

BROADBAND PRESCRIPTIONS FOR MENTAL HEALTH: A POLICY CONFERENCE

Connect2Health^{FCC} Task Force and University of Houston Law Center, Health Law & Policy Institute

Houston, Texas

On May 18, 2016, Leonard M. Baynes, Dean and Professor of Law at the University of Houston Law Center, welcomed the Honorable Mignon L. Clyburn, a second-term Commissioner and former acting Chairwoman of the Federal Communications Commission (FCC),¹ to a policy conference during Mental Health Awareness Month. The conference, “Broadband Prescriptions for Mental Health,” was part of the Connect2Health^{FCC} Task Force Beyond the Beltway Series and was co-sponsored by the University of Houston Law Center’s Health Law & Policy Institute.² Commissioner Clyburn set the stage with opening

¹ The Federal Communications Commission regulates interstate and international communications by radio, television, wire, satellite, and cable in all fifty states, the District of Columbia, and U.S. territories. An independent U.S. government agency overseen by Congress, the FCC is the United States’ primary authority for communications law, regulation, and technological innovation in this space. In the context of health, the FCC has engaged in ongoing efforts to accelerate the adoption of health care technologies to improve health outcomes and lower health care costs. U.S. FOOD & DRUG ADMIN. ET AL., FDASIA HEALTH IT REPORT: PROPOSED STRATEGY AND RECOMMENDATIONS FOR A RISK-BASED FRAMEWORK 3 (2014), <http://www.fda.gov/downloads/AboutFDA/CentersOffices/OfficeofMedicalProductsandTobacco/CDRH/CDRHReports/UCM391521.pdf>.

² The Connect2Health^{FCC} Task Force is a senior-level, multi-disciplinary Task Force created by the FCC to move the needle on broadband and advanced health care technologies. Recognizing that technology innovations in clinical practice and care delivery are poised to fundamentally change the face of health care, the Task Force has been analyzing the intersection of broadband, advanced technology, and health; implementing a variety of initiatives to foster the availability and adoption of advanced health care technologies; collaborating with other federal agencies, as well as state and local stakeholders, to further

remarks on the transformative power of broadband to connect consumers with mental health services and sought to catalyze such efforts nationwide given the critical needs in this area. What follows is a slightly edited version of Commissioner Clyburn's opening address formatted for journal publication.

OPENING ADDRESS

FCC Commissioner Mignon L. Clyburn³

Connectivity: An Active Ingredient in Mental Health Care

Good morning everyone! Thank you very much for that kind introduction. It is such a pleasure and an honor to be here. On behalf of the Federal Communications Commission and its Connect2Health Task Force, I would like to extend my gratitude to the University of Houston Law Center and its staff, and in particular to Dean Leonard Baynes and Professor Allison Winnike, for partnering with us and graciously hosting this important conference.

leverage broadband and next-gen communications services for health, especially in rural and underserved areas of the country; and gathering data and stakeholder input to inform decision making and policy recommendations to the Commission. The overarching vision of the Connect2Health^{FCC} Task Force is: "Everyone connected . . . to the people, services and information they need to get well and stay healthy." See *About the Connect2Health Task Force*, FED. COMM. COMMISSION, <https://www.fcc.gov/about-fcc/fcc-initiatives/connect2healthfcc/general/connect2healthfcc-task-force> (last visited Apr. 26, 2017). The Commission's broadband health hub (i.e., fcc.gov/health) provides more detailed information about the mission, objectives, and activities of the Task Force. See *Connect2HealthFCC*, FED. COMM. COMMISSION, www.fcc.gov/health (last visited Apr. 26, 2017).

³ Mignon L. Clyburn is serving her second term as a Commissioner on the Federal Communications Commission, having first been nominated in 2009 by President Barack Obama. She served as acting chairwoman for several months following her nomination to a second term in 2013. Prior to her service at the FCC, she spent eleven years as a member of the sixth district on the Public Service Commission of South Carolina. She served as its chair from July 2002 through June 2004. Before this public service, she was the publisher and general manager of *The Coastal Times*, a Charleston-based weekly newspaper that focused primarily on issues affecting the African-American community. Commissioner Clyburn is a member of the Federal-State Joint Board on Universal Service, Federal-State Joint Board on Separations, and the Federal-State Joint Conference on Advanced Services, all of which she chaired for three years during her first term at the FCC. She is a graduate of the University of South Carolina and holds a Bachelor of Science degree in Banking, Finance, and Economics. *Commissioner Mignon Clyburn*, FED. COMM. COMMISSION, <https://www.fcc.gov/general/commissioner-mignon-clyburn> (last visited Apr. 26, 2017).

