

Improving Crisis-Response for Students of Color: How 9-8-8 Can Be a Lifesaving and Equity-Minded Resource

MARCH 2024



We know that when children are healthy – both physically and mentally well – they are more likely to succeed in school and in life. Yet children and youth from historically marginalized communities do not have equitable access to the resources and opportunities they need to reach their full potential. In particular, youth of color frequently report their histories of trauma, their mental distress, and their grief and anxiety are often met with dismissiveness, skepticism, and even discipline and increased surveillance. In times of mental health crisis, the need to meet all students where they are with trauma-responsive, developmentally appropriate, gender-affirming and culturally concordant care is critically important.



The 9-8-8 Suicide & Crisis Lifeline is an opportunity to support schools in shifting from a discipline response to a care-and-compassion response for students who may be struggling or expressing stress, depression or suicidal behaviors.

9-8-8 is more than just an easy-to-remember 3-digit number.

It is a direct connection to compassionate, accessible care and support for anyone experiencing mental health-related distress – whether that means thoughts of suicide, mental health or substance use crisis, or any other kind of emotional distress.¹ The number can also be utilized by third parties concerned about a friend, student or loved one. Callers can choose to withhold their name, and all calls are confidential unless it is determined that there is a safety risk that requires immediate intervention. The 9-8-8 Suicide & Crisis Lifeline has the potential to reduce the reliance on law enforcement, hospital emergency rooms and other public safety resources.²

Masked Mental Health Inequities for Communities and Youth of Color

Students have experienced high volumes of mental health crises in recent years, disproportionately impacting California's youth of color. While much attention has been given to the impact that COVID-19 has had on children's mental health, historical data has shown that the pandemic, as well as the intensified public attention to historical and ongoing racial injustice, exacerbated an ongoing youth mental health crisis, especially for Black youth and youth of color. The following data points/statistics illustrate the magnitude of these inequities:

YOUTH AGES

10-18

Black youth and Latine youth have all experienced a higher increase in suicides compared to adults, white youth and boys.³ The suicide rate among Black youth has doubled between 2014 and 2020 and is now TWICE the statewide average⁴, exceeding all other groups. Nearly 1 in 4 (22%) of Black 7th graders have considered suicide – double the rate of white students (10%) and the highest of any group in that grade.

ONLY

14%

of low-income teenagers on Medi-Cal in California (the majority of whom are children of color) received screenings for depression and a follow-up plan in 2019. Less than 6% of Indigenous youth received a screening and plan.⁵

1 in 3

adolescents in California reported symptoms that meet the criteria for serious psychological distress. Children and youth living below the federal poverty level had the highest levels of psychological distress.⁶

52%

of Latine teens feel sadness or hopelessness compared to 42% of white children.⁷ Nearly one-third (31%) have seriously considered attempting suicide compared to 23% of white children.⁸ Yet 88% of Latine teens (1.1 million) did not receive psychological or emotional counseling.⁹ And only 17% of Latine youth enrolled in Medi-Cal have been screened for depression.¹⁰

19%

of Asian American, Native Hawaiian & Pacific Islander (AANHPI) youth have thought about, planned to attempt, or attempted suicide. This rate is twice that of their white peers – an alarming disparity.¹¹

AN ESTIMATED

43%

of LGBTQ high school students in California from 2017-2019 seriously considered attempting suicide in the previous year. This rate of suicidal ideation was about one and a half times the estimate for students unsure of their sexual orientation (29%) and more than three times the estimate for straight youth (13%).¹³

In 2019, suicide was the second leading cause of death for AI/AN (American Indian/Alaska Native) people between the ages of 10 and 34.¹⁴

A recent needs assessment on behavioral health in California showed that "AI/AN youth face significantly higher rates of depression, suicide, and [substance use disorder] than other young adult populations."^{15, 16}



TCP uses "Latine" as a gender-neutral form of the word "Latino" to refer to people of Latin American cultural or ethnic identity in the United States. TCP uses this term in order to create a more welcoming environment for individuals who identify outside the gender binary. We commit to re-evaluating our approach as language continues to evolve.

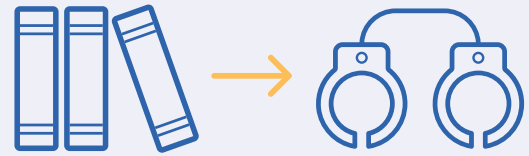
Mental Health Crises Contribute to the School-to-Prison Pipeline

What is the school-to-prison pipeline?

