, how do we connect people to the right outpatient services that help them stay well in the community? That's the goal. We want everyone to be well in the community. Ultimately, we want them to stay well overtime.

John Moe: I'm curious about how 988 has changed so far over the last three years. Are there any improvements that have been implemented? Are there approaches that they found are working better than others? Has training changed? Like, how has it evolved?

Hannah Wesolowski: Yeah, 988 I feel like is constantly evolving. It's a work in progress, right? So, a few things—services have changed. They've added video chat. So, if somebody's deaf or hard of hearing, they can do an online video chat to be able to talk to somebody, do ASL. There was always Spanish call services for 988 as a specialized service, but now there's Spanish text and chat services in 988. So, if you're a Spanish speaker, you can access those services any way in the 988 network. There's translation services for well over 100 other languages that can be accessed as well. And we've added the LGBTQ+ youth and young adult specialized services that we've talked about as well. Which I think have helped, you know, so many young people who need that support. We—you know, advocates fought for geo-routing for calls, and we were finally successful last year to make sure that those calls are routed based on local information.

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But again, not transmitting any personally identifiable or specific location information. That's been a big change. And I think it was a big complaint of many states that they were investing in crisis services, but they couldn't necessarily capture the people in their state. Because people move with their cell phones; their area codes don't necessarily match where they live. And before, calls were routed based on area codes. So, there have been a lot of improvements. Does that mean we are at a perfect state? No. There's continual improvements

that are gonna need to be made. But thinking about where we were, you know, three years ago, it's really tremendous to see how many people this resource has helped.

John Moe: How has the—in your opinion, as somebody watching this system, as somebody concerned about mental health advocacy—how do you think they've been doing in terms of awareness of the number, of people being skeptical of the number, people being hesitant to call because they think cops are gonna show up the door? How would you evaluate the education effort that's gone on?

Hannah Wesolowski: Yeah, it's been, uh, up and down. And you know, to be perfectly honest, a lot of the public awareness stuff was held for a while, right? There were so many people who were concerned that if we immediately raise the demand for 988, and we tell everyone in the country about it, we don't have the capacity to answer that. So, the rollout was intentionally targeted and strategic, so that call centers could build up that capacity. But SAMHSA launched their first, big public awareness campaign last year in 2024. I will say that that geo-routing issue I mentioned was really a barrier. We had some states, for example, that didn't wanna promote 988, because they knew they weren't reaching everyone in their state because of that area code issue. So, some states were promoting their own 10-digit number. Which defeats the point of an easy to remember three-digit number, right? Who can remember 10 numbers in a crisis?

So, you know, that hampered efforts. And you know, luckily we've been able to now better address that, and it's evolving. You know. But some of the things that we have found in our polling—which we do, you know, usually twice a year—that 27% of adults are now familiar with 988. So, they know what the number is, they know how to access it, they know what to get out of it. And as I said before, more than 2/3rds have at least heard of it, but they don't necessarily know everything about it. That's more than doubled since the first poll we did in 2022. So, we're seeing awareness grow. But you know, there's still a lot of room for improvement there.

And you know, the concerns about funding that people are hearing, they're hearing these rumors, the concerns about police arriving, the concerns about, you know, “If I call 988, I might be hospitalized.” You know, those are things that, again, are based on people's real experience. And that's why we're fighting for every community to have that full continuum of crisis care, so we can say unequivocally that, when you call, this is the type of help you're gonna receive.

We're getting there. We're not fully there yet.

John Moe: So, do you think it would be a bad idea to have more awareness of 988, because the system can't handle it—couldn't handle the response?

Hannah Wesolowski: I think the system can handle it now. I think in those early days, there was a lot of concern that— You know, I think in the first month of 988 being available, demand almost doubled from what the previous suicide prevention lifeline was. So, states were dealing with a lot more incoming than they had been used to. And now we've seen over 14,000,000 people—14 and a half million people—contact 988 since July 2022. So, it's grown a lot. But I think now we have that ongoing capacity. We have good backup networks.

There's a really strong framework in place. So, I think we need to continue to make people aware of it. And that's why advocates like NAMI also need to advocate for the funding to make sure it continues to have that capacity.

John Moe: Your bio on the NAMI website says that you work—quote, “work with advocates, partners, and NAMI leaders to enact policy change that will improve the lives of all people affected by mental health conditions.” Beyond 988, what are the policy changes that are top of mind for you and for NAMI right now?

Hannah Wesolowski: Yeah, a big one that we're working on is protecting Medicaid. You know, we feel if you protect Medicaid, you protect mental health. And Congress is looking at a lot of significant spending cuts that potentially could be devastating to the Medicaid program. And Medicaid pays for \$1 in \$4 spent on mental health and substance use care in this country. I mean, it is really kind of the underlying support system for the entire mental health system. And so, any cuts to Medicaid would be devastating for mental health. So, that's something that has been a really big priority for us.