Some of you may not know this, but Dean Baynes is an alumnus of the FCC, and we are extremely proud to claim him as such: once part of the FCC family, always a part of the FCC family! While at the FCC, Dean Baynes provided the agency with critical expertise on market entry barriers and competition policy; he also helped to shape our national media diversity framework. If you know Dean Baynes, you know that he is often the smartest and most thoughtful person 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 & Policy Institute in hosting today's conference.

Now, we are all here because we share a common truth—that 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—such as telepsychiatry, tele-mental health, and other connected health platforms—can be transformative in providing care for people with mental health and behavioral issues.

Every time I hear certain statistics on mental illness, I am struck anew. According to the Centers for Disease Control and Prevention (CDC), mental illness is pervasive.⁴ Indeed, last year, one in five Americans—or over forty million people—had a mental illness.⁵ Incredibly, that figure is more than the populations of Texas, Alabama, Arkansas, and Louisiana put together. Another mental health statistic shows that 20% of children have a mental disorder so serious that it affects their daily functioning,⁶ and that figure is more than the number of children who have asthma and diabetes combined. Additionally, national data shows that forty thousand people commit

⁴ See *Mental Illness*, CTR. FOR DISEASE CONTROL & PREVENTION, <https://www.cdc.gov/mental-health/basics/mental-illness.htm> (last visited Apr. 26, 2017).

⁵ *Mental Health by the Numbers*, NAT'L ALLIANCE ON MENTAL ILLNESS, <http://www.nami.org/Learn-More/Mental-Health-By-the-Numbers> (last visited Apr. 26, 2017).

⁶ *Any Disorder Among Children*, NAT'L INST. MENTAL HEALTH, <https://www.nimh.nih.gov/health/statistics/prevalence/any-disorder-among-children.shtml> (last visited Apr. 26, 2017).

suicide every year.⁷ That number is astonishing! It is the same number of deaths as breast cancer—the most common cancer in women; it is more than the number of deaths from prostate cancer—the most common cancer in men; and it is three times the number of homicides that occur each year in our country.

The bottom line is that mental illness costs lives, and it costs families. In this regard, many caregivers have shared the struggle with fragmented care and the constant worry about the well-being of their loved ones. And it also costs our communities and our nation. By one estimate, we spend about \$150 billion for mental health care each year.⁸ Including lost earnings and payments, it costs our nation almost half a trillion dollars per year.⁹ Yet, many millions of people are not getting the care they need. So, if you were not 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 also to better understand what the FCC can do to support your efforts.

The Connectivity Prescription

I want to offer three guideposts for our conversation about the connectivity prescription. First, when it comes to mental health, *connectivity can be more than a simple medium to deliver care*. Let us think big and bigger still. As we will 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.

⁷ *Suicide and Self-Inflicted Injury*, CTR. FOR DISEASE CONTROL & PREVENTION, <http://www.cdc.gov/nchs/fastats/suicide.htm> (last visited Apr. 26, 2017).

⁸ See Catherine Rampell, *The Half-Trillion Dollar Depression*, N.Y. TIMES MAG. (July 2, 2013), http://www.nytimes.com/2013/07/02/magazine/the-half-trillion-dollar-depression.html?_r=0.

⁹ See *id.*

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 transcends 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 country 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 us 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 also 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 would not 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 is 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 is 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 emerging issues. This is a brave new world, and it is not 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.

Lastly, the final principle: *no woman or man should be 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 one in two people do not 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—are why our forum today is so relevant and timely, especially during Mental Health Awareness Month.

Before I went to Washington, I was a newspaper publisher and businesswoman. And, if there is one lesson I learned in my fourteen years at the helm of that family business, it is that a good newspaper is a nation talking to itself (to borrow the words of Arthur Miller).¹⁰ 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.

¹⁰ See OXFORD TREASURY OF SAYINGS & QUOTATIONS 242 (Susan Ratcliffe ed., 4th ed. Oxford Univ. Press 2011) (noting that Arthur Miller said “A good newspaper, I suppose, is a nation talking to itself” in a November, 1961 issue of *The Observer*).