The school-to-prison pipeline is a framework for understanding how certain types of school hardening or school discipline policies push certain students, particularly Black and students of color, toward involvement in the

criminal-legal system.¹⁷ Students of color and students with disabilities are more likely to experience exclusionary discipline policies, such as suspensions, expulsions or locked seclusion. Students of color also have more contacts with school resource officers (SRO) and are more likely to attend a school with an SRO but not a counselor. Students of color are both under-identified for their disabilities and poorly- or under-served for those disabilities, which could lead to their being overly and unfairly disciplined.¹⁸

This indicates many schools do not have the internal capacity to respond to youth's mental health crises with alternatives to punitive school discipline policies, though these situations can often be related to a student's social-emotional well-being, a mental health condition, or grief and trauma.



What is the impact of the school-to-prison pipeline?



Students who experience more exclusionary discipline policies are more likely to be held back a grade, drop out or end up in the juvenile-legal system.¹⁹

Up to 85% of incarcerated youth have learning and/or emotional disabilities, while only a little over one-third received support in school.²⁰ **Students from low-income communities of color are less likely to have their distress behaviors interpreted as indicative of a need or disability compared to students in white, higher-income communities.**²¹

Teenagers are more likely to disengage in school, such as skipping class, and also report more psychological distress after being stopped by or interacting with police.²²

The school-to-prison pipeline hinders opportunity for young people, predominantly Black and brown youth. Better addressing the mental health crises that contribute to the school-to-prison-pipeline requires support and education for families in addressing concerns such as poverty, trauma and community violence to foster overall student well-being.

How Schools Can Use 9-8-8 to Support Students in Distress

9-8-8 offers 24/7 access to trained crisis counselors who can help people experiencing mental health-related distress²³ or third parties, such as a teacher, friend, librarian, etc. Opportunities to intervene with the support of 9-8-8 include:



Thoughts of suicide
(suicidal ideation)



Mental health or
substance use crisis



Any other kind of
emotional distress

Implementing 9-8-8 at school sites as part of their suicide prevention/mental health policies/protocols can include:

- ✓ Annually updating your school's crisis response guidelines to include use of 9-8-8 as a first response
- ✓ Disseminating information about 9-8-8 to all students and staff, with guidance on when to use it
- ✓ Checking in with youth if an adult ally was a part of connecting youth to 9-8-8
- ✓ Reaching out to your local 9-8-8 crisis center. Many have outreach and training programs and can attend school resource fairs, provide suicide prevention training for students and staff, etc.

Who Can Use 9-8-8?

Anyone! Administrators (principals, vice principals, and school office staff), teachers, students, school nurses, school staff (custodians, technicians, lunch personnel, counselors, therapists, coaches, bus drivers, etc.), and parents.

Here are three ways to get in contact with the 9-8-8 prevention hotline:

 **Call: 9-8-8**  **Text: 9-8-8**  **Chat: 988lifeline.org**

Callers can press 2 to speak with a bilingual Spanish-speaking counselor or 3 to connect with a special LGBTQ call center.

 **soluna**

Soluna is a mobile application designed to empower young people by providing a range of benefits tailored to their needs, including mindfulness, self-improvement, and community.

[LEARN MORE](#)



Consent – Where possible, if calling on behalf of a young person, obtain their consent to reach out to the support line, and include the youth from the beginning of the call by putting them on speakerphone (if in a private setting) or handing them the phone.

Connecting Young People to Care

Student: Hey coach, I've been feeling really down lately. I don't think things are going to get any better, and I don't have anyone to talk to.

Coach: I'm so sorry to hear this. Thank you for sharing with me. You can always come to me when you need to talk. I'm also wondering, have you ever considered calling 9-8-8?

Student: No, what happens if I call 9-8-8?

Coach: 9-8-8 is called the Suicide & Crisis Lifeline. It provides immediate access to a crisis counselor who you can talk to and who can help provide resources you may need.

Student: I'm afraid they'll call the police.



Coach: Crisis counselors cannot reroute calls to 9-1-1 unless you pose an immediate danger to yourself or others. It is also confidential.

Student: I didn't know any of this, thank you for telling me about 9-8-8!

Coach: Of course! 9-8-8 was nationally launched on July 16, 2022. They even make it easy to be reached – call, text or chat. You shouldn't hesitate to use it if you're feeling this way and need someone to talk to.

Student: Thank you so much coach, I really appreciate this information.

Coach: Absolutely, buddy. We are all here for you.

Acknowledgments

The Children's Partnership would like to gratefully acknowledge Genesis Abril (California Black Women's Health Project), Marika Collins (Didi Hirsch), Alexis Martin (The Children's Partnership), and Adrienne Shilton (California Alliance of Child and Family Services) for their contributions to this fact sheet. Their research and expertise were instrumental in ensuring the fact sheet contains comprehensive and accurate information.

For more information, contact [Jenifer Ford](#).



Footnotes: Please scan the QR Code to review all of the footnotes for this document.