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Now we wanna make sure that we maintain the coverage and access that we have, but we also don't wanna lose sight of the long-term goals to improve what people experience when they need mental healthcare. We know far too many people can't access it, can't pay for it, can't find it. So, we continue to advocate for those things while dealing with some of the immediate challenges we're facing.

John Moe: Do you know, have calls to 988 gone up in the last, oh, 100 days or so? Since the political changes have happened and since there have been all these cuts to human services?

Hannah Wesolowski: So, all the 988 performance data is publicly available on the SAMHSA website. But the last month we have data for is February. So, it lags a little bit; so we don't know. What I can say is NAMI operates a helpline—and it's not a crisis line, but it is a resource and referral line. And what we are seeing is that our call volume has gone up pretty substantially. And it's a range of needs that people are reaching out to us for, you know. We are seeing people reach out about “where can I get help finding a job?” “I'm stressed about current events. How do I practice self-care?” “I'm not getting assistance or timely responses from federal agencies. What can I do?” You know, a lot of the real-life implications of what people are experiencing.

But you know, overall we're seeing a 21% increase in calls, year over year, to our helpline. And our online knowledge center, which has a lot of articles and resources, has seen almost an 80% increase year over year compared to last year. So, a lot of people are reaching out for help, and it's about things that are pretty timely in today's environment.

John Moe: You have advocacy built into your job. What can other people do? What can a regular person do to try to make 988 a strong, resilient resource that's gonna be there to save lives and help people?

Hannah Wesolowski: Yeah. Well, I'd encourage people to learn more about 988 and what the vision is for a crisis response system. NAMI has been proud to lead a partnership of over 50 national organizations, called Reimagine Crisis. So, ReimagineCrisis.org. You can find out has your state passed that fee on phone bills? What is 988? What does it look like? What should it look like? So, you can go there and get information. And I would encourage folks to connect locally with mental health organizations like their local NAMI, who are very plugged into state efforts around improving crisis response. I'd also urge folks: members of Congress need to hear from you. Whether it's on Medicaid, whether it's on 988, they need to hear the stories of people who are impacted or wanna see certain actions taken.

So, you can go to NAMI.org/takeaction to, you know, contact your member of Congress on a range of issues that are really pertinent right now and tell them how you want them to act. Constituents' voices are really important in this process.

Music: "Building Wings" by Rhett Miller, an up-tempo acoustic guitar song. The music continues quietly under the dialogue.

John Moe: Hannah Wesolowski is the Chief Advocacy Officer at NAMI, the National Alliance on Mental Illness. Hannah, thank you.

Hannah Wesolowski: Thank you.

John Moe: Hannah Wesolowski is Chief Advocacy Officer for Government Relations, Policy, and Advocacy at NAMI, the National Alliance on Mental Illness.

We rely on your support in order to make this show. We like to think that we are providing a service, but the service does cost money. If you have already donated to the show, thank you so much. You're making a difference. If you haven't yet, please, we really need your help. Just go to MaximumFun.org/join. You can join at whatever level you like. And thank you. Be sure to hit subscribe. Give us five stars, write rave reviews. All that gets the show out into the world where it can help folks.

I'll say it again; it's important. The 988 Suicide and Crisis Lifeline can be reached in the US and Canada by calling or texting 988. It's free. It's available 24/7.

We're on BlueSky at [@DepreshMode](https://DepreshMode). Our Instagram is [@DepreshPod](https://DepreshPod). Our *Depresh Mode* newsletter is on Substack. Search that up. I'm on BlueSky and Instagram at [@JohnMoe](https://JohnMoe). Our Preshies group is going strong. A lot of good discussion happening over there, people supporting each other, people talking about all kinds of things. I'm there too. I'll see you over there. Just go to Facebook, look up Preshies, and ask to be invited, and we'll welcome you in. Our electric mail address is DepreshMode@MaximumFun.org.

Hi, credits listeners. It is the type of season in St. Paul, Minnesota where there's a lot of birds coming through, and they're all looking for mates—or at least, a lot of them are looking for mates.

[00:40:00]

At least, all the birds in the world looking for mates are outside my window at about 4:30 every morning. So. Lots of coffee for John.

Depresh Mode is made possible by your contributions. Our production team includes Ragu Manavalan, Kevin Ferguson, and me. We get booking help from Mara Davis. Rhett Miller wrote and performed our theme song, “Building Wings”. *Depresh Mode* is a production of Maximum Fun and Poputchik. I'm John Moe. Bye now.

Music: “Building Wings” by Rhett Miller.

I'm always falling off of cliffs, now

Building wings on the way down

I am figuring things out

Building wings, building wings, building wings

No one knows the reason

Maybe there's no reason

I just keep believing

No one knows the answer

Maybe there's no answer

I just keep on dancing

Phil: I'm Phil from Pullman, Washington, and I think you're pretty great.

(Music fades out.)

Transition: Cheerful ukulele chord.

Speaker 1: Maximum Fun.

Speaker 2: A worker-owned network.

Speaker 3: Of artist owned shows.

Speaker 4: Supported—

Speaker 5: —directly—

Speaker 6: —by you!