



Telecom Notice of Consultation CRTC 2021-191

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Ottawa, 3 June 2021

Public record: 1011-NOC2021-0191

Call for comments – Introduction of a three-digit abbreviated dialing code for mental health crisis and suicide prevention services

Deadline for submission of interventions: 1 September 2021

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Introduction

1. Suicide is a complex public health issue that can affect Canadians of all ages and backgrounds. There are approximately 4,000 deaths by suicide in Canada every year, which represents approximately 10 deaths each day. Overall, suicide is the ninth leading cause of death in Canada for all age groups, with some populations being at significantly higher risk, such as men, youth, those aged 45 to 59, and certain Indigenous communities. More specifically, men represent 74% of all suicides in Canada. Suicide is the second leading cause of death among children, youth, and young adults (10 to 34 years of age), and approximately one third of suicide deaths are among people 45 to 59 years of age.¹ While not all Indigenous communities experience higher suicide rates, in all four Inuit regions in Canada, suicide rates are five to twenty times higher than the national average. In addition, suicide and self-inflicted injuries are the leading causes of death for First Nations youth and adults up to 44 years of age.² The strain on mental health caused by the COVID-19 pandemic has amplified the need for improved access to crisis management services. Easy and timely access to mental health crisis and suicide prevention services could make the difference between life and death for many Canadians.
2. There are currently many different mental health crisis and suicide prevention services available across Canada, whose scope and reach vary greatly. Some of these organizations serve municipalities, while others cover a province or territory, or span the entire country. Further, some of these organizations specialize in helping specific populations, such as children or Indigenous Peoples. The majority of these services are accessed by dialing different seven- or ten-digit numbers.

¹ See [Suicide in Canada](#).

² See the Public Health Agency of Canada's [Suicide Prevention Framework](#).

3. When a person is in a mental health crisis situation, remembering or finding the correct seven- or ten-digit number can be especially daunting, and can prevent a person from receiving the assistance they may urgently need. The availability of an easily recognized and remembered three-digit abbreviated dialing code (three-digit code) could significantly improve access to crisis management services. In addition, the availability of a three-digit code would work towards removing the stigma associated with seeking help for mental health crises or with suicide prevention counselling. Therefore, a three-digit code could have the same social acceptance as other three-digit codes used to request assistance or help, like 8-1-1 or 9-1-1.³

Background

4. In 2018, the United States Congress introduced an [act](#) to require the Federal Communications Commission (FCC) to study the feasibility of designating a simple, easy-to-remember dialing code to be used for a national mental health crisis and suicide prevention hotline. In 2019, the FCC [announced](#) the implementation of 9-8-8 as the three-digit code for a national mental health crisis and suicide prevention hotline. The FCC has required United States telecommunications carriers and voice over Internet Protocol (VoIP) providers to make necessary modifications to implement the three-digit code by 16 July 2022.
5. In late 2020, a petition advocating for the launch of 9-8-8, or another three-digit number, for mental health crisis and suicide prevention services was circulated in Canada. The [petition](#) garnered over 30,000 signatures.
6. A [motion](#) to establish a national suicide prevention hotline that consolidates all suicide crisis numbers into one easy to remember three-digit hotline accessible to all Canadians was passed unanimously in the House of Commons on 11 December 2020.
7. Currently, the Canadian Suicide Prevention Service, which can be reached at 1-833-456-4566, offers bilingual voice support 24 hours a day, 365 days a year, and text support provided through a short code⁴ (45645) in English from 4 p.m. to 12 a.m. Eastern Time.⁵ This pan-Canadian service does not replace existing mental health crisis and suicide prevention services; rather it collaborates with existing crisis centres to support improved access to these services.

³ 8-1-1 is assigned for non-emergency teletriage services and 9-1-1 is assigned for emergency services.

⁴ Short codes allow wireless service subscribers to send text messages to an abbreviated number (generally made up of five or six digits). In Canada, short codes are administered by the Canadian Wireless Telecommunications Association.

⁵ Note that the Canadian Suicide Prevention Service encourages residents of Quebec to call 1-866-APPELLE. 1-866-APPELLE is available 24 hours a day, 365 days a year and offers an online chat service.

