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Mr. Claude Doucet  
Secretary General  
Canadian Radio-television and Telecommunications Commission (CRTC)  
Ottawa, ON K1A 0N2

January 31, 2022

**Call for comments – Introduction of a three-digit abbreviated dialing code for mental health crisis and suicide prevention services - Telecom Notice of Consultation CRTC 2021-191 (Ottawa, June 3, 2021) - Intervention**

Dear Secretary-General,

1. Deaf Wireless Canada Consultative Committee-Comité pour les Services Sans fil des Sourds du Canada (**DWCC-CSSSC** or **DWCC**) hereby participates in TNC 2021-191 proceeding by means of this Intervention.
2. DWCC-CSSSC's mandate is to advocate for accessible wireless communications equality for DDBHH Canadians including but not limited to:
  - i. Cost reasonable accessible wireless data plans for ASL and LSQ users for two-way video calls.
  - ii. Accessible industry-wide promotions of wireless services and products.
  - iii. Removal of disparities in costs of the same accessible wireless products and services within each company.
  - iv. Provision of functional equivalent wireless products and services including wireless applications (apps).
  - v. Accessible wireless emergency services (including emergency alerts and direct text to 911).
  - vi. Nationwide public awareness, education and outreach on current accessible wireless and mobile communication products and services.
3. DWCC-CSSSC advocates for the full inclusion of diverse members within the Canadian Deaf, Deaf-Blind and Hard of Hearing (DDBHH) community in Canadian society. The spectrum of DDBHH life experiences, including those that are Indigenous, range from



those with cognitive delay, immigrants learning English or French as a second language, those with various degrees of hearing loss, those with the unique “double” disability as Deaf-Blind, and finally native ASL/LSQ users. Additionally, DWCC supports that Indigenous have the rights to ask for support, including requesting for Indigenous Sign Language Interpreters.

4. DWCC-CSSFC has participated in CRTC proceedings since 2015, bringing in a combined 14 years of telecommunications regulatory experience. However, members acknowledge that DWCC may not have the in-depth technical enterprise to address some challenges in implementing the 9-8-8 crisis line. Furthermore, DWCC has members in its Committee that have first-hand lived experience with mental health challenges as they navigate life, are mental health advocates, or are professionals in the mental health field. DWCC members bring personal and professional experience to this proceeding.
5. Members of the Committee applaud the step of creating this new three-digit code as an essential step to provide services available to all Canadians including those with disabilities.
6. DWCC-CSSFC is in agreement with most points outlined in CAD-ASC’s Intervention and Reply to Interventions in the Telecom Notice of Consultation CRTC 2021-191 submitted on September 1, 2021 and October 1, 2021.
7. In Canada, there is an urgent need for accessible mental health support for Deaf, Deaf-Blind and hard of hearing (**DDBHH**) as well as the Deaf Indigenous population. The situation is acute. The current coronavirus pandemic has highlighted great gaps in services. There has been an increase in suicides and mental health crises within this community. Those that are DDBHH have been hit hard with the lack of options and limited resources available to clients. There is a general lack of understanding, awareness and acceptance of people with mental health issues in the community.
8. The DWCC agrees that there needs to be assurance of accessibility of this mental health hotline available to Indigenous Deaf communities in demographic areas such as rural, remote and urban areas. There is a great lack of mental health support and access to mental health services, especially crisis services. In these Indigenous communities, there is a high risk of committing suicide, addiction, and mental health impacts. When addiction is high, it also conversely sees a increase of suicidal ideation leading to increased suicidal risk. Resources and support services are very much needed, and the hotline will help fit this need especially in the remote and rural areas. DWCC recommends that CRTC ensures to assist in removing the barriers to which Canada’s Indigenous Deaf community face in accessing mental health and suicide prevention



services. Indigenous Deaf people, either living off or on reserve, die by suicide at a higher rate than non-indigenous people. Within the Indigenous communities, the addiction has a very high number of overdoses and also can affect mental health. This mental health line would be critical.

