

FINDING, EVALUATING & RECOMMENDING DIGITAL MENTAL HEALTH TOOLS



Knowledge Exchange Session Summary

March 2025



Introduction

Improving the mental health of children and young people (CYP) is a [major global public health challenge](#) and a national priority in Scotland and the wider UK.

[Aye Mind](#) is a project led by the Mental Health Improvement Team at NHS Greater Glasgow and Clyde (NHSGGC) in partnership with a range of organisations from across GGC. It is a mental health resource that aims to build the digital skills and confidence of those who work with CYP.

Aye Mind aligns with a key priority of the Scottish Government's [Digital Health and Care Strategy](#) (digital skills, p.21). This includes supporting the uptake and use of digital tools as part of the wider system of support for CYP's mental health. The Scottish Government's [Mental Health Strategy 2017–2027](#) (p.36) also highlights "huge potential" for widening access to tools, including digital tools, to support people to manage their mental health.

To work towards these priorities, the Aye Mind **Digital Tools** working group (membership available in Appendix 1) is undertaking a research project to explore the optimal approaches for supporting professionals and CYP in **finding** and **evaluating** digital mental health tools for CYP. The research project also looks to identify how to best support professionals in confidently **recommending** or **introducing** these tools to CYP. To achieve these aims, the research project involves the following:

- An **online knowledge exchange (KE) session** with members of the Aye Mind Digital Collaborative (DC) network.
- A **workshop/s** to explore what CYP find important in digital youth mental health tools and how they would identify tools.
- A **rapid review** to gather and summarise existing literature and practices on the research topic, using the results of the KE session as a starting point.

This report summarises the KE session, which was held with the DC network in August 2024, describing the methods, key findings, and implications. The purpose of the session was to engage DC members, a varied membership made up of local and national partners who represent health and social care, youth work, the third sector, and academia,

amongst others. Members were invited to discuss their experiences and preferences for finding, evaluating, and recommending or introducing digital mental health tools for CYP.

Methods

The KE session was conducted online by a staff member from the Glasgow School of Art and a staff member from the Mental Health Improvement Team at NHSGGC using Microsoft Teams for videoconferencing and Google Jamboard as a digital whiteboard. The KE session was approved by the Glasgow School of Art ethics panel.

The session lasted for an hour in total. Prior to attending the session, all participants were provided with a Participant Information Sheet. During the session, participants were given a brief introduction to the Digital Tools project and the purpose of the session. They were reminded that their participation indicated consent.

The participants were divided into two groups, with one group moving to a breakout room. Each research question was presented on a separate Jamboard completed by each group using sticky notes.

The questions were:

- If you were looking for a digital tool to support a CYP's mental health, can you walk us through the steps you would take to find it?
- What are some things you would consider when deciding whether to recommend or introduce a digital mental health tool to a CYP?
- What would help you feel confident in finding, and recommending or introducing, the right digital mental health tool to a CYP?

After answering the questions, the groups reconvened in the main room to share their discussions. The session was partially transcribed using the MS Teams transcript feature. The qualitative data was analysed by the Glasgow School of Art staff member using affinity diagramming, an inductive process involving clustering data based on affinity, which form into themes. Comments from both groups were combined into a single dataset and organised under the three research questions to form themes and subthemes. Different coloured sticky notes were used to differentiate

contributions from each group, allowing the breakout room facilitator to cross-check emerging themes.

Key findings were derived for each research question, and overarching themes spanning all three questions were identified. The findings were then reviewed by the Digital Tools subgroup and are summarised below.

Findings

Fourteen DC members participated in the session (see Appendix 2 for the participants' organisations). The themes and key findings are presented in this section (see Appendix 3 for the clustered themes and sub-themes).

RQ1: If you were looking for a digital tool to support a CYP's mental health, can you walk us through the steps you would take to find it?

The identified themes were: suggestions/recommendations, directories, trusted sources, Google/Internet search, and approved tools. Key findings included:

- Seeking recommendations from colleagues, wider networks, relevant organisations (e.g., schools), the NHSGGC Board, and CYP.
- Referring to trusted sources, specifically public sector organisations (e.g., NHS) and specialist organisations (e.g., YoungMinds).
- Using directories (libraries) of digital tools, namely Aye Mind and West Dunbartonshire Wellbeing, with some who were unaware of such directories expressing a keen interest in using one.
- Using Google or Internet searches with criteria (e.g., age), though these searches often expanded unhelpfully, requiring additional time to verify unfamiliar tools or organisations.
- Focusing on using approved tools.