Proceeding

8. In light of the above, the Commission hereby initiates a proceeding to establish the need for the implementation of a national three-digit code for mental health crisis and suicide prevention services, to identify the existing barriers to the establishment of such a code and, if necessary, to determine how these barriers can be overcome.
9. Certain matters will not be considered in this proceeding. In particular, given that the Commission does not have jurisdiction over the organizations that would ultimately provide the services that would be accessed using the three-digit code, matters pertaining to the governance and coordination of mental health crisis and suicide prevention organizations and the funding of mental health crisis and suicide prevention services will not be considered in this proceeding.

Issues

Need for a three-digit code for mental health crisis and suicide prevention services

10. Within the North American Numbering Plan, which provides the framework for a continent-wide telephone number system, unique three-digit codes, namely N11 codes, are assigned as an industry standard to provide specific types of services, the majority of which serve the broad public interest.
11. In Decision 2001-475, the Commission established the following guidelines for the assignment of N11 codes:
 - there must be a compelling need for three-digit access that cannot be satisfied by other dialing arrangements or it is demonstrated that existing dialing arrangements are not suitable for accessing the needed services;
 - the assignment of an unused N11 code should be to a service or services rather than a specific organization;
 - the provision of N11 dialing is to be based on a need to serve the broad public interest (including providing access to the telephone network to disadvantaged individuals or groups);
 - the N11 dialing should not confer a competitive advantage on the service provider(s) reached by this number;
 - the services to be provided through N11 dialing are to be widely available geographically and on a full-time or extended-time basis; and

- where possible, the N11 allocation to a service does not conflict with the North American Numbering Plan and is in keeping with the Canadian Steering Committee on Numbering⁶ guidelines for N11.
12. It is also possible to establish non-N11 three-digit codes, such as the 9-8-8 code that was designated in the United States for a national mental health crisis and suicide prevention service. Given that a non-N11 three-digit code to access a national mental health crisis and suicide prevention service would provide a service similar in nature to those available through the various N11 codes, any non-N11 three-digit code providing such a service could be considered in the same manner as N11 codes, and be subject to the same regulatory framework.
 13. Therefore, the Commission is of the preliminary view that the implementation of any three-digit code for mental health crisis and suicide prevention services, including a non-N11 three-digit code, should be subject to the criteria established for N11 codes in Decision 2001-475.
 14. The Commission therefore invites parties to make submissions on this preliminary view. Parties are also invited to comment on whether the implementation of a national three-digit code for mental health crisis and suicide prevention services would meet the criteria established in Decision 2001-475.

Three-digit code allocation and related matters

15. All N11 codes have now been assigned for public or social services.⁷ Therefore, in order to use an N11 code for mental health crisis and suicide prevention services one of these codes would need to be repurposed.
16. However, repurposing an N11 code would likely be a lengthy process. Steps to repurpose an existing N11 code would include decommissioning its current use, which would likely require coordination with telecommunications service providers (TSPs) and the affected organizations that would need to negotiate and make other call routing arrangements. While the costs associated with decommissioning an N11 code are unknown, they could be significant depending on the specific arrangements that have been made between the TSPs and the affected organizations.

⁶ The Canadian Steering Committee on Numbering is a working group of the CRTC Interconnection Steering Committee and addresses numbering issues that fall under the jurisdiction of the Commission. It establishes numbering administration guidelines which the Canadian Numbering Administrator follows to provide numbering administration functions for the Canadian telecommunications industry.

⁷ In Canada, N11 codes have been assigned as follows: 2-1-1 for public information and referral services; 3-1-1 for non-emergency municipal government services; 4-1-1 for local directory assistance; 5-1-1 for traveller information services; 6-1-1 for telecommunications service providers' repair service; 7-1-1 for telecommunications message relay service for the hearing impaired; 8-1-1 for non-emergency teletriage services; and 9-1-1 for emergency services. Both 0-1-1 and 1-1-1 are not used as N11 codes because they are employed as part of country codes.

Decommissioning an N11 code may also require a significant aging period⁸ before the new use for the N11 code can be activated. These delays would need be added to those required to implement the new N11 service. Further, this option would likely require the Commission to launch a proceeding to determine which N11 code should be repurposed and the appropriate approach to do so.

