

United States Senate

WASHINGTON, DC 20510

February 6, 2025

Lt. Gen. Telita Crosland
Director
Defense Health Agency
7700 Arlington Blvd
Falls Church, VA 22042

Dear Lt. Gen. Crosland:

I respectfully request a briefing for my office to demonstrate Defense Health Agency (DHA) mobile applications used for mental health support. This request is in reference to official requests for information I sent to DHA during the 118th Congress regarding available mental health applications for servicemembers.

Of the seven active mobile applications listed in DHA's reply to my initial request, only two were used by 1,500+ or more people over the course of three months. While those two applications do have a considerable number of users, all of the applications' Graphical User Interface (GUI) are outdated and the applications have limited content. The abysmal suicide numbers among our ranks begs the question of what more the Department of Defense (DoD) can do to respond to this crisis. I believe that building new mental health mobile applications must be part of that response.

Mobile mental health applications have proven to be effective in managing depression and reducing depressive symptoms among users, and it's clear there is a demand for patient-centric, personalized care.¹ The rise in demand has contributed to recent boom in commercial wellness mobile applications. According to some estimates, the mental health application market is expected to grow annually by 15.2% and reach \$17.52 billion by 2030.²

In addition to often being free or low-cost to users, mobile applications can be used without cellular service or WiFi, necessary if a servicemember is deployed. They are also discreet for judgement-free, personal use at a moment's notice, and most importantly, they can effectively supplement personal mental health care between appointments with health care professionals. Given that more than 40% of mental health provider positions within the military health system are vacant, prioritizing accessible and cost-efficient intermediary care is just common sense.³

As DoD considers how to spend its greater than \$60 billion annual budget for military health care funding in Fiscal Year 2026, I urge the Department to consider allocating funds for new mental health care application programming. We know that this funding will pay for itself long

¹ <https://pubmed.ncbi.nlm.nih.gov/32348289/>

² <https://www.grandviewresearch.com/industry-analysis/mental-health-apps-market-report>

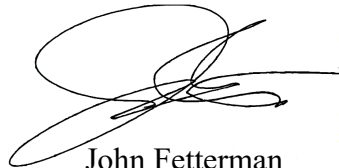
³ <https://www.militarytimes.com/news/your-military/2024/02/07/troops-are-still-waiting-weeks-for-off-base-mental-health-appointments/#:~:text=Within%20the%20military%20health%20system%2C%20the%20average%20patient%20was%20seen,28%20days%20for%20routine%20care.>

term – the estimated return on investment in mental health is about \$4 for every \$1 spent.⁴ Prioritizing creative, preventative care measures like mobile applications will equip our servicemembers with the tools and resources they need to navigate personal adversity and avoid mental health emergencies.

In addition to a demonstration for existing mental health applications, I request your partnership and commitment to develop and fund new, comprehensive mental health care applications for servicemembers to reflect a growing need and demand for accessible care.

Thank you for your attention to these requests. I look forward to hearing from you.

Sincerely,

A handwritten signature in black ink, appearing to read 'John Fetterman', with a large, stylized flourish at the end.

John Fetterman
United States Senator

⁴ <https://www.who.int/news/item/13-04-2016-investing-in-treatment-for-depression-and-anxiety-leads-to-fourfold-return>