RQ2: What are some things you would consider when deciding whether to recommend or introduce a digital mental health tool to a CYP?

The identified themes were: quality assurance, reputability, credibility, alignment, design, sustainability, and flexibility. Key findings included:

- Whether the tool is quality assured and the provider is reputable.
- Whether there is a cost or advertisements associated with the tool.

- Whether the tool is credible, evidence-based, evaluated, and who funds it (with more caution towards commercial organisations).
- Whether it aligns with the professional's organisation (e.g., ethos) and the CYP's needs.
- Whether it is safe to use, ensures privacy and confidentiality, and has sign-up or data-sharing requirements.
- Whether it is usable and accessible, and whether its design reflects the CYP's perspective.
- Whether the tool's use is sustainable, including long-term funding and required professional support for the CYP.
- Whether multiple options are available (e.g., having a range of tools to recommend/introduce, as CYP may respond differently to each).
- If its use requires occasional or regular engagement from the CYP.

RQ3: What would help you feel confident in finding, and recommending or introducing, the right digital mental health tool to a CYP?

The identified themes were: independent validation, endorsement and recommendations/testimonials, credibility, privacy and data, professional curiosity/criticality, and 'other'. Key findings included:

- The presence of independent schemes that validate and confer status on the tool.
- Whether the tool has endorsements or recommendations from trusted professional bodies and sources (e.g., NHS) or CYP, particularly as CYP become more discerning.
- The transparency of the underlying research and the provider, including details about who manages the tool and their qualifications.
- The evaluation and monitoring process, with concerns that the length of trials and over-regulation might limit new or valuable apps from reaching CYP.
- Understanding how privacy and data sharing are managed, with sign-up processes and concerns about others knowing what CYP are looking at acting as deterrents.

- The importance of exercising professional curiosity and criticality, particularly for non-NHS tools.

Overarching Themes across the Key Findings of All Three Research Questions

Two overarching themes were identified from the key findings of the research questions: Trust and Credibility; and Quality Assurance, Validation and Evaluation.

These themes were central to all three research questions, with a focus on the trustworthiness and credibility of tools, as well as the importance of their quality assurance, validation, and evaluation (see Appendix 3 for a breakdown of the findings clustered under these theme headings).

Implications

Building on these overarching themes, the following implications suggest how focusing on the trust and credibility of digital tools, as well as quality assurance, validation, and evaluation, can support professionals in finding and evaluating digital mental health tools for CYP, and in recommending or introducing them to CYP.

Building Trust and Credibility in Digital Tools for CYP's Mental Health

- **Balance recommendations and risk aversion.** Professionals value recommendations or endorsements from trusted organisations, but organisations may hesitate to provide them due to risk concerns. Finding a balance between these factors is important to supporting professionals in confidently using digital tools.
- **Raise awareness of directories.** Some professionals are unaware of directories (libraries) of digital tools, but show interest in using them once introduced, highlighting the need for increased promotion of these directories. There may be value in coordinating directories to reduce overlap and duplication.
- **Involve CYP in recommendations and endorsements.** As CYP become more discerning, visible recommendations or endorsements from CYP themselves may help foster confidence in using digital tools.

Ensuring Quality Assurance, Validation, and Evaluation

- **Establish and/or promote independent validation schemes.** Professionals value independent schemes that validate digital tools. Establishing and/or promoting such schemes could increase confidence among professionals, especially for tools not associated with trusted organisations like the NHS.
- **Ensure transparency in research and provider qualifications.** Transparency regarding the underlying research and the qualifications of the tool provider is important for those working with CYP, especially for tools not affiliated with trusted organisations like the NHS.
- **Clarify privacy and data practices.** Tools must have transparent privacy policies and accessible terms regarding data sharing and sign-up processes to address CYP's sensitivity to privacy concerns.
- **Facilitate evaluation without over-regulation.** Regular evaluation and monitoring are important, but excessive regulation or lengthy trials risk preventing innovative and valuable tools from reaching CYP in a timely manner.
- **Provide professionals with training and support.** Support professionals to trust in and see the role and value digital mental health tools play in the wider mental health support system for CYP. This includes supporting professional criticality, even for those tools provided/recommended/endorsed by trusted organisations. Professionals should exercise their judgment, supported by clear evaluation criteria, resources, and training to critically assess the suitability of tools for CYP.