17. Another option would be to use a non-N11 number, such as the 9-8-8 code that was designated in the United States. Such a number would not require the repurposing of an existing N11 code and could be placed into service sooner than a repurposed N11 code in the vast majority of areas.
18. The use of a non-N11 code other than 9-8-8 comes with certain challenges. For instance, the use of a non-N11 code could put pressure on the North American numbering resources, since such a code could no longer be used as a numbering plan area (NPA) code,⁹ which would result in approximately eight million phone numbers being unavailable for use. Given that the FCC already designated 9-8-8 as a three-digit code for mental health crisis and suicide prevention services, it cannot be assigned as an NPA code and could be used in Canada without putting further pressure on the North American numbering resources. In addition, using the same three-digit code as in the United States would allow an eventual Canadian awareness campaign to build upon the awareness of the code created by the FCC following the United States Congress' initiative.
19. However, given that 9-8-8 has been used as a central office (or NXX) code¹⁰ in certain area codes in Canada, its use as a three-digit code requires ten-digit local dialing. With seven-digit local dialing, once a central office code is dialed, the switches are programmed to receive an additional four digits, and calls dialed with less than seven digits will not complete. There is already mandatory ten-digit local dialing in the majority of area codes in Canada. While seven-digit local dialing is still the norm in certain areas,¹¹ ten-digit local dialing is in the process of being implemented, is scheduled to be implemented, or will be scheduled to be implemented in the near future, in some of these areas.¹²

⁸ The aging period represents the period between the time a telephone number is disconnected and the time at which the same telephone number can be reassigned. The purpose of aging is to inform callers that the use of a telephone number has changed or has been discontinued. Aging occurs via prerecorded network messages. These messages may vary as the aging process progresses.

⁹ The NPA code represents the first three-digits of a ten-digit phone number (i.e. NPA-NXX-XXXX).

¹⁰ The NXX code represents the three digits following the area code (i.e. NPA-NXX-XXXX).

¹¹ These areas are New-Brunswick, Newfoundland and Labrador, Northern Ontario and the Territories.

¹² For example, New Brunswick is presently undergoing an overlay area code relief implementation and will move to ten-digit local dialing by 23 April 2023.

20. Given the above, the Commission is of the preliminary view that, if a three-digit code is to be used for mental health crisis and suicide prevention services, 9-8-8 should be the three-digit code for consideration in this proceeding.
21. The Commission therefore invites parties to provide comments on this preliminary view. Parties are also invited to comment on the advantages, challenges, costs, and timelines associated with the implementation of a three-digit code and with the transition to national ten-digit local dialing, and on any other alternatives that could be used to deploy a three-digit code across Canada.

Call routing for the three-digit code

22. There are several call routing scenarios that could be used for calls to a three-digit code, such as the following:
- Routing calls directly to the various suicide prevention or crisis counselling centres;
 - Using the 9-1-1/next-generation 9-1-1 (NG9-1-1) network to route calls to suicide prevention or crisis counselling centres; and
 - Translating calls to a 1-8XX number and route using current practices for these types of calls.

Routing calls directly to various suicide prevention or crisis counselling centres

23. Under this scenario, TSPs would route calls to the three-digit code within an identified geographic area directly to a mental health crisis and suicide prevention centre. Given the number of centres across the country, having each TSP manage the routing of calls would be a complex and onerous undertaking that would lead to an increased probability of errors. This arrangement would require TSPs to manage a large number of different call routing scenarios that would likely be inflexible to changing requirements and subject to routing errors due to the complexity and large range of different routing requirements.

Using the 9-1-1/NG9-1-1 network to route calls to suicide prevention or crisis counselling centres

24. Under this scenario, the TSPs would route the calls made to the three-digit code to the incumbent local exchange carriers' (ILECs) 9-1-1 networks. This approach entails many of the same issues associated with the option presented above, as complex routing arrangements would still need to be administered by ILECs. Another concern with this option is that 9-1-1 systems are designed for short duration calls with high calling volume in some emergencies (e.g. fires, car accidents, or weather events). However, mental health crisis and suicide prevention calls can vary in length, due to their nature. Therefore, the capacity of the network would likely have to be increased to prevent overloading the 9-1-1 systems. Further, 9-1-1 is in the process of being migrated to NG9-1-1 systems based on Internet Protocol (IP)/Session Initiation

Protocol (SIP), and modifying the networks to simultaneously handle 9-1-1 calls and calls to the three-digit code would likely add complexity to this transition.

