

**Opening Remarks of  
Commissioner Mignon Clyburn  
Broadband Prescriptions for Mental Health Conference  
University of Houston Law Center  
May 18, 2016**

**Connectivity: An Active Ingredient in Mental Health Care  
(as prepared for delivery)**

Good morning and thank you very much for that kind introduction and your warm welcome to Houston. And, thank you to the University of Houston Law Center, Dean Leonard Baynes, and Professor Allison Winnike for partnering with the FCC's Connect2Health Task Force and graciously hosting this conference.

Some of you may not know this, but Dean Baynes is an alumnus of the FCC, and we're extremely proud to claim him as such. Once part of the FCC family, always a part of the FCC family. Dean Baynes lent the agency critical expertise on market entry barriers and competition policy and helped to shape our national media diversity framework. If you know Len, you know that he's often the smartest and most thoughtful guy in the room. And, that is one of the reasons why we were so delighted to receive his invitation to join the Law Center's critically-acclaimed Health Law and Policy Institute in hosting today's dialogue.

I also want to offer my sincere thanks to Dr. Robbins, the CEO of the Texas Medical Center – the largest health system in the world – for being with us today. I know that the Texas Medical Center is on the cutting-edge on so many fronts. In fact, several of the innovations we'll demonstrate today are the direct result of TMC's unwavering commitment to the future of connected care. Dr. Robbins, we can learn a lot from the Texas experience and we look forward to hearing more.

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Now, we're all here because we share a common truth: broadband connectivity can transform. It can empower. It can enable.

This month – Mental Health Awareness Month – we celebrate a national commitment to meeting the needs of the tens of millions of Americans with mental illness. At the FCC, we believe that broadband connectivity – telepsychiatry, tele-mental health and other connected health platforms – can be transformative in mental health care.

Every time I hear the stats, I am struck anew:

- According to the CDC, mental illness is pervasive: last year, 1 in 5 Americans – or over 40 million people – had a mental illness. That's more than the population of Texas, Alabama, Arkansas, and Louisiana...put together.
- 20% of children have a mental disorder so serious that it affects their daily functioning – that's more than the number of children who have asthma and diabetes combined.
- Over 40,000 people commit suicide every year. That's the same number of deaths as breast cancer – the most common cancer in women. It's more than the number of deaths

from, prostate cancer – the most common cancer in men. It's three times the number of homicides that occur each year.

- Bottom line . . . mental illness costs lives. It costs families. Many caregivers have shared the struggle with fragmented care and the constant worry about the wellbeing of their loved ones.
- And, it costs our communities and our nation. By one estimate, we spend about \$150 billion for mental health care each year. Including lost earnings and payments, it costs our nation almost half a trillion dollars, per year. And, yet many millions of people are not getting the care they need.

So, if you weren't a true believer before, now you understand why we are having this conference, at this moment in time, to focus on what broadband and connectivity can enable for Americans with mental illness. And, to better understand what the FCC can do to support your efforts.

### **The Connectivity Prescription**

I know that we are all anxious to hear Dr. Bernard Harris give us the “galactic perspective,” but before we launch into the day, I want to offer three guideposts for our conversation.

*First: When it comes to mental health, connectivity can be more than a simple medium to deliver care. Let's think big and bigger still.*

As we'll hear more about today, telepsychiatry has been shown to improve access to services, increase patient satisfaction, and produce real savings in time, costs, and travel. In the case of telepsychiatry, we are taking a physical interaction and virtualizing it. We are facilitating the same interaction we have in the physical world over broadband pipes. Put another way, connectivity is being used as a pill-box to deliver the medicine.

But that is only one way that we can leverage broadband connectivity in mental health. Connectivity can be more than just a passive vehicle. It can offer support and care where and when a person needs it – personalizing our clinical approaches. It can be a force multiplier addressing serious mental health professional shortages in rural and underserved areas.

- Take, for example, a person with depression who feels socially isolated and alone. Using a connected platform they can anonymously share their feelings and thoughts in a way that transcend space and time. They can leave a comment about their mental distress on a virtual wall. Another user of the platform may read it later and reply to the comment with their own experiences and advice. And imagine over the next few days and weeks the person finds so many other kindred spirits spread across the county and the world who offer understanding, affirmation, and support. They find they are not alone.
- Many studies show that social isolation is as strong a risk factor for dying as is smoking. The lonely elderly die earlier and lose their mobility faster than those who are not lonely. Internet usage, online video conferencing, and virtual social networks have been shown to reduce feelings of isolation. In these instances, connectivity is quite literally the prescription.

- And, let's not forget the apps developed for people struggling with substance abuse. These apps use geolocation and an archive of the person's reminders in their own voice to guide them away from bars or other trigger environments.
- There are connected technologies driven by algorithms to personalize schizophrenia care and offer support so that you have a sense of control and achievement in improving adherence to medication, mood regulation, and social functioning. This kind of empowerment and support wouldn't be possible without connectivity as an intrinsic ingredient.

Now, I recognize that mental and behavioral health can be intensely personal in causation, progress, and prognosis. Mental illness occurs in the context of lives lived in families and communities; it occurs along with stresses of work and relationships. But here's the kicker: Connected technologies can place treatment and management in the hands of the person experiencing the illness. Connected technologies can empower. And the sense of empowerment, engagement, and personhood that connectivity enables, is often just what the doctor ordered.

*Here's the second principle that I want to share . . . the kind of transformative shift in mental health care that we are discussing will require regulatory creativity and flexibility – so that at the end of the day consumers win.* It will require clinicians, policymakers, and innovators to exercise foresight and courage – to solve both longstanding and spot emerging issues. This is a brave new world and it isn't without potential pitfalls. I for one am here and willing to listen to what the FCC can and should do differently at the federal level.

*And the final principle: No woman or man left behind. We must not accept the status quo that connectivity gaps and health disparities always go hand in hand.* The sad truth is that very often we find that those populations and communities that need connected interventions the most are the ones that can access it the least.

For example, in Texas, there are counties where 100% of the residents can get broadband and 100% subscribe to the Internet. At the same time, there are counties where less than 20% can access broadband and 1 in 2 people don't subscribe to even basic Internet. These are also usually the places with the worst health outcomes. These disparities – which play out all across our country – is why our forum today is so relevant and timely, especially during Mental Health Awareness Month.

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Before I went to Washington, I was a newspaper publisher and businesswoman. And, if there's one lesson I learned in my 14 years at the helm of that family business is that a good newspaper is a nation talking to itself – to borrow the words of Arthur Miller. I daresay, a good conference is the same. I want to encourage frank and fruitful conversation today as we talk to each other in-person and online. The stakes are too high for anything less.

Again, I welcome you to this forum and thank you for joining us!