Conclusion

The KE session provided valuable insights into the optimum process for professionals to find, evaluate, and recommend or introduce digital mental health tools for CYP.

Key findings highlight that promoting trust, credibility, and quality assurance will be essential to empower professionals to confidently use these tools in their practice. The focus on independent validation, transparent research practices, and clear privacy policies also emerged

as central to professional's comfort and confidence in these digital tools. Furthermore, participants expressed a need for increased awareness of available directories of digital tools, such as Aye Mind and West Dunbartonshire Wellbeing. They also stressed the importance of CYP being involved in recommending tools.

Ongoing support and training for professionals emerged as central to the effective and safe use of digital tools and should incorporate these themes of trust and credibility. Any training and support should also focus on assisting professionals to critically appraise digital tools and to confidently integrate them into their practice where appropriate.

These initial findings lay the foundations for the next stages of the research project. They will complement insights gathered during the rapid review and workshop/s with CYP. Together, these insights will ultimately guide the development and consideration of future interventions to enhance the uptake of digital mental health tools for CYP.

Appendix

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Appendix 1: Participants' organisations

| Name | Organisation |
|----------------------|---|
| Donald Boyle | NHSGGC |
| Alex Connor | Renfrewshire HSCP |
| Maurice Gilligan | Renfrewshire Council |
| Trevor Lakey | NHSGGC |
| Cairinne Macdonald | Renfrew YMCA |
| Laura McCommend | Inverclyde HSCP |
| Lisa McGovern | Glasgow City Council |
| Tracey McKee | NHSGGC |
| Allison Miller | West Dunbartonshire HSCP |
| Steph O'Neill | PEEK |
| Kathryn Parry-Wilkes | Scottish Council for Voluntary Organisations (SCVO) |
| Laura Sinclair | Glasgow City Youth Health Service |
| Heather Sloan | NHSGGC |
| Jill Wilson | NHSGGC |

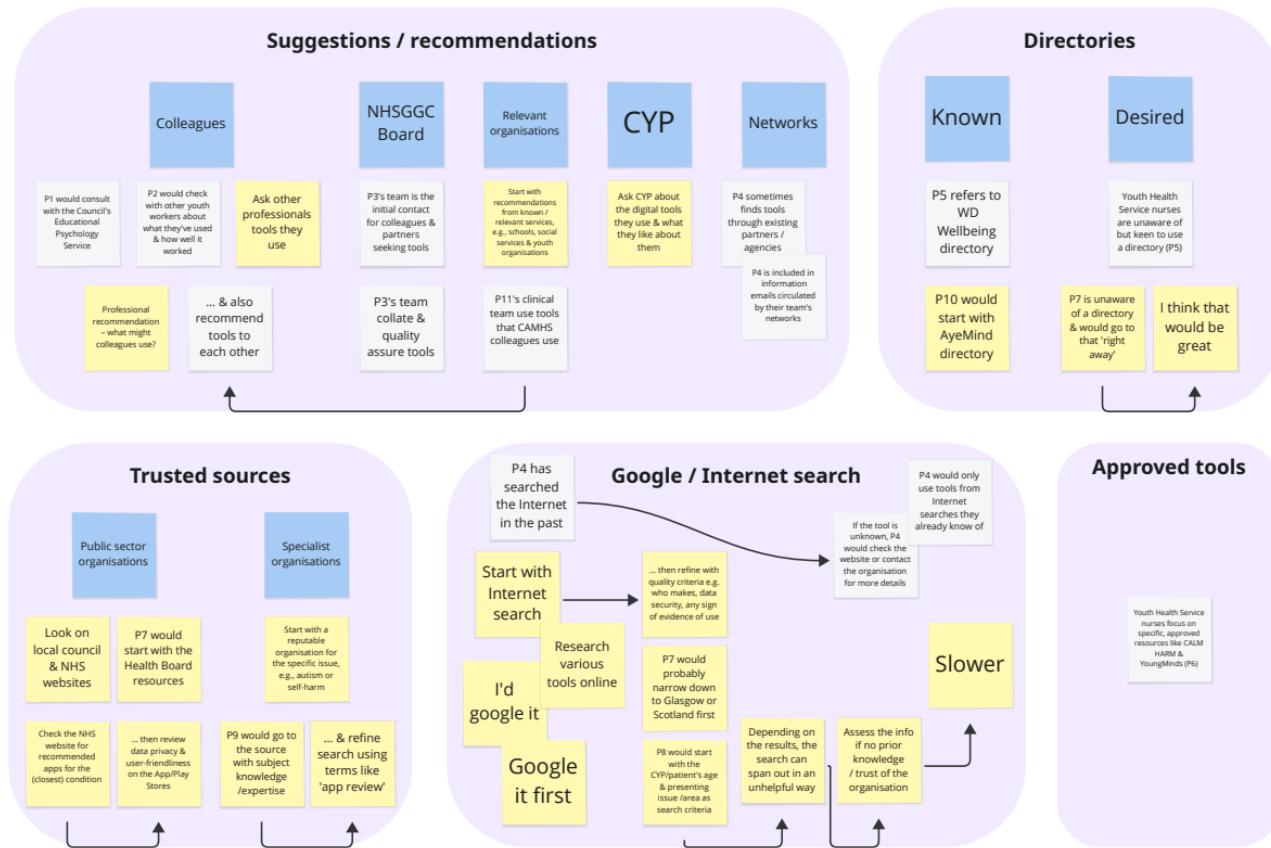
Appendix 2: Aye Mind Digital Tools subgroup membership