Translating calls to a 1-8XX number and route using current practices for these types of calls

25. Under this scenario, calls to the three-digit code would be routed to a 1-8XX number using conventional call routing protocols, which is typically how calls to certain N11 codes are routed. This approach should make implementing three-digit codes simpler for TSPs compared to the options described above, as no customized network modifications or systems would be required. Based on a number of parameters, such as calling number, time of day or week and call volume, 1-8XX systems also have the ability to dynamically route calls to a different telephone number. This approach would allow crisis centres to work together to ensure that services are always available and would enable routing rules to be centrally modified when new centres join the network, or when availabilities change.
26. Given the efficiencies expected with this option, the Commission is of the preliminary view that 1-8XX translation should be used as the routing method for a three-digit code for mental health distress and suicide prevention services. Parties are invited to comment on this preliminary view, as well as on other matters related to the routing of calls to the three-digit code for mental health distress and suicide prevention services.

Functionality and other matters

27. Using a three-digit code over the public switched telephone network would likely allow for sufficiently granular location information to route calls to the appropriate mental health crisis and suicide prevention service. However, video relay service and nomadic VoIP calls cannot access most N11 services, as these types of calls do not provide the necessary location information for them to be routed to the appropriate recipient. The same issue would likely occur with calls to a three-digit code. Options to address this issue, such as using an approach similar to the one used for 9-1-1 calls from fixed/non-native and nomadic local VoIP services, whereby calls are triaged and handled by a third-party call centre, would need to be explored.
28. It may be possible to use the public network for the three-digit code and interconnect it to 9-1-1 networks to permit the escalation and de-escalation of calls between both systems. In Telecom Decision 2005-39, the Commission assessed the use of 8-1-1 for access to non-emergency health teletriage services and considered that there was merit to linking 8-1-1 and 9-1-1 services to enable similar capabilities. Therefore, interconnection between the networks providing mental health crisis and suicide prevention services and 9-1-1 networks may also need to be explored.
29. Other features that may be more complex to implement or that raise further issues could require follow-up proceedings. For instance, interconnection with the 9-1-1 networks may allow for dispatchable location information, such as address or Global Positioning System (GPS) coordinates, to be available to 9-1-1 operators should a call

to the three-digit code be transferred to 9-1-1, depending on the originating network. However, it is unclear whether it would be feasible for the public network to automatically capture dispatchable location information that could then be used for emergency intervention. In addition, while an individual calling the three-digit code may desire support and assistance in a time of mental crisis, some callers may prefer to remain anonymous and that their location not be shared, at least not at the initial time of the call. Should this information be automatically captured, it would likely raise privacy concerns and may dissuade certain individuals from using the service.

30. The ability to text directly to the three-digit code may require further investigation, because text, or short message service (SMS), messages are routed differently than telephone calls. They cannot be translated through a 1-8XX number like calls to three-digit codes, and would thus require a separate solution.
31. Parties are therefore invited to comment on these matters, as well as on other related matters, issues, or proposals that should be considered as part of this proceeding, or in a follow-up proceeding, as appropriate.

Call for comments

32. The Commission hereby invites parties to comment on the issues identified above, as well as the specific questions outlined below.
33. When responding, parties should include all necessary rationale and supporting evidence. The Commission will review the matters raised in this proceeding in light of the policy objectives set out in section 7 of the *Telecommunications Act* and will take into consideration the 2006 Policy Direction¹³ and the 2019 Policy Direction¹⁴ (collectively, the Policy Directions). Parties should take the policy objectives and Policy Directions into account and address their relevant aspects, as applicable.
34. The Commission invites parties to consider the following questions:

Q1. Would the establishment of a three-digit code dedicated to mental health crisis and suicide prevention services meet the criteria established in Decision 2001-475?

Q2. Should Canada move to national ten-digit local dialing in all areas in support of establishing a non-N11 national three-digit code for mental health crisis and suicide prevention services?

