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

RE: WC Docket No. 18-336, CC Docket No. 92-105- Suicide Prevention Hotline Act **Implementation**

Dear Ms. Dortch:

The American Psychiatric Association (APA), the national medical specialty society representing more than 37,800 psychiatrists who treat mental health disorders, including substance use disorders, is pleased to provide comments on issues the Federal Communications Commission (FCC) should address in the study and report mandated by the National Suicide Hotline Improvement Act of 2018. Specifically, the feasibility of designating a simple, easy-to-remember, 3-digit dialing code for individuals in mental health crisis.

The APA supports the creation of a new 3-digit dialing code for mental health emergencies. This would improve access to appropriate care and could reduce the prevalence of psychiatric boarding that is plaguing our emergency departments (EDs). In a survey conducted of American College of Emergency Physicians (ACEP) members, 48 percent of respondents said that psychiatric patients are boarded one or more times a day in their ED. When asked how long the longest patient waiting in the ED for an inpatient bed was boarded, nearly 38 percent of respondents said 1 to 5 days.¹

Individuals with a mental health, addiction or suicidal crisis and/or their family members may not know their local crisis hotline or the national ten-digit number. These are desperate situations and can be frightening to both the person in crisis and their loved ones. Seeking help quickly, they find a way to the nearest ED or call 9-1-1. This can overwhelm these systems that may not have the capacity or training to meet a person's mental health needs.

We need a more comprehensive solution to help patients receive care in the community, outside of the ED. If people are able to call a mental health hotline and immediately be connected to the appropriate social or support services, this could potentially decrease the number of psychiatric patients in the ED. However, for a new hotline to truly help patients with mental health issues get the care they need, there must be adequate resources and services in the community that can provide feasible and safe alternatives to patients seeking care in the ED. For this to happen, communities must be provided adequate funding to establish these services. There must also be

¹ American College of Emergency Physicians, "ACEP Physician Poll on Psychiatric Emergencies September 28 – October 6, 2016," available at: newsroom.acep.org/download/psychemergencypolloct2016.pdf

an extensive outreach campaign that educates people about this new number, when to call, and what type of response or services they can expect. Currently, many people in crisis immediately call 911. This number has become engrained in our culture as the main—or in some cases, only—way of seeking and obtaining assistance during an emergency. The new 3-digit number for mental health crises must be advertised in such a way that people know about it and understand when to call it versus 911. People should also still be advised to go to the ED immediately if they believe that they are having a medical emergency.

We encourage the FCC study and report on the issues raised above, and ultimately recommend that Congress adopt a 3-digit code along with appropriate funding and resources. Thank you for the opportunity to share our comments. If you have any questions, please contact APA's Director of Practice Management and Delivery Systems Policy, Michelle Dirst, at mdirector mdirector of Practice Management and Delivery Systems Policy, Michelle Dirst, at mdirector mdirector of Practice Management and Delivery Systems Policy, Michelle Dirst, at mdirector mdirector of Practice Management and Delivery Systems Policy, Michelle Dirst, at mdirector mdirector of Practice Management and Delivery Systems Policy, Michelle Dirst, at mdirector mdirector of Practice Management and Delivery Systems Policy, Michelle Dirst, at mdirector mdirector of Practice Management and Delivery Systems Policy, Michelle Dirst, at mdirector mdirector of Practice Management and Delivery Systems Policy, Michelle Dirst, at mdirector mdirector of Practice Management and Delivery Systems Policy, Michelle Dirst, at mdirector mdirector of Practice Management and Delivery Systems Policy, Michelle Dirst, at mdirector mdirector of Practice Management and Delivery Systems Policy Michelle Director of Practice Management and Delivery Systems Policy Management And Management And Management Managemen

Sincerely,

Saul Levin, MD, MPA, FRCP-E

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CEO and Medical Director