| Name | Organisation |
|------------------------------|--|
| Andrea Taylor (Project Lead) | Research Fellow, Glasgow School of Art (GSA) |
| Laura Hills | Health Improvement Senior, Mental Health Improvement, NHSGGC |
| Lindsey McKenna Maxwell | Speciality Doctor (Community Paediatrics), NHSGGC |
| Allison Miller | Health Improvement Senior, West Dunbartonshire HSCP |
| Irene Warner-Mackintosh | Director, Mhor Collective |

Appendix 3: Clustered themes and sub-themes (see following pages)

If you were looking for a digital tool to support a CYP's mental health, can you walk us through the steps you would take to find it?

Key findings



Emphasis on seeking **recommendations** from colleagues & wider networks, relevant organisations (e.g., schools), NHSGGC Board, & CYP

Some refer to **trusted sources**: public sector organisations (e.g., NHS) & specialist organisations (e.g., YoungMinds)

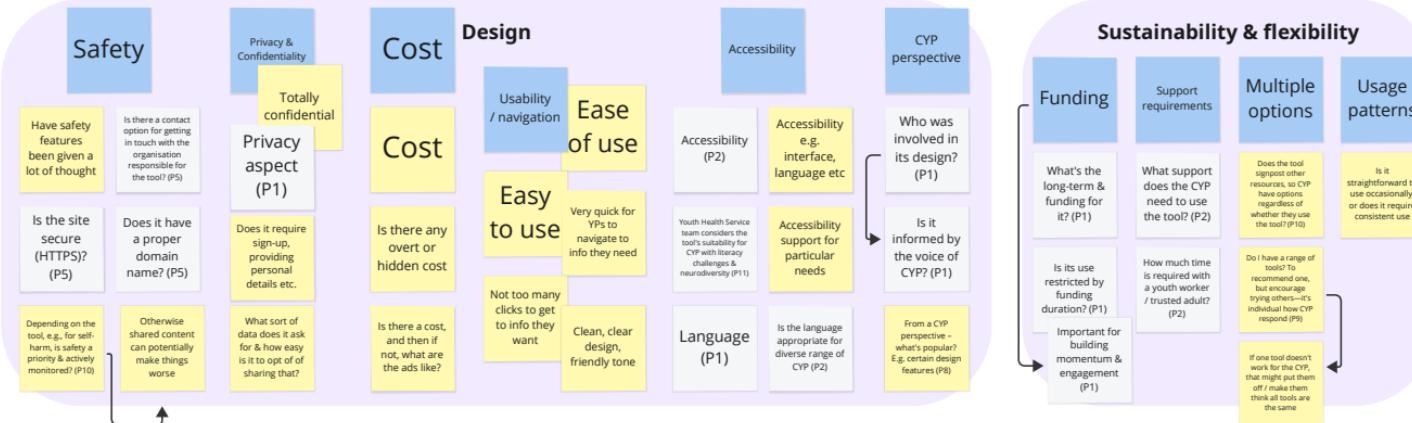
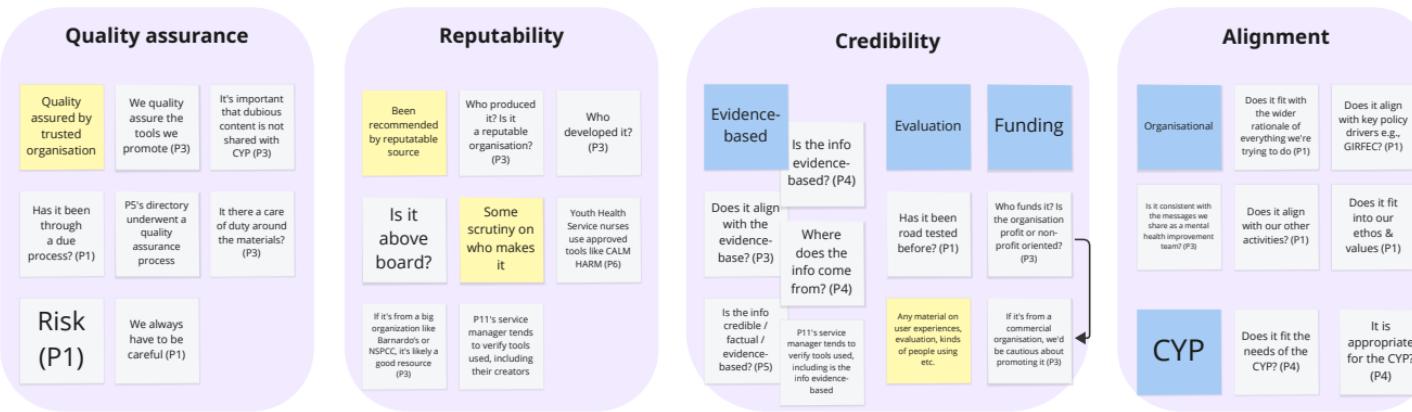
Only two **directories** are used: AyeMind & WD Wellbeing. Some who are unaware of directories, are keen to use one

Some use **Google / Internet search** & criteria (e.g., age), but it can expand unhelpfully, slowing down when verifying unknown tools / organisations

Some focus on **approved tools**

What are some things you would consider when deciding whether to recommend or introduce a digital mental health tool to a CYP?

Key findings



Is it quality assured?

Is the provider reputable?

Is it credible? Is it evidence-based / evaluated / who funds it? (more cautious about commercial orgs)

Does it align with the professional's org (e.g., ethos). Does it align with the CYP's needs?

Is it safe to use? Does it ensure privacy & confidentiality? Are there sign-up / data sharing requirements?