¹³ *Order Issuing a Direction to the CRTC on Implementing the Canadian Telecommunications Policy Objectives*, SOR/2006-355, 14 December 2006

¹⁴ *Order Issuing a Direction to the CRTC on Implementing the Canadian Telecommunications Policy Objectives to Promote Competition, Affordability, Consumer Interests and Innovation*, SOR/2019-227, 17 June 2019

- i. What are the advantages and challenges associated with such a transition? What are the solutions to overcoming any identified challenges?
- ii. How much time would be required for this transition?
- iii. What are the costs associated with this transition? Should the entities responsible for this transition be permitted to recover these costs? If so, how?

Q3. In addition to those associated with the implementation of ten-digit calling, what are the other modifications, such as network changes, that would be required to establish a non-N11 three-digit code for mental health crisis and suicide prevention services?

- i. What are the advantages and challenges associated with implementing a non-N11 three-digit code? What are the solutions to overcoming the identified challenges?
- ii. How much time would be required for implementing these modifications and the non-N11 three-digit code?
- iii. What are the costs associated with such an implementation? Which entities should bear the associated costs? Should these entities be permitted to recover these costs? If so, how?

Q4. Should the three-digit code for mental health crisis and suicide prevention services be deployed everywhere in Canada at the same time, which may delay deployment, or be subject to a phased approach?

Q5. How should video relay service and nomadic VoIP calls to a three-digit code be treated?

Q6. To what degree should the networks providing mental health crisis and suicide prevention services through a three-digit code be interconnected with 9-1-1 networks?

- i. What are the advantages and challenges associated with such an approach? What are the solutions to overcoming the identified challenges?
- ii. How much time would be required for such an interconnection?
- iii. What are the costs associated with such an interconnection? Which entities should bear the associated costs? Should these entities be permitted to recover these costs? If so, how?

Q7. Should calls to a three-digit code automatically capture dispatchable location information? How feasible is this over the public switched telephone network?

- i. What are the advantages and challenges associated with the implementation of such a feature? What are the solutions to overcoming the identified challenges?
- ii. How much time would be required for the implementation of such a feature?
- iii. What are the costs associated with the implementation of this functionality? Which entities should bear the associated costs? Should these entities be permitted to recover these costs? If so, how?
- iv. Should dispatchable location only be captured if and when a call is transferred to 9-1-1?
- v. What privacy concerns does such an approach raise, and how should they be balanced with any advantages?

Q8. Should the ability to text directly to the three-digit code be implemented?

- i. What are the advantages and challenges associated with such an implementation? What are the solutions for overcoming the identified challenges?
- ii. Which texting protocols (e.g. SMS, real-time text [RTT] or Rich Communication Services [RCS]) should be considered, and why?
- iii. How much time would be required for the implementation of this functionality?
- iv. What are the costs associated with the implementation of this functionality? Which entities should bear the associated costs? Should these entities be permitted to recover these costs? If so, how?

Procedure

35. The *Canadian Radio-television and Telecommunications Commission Rules of Practice and Procedure* (the Rules of Procedure) apply to this proceeding. The Rules of Procedure set out, among other things, the rules for the content, format, filing, and service of interventions, answers, replies, and requests for information; the procedure for filing confidential information and requesting its disclosure; and the conduct of public hearings. Accordingly, the procedure set out below must be read in conjunction with the Rules of Procedure and related documents, which can be found on the Commission's website at www.crtc.gc.ca, under "[Statutes and regulations.](#)" The guidelines set out in Broadcasting and Telecom Information Bulletin 2010-959 provide information to help interested persons and parties understand the Rules of Procedure so that they can more effectively participate in Commission proceedings.

