



**American
Foundation
for Suicide
Prevention**

Ms. Marlene Dortch
Secretary, Federal Communications Commission
445 12th Street, S.W.
Washington, D.C. 20554

June 6, 2019

Dear Secretary Dortch,

The American Foundation for Suicide Prevention (AFSP), the largest suicide prevention organization in the country, championed Congressional efforts to improve the United States' mental health crisis systems with the passage of the *National Suicide Hotline Improvement Act* (the Hotline Improvement Act) in August, 2018. The Hotline Improvement Act mandated a multilateral study of the National Suicide Prevention Lifeline's (Lifeline's) effectiveness and the feasibility of transitioning the Lifeline's hotline number (1-800-273-8255) into an easy-to-remember 3-digit N11 dialing code.

The Hotline Improvement Act was passed in the context of a worsening public mental health crisis, where suicide is one of the leading causes of death in the country. It is the 2nd leading cause of death for ages 10-34, the 4th leading cause of death for ages 35-54, and the 10th leading cause of death overall. In 2017 we lost over 47,000 Americans to suicide, nearly 129 deaths a day, with 1-in-5 suicides being a United States Veteran. That is nearly 700,000 lives lost since the turn of the century, survived by millions of family, friends, and communities. In that same time period, suicide rates in the United States have increased 33%, meaning we are in the midst of a crisis that is worsening overtime.

The Hotline Improvement Act's call to action is an unprecedented opportunity to examine and improve our nation's current mental health crisis response systems. By designating an easy-to-remember crisis hotline number, crisis resources would be more readily accessible. By designating an N11 dialing code for a crisis hotline number, accessing crisis resources would be destigmatized through association with other nationally recognized numbers (similar to 411, 911). And by dedicating a well-resourced, sole-purpose hotline number to address current and future capacity challenges, the actions that will follow the Hotline Improvement Act could have an immensely positive impact on the more than 10 million Americans who seriously consider suicide every year.

The Substance Abuse and Mental Health Service's (SAMHSA's) *Report to the Federal Communications Commission* detailed the Lifeline's role as our "nation's mental health and suicide prevention safety net" – answering over 12 million calls since its inception in 2005, including over 2.2 million calls in 2018. SAMHSA acknowledged that the designation of an N11 national suicide prevention would be a transformative step forward in the improvement of crisis systems in America.

Unfortunately, the recommendations made by the North American Numbering Council's (NANC's) *Final Report* (the NANC Report) to the FCC that

- if a 3-digit code is established, the 211 code should be expanded to include crisis and suicide prevention calling services,
- if the 211 code is not expanded, the "988" code should be designated, and
- no N11 code should be repurposed for a national suicide prevention and mental health crisis hotline system.

These recommendations are extremely shortsighted and fail to capture the intent of the Hotline Improvement Act. The NANC Report's overall recommendation for the expansion of the 211 code betrays the purpose of the Hotline Improvement Act and ignores this historic opportunity to improve crisis systems in the United States.

The NANC Report's reasoning behind the recommendation, that there "is already some public knowledge of 211 ties to the suicide prevention hotlines," ignores that the expansion of 211 to fulfill the dual-purpose of information services and a suicide crisis hotline was rejected by the vast majority of FCC public commenters and various mental health professionals and organizations. The disadvantages the NANC Report includes with 211, are alarming; that a caller in crisis may have less timely access to experienced assistance, that call centers would be unprepared to handle or transfer a crisis call, and the need for an Interactive Voice Response (IVR) system all would increase the risks associated with life-or-death crisis calls.

The NANC Report's acknowledgement that an expanded 211 code would need an "IVR system... to place priority on emergencies and those in suicidal crisis, and then options to reach other non-critical referral services" makes this recommendation immediately disqualifying. Lifeline calls are answered an average of 44 seconds after the initial 30-second greeting. Any additional wait times and procedural steps included with the recommended of an additional IVR is extremely concerning. Callers in acute suicidal or mental distress need access to appropriate services as quickly as possible, requiring unnecessary barriers to access and extended wait times as would be required for 211 is unacceptable to the mental health and suicide prevention community.

211 is nationally known as a service for information and referral, for useful services including utility assistance and employment opportunities, but including mental health and suicide crisis calls within the collection of services that 211 provides belittles the public health emergency that our country is suffering. The Hotline Improvement Act was passed to offer support to the 1-in-5 Americans living with a mental health condition and millions of Americans experiencing serious suicidal ideation, not to have these important issues relegated into a semi-associated network. The NANC Report estimated that a N11 number for mental health and suicide crises could generate between nearly 11 and 18.5 million calls, more than doubling the 12.8 million connections that 211 centers engaged in 2018. Establishing a dual-purpose, crisis and non-crisis, 211 number is not in the best interest of the millions of Americans that need dedicated services for their mental health needs.

Various factors associated with the expansion of 211 would make it an insufficient, inappropriate, and possibly dangerous 3-digit dialing code to bear the responsibilities of a national mental health and suicide crisis hotline. It is absolutely essential that another, sole-purpose N11 number be designated or repurposed for this critically important issue. The recommendation of a non-N11 number ("988" as specified in the NANC Report) should not be considered given the NANC Report states that the number cannot be deployed ubiquitously across all networks, an essential element of a nationally accessible crisis hotline. Suicide does not discriminate, access across the United States must be uniform and total.

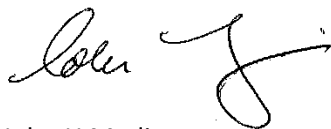
Of the tens of millions of Americans living with mental health conditions, a majority of those Americans will not seek help in part due to the deeply entrenched stigma associated with the issue. Designating a widely accepted and recognizable number format (similar to 411, 911) would be a historic step towards legitimizing crisis services across the country, and to encourage help-seeking for those in need.

The only feasible, undesignated N11 dialing code, 611, would be an effective number for a national mental health and suicide prevention hotline. Though used by service providers for customer service and repairs, that use was allowed by the FCC 20 years ago until "other national purposes" came to fruition. AFSP understands that any inconvenience service providers would face for having overused the 611 dialing code would pale in significance compared to the potential lives saved and services provided for such a crucially necessary national purpose as saving lives from emotional and suicidal distress. Alternatively, the NANC Report recommended that the 511 code, which could have the least public impact if designated for repurposing, given its limited scope and low call volume could be an effective solution. Both options would serve the purpose that the Hotline Improvement Act intended, for a sole-purpose, designated N11 crisis hotline number.

The Hotline Improvement Act has brought together professionals from across the fields of mental health, suicide prevention, and telecommunications to make historic advances in our country's crisis service network. AFSP appreciates the input and perspectives of all those involved, but we believe that this is not an opportunity to be taken for granted or wasted. The best decision, a sole-purpose N11 call number for mental health and suicide prevention, adequately resourced and ubiquitously deployed would change the trajectory of mental health care and crisis response systems in the United States.

We would welcome the opportunity to discuss the situation in person. Please reach out to AFSP's Public Policy Office for a FCC discussion with AFSP National Leadership on Tuesday, June 11 by contacting John Madigan by email (jmadigan@afsp.org) or by phone (202-449-3600 ext. 1103).

Sincerely,



John H Madigan

Senior Vice President and
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