DIGITAL RESILIENCE:
how health and care practitioners can help teens with mental health difficulties

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## Contents

1.0 Foreword 3

2.0 Executive Summary 4

3.0 Introduction 6

4.0 Why mental health and the internet? 8

5.0 Digital inclusion and eHealth literacy — what the evidence tells us 9
   5.1 Teens and digital exclusion 9
   5.2 Digital differentiation — the have and the have nots 9
   5.3 A taxonomy of digital and eHealth literacies 10
   5.4 Appraising health information online — a critical digital skill 12

6.0 Social media and teen mental health 14
   6.1 Overall social media are a positive influence in teens’ lives 14
   6.2 With a little help from my peers 15
   6.3 Continual connectivity can be problematic 16
   6.4 Social conformity and comparison 17
   6.5 The internet as a tool to cultivate resilience 18
   6.6 YouTubers — aspirational and relatable 19
   6.7 Distraction from troubling emotions 20
   6.8 Creativity, campaigning and raising awareness 21

7.0 Effects of social media use on mental health — what the evidence tells us 23

8.0 Adverse experiences online 25

9.0 Privacy — an important issue for teens 26

10.0 How parent and carers are responding to teens’ connected lives 27

11.0 Helping teens navigate their online lives 29

12.0 Conclusion and recommendations 33

Bibliography 35

Author 38

Acknowledgements 38
1.0 Foreword

NHS Digital’s Widening Digital Participation programme was set up to ensure that no one gets left behind as we move towards a more digitised NHS — particularly the most excluded and vulnerable in society. There are lots of reasons why people don’t use digital health technology. Many lack the skills and confidence, some aren’t aware these digital products and services exist and often people don’t feel they are relevant to their particular needs. The key objectives for the programme are to:

- Research and better understand user needs and what the barriers to digital uptake are for excluded and vulnerable groups
- Provide a range of targeted support interventions — particularly to those who need it the most
- Ensure that digital inclusion and digital uptake is a key element across the NHS when commissioning, designing and delivering digital health services and products
- Share everything that we’ve learned.

One of the groups that we wanted to learn more about was young people with mental health problems. Young people, although heavy users of technology, are low consumers of digital health technology. This is especially so for excluded and vulnerable teens. So to help us with our first objective, we asked mHabitat to help us to better understand what the barriers to digital participation are for these young people and what can we do to support them. The insights from the research will enable us to develop targeted approaches to tackling the barriers to uptake. We want all young people to benefit from the internet so they can access services and information enabling them to better manage their health and care.

Over the next three years of the programme, we will continue to commission research and develop projects to understand and address the needs of other vulnerable groups, including older people, homeless people and those living with multiple long-term conditions.

Nicola Gill
Programme Manager for Widening Digital Participation
2.0 Executive Summary

Commissioned by NHS Digital, to inform the Widening Digital Participation Programme, this report aims to help health and care practitioners understand how teens in the UK affected by mental health difficulties are navigating their connected lives. The report comprises a review of evidence alongside insights from seven interviews with teens and two focus groups. It also includes insights from mHabitat’s participatory work with young people.

In our introduction we make the case that practitioners supporting vulnerable teens should take into account their blended online and offline lives. One in ten children has a mental health problem for which they need support or treatment and most adult mental health difficulties have their roots in adolescence (Jones, 2013). The prevalence of mental health problems has increased over the last decade and there is increased demand on mental health services (Hollins et al, 2017, p.1). As social media platforms become increasingly ubiquitous in young people’s lives, it is important that practitioners are equipped to help them traverse the associated ups and down.

In section 3 we consider issues of digital exclusion and eHealth literacy. In the UK, it is estimated that there are over 300,000 young people aged 15–24 who do not have basic digital skills¹ (Nominet, 2017, p.2). It is therefore imperative, when considering use of social media, digital technologies and the internet, that practitioners consider issues of equity — who is included and who might be disadvantaged or left behind. In the report we review the evidence from two vantage points. Firstly, we explore issues of access to smart devices, broadband and digital technologies. Secondly, we explore issues of digital and health literacy which are sometimes referred to as eHealth literacy; that is: ‘the ability of people to use emerging information and communications technologies to improve or enable health and health care’ (Neter & Brainin, 2012). We make the case that practitioners should pay attention digital inclusion when supporting vulnerable teens.

