

# National Association for Behavioral Healthcare



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**SUBMITTED VIA:** <http://apps.fcc.gov/ecfs>

Secretary Marlene H. Dortch  
Federal Communications Commission  
445 12th Street SW  
Washington, DC 20554

RE: North American Numbering Council: Report and Recommendation on the Feasibility of Establishing a 3-Digit Dialing Code for a National Suicide Prevention and Mental Health Crisis Hotline System (WC Docket No. 18-336 and CC Docket No. 92-105)

7 June 2019

Dear Ms. Dortch:

As an association representing behavioral healthcare provider organizations and professionals, the National Association for Behavioral Healthcare (NABH) appreciates the opportunity to provide comments on the Federal Communications Commission (FCC) and North American Numbering Council (NANC) "Report and Recommendation on the Feasibility of Establishing a 3-Digit Dialing Code For a National Suicide Prevention and Mental Health Crisis Hotline System" (May 10, 2019 - WC Docket No. 18-336 and CC Docket No. 92-105).

Founded in 1933, NABH represents and advocates for behavioral healthcare provider systems that are committed to delivering responsive, accountable, and clinically effective prevention, treatment, and care for children, adolescents, adults, and older adults with mental and substance use disorders. Our members are behavioral healthcare provider organizations that own or manage more than 1,000 specialty psychiatric hospitals, general hospital psychiatric and addiction treatment units and behavioral health divisions, residential treatment facilities, youth services organizations, and extensive outpatient networks. These providers deliver all levels of care, including partial hospitalization services, outpatient services, residential treatment, and inpatient care.

NABH asks the FCC to immediately repurpose an N11 number for a national suicide prevention and mental health crisis hotline system. Although the NANC report examined the pros and cons of establishing a three-digit dialing code (N11 number) for a national suicide prevention and mental health crisis hotline system, the report did not consider the public health consequences associated with failing to establish a dedicated code for suicide. There are two factors the report overlooks:

- the urgency of the suicide crisis in the United States; and
- the emergent and immediate nature of serious suicidal ideation and suicide attempts.

By failing to address these facts, the report focuses only on the potential effects of changing an existing N11 number. It does not evaluate the outcomes of the existing numbers versus the potential benefits and outcomes that a new suicide line could produce.

Based on the urgency of the suicide crisis and the nature of suicidal ideation, the potential positive outcomes outweigh any costs associated with changing an existing N11 number. This is why we strongly encourage the FCC to move forward immediately and repurpose an existing N11 number for a national suicide prevention and mental health crisis hotline system.



### **Suicide is a National Crisis**

Suicide in the United States is a national public health crisis, which is why we think an N11 number should take priority over non-crisis N11 numbers. Suicide is the 10th leading cause of death in the United States<sup>i</sup> and the second leading cause of deaths for Americans between the ages of 10-34<sup>ii</sup>. Meanwhile, suicide deaths are at their highest rate in more than a half century.<sup>iii</sup>

According to the Centers for Disease Control and Prevention (CDC):

- Suicide claims the lives of more than 47,000 people annually<sup>iv</sup>;
- The suicide rate increased 33 percent between 1999-2017<sup>v</sup>; and
- Suicide rates are nearly twice as high in rural counties than in urban ones<sup>vi</sup>.

Some of the existing N11 numbers identified in the report do not offer help for issues that could rise to the level of a national crisis. Moreover, some existing N11 numbers are meant to offer a convenience for phone users, rather than a potentially life-saving resource for people who need it immediately.

### **Serious Suicidal Thoughts is an Emergency**

The NANC report overlooks two important facts: first, suicide attempts are overwhelmingly impulsive. Second, suicide typically occurs when a person is alone. These conditions underscore why immediate access to help is vital to saving lives.

A study published in the *Journal of Clinical Psychiatry*<sup>vii</sup> found that of those who attempted suicide, 47.6 percent reported that the period between the “first thought of suicide and the actual attempt” had lasted 10 minutes or less, more than twice the number of any other time period reported in the study. In addition, 82.9 percent of individuals reported being alone “when the idea to commit suicide emerged for the first time within the suicidal process and 86.6 percent “were alone when they made the eventual decision to do so.”

Simply put: when it comes to suicide, every second matters. This is why it’s critical to make it easier for individuals who are alone and in a crisis to access care immediately. Some N11 numbers, if changed to a standard 10-digit number would not significantly impact the outcome of any calls since those N11 numbers are currently being used for non-emergency purposes. Suicide is an emergency and time can mean the difference between life and death.

### **Recommendation**

According to the U.S. Surgeon General, “Crisis hotlines...play an important role in providing timely care to patients with high suicide risk.”<sup>viii</sup> That important role can be expanded using a repurposed N11 number for suicide prevention. The NANC report provides important information about the impacts of establishing that number, however none of those impacts outweigh the need and the benefits of creating an N11 number for suicide. We encourage the FCC to act quickly to repurpose an N11 number for a national suicide prevention and mental health crisis hotline.

If you have questions, please contact me directly at 202-393-6700, ext. 100, or contact NABH Director of Policy and Regulatory Affairs Scott Dziengelski at 202-393-6700, ext. 115.

# National Association for Behavioral Healthcare



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Thank you for your attention to this important matter.

Sincerely,

Mark Covall  
President and CEO

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<sup>i</sup> CDC *10 Leading Causes of Death by Age Group, United States – 2017* [https://www.cdc.gov/injury/images/lc-charts/leading\\_causes\\_of\\_death\\_by\\_age\\_group\\_2017\\_1100w850h.jpg](https://www.cdc.gov/injury/images/lc-charts/leading_causes_of_death_by_age_group_2017_1100w850h.jpg)

<sup>ii</sup> Ibid

<sup>iii</sup> Associated Press *Suicide, At 50-Year Peak, Pushes Down US Life Expectancy* November 29, 2018 <https://www.apnews.com/de57909c5bcc4162b122948539ed9c6a>

<sup>iv</sup> CDC *10 leading Causes - 2017*

<sup>v</sup> CDC *Suicide Mortality in the United States, 1999–2017* <https://www.cdc.gov/nchs/data/databriefs/db330-h.pdf>

<sup>vi</sup> Ibid

<sup>vii</sup> Simon, T.R., Swann, A.C., Powell, K.E., Potter, L.B., Kresnow, M., and O’Carroll, P.W. Characteristics of Impulsive Suicide Attempts and Attempters. *SLTB*. 2001; 32(supp):49-59.

<sup>viii</sup> U.S. Department of Health and Human Services (HHS) Office of the Surgeon General and National Action Alliance for Suicide Prevention. *2012 National Strategy for Suicide Prevention: Goals and Objectives for Action*. Washington, DC: HHS, September 2012.