

Virtual Solutions for Depression and Anxiety

HEALTH TECHNOLOGY ASSESSMENT | MAY 2025



Executive Summary

Depression and anxiety are two of the most common mental health conditions in the United States, affecting more than one in five adults. For individual patients, these conditions can result in impaired focus, reduced motivation, disruptions to daily functioning, and suicidal ideation. Nationally, these disorders carry a significant economic burden—accounting for \$240 billion in treatment costs,¹ as well as lost productivity.

Despite growing rates of depression and anxiety, many people with symptoms do not receive effective treatment. Provider shortages, out-of-pocket costs, limited insurance networks, social stigma, and poor follow-up care leave many patients with limited or no access to care.

Virtual solutions for depression and anxiety aim to improve patients' symptoms and expand access to timely care. The report evaluates 15 solutions that offer digital programs that include on-demand digital content libraries and activities. Some solutions also provide more comprehensive platforms that integrate care from clinical providers.

The solutions reviewed in this report can be grouped into three broad categories, based on both the primary purchaser and the components of the solution offerings.

1 Self-Guided Solutions offer a range of digital content, including lessons and activities, that users can access anytime and select topics that meet their needs. Some also offer coaching support to reinforce skills and increase engagement. These solutions are typically sold directly to employers or health plans.

2 Prescription Digital Therapeutics (PDTs) are FDA-cleared, software-based digital therapies that are sold to providers and must be prescribed to patients. Similar to the self-guided solutions, these solutions deliver digitized behavioral interventions, which can be used in conjunction with clinician-supervised outpatient treatment.

3 Blended-Care Solutions build on the self-guided digital content by integrating virtual care teams with licensed therapists and psychiatrists who can deliver comprehensive mental health treatment, including psychotherapy and medication management when appropriate. Blended-care solutions are primarily sold to employers or health plans.

INCLUDED COMPANIES BY CATEGORY

Self-Guided Solutions

AbleTo*	Meru Health*
Dario	SilverCloud
Headspace*	Talkspace*
Learn to Live	Teladoc*

Prescription Digital Therapeutics

DaylightRx
Rejoyn

Blended-Care Solutions

AbleTo*	Meru Health*
Brightside	Modern Health
Headspace*	Spring Health
Koa Health	Talkspace*
Lyra	Teladoc*

Note: * Companies offering both self-guided and blended-care solutions.

PHTI Assessment Approach

This evaluation has two primary components: clinical effectiveness and economic impact, as described in the [ICER-PHTI Assessment Framework for Digital Health Technologies](#). Findings are based on evidence from a systematic literature review, company-submitted information, and company website review.

Clinical Effectiveness: The report assesses the clinical effectiveness of these virtual solutions in improving symptom severity, as measured by validated scales such as the PHQ-9 for depression and the GAD-7 for anxiety. The minimum clinically important difference in outcomes is a reduction of five points or more in PHQ-9 scores for depression or a reduction of four points or more in GAD-7 for anxiety compared to patients' baseline scores. The evaluation also reviews other measures like psychosocial functioning, workplace productivity, engagement metrics, and health equity outcomes. The evidence base was sizeable with 130 articles meeting inclusion criteria, including many comparative studies with low risk of bias. All studies had a relatively short duration of follow-up, typically 6 to 12 weeks.

Economic Impact: The evaluation measures economic impact on total healthcare spending using a one-year budget impact model for commercial payers, which is the primary market where these solutions are being sold. The model estimates the number of adults who could be eligible for virtual solutions for depression and anxiety, the gross reduction in expected healthcare spending resulting from improved mental health outcomes for patients participating in these programs, and the net impact on health system spending once such savings are offset by the cost of the virtual solutions. The model also estimates spending impacts for Medicare and Medicaid.

Stakeholder Engagement: During the assessment process, PHTI partnered with clinical advisors, experts in health technology assessment, and health economists. PHTI also conducted interviews with patients with anxiety and/or depression who had experience with virtual solutions. All companies included in the report were given an opportunity to submit clinical, economic, and other commercial information to inform the assessment; 14 of the 15 companies engaged with PHTI during the assessment process, and 10 submitted evidence.

Summary of Findings

Based on PHTI's review of the clinical evidence, virtual solutions that include digital content improve symptoms of depression and anxiety, particularly for people who are not otherwise receiving mental health therapy. These solutions have the potential to improve access to care and health outcomes. Users who experience improvements in depression and anxiety symptoms also reduce their healthcare spending. However, the net impact on overall spending varies by payer and category.

Self-Guided Solutions: For people not otherwise receiving psychotherapy, self-guided solutions demonstrate clinically meaningful improvements in depression symptoms (6.9-point reduction in PHQ-9) that significantly outperform control conditions (3.9-point difference). In most studies, these solutions also deliver clinically meaningful improvements in anxiety symptoms for people not receiving therapy. Improvements in depression and anxiety symptoms were more modest for people receiving usual care. At a relatively low price point (estimated at \$2 per member per month [PMPM]), these solutions reduce net healthcare spending in commercial settings by \$0.30 PMPM, or \$3.6M per million members, making them an economically attractive option for broad-based expansion of mental health treatment for commercially insured populations.