In sections 4 and 5 we consider the role of social media. Social media provide an important context in which today’s teens journey through their adolescence. This was the topic that young people spoke most about in our conversations with them, so we felt it was important to dedicate a section in this report.

Participating in social networks is the most popular online leisure activity for teens, followed by chatting online (OECD, 2017, p.224). The evidence about the potentially positive, negative or neutral effects of online social networks on young people’s mental health is mixed and sometimes contradictory (Barth, 2015, p.2015,p.201; Seabrook et al, 2016; Berry et al, 2017). Teens tend to broadly be positive about social media and, in particular, the ability to maintain contact with friends. However, offline vulnerabilities are often experienced and amplified online. We should avoid the temptation to be susceptible to popular media driven discourses that all social media are bad and aim to help young people make the most of the positive aspects whilst managing the downsides.

In section 6 we briefly touch on adverse effects as experienced by teens. The internet has many benefits but it takes skill and literacy to gain from the opportunities and minimise the downsides. Young people told us that they want adult guidance but they also want adults to suspend their judgement and to walk alongside them. This requires practitioners to manage their own worries about risk and governance in order to have helpful and non-judgmental conversations. This is something that practitioners need to give careful thought to, understand their own professional guidelines in respect of social media, and which requires a supportive organisational context.

In section 7 we consider online privacy as an important issue for teens. The rise of smart devices brings with it concerns about how data is captured and processed. A digital rights project found that young people distinguish less than adults between on and offline; they therefore expect the same rules and fairness to be applied in all aspects of their day-to-day lives whether they take place in person or via the internet (Coleman et al, 2017, p.46). We found the teens we conversed with were highly attuned to issues of privacy and they talked about it extensively. Practitioners should therefore approach conversations with teens in ways which seek to understand and respect their desire for privacy, whilst leaving the door ajar for them to share when they are ready to do so. It also requires that adults appreciate the contextual and complex nature of privacy, which should be conceptualised as a shared and social endeavour that is negotiated between young people rather than as simply a set of individual choices.

¹ Five basic digital skills https://www.thetechpartnership.com/basic-digital-skills/basic-digital-skills-framework/
In section 8 we explore how parents and carers are responding to teens’ connected lives. It is striking that seven in ten parents of 12-15 year-olds say that their child knows more about the internet than they do and one in six feel they don’t know enough to help their child manage online risks (Ofcom, 2016, p.145) which suggests that many parents do not feel confident in helping their children navigate their online lives. More restrictive parental responses to children’s use of the internet are associated with reduced chances of children benefitting from the positive aspects of internet use. A strong theme in our interviews and focus groups was a frustration with lack of understanding from adults about how young people use the internet as a way to cope with difficult emotions and as a distraction from mental distress. Young people told us that parents and carers don’t always take time to appreciate or understand the motivations and meanings associated with their online activities.

In section 9 of the report, we consider how practitioners can have helpful conversations with young people that enable them to harness the positive aspects of the internet and navigate aspects of online life which may be problematic. The question is not whether practitioners should be incorporating the internet into practice, but rather how to go about doing it in ways which are helpful to young people. Whilst having an authoritative voice, practitioners should take into account and leverage the tacit knowledge of young people themselves. They should orientate towards facilitating online resilience which is characterised by assets that reside within the individual that can be taught — such as self-efficacy, social skills, reflectiveness and a willingness to try new things; along with resilience channelled from resources around the young person such as family, peers and community.

In our final section we set out a series of recommendations for health and care practitioners and for organisations. These are summarised below:

**Recommendations for practitioners:**

- Be curious about teens’ online lives and seek to understand meanings and context
- Keep conversations open with teens so they can talk to you about their online lives
- Support young people to think critically about their use of the internet
- Help young people develop digital skills and confidence
- Recognise that teens will take risks and help them learn from their mistakes
- Support young people to make the most of the creative and civic affordances of the internet
- Help young people to use the internet to enhance mental wellbeing and resilience (for example, through online peer support).

