Ms. Marlene Dortch

Secretary

Federal Communications Commission

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As a concerned citizen, a crisis worker, and more importantly someone who struggles with their mental health I deeply care about the issue of suicide prevention. I am in college and I can only begin to explain how invaluable this resource would be to my peers and family. As someone who has had an immense amount of trauma happen in their life and having observed it in others, we need a resource that is going to be solely dedicated to suicide prevention. Mental health needs to stop being such a separate conversation from physical health because it is just as important and vital to have a separate line. I am standing with others to urge the FCC to support the designation or repurposing of an N11 dialing code for the purposes of a national suicide prevention and mental health crisis hotline system. An easy-to-remember 3-digit phone number for a national suicide prevention and mental health hotline would increase public access to life saving crisis resources.

The Overall Recommendation of the North American Numbering Council’s (NANC’s) Report to the FCC, to expand the 211 code to include crisis and suicide prevention calling services, would betray the intent of the National Suicide Hotline Improvement Act and squander a historic opportunity to improve our country’s suicide and mental health crisis systems. We should not wait to move on this important issue, and I would be sorely disappointed in the leadership of the FCC if this opportunity is not taken advantage of in an important, meaningful way that would make people dealing with these issues feel as normal as possible.

The mental health and the public safety of Americans deserves a sole-purpose hotline number for people in crisis. Expanding the 211 code, which currently is designated for information and referral services (like utility assistance and employment opportunities), to include the responsibilities of mental health and suicide crisis response services diminishes the issues that communities across the country are facing. Suicide 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 the United States. Every year over 10 million people seriously consider suicide, over 1 million attempt suicide, and in 2017 we lost over 47,000 Americans to suicide. Those statistics might not mean as much to you, but what does mean a lot is how it makes the people going through all these issues feel and move forward with their health.

The scope of our mental health and suicide crises demands a dedicated dialing code without a dual-purpose. Individuals in suicidal crisis are in life-and-death emergencies, emergencies which require rapid, appropriate responses. Designating 211 to handle these types of emergencies, in conjunction with their non-emergency duties, would present a life-threating disservice to callers in crisis. NANC’s Report listed the alarming disadvantages of expanding the 211 code – that a caller in crisis may have less timely access to experienced assistance, that call centers would be unprepared to handle a crisis call, inclusion of an Interactive Voice Response System (IVR) to assess the urgency of incoming calls leading to increased call wait times – that the Commission should not take lightly.

The historic opportunity before the Commission to improve America’s crisis response network should not be wasted by expanding a current N11 code or by designating a new non-N11 number – which the NANC Report stated would not be deployed ubiquitously across the country.

I urge the FCC to designate a currently undesignated, or repurpose a currently designated, N11 code for the sole purpose of a national suicide prevention and mental health hotline. Establishing a ubiquitous, recognizable national number (similar to 411 or 911) for mental health and suicide prevention would be a transformative step for our nation’s public health by making crisis resources more accessible, by addressing the deeply entrenched stigma associated with mental health conditions, and by relieving burden on other emergency or health systems. Whether an undesignated N11 number (611) or a designated, low-use N11 number (511), I urge you to assign an N11 dialing code as a dedicated, sole-purpose number to respond to our mental health and suicide public health crises.

I thank the FCC for allowing concerned citizens, mental health professionals, and crisis service representatives to comment on this critical issue. We will not get another opportunity to so dramatically improve the way our country responds to and serves people in emotional and suicidal crisis. I urge you to support the designation or repurposing of a sole-purpose N11 dialing code to connect the millions of Americans living with mental health conditions and suicidal thoughts with the services they need.

Thank you,

Beth Gibbons