

Statement of

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Personnel Subcommittee
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Chairwoman Gillibrand, Ranking Member Tillis and the members of the Personnel Subcommittee of the Senate Armed Services Committee, thank you for inviting me to testify on this very important topic.

My name is Dr. Murali Doraiswamy and I am a Professor of Psychiatry at Duke University School of Medicine. I am speaking in my personal capacity. I do not work in military mental health. My views are informed by my experience as a leading expert in evidence generation and as a physician caring for patients.

I share your concerns over the problem of rising suicide rates, especially among young enlisted service members. The disruptions caused by the pandemic have led to marked increases in psychological distress and suicidal thoughts among young adults – which in turn may lead to a future increase in suicide rates.

Over half of those who commit or attempt suicide have never sought professional help. Young men are the least likely of any group to seek help through traditional pathways. Key reasons are stigma, career impact and a fear of being seen as falling short of cultural standards. Interventions that service members perceive as having punitive consequences may discourage care-seeking.

I agree with the DoD that a comprehensive public health approach including risk factor mitigation is important. I want to highlight one modality that is well suited for young adults –digital health - the use of smart phone and web based tools for mental health.

We are in the midst of a technology revolution where the smart phone is at the core of not only our social connections and entertainment but also where we go to seek health knowledge. Surveys show young adults are more comfortable with text messaging on WhatsApp or Instagram than making phone calls, and are more willing to reveal mental health information in online surveys or even to a chatbot than a human clinician.

In 2019, prior to the pandemic, I co-led a World Economic Forum report to spotlight, through expert knowledge and case studies, the most promising technologies available

today to meet gaps in mental healthcare as well as forthcoming innovations that may transform future care.

The pandemic resolved a two-decade debate about the value of virtual medical visits. Once regulations were relaxed, almost overnight, telehealth became essential – and proved that it could improve no-show rates, in some cases by 50%, without adverse consequences. There are many other digital health tools that have high potential to be scaled –these include smartphone based symptom rating scales, chatbots, clinical decision support software, apps for psychological or peer support, text messaging based counselling services, and digital therapeutics.

One such success story is Crisis Text Line (741741), a US non-profit, provides free, 24/7 counselling to young people in crisis via sms or whatsapp; it has facilitated over 100 million messages (over 5 years) and trained some 20,000 crisis counsellors. Over half its users had not spoken to any other mental health professional. The top areas users seek help for: relationship issues, sadness, suicide, and loneliness. Users under age 25 frequently seek help late at night, which the system allows.

Although there are hundreds of promising commercial apps in the mental health field, the incentives are not financially aligned for them to generate high quality evidence. Remarkably only four apps have generated evidence to receive FDA clearance to date for mental disorders.

I recommend that the DoD take a leadership role to evaluate the performance of digital tools to better understand where they contributed the most, what factors correlated with success as well as which patients were not well served by digital approaches. Any implementation pilot should be intentional about not causing harm. Such data would also benefit millions of civilians.

Today, most of us cannot think of life without the internet, digital cameras or GPS – all innovations developed by the military. I believe the DoD is similarly uniquely positioned to bring human values and the digital revolution together to save lives.

I thank the Chair and Ranking Member for the opportunity to share these thoughts with you and your subcommittee. I look forward to answering your questions.

Sources:

1. Empowering 8 Billion Minds: Enabling Better Mental Health for All via the Ethical Adoption of Technologies. *NAM Perspect.* Oct 28;2019
2. A Comprehensive Approach to Mental Health Promotion and Suicide Prevention for Colleges: Insights from the JED Campus Program. *NAM Perspect.* Jun 21;2021
3. Digital Health COVID-19 Impact Assessment: Lessons Learned and Compelling Needs. *NAM Perspectives.* Feb 2022