Opinion Editorial

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Mental Health Crisis In North Dakota Requires More Than Just a Hotline

The National Suicide Hotline Designation Act of 2020, which designated 9-8-8 as the universal crisis line, is a commendable step forward in addressing the mental health crisis in America. However, this measure alone is not sufficient in addressing the mental health crisis in North Dakota, where mental health resources are scarce, and suicide is the second leading cause of death among individuals aged 10-34 years old. While some states have used the 9-8-8 designation to increase mental health funding to establish mobile crisis response teams, develop stabilization resources, expand ambulatory care, and train crisis counselors, North Dakota has cut mental health funding. Why are North Dakota policymakers reducing funding and ignoring the crisis at a time when mental health and suicide rates are at an all-time high?

Mental health emergencies can be unpredictable, and they often occur outside of normal business hours. This is why it is essential to have resources available that can be accessed at any time, such as a designated hotline. The 9-8-8 hotline provides a direct line of support for those experiencing a mental health crisis and can potentially save lives. However, the effectiveness of the hotline relies heavily on real time access to mental health professionals and availability of crisis centers. According to Mental Health America, 81% of North Dakota communities do not have enough mental health providers to serve their residents. This statistic is alarming and shows that people with mental illness in the state continue to lack access to mental health resources even with the 9-8-8 designation. In fact, North Dakota, a largely rural state, only has four crisis centers with limited hours of availability. Clearly this hinders the ability to support individuals in their unpredictable time of need. While the hotline is a valuable resource, it is only a starting point. It is not a substitute for the kind of sustained, comprehensive care that people with mental illness require.

The mental health crisis in North Dakota requires a multi-faceted approach that goes beyond providing a hotline number. One such approach is expanding community-based behavioral services and navigation resources. These services could include crisis response teams, mental health clinics, and peer support groups. It is crucial to ensure mobile crisis teams are available 24/7 across the entirety of the North Dakota to provide real-time, therapeutic interventions and help people find and access resources that are appropriate for their specific needs. Such resources can help people navigate the complex and often confusing mental health care system. Moreover, policymakers can tackle the shortage of mental health providers by increasing mental health funding to encourage individuals to seek behavioral health professions. With greater access to mental health providers, North Dakota can expand its crisis center locations and extend their operating hours. These services will provide more personalized, accessible, and affordable care to people in need.

While the National Suicide Hotline Designation Act of 2020 is a step forward, it is not sufficient in addressing the mental health crisis in North Dakota. We need a multi-faceted approach that prioritizes sustained, comprehensive care, and increases access to mental health resources. Our state’s policymakers must recognize the gravity of the situation and take proactive steps to address it. We must continue to advocate for increased mental health resources and support services to ensure that those experiencing a mental health crisis can get the help they need. It is time to prioritize mental health and address the rising mental health emergency crisis. We need to go beyond just a hotline; it is our collective responsibility to ensure that people have access to the care and resources they need.

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