**Recommendations for organisations:**

- Assess the digital skills of your workforce
- Provide support and development for staff to develop their digital capabilities
- Create opportunities for young people accessing services to develop their digital confidence
- Incorporate digital communication channels into services in ways which are meaningful and useful to young people
- Provide free Wi-Fi in your services to increase access
- Provide smart devices for your workforce so they can engage
- Develop policies for use of social media, digital tools and the internet
- Always consider digital technologies as an enabler in improving services
- Ensure a high quality and young-person friendly digital organisational presence.
3.0 Introduction

Commissioned by NHS Digital, to inform the Widening Digital Participation Programme, this report aims to help health and care practitioners understand how teens in the UK affected by mental health difficulties are navigating their connected lives.

Evidence suggests that whilst many young people are tech-savvy, they may be less likely to engage with digital health messages. Although young people are more likely to be online than older people, and so more willing to adopt new technologies and transact online, we cannot assume that they are all equally skilled in using the internet to seek and engage with health-related information (Tinder Foundation, 2017, p.16). Young people’s voices rarely find a way through the plethora of adult opinions about their use of the internet, and we hope this report enables some of them to reach the surface of public debate on this important topic.

The report comprises a review of evidence alongside insights from seven interviews with teens and two focus groups. One focus group was undertaken with members of the Future in Mind group who work with mental health commissioners in Leeds. The second focus group took place with Black, Asian and minority ethnic teens who are volunteers at Speaker’s Corner in Bradford. Our 35 participants were between 14 and 18 years of age and comprised a broad gender and ethnic mix. In our conversations, we encountered sensitive and thoughtful young people endeavouring to navigate the choppy waters of adolescence, immersing themselves in the enjoyable aspects of their connected lives, whilst doing their best to manoeuvre those things which they find problematic. We sought to understand how they would like health and care practitioners to help them on that journey.

In addition to our interviews, we draw on participatory design work that mHabitat routinely undertakes with children’s mental health services, where we often stumble across valuable insights as we co-design digital services with young people. We are grateful to everyone who took the time to share their views and expertise. We would like to specifically thank Common Room and Speaker’s Corner for their help and support in organising the focus groups.

Throughout the report we use a number of different terms to describe aspects of the internet. We use the term digital tools or technologies to refer to mobile applications (apps) that sit on smart devices and wearable devices. Some of these are mental health specific, such as Doc Ready and some of them are not. We use the term social media to describe platforms whereby people create and exchange content online, such as Snapchat® and Instagram®. We use the term internet as a catch-all for online information and interactions. For those of you less familiar with online social networks, you can find more information on the NSPCC’s NetAware® website. It is also worth noting that there are various emerging technologies, such as personal assistants and chatbots, that are being developed in the mental health sphere to help young people manage their mental health.

For those of us who did not grow up with the internet, it is tempting to conceptualise online and offline as somehow distinct and separate. Some of us may be nostalgic for a time before the internet pervaded what feels like every aspect of our lives. However, we make the case that practitioners must endeavour to move away from dichotomous thinking about online and real life, if only because it simply doesn’t reflect young people’s experiences of their connected realities. The notion that social media are distinct to the material conditions of everyday reality is one that is deeply embedded in our thinking (Van Doorn, 2011, p.532) and it is not uncommon for parents to bemoan that, by virtue of being welded to their phones, teens are somehow detached from real life. Matt, like many of his peers, rejects this paradigm and wishes his parents had a more subtle appreciation of his adolescent world:

My parents, they often seem worried about how much I use my phone and stuff. Dad’s like, “You’ve got a phone addiction.” [But] I guess it depends on what you’re doing on your phone, because if it is just mindlessly scrolling through Facebook all the time, then obviously I reckon that would have some bad effects on you. If you’re talking to mates, there’s that view that

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2 Snapchat® is an app that lets you send a photo, short video or message to your contacts. The ‘snap’ appears on screen for up to 10 seconds before disappearing, although it can be screenshotted. There’s also a feature called Snapchat Story that lets you share snaps in a sequence for up to 24 hours.

