



February 14, 2020

Commission Secretary Marlene Dortch
Office of the Secretary
Federal Communications Commission
445 12th Street, SW
Washington, DC 20554

Re: WC Docket No. 18-336

Dear Secretary Dortch,

Mental Health America (MHA) appreciates the opportunity to provide comment to the Federal Communications Commission (FCC) about designating 988 as a 3-digit number for the National Suicide Prevention and Mental Health Crisis Hotline.

MHA strongly supports the FCC efforts underway to convert the National Suicide Prevention and Mental Health Crisis Hotline (the Lifeline) to 988, a 3-digit number that would increase awareness of and access to suicide prevention crisis services, and we look forward to seeing the completion of this conversion in the near future.

MHA, founded in 1909, is the nation's leading community-based nonprofit dedicated to addressing the needs of those living with mental illnesses and to promoting the overall mental health of all Americans. MHA has more than 200 affiliates and associates in 41 states, including Vibrant Emotional Health, the entity which established and continues to administer the Lifeline. Our work is driven by our commitment to promote mental health as a critical part of overall wellness, including prevention services for all, early identification and intervention for those at risk, and integrated care, services, and supports for those who need them, with recovery as the goal.

As the FCC understands and describes in its August 2019 Staff Report to Congress, suicide is a growing U.S. problem claiming more than 48,000 lives yearly. Rates of suicide since 2007 nearly tripled in youth and adults aged 10 years to 24 years.¹ Furthermore, suicide is the second leading cause of death for youth ages 10-17 years old and young adults ages 18-34. MHA has collected significant data that indicates the prevalence of suicidal ideation among youth and adults who participate in our screening program. This data strongly supports the designation of a 988 number.

MHA operates an online screening program that includes clinically-validated assessments for nine mental health conditions, including: anxiety, depression, psychosis, bipolar disorder, eating disorder, post-traumatic stress disorder, and substance use. Many of the individuals who take a screen also choose to answer optional demographic questions that help us to better understand the population actively seeking help for their mental health or distress. Since the inception of MHA Screening, over two million people have taken the PHQ-9 to screen for depression. Nearly a third of screeners are youth ages 11-17, and 62 percent of screeners are under age 24. MHA has found that half of youth ages 11-17 who take a depression screen report having significant thoughts of suicide or self-harm in the last two weeks. Of the screeners who score at risk for moderate to severe depression, 68 percent have never received any treatment or support for their mental health, indicating a huge gap in support services for people who may be at greater risk of a mental health crisis.

Though not always related, thoughts of self-harm and suicide are often linked to mental illness. Suicide attempts and completions are also linked to major life changes such as financial strain, job loss, relationship status change, divorce, or death. Overall, one-third of MHA screeners identify as having serious thoughts of suicide or self-harm more than half, or nearly every day. Given the prevalence rates indicated by our data, MHA strongly supports easy access to crisis services for those having thoughts of suicide and self-harm and designating 988 is a crucial step in achieving that goal.

MHA is committed to earlier, upstream interventions to prevent development and worsening of mental health conditions and support recovery. We believe that an easy-to-remember number is long overdue because crisis services save lives (suicide is preventable) and lead to better outcomes. Posing a danger to self or others is a high bar to set to trigger delivery of care for people in need. In Dallas, Texas, when a behavioral health professional was integrated into emergency dispatch, thousands of hours (equivalent to hiring an additional patrol officer²) were given back to police, fire, and rescue first responders to handle true public safety concerns, because mental health related calls were routed to appropriate health care assistance. Many individuals in crisis currently enter criminal justice or forensic settings that further harm and traumatize. By designating 988 as the 3-digit Lifeline and promoting it widely to the public to get help, fewer people will use 911 to find behavioral support, allowing for an earlier, appropriate mental health response and limiting the number of people who are needlessly involved in the criminal justice system because of a mental health crisis.

Based on the FCC's August 2019 Staff Report, MHA agrees that 988 is the most effective three-digit code for the Lifeline. As the FCC notes, other n11 numbers are being utilized for other national, state, and local priorities and repurposing those numbers for crisis use will cause confusion or delays to needed services, depending on the existing utilization of the n11 number.