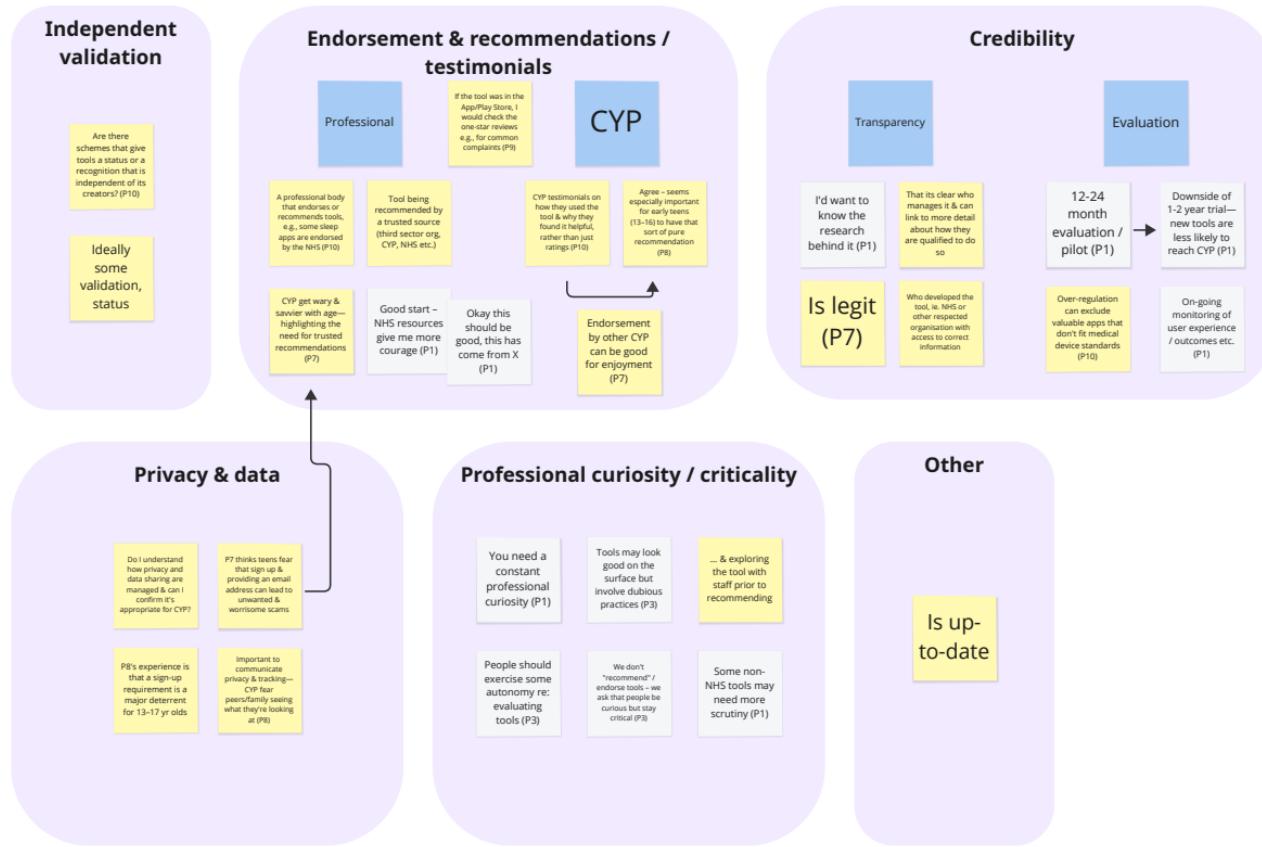
Is it usable & accessible? Does its design reflect the CYP perspective?

Is there a cost? Ads?

Is its use sustainable? Is the funding long-term? What support will the CYP require?

Are there multiple options for the tool? Occasional or regular usage req'd?

What would help you feel confident in finding, and recommending or introducing, the right digital mental health tool to a CYP?



Key findings

Independent schemes that validate & confer status on tools

Endorsements or recommendations from trusted professional bodies & sources (e.g., NHS) / CYP, particularly as CYP become more discerning

Transparency in the underlying research & the tool provider / their qualifications

Evaluation & monitoring. The length of trials & over-regulation may limit new / valuable apps reaching CYP

Understanding how **privacy & data sharing** are managed. Sign-up & concerns about others knowing what they are looking at are deterrents for CYP

Exercising **professional curiosity / criticality**, particularly for non-NHS tools

Trust & Credibility

- Emphasis on seeking **recommendations** from colleagues & wider networks, relevant organisations (e.g., schools), NHSGGC Board, & CYP
- Some refer to **trusted sources**: public sector organisations (e.g., NHS) & specialist organisations (e.g., YoungMinds)
- Only two [trusted] **directories** are used: AyeMind & WD Wellbeing. Some who are unaware of directories, are keen to use one
- **Endorsements or recommendations** from trusted professional bodies & sources (e.g., NHS) / CYP, particularly as CYP become more discerning

Quality Assurance, Validation & Evaluation

- Is it **quality assured**? Is the provider **reputable**?
- Is it **credible**? Is it evidence-based / evaluated / who funds it? (more cautious about commercial orgs)
- Independent schemes that **validate** & confer **status** on tools
- **Transparency** in the underlying research & the tool provider / their qualifications
- **Evaluation & monitoring**. The length of trials & over-regulation may limit new / valuable apps reaching CYP
- Some focus on **approved tools**
- Exercising **professional curiosity / criticality**, particularly for non-NHS tools