3 Instagram® - a picture and video sharing app. Users can post content and use hashtags to share experiences, thoughts or memories with an online community. You can follow your friends, family, celebrities and even companies on Instagram. Instagram allows live streaming.

4 https://www.net-aware.org.uk/networks/?order=-popularity
it should be a supplement and not a replacement, but talking to mates is kind of helpful, and researching things and Googling things that are interesting to know. I can’t see why that would have any bad effects on you.

This report has a number of limitations. Firstly, it is a small-scale qualitative study that endeavours to generate insights from teens about their experiences of the internet and does not claim to be a more substantial research study. Secondly, we only briefly refer to digital tools and services for mental health as, despite the fact that this is a growing area of development, we found that few of our participants had accessed them; most were primarily concerned with ubiquitous social media and the extent to which they impact their mental health (Hollis et al, 2017). We do not focus on children’s digital rights and would like to point people interested in this topic to the 5Rights\(^5\) website. There is further work to be done to elicit specific issues experienced by teens with mental health difficulties from Black, Asian and minority ethnic groups. Lastly, whilst we touch on adverse effects of the internet, we do not focus on specific issues such as cyberbullying, exposure to pornography, sexting and sexual solicitation; this is a significant area of research and is outside of the scope of this report, although an important area to be addressed in the context of mental health.

\(^5\) http://5rightsframework.com/the-5-rights/the-right-to-remove.html
4.0 Why mental health and the internet?

One in ten children has a mental health problem for which they need support or treatment and most adult mental health difficulties have their roots in adolescence (Jones, 2013). The prevalence of mental health problems has increased over the last decade and there is increased demand on mental health services (Hollins et al, 2017, p.1). The 2015-16 Childline annual report states that mental health issues are the main reason why young people contact the charity, with one in three counselling sessions focused on this topic. The charity is experiencing increases in the most serious mental health problems with 19,000 counselling sessions being delivered to young people thinking about or planning suicide (Childline, 2016, p.4). As social media platforms become increasingly ubiquitous in young people’s lives, it is important that practitioners are equipped to help them traverse the associated ups and down.

Mental health problems can range from depression or anxiety through to more long lasting and severe experiences which can be highly disruptive and frightening for young people and families. Mental health problems can result in young people doing less well at school and are also associated with behaviours that pose a risk to health such a smoking, drug and alcohol abuse and risky sexual behaviour (NHS England, 2015, p.11). Only half of the young people who would benefit from specialised treatment actually receive those services (Ye et al, 2014, p.2) and so the promise of digital technologies and the internet to help meet this gap is a compelling one.

The particular vulnerabilities of young people with mental health problems require that careful thought is given to the opportunities and the challenges associated with digital technologies. Our review of the current evidence in relation to teens’ use of the internet shows a mixed and emergent picture in which both positive and negative effects can be found. What is clear is that the internet is increasingly a core part of teens’ lives and this creates an imperative for parents and practitioners to keep themselves up-to-date and informed. As Rafal et al argue:

Professionals are at risk of being out of touch with their patients and missing online behaviors that may exacerbate pre-existing vulnerabilities and psychiatric diagnoses. They also risk breaching professionalism standards if not informed about how to incorporate technology into practice. The Internet and digital technology play an essential role in the knowledge, skills and attitudes of the twenty-first century mental health professional working with adolescents (Rafal et al, 2014, p.8).

For some teens, the relative anonymity of the internet, along with its always-on availability can be a more acceptable way to find out information and support than via a health professional (Gray et al, 2004, p.1472). In our conversations with teens, we heard many ways in which they use the internet to manage their mental health, with the majority using ubiquitous social media platforms in preference to dedicated mental health digital tools and services. It is for this, and many other reasons that we set out in the report, that it is important for practitioners to appreciate the salience of digital for teen mental health.
5.0 Digital inclusion and eHealth literacy — what the evidence tells us

“So much of the literature around young people and technology gets framed by the blanket discourse of "is it good or bad" because we aren’t asking the more fundamental question: “for which kids and communities is it a positive or negative force?”