Special populations of utilizers such as lesbian, gay, bisexual, transgender, queer (LGBTQ) individuals, racial and ethnic minority youth, and veterans will significantly benefit from a three-digit code such as 988 as a resource in times of distress because the universal code will speed access to appropriate services and enhanced awareness will reduce stigma. Ninety-four percent of LGBTQ individuals who took a depression screen through MHA Screening in 2019 scored at risk for moderate to severe depression, and half reported experiencing serious thoughts of suicide or self-harm more than half or nearly every day. The suicide death rate among Black youth has been found to be increasing faster than any other racial/ethnic group according to the CDC's Youth Risk Behavior Survey.³ And, though veteran adults account for approximately 8 percent of the U.S. population, 13 percent of suicide deaths are veterans.⁴ MHA agrees that LGBTQ and minority subpopulations must overcome additional barriers in care, even under normal circumstances, and proposes 1) specialized training of existing and new counselors in LGBTQ and minority youth cultural competency, and 2) establishment of an Integrated Voice Response ("IVR") to route calls to organizations that specialize in serving LGBTQ and minority youth in crisis, similar to what currently exists for veteran populations. These specialized services would provide tremendous benefit by helping prevent suicides in subpopulations of people with clear unmet needs.

MHA strongly believes that funding for the conversion and subsequent maintenance of the Lifeline should be based on the 911 emergency line financing structure, with Congress authorizing states to collect a small fee from users. Revenue collected from these state fees would directly support crisis call center management of increased call volume to ensure every call gets answered.

In response to FCC's request for comments regarding text message access to the Lifeline, MHA strongly supports such access. MHA has found that 66 percent of young people ages 11-24 years who screen at risk for a mental health condition say they would like to receive help. Nearly 15,000 text conversations

on the Crisis Text Line have been directed from help-seeking people through MHA since August 2016; the majority of which are ages 18-34 years. Multiple sources of data demonstrate youth prefer communicating by text rather than calls. One study found youth were more likely to forgo psychological support than talk in person or over the phone.⁵ But these young people do want to connect to help and are very comfortable reaching out for assistance via text. In fact, 75 percent of current Crisis Line Texters are 25 years or younger.⁶ MHA strongly recommends the FCC require wireless carriers and other providers of interconnected text messaging applications to deliver 988 texts to address increasing suicides and suicidal thoughts in youth. Given that text is the preferred method of communication for youth and young adults⁷, it is critical that the FCC ensure effective text communication through this easy to remember number. If text-to-988 service is unavailable, texters should receive an immediate "bounce-back" message with information on how to reach the Lifeline.

Although we fully agree on designating 988 for eased memory recall of the Lifeline, MHA is uncertain of the feasibility of the 18-month timeline proposed for implementation and defer to the agency to consider other comments to determine the most appropriate timeline for readiness. In establishing the timeline, however, MHA urges the agency to ensure universal access to the new 988 number, regardless of how long implementation takes. By excluding certain rural jurisdictions or other populations from having access, we will certainly see disparities take a toll. In areas that may not yet have access to voice to text crisis services through the Lifeline, we highly recommend creation of a "bounce-back" message with contact information to reach the Lifeline.

MHA appreciates the opportunity to provide comments on these important issues. If you have any questions, please contact Caren Howard at choward@mhanational.org. Thank you for your time and consideration.

Sincerely,



Paul Gionfriddo
President and CEO

¹. Curtin SC, Heron M. Death rates due to suicide and homicide among persons aged 10–24: United States, 2000–2017. NCHS Data Brief, no 352. Hyattsville, MD: National Center for Health Statistics. 2019.

². The Meadows Mental Health Policy Institute Texas State of Mind (August 2019). Hope: 2018 Annual Report. Dallas, TX. Web accessed February 10, 2020. https://www.texasstateofmind.org/wp-content/uploads/2019/08/MMHPI_AR18_SinglePage.pdf.

³. Wadsworth T, Kubrin CE, Herting JR. Investigating the Rise (and Fall) of Young Black Male Suicide in the United States, 1982–2001. *Journal of African American Studies*. 2013;18(1):72-91.

⁴. U.S. Department of Veterans Affairs Office of Mental Health and Suicide Prevention (September 2019). 2019 National Veteran Suicide Prevention Annual Report. Washington, DC. Web accessed February 11, 2020.

⁵. Gibson, K., Cartwright, C., Kerrisk, K. et al. *Journal of Child and Family Studies* (2016) 25: 1057. <https://doi.org/10.1007/s10826-015-0292-6>

⁶. "Crisis Trends." www.crisistrends.org. Crisis Text Line, March 2018. Web. February 10, 2020.

⁷. Lenhart, A., Smith, A., Anderson, M., Duggan, M., Perrin, A., "Teens, Technology and Friendships." Pew Research Center, August, 2015. <http://www.pewinternet.org/2015/08/06/teens-technology-and-friendships/>