36. Interested persons who wish to become parties to this proceeding must file an intervention with the Commission regarding the above-noted issues by **1 September 2021**. The intervention must be filed in accordance with section 26 of the Rules of Procedure.
37. Parties are permitted to coordinate, organize, and file, in a single submission, interventions by other interested persons who share their position. Information on how to file this type of submission, known as a joint supporting intervention, as well as a [template](#) for the accompanying cover letter to be filed by parties, can be found in Telecom Information Bulletin 2011-693.
38. All documents required to be served on parties to the proceeding must be served using the contact information contained in the interventions.
39. All parties may file replies to interventions with the Commission by **1 October 2021**.
40. The Commission encourages interested persons and parties to monitor the record of this proceeding, available on the Commission's website at www.crtc.gc.ca, for additional information that they may find useful when preparing their submissions.
41. Submissions longer than five pages should include a summary. Each paragraph of all submissions should be numbered, and the line *****End of document***** should follow the last paragraph. This will help the Commission verify that the document has not been damaged during electronic transmission.
42. Pursuant to Broadcasting and Telecom Information Bulletin 2015-242, the Commission expects incorporated entities and associations, and encourages all Canadians, to file submissions for Commission proceedings in accessible formats (for example, text-based file formats that enable text to be enlarged or modified, or read by screen readers). To provide assistance in this regard, the Commission has posted on its website [guidelines](#) for preparing documents in accessible formats.
43. Submissions must be filed by sending them to the Secretary General of the Commission using **only one** of the following means:

by completing the
[\[Intervention form\]](#)

or

by mail to
CRTC, Ottawa, Ontario K1A 0N2

or

by fax to
819-994-0218

44. Parties who send documents electronically must ensure that they will be able to prove, upon Commission request, that filing, or where required, service of a particular document was completed. Accordingly, parties must keep proof of the sending and receipt of each document for 180 days after the date on which the document is filed or served. The Commission advises parties who file or serve documents by electronic means to exercise caution when using email for the service of documents, as it may be difficult to establish that service has occurred.
45. In accordance with the Rules of Procedure, a document must be received by the Commission and all relevant parties by 5 p.m. Vancouver time (8 p.m. Ottawa time) on the date it is due. Parties are responsible for ensuring the timely delivery of their submissions and will not be notified if their submissions are received after the deadline. Late submissions, including those due to postal delays, will not be considered by the Commission and will not be made part of the public record.
46. The Commission will not formally acknowledge submissions. It will, however, fully consider all submissions, which will form part of the public record of the proceeding, provided that the procedure for filing set out above has been followed.

Important notice

47. All information that parties provide as part of this public process, except information designated confidential, whether sent by postal mail, fax, email, or through the Commission's website at www.crtc.gc.ca, becomes part of a publicly accessible file and will be posted on the Commission's website. This includes all personal information, such as full names, email addresses, postal/street addresses, and telephone and fax numbers.
48. The personal information that parties provide will be used and may be disclosed for the purpose for which the information was obtained or compiled by the Commission, or for a use consistent with that purpose.
49. Documents received electronically or otherwise will be posted on the Commission's website in their entirety exactly as received, including any personal information contained therein, in the official language and format in which they are received. Documents not received electronically will be available in PDF format.
50. The information that parties provide to the Commission as part of this public process is entered into an unsearchable database dedicated to this specific public process. This database is accessible only from the web page of this particular public process. As a result, a general search of the Commission's website with the help of either its search engine or a third-party search engine will not provide access to the information that was provided as part of this public process.

Availability of documents

51. Electronic versions of the interventions and other documents referred to in this notice are available on the Commission's website at www.crtc.gc.ca by using the public

record number provided at the beginning of this notice or by visiting the “Consultations and hearings – Have your say” section, then selecting “our applications and processes that are open for comment.” Documents can then be accessed by clicking on the links in the “Subject” and “Related Documents” columns associated with this particular notice.

52. Documents are also available at the following address, upon request, during normal business hours.

Les Terrasses de la Chaudière
Central Building
1 Promenade du Portage
Gatineau, Quebec
J8X 4B1
Tel.: 819-997-2429
Fax: 819-994-0218

Toll-free telephone: 1-877-249-2782
Toll-free TTY: 1-877-909-2782

Secretary General

Related documents

- *Filing submissions for Commission proceedings in accessible formats*, Broadcasting and Telecom Information Bulletin CRTC 2015-242, 8 June 2015
- *Filing of joint supporting interventions*, Telecom Information Bulletin CRTC 2011-693, 8 November 2011
- *Guidelines on the CRTC Rules of Practice and Procedure*, Broadcasting and Telecom Information Bulletin CRTC 2010-959, 23 December 2010
- *Alberta Health and Wellness' request for code 8-1-1 for non-urgent health teletriage services*, Telecom Decision CRTC 2005-39, 6 July 2005.
- *Allocation of three-digit dialing for public information and referral services*, Decision CRTC 2001-475, 9 August 2001