DEAF WIRELESS CANADA COMMITTEE
COMITÉ POUR LES SERVICES SANS FIL DES SOURDS DU CANADA

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VIA EMAIL DISTRIBUTION and GC KEY

Subject: Call for comments - Improving the routing of 9-8-8 calls and texts

Executive Summary

The Deaf Wireless Canada Consultative Committee (**DWCC**) welcomes the opportunity to reply to the Centre for Addiction and Mental Health (**CAMH**)'s response to the Canadian Radio-television and Telecommunications Commission (**CRTC**) regarding the implementation of the 9-8-8 suicide prevention and mental health crisis line. While CAMH has highlighted important technical challenges in call routing, resiliency, and location accuracy, its response fails to adequately address the systemic accessibility barriers faced by Deaf, DeafBlind, and Hard of Hearing (**DDBHH**) communities.

DWCC emphasizes that accessibility is not an optional enhancement but a statutory obligation under the Accessible Canada Act and the Telecommunications Act. The continued reliance on voice calls, SMS texts, and Video Relay Service (**VRS**) excludes DDBHH Canadians who require direct communication in American Sign Language (**ASL)** and Langue des signes québécoise (**LSQ**). VRS, designed for hearing interactions, is not an appropriate or safe substitute for direct access. In life-threatening scenarios, reliance on interpreters and masked location data can cause fatal delays.

The DWCC outlines its recommendations on the following page.

DWCC makes the following key recommendations to the Commission:

1. **Direct ASL/LSQ Video Support** – Require CAMH to implement direct video calling in ASL and LSQ, ensuring functional equivalence with voice and text channels. This must include website integration (web-based direct video call functionality) and an accessible IVR option for Deaf callers.

2. **Reliable Call Routing** – Implement solutions that prioritize caller safety, including accurate real-time location determination and language-based routing for Deaf users, while ensuring timely escalation to 9-1-1 Public Safety Answering Points (PSAPs) when necessary.

3. **Dedicated Funding Model** – Establish a transparent, dedicated 9-8-8 service fee directed exclusively to CAMH or an independent administrator, not telecom providers. Funds must be earmarked for accessibility, including ASL/LSQ staffing, platform upgrades, specialized training for Deaf crisis counsellors and public education about 9-8-8 with in-person and virtual community outreach of DDBHH Canadians.

4. **Resilient Infrastructure** – Require redundancy and resiliency measures to prevent nationwide service failures during telecom outages, ensuring uninterrupted access to 9-8-8.

5. **Ongoing Consultation and Accountability** – Mandate structured, time-bound consultation with Deaf-led organizations, Indigenous Deaf leaders, and subject-matter experts, supported by regular public reporting to the CRTC and DDBHH communities.

Research shows that Deaf individuals experience disproportionately high rates of depression, anxiety, and suicidal ideation, with suicide attempts reported at more than 40% higher than among hearing peers. The absence of accessible crisis intervention exacerbates these risks. Functional equivalence in 9-8-8 is therefore a life-saving requirement, not an aspirational goal.

DWCC urges the Commission to direct CAMH to immediately establish a clear implementation plan, with milestones and accountability measures, to ensure that direct ASL/LSQ access is built into the core of 9-8-8 service delivery. By embedding accessibility from the outset, Canada can create a crisis response system that is equitable, safe, and culturally appropriate for all Canadians.

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