9. Within Canada there are currently only two dedicated mental health programs funded by provincial health authorities, in both Ontario (Canadian Hearing Services - CHS) and in British Columbia (Deaf, Deaf-Blind and Hard of Hearing Well-Being Program - WBP) and that is simply not enough. There is much room for increased development and enhanced initiatives. There is no current national service-related mental health organization for our specific population of DDBHH Canadians to support this 9-8-8 initiative thus such advocacy groups as DWCC and CAD-ASC, and a few others are needed to participate and give voice to these marginalized communities to ensure there is inclusivity and accessibility in the regulatory processes leading to the establishment of such a line.
10. The DWCC agrees that there needs to be a uniform and accessible suicide and mental health support crisis hotline as one of the tools to support closing this gap with a new national easy-to-remember number "9-8-8."
11. DWCC offers some ideas to ensure that it is fully accessible and integrated. The number must be reachable on multiple relay platforms, just as CAD-ASC mentioned (p.6 para 21). Canada's Video Relay Service, *SRV Canada VRS* must have access to this line for one. Additionally, this is possible through IP Relay, TTY Relay, Real Time Text NG911, with the simple dial of 9-8-8.
12. Committee members do not want to see the overcomplication of 1-800#s as a requirement to dial just because of a technical configuration that doesn't allow short code numbers. Dialing 9-8-8 should be accessible on all telecommunications platforms. **Additionally, when someone is in crisis, it's harder to look up for a long and complicated phone number. This also increases the likelihood that the person in crisis will give up calling the hotline, thus preventing access to a critical service at a critical time.**
13. However, in reality, interpreters or relay operators in general, are a third party, and it may not be comfortable or mentally safe, even potentially traumatizing, for the sign language callers to be calling through interpreters with such complex feelings and concepts.
14. DWCC strongly believes there should be sign language access at the 9-8-8 hotline. This means direct face to face video calling mental health support with those having specialized training and fluent in sign language.



15. With the Accessible Canada Act in force, it means that barriers to information and communications technologies are prohibited, in section 5.2, with the recognition of sign languages of American Sign Language (ASL), Quebec Sign Language (LSQ) and Indigenous sign languages, as the primary languages for Deaf persons in Canada. For additional privacy choices, text 9-8-8 option must be made available as additional privacy choices to their wishes and it should be accessible to some Deaf-Blind and also hard of hearing people. Members of the DDBHH community may want to access the text version due to limited sight.
16. DWCC' especially notes in CAD-ASC's comments on page 3, paragraphs 10 of the September 1st, 2021 Intervention: "There are fundamental human rights issues accessing mental health services and communication through sign languages is essential to both mental health and suicide prevention services in Canada."
17. DWCC shares the concern in the same document on the same page in paragraph 11, whereas CAD-ASC is concerned about service organizations not promoting accessibility to information service and communication to Canadians who are DDBHH for the barriers it creates for those who cannot access these services through Video Relay services (VRS) or other accessibility initiatives through sign language.
18. DWCC further addresses its concern that the new 9-8-8 mental health crisis hotline by video and text are not hampered with data limits and caps on wireless phone plans. It must be a fully deployed accessible 24/7 service. Time and accessibility are of the essence to save lives.
19. Now DWCC begins to address the response to the TNC 2021-191 proceeding questions presented by CRTC:

### **1. Should we establish a national 3-digit number for mental health crisis and suicide?**

20. DWCC responds with an affirmative yes and supports CRTC's effort to establish such national 3-digit number dedicated for mental health crisis especially for suicide. This is based on the concerns and issues in its response above and the points outlined in CAD-ASC. DWCC aligns its views with those of the CAD-ASC.

### **2. How much time would it take to implement a national 3-digit number?**

21. DWCC believes in making this happen, that advanced technological innovation is implemented and integrated for a fully accessible service. Fully accessible means integrating video communication and text-based communication. Real Time Text (RTT)



must be integrated for its critical real-time capabilities, which is so essential in crisis situations.