Prescription Digital Therapeutics: Evidence reviewed indicated that PDTs used in conjunction with usual care produce clinically meaningful improvements in depression and anxiety symptoms that exceed outcomes with usual care alone. Because these solutions are expected to be reimbursed on a per user basis (estimated at \$280 per episode) rather than across all plan members, they generate net savings of \$0.72 PMPM, or \$8.7M per million commercial members. At these reimbursement rates, PDTs would also reduce total healthcare spending in Medicare. PDTs could deliver additional savings if used to reduce the frequency or duration of patients' therapy sessions.

Blended-Care Solutions: These solutions that combine digital content and clinician-led care suggest strong clinical effectiveness, particularly for depression (average 7.7-point

reduction in PHQ-9 for people not previously receiving psychotherapy). However, there is more limited comparative data and most solution-specific findings come from single-arm studies. These solutions have a much higher price point (estimated at \$6 PMPM plus approximately \$792 in annual therapy costs per engaged user) that increases total health spending by \$2.10 PMPM, or \$25.2M per million members in the commercial market, with even greater estimated spending increases if solutions were deployed in Medicare or Medicaid. Despite this short-term cost increase, the potential superior clinical benefits warrant careful consideration, particularly for people with moderate to severe symptoms, scenarios where solutions can serve as EAP replacements, or if payers negotiate lower per member solution prices.

PHTI RATINGS BY CATEGORY FOR VIRTUAL SOLUTIONS FOR DEPRESSION AND ANXIETY

● Positive ● Moderate ● Negative
 ● Higher Evidence Certainty ○ Lower Evidence Certainty

Category	Clinical Effectiveness ^a	Economic Impact	Summary Rating ^b
Self-Guided Solutions AbleTo,* Dario, Headspace,* Learn to Live, Meru Health,* SilverCloud, Talkspace,* Teladoc*	 Results: Clinically meaningful improvements in depression and anxiety symptoms for people not receiving psychotherapy Evidence Certainty: Higher	 Decreases net health spending for commercial payers	 Evidence supports broader adoption for people not otherwise accessing therapy
Prescription Digital Therapeutics DaylightRx, Rejoyn	 Results: Clinically meaningful improvements for depression and anxiety symptoms as part of usual care Evidence Certainty: Higher	 Decreases net health spending for commercial payers and Medicare at anticipated reimbursement rates	 Evidence supports broader adoption due to improved efficacy of mental health treatment
Blended-Care Solutions AbleTo,* Brightside, Headspace,* Koa Health, Lyra, Meru Health,* Modern Health, Spring Health, Talkspace,* Teladoc*	 Results: Larger, clinically meaningful improvements for depression and anxiety symptoms for all users Evidence Certainty: Lower	 Increases net health spending for payers because savings from users' health improvements do not offset total solution costs	 Positive clinical outcomes and net savings for users would support broader adoption, if prices were lower

Source: PHTI, Virtual Solutions for Depression and Anxiety, May 2025. See [PHTI.org](https://phti.org) for complete report, methods, and recommendations.

Notes: ^a Not all solutions have clinical data that meet the inclusion standards for this report. ^b Summary rating reflects the combination of clinical and economic results.

* Companies offering both self-guided and blended-care solutions.

Next Steps

Despite demonstrating positive clinical benefits, virtual solutions for depression and anxiety have yet to fully realize their potential in mental healthcare delivery. Improved evidence generation, strong engagement rates, and outcome-based payment models can help these solutions gain adoption. Rising rates of depression and anxiety and limited provider access suggest that clinically and economically effective digital solutions can play a role in expanding treatment options.

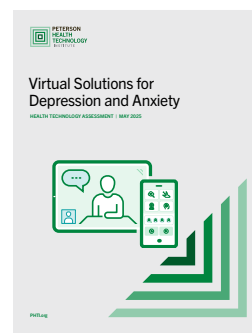
PHTI's recommendations include:

- **Improve evidence generation** by developing more comparative studies examining long-term durability of clinical effects, effectiveness across diverse populations, and outcomes for patients with mild symptoms.
- **Enhance engagement** by researching and implementing features that increase sustained user participation, which correlates strongly with better clinical outcomes.
- **Focus on efficient care delivery** through appropriate triage and stepped-care models that match patients to the most clinically appropriate and cost-effective support.
- **Align payment models with clinical benefits** by creating variable pricing structures and value-based contracts that reduce per-member fees and shift toward outcome-based reimbursement.

These findings are based on the criteria set forth in the ICER-PHTI Assessment Framework and the currently available evidence. Please see the full PHTI report, [appendices](#), and [online data supplement](#) for complete assessment, methods, and recommendations.

Accessing PHTI's Full Report

You can access the full report [here](#).



¹ Substance Abuse and Mental Health Services Administration (SAMHSA), "Projections of National Expenditures for Treatment of Mental and Substance Use Disorders, 2010–2020," 2014, Figure A.6. <https://library.samhsa.gov/sites/default/files/sma14-4883.pdf>