22. DWCC supports the wording provided to the FCC, by the National Association of the Deaf (NAD) at this [link](#): “We also urged the Commission to ensure all wireless vendors and carriers can support RTT functionality. There also needs to be wireline RTT; wireline technology is vital to older d/hh Americans and those in carceral facilities. It is important that wireless and wireline RTT are interoperable. We must be able to connect to 911, 711, 988 and other n11 codes using RTT.” DWCC aligns its technical views with those that are provided in the documents and submissions of the expert counsel provided by the NAD.
23. Based on our experience in witnessing how Video Relay Services was successfully launched and established within the time frame of an 18-month period, it is possible to make it happen within this time frame for the implementation of a fully accessible mental health crisis line.
24. DWCC understands in the US, the FCC is going with the timeline of having it established by July 16, 2022 (reference link: [FCC](#) and [Pdf](#)) If the technical configurations and establishment of the crisis 9-8-8 line is available in the US at that time, as long as it is fully accessible with all telecommunications platforms made accessible to Deaf, Deaf-Blind, and Hard of Hearing Canadians, then by all means, align Canada’s timeline to what is possible with the technical capabilities provided, as long as it is fully accessible..
25. The pandemic is ongoing, and for as long as it is, it is a national emergency, and mental health issues will continue to flourish and Canadians will continue to see suicidal ideation and crisis situations increase tenfold, timing is critical. The CRTC must ensure to make this initiative possible as soon as it can, in the shortest timeline as possible.

### **3. Should a 3-digit number be deployed across Canada at the same time or be phased in?**

26. Since mental health and suicide are a national emergency so the answer is better to have this suicide hotline earlier rather than nothing at all. The primary purpose for the phased-in process is to have continual quality of service and technological protocols in place to make sure it is technically feasible and getting consistent feedback from mental health consumers.
27. Such a crisis line should be made fully accessible with video and real-time text capabilities as soon as possible.



#### **4. Should the caller's location information be captured automatically when dialing the 3-digit number?**

28. It is a difficult question to answer this one because consumers do have the right to privacy and protection with this crisis line. DWCC references this [document](#) to address the privacy issue, stating that CRTC must take these ethical issues into consideration while establishing such a hotline.
29. DWCC members wonder if it is possible that a consumer in crisis would be given the option to give consent to the hotline by pushing a button yes/no or verbally accepting location capture or not. However, a tricky scenario if a person had already ingested a lot of drugs and or in on-going suicidal behavior such as bleeding out then it becomes a medical emergency. If a person has already blacked out, yes, medical intervention is needed.
30. The thinking comes into line with the freedom of choice in a crisis situation in a respectful manner and least distressing to the callers rather than be enforced upon and not make matters worse. It is essential to remember that on many occasions, the callers do want to vent out their personal issues and to be heard/validated by a trained counselor. Many who are feeling suicidal do not want to actually die but to be heard in their concerns because they feel trapped or they feel they have no way out.

#### **5. Should Canadians be able to send messages directly to the 3-digit number?**

31. Text messaging is a great option as an alternative for some Deaf signing consumers, those who are Deaf-Blind, and others who may be uncomfortable with face-to-face interaction due to privacy and other considerations especially in high-risk situations such as occurring on-going domestic scenarios.
32. Texting additionally allows for "silent communication" for the safety and protection of those in potentially dangerous or violent circumstances.
33. The DWCC members feel that CRTC should install a technical option where the technology allows to impose the option to make the RTT/text messages disappear or be switched to another harmless application if the caller gets discovered to prevent suspicions from the abuser in a domestic violence or abusive situation.

#### **Conclusion**

34. DWCC appreciates the opportunity to participate in CRTC 2021-191 and provide its support of such a critical and essential telecommunication service by establishing a



mental health support crisis line.

35. Such a hotline will save lives and address the critical time we are in now with the pandemic and the national tragedy of suicide which would possibly be preventable had if the right support and accessibility was available in Canada. Even more so if it was fully accessible for those who are Deaf, Deaf-Blind, and Hard of Hearing with all accessible options available on all telecommunications platforms.
36. DWCC concludes this response and will provide more in-depth feedback in the next phase of the proceeding.
37. DWCC appreciates the opportunity to participate and present Deaf, Deaf-Blind and Hard of Hearing Canadian's experiences with mental health supports, including crisis lines and accessibility. DWCC members appreciate the Commission's consideration of its Response and look forward to the regulatory outcomes by the CRTC.

Should you have any questions, please do not hesitate to contact all of us.

Sincerely,

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cc: Nanao Kachi, CRTC

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