(Jenkins et al, 2017, p.38)

In the UK, it is estimated that there are over 300,000 young people aged 15–24 who do not have basic digital skills6 (Nominet, 2017, p.2). It is therefore imperative, when considering use of social media, digital technologies and the internet, that practitioners consider issues of equity — who is included and who might be disadvantaged or left behind.

In this section, we review the evidence from two vantage points. Firstly, we explore issues of access to smart devices, broadband and digital technologies. Secondly, we explore issues of digital and health literacy which are sometimes referred to as eHealth literacy; that is: ‘the ability of people to use emerging information and communications technologies to improve or enable health and health care’ (Neter & Brainin, 2012). We frame both of these issues in the context of health inequalities which relate to the conditions in which people are born, grow, live, work and age; and to social determinants of health which relate to the social and economic circumstances in which people live and which influence the quality of people’s health7.

5.1 Teens and digital exclusion

Nominet Trust has identified three factors that create a barrier to young people’s digital skills. They are:

- Personal skills - factors such as poor literacy and numeracy can prevent young people from using digital technology for formal communications such as job applications
- Circumstantial barriers - household poverty and poor credit ratings can deny access to home broadband; long-term family health conditions can mean peer and formal support to use technology are not readily accessible
- Systemic barriers - young people living in households with intergenerational unemployment can lack motivation to develop digital skills through formal training programmes.

These barriers are further compounded by disruptions in young people’s lives, such as experience of the care and criminal justice system, family breakdowns and addiction or violence in the household (Nominet, 2017, p.3). The most important indicators of limited or no internet use include age, disability, social class, income and the age at which people leave education (Yates, 2017, p.4).

In the UK, one in six children lives in a home where no parent is employed and 10% live in poverty (Livingstone & Sefton-Green, 2016). The absence of internet access at home limits young people’s access to information that is important for their cognitive development and which can support access to information and learning, as well as entertainment and connections with family and friends (OECD, 2017, p.220). Children who do not have access to the internet are disadvantaged in their reduced access to educational resources, such as online encyclopedias for school work (OECD, 2015, p.35).

We know that there are strong links between mental health problems and social disadvantage, with children and young people in the poorest households three times more likely to have a mental health problem than those growing up in better-off households (Murphy & Fonagy, 2012, p.2). All these factors mean that practitioners should pay attention to issues of digital inclusion when supporting vulnerable teens.

5.2 Digital differentiation — the haves and the have nots

A helpful way to conceptualise digital access is the notion of digital differentiation which focuses on differential use patterns of the internet that result from unequal socio-economic, cognitive and cultural resources. One study found that differences in formal education had a direct impact on how teens use the internet, with young people with lower educational attainment focusing disproportionately on entertainment over seeking information, as is the case with traditional media (Peter & Valkenburg, 2006, p.297).

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6 Five basic digital skills https://www.thetechpartnership.com/basic-digital-skills/basic-digital-skills-framework/
7 https://www.gov.uk/government/publications/health-profile-for-england/chapter-6-social-determinants-of-health
Evidence indicates that age is not the most significant indicator of breadth and depth of internet use. Socio-economic status is an important predictor of how people incorporate the internet into their everyday lives, with those from more privileged backgrounds using it in more informed ways for a greater number of activities (Hargittai, 2010, p.1). Children aged 5-15 in lower income households are less likely to have internet access at home, either through a fixed broadband connection or a mobile network signal (Ofcom, 2016, p.40). They are also less likely to have a smartphone and therefore less likely to use the internet when they are out and about (Mascheroni & Ólafsson, 2014, p.17). Shyelle has a mobile phone with monthly data but no laptop or computer and no fixed broadband at home; when she uses her phone for homework she is limited by the small screen and her data is quickly devoured. She has to make the difficult choice between socialising with her friends online or accessing information for her studies.

Social media is a pervasive component of teens’ everyday lives; one study found that 94.8% of 15 year olds in the UK use social media before or after school, with children with a lower socio-economic status more likely to use social networks before the school day begins (Frith, 2017, p.11). Compared to the average, children aged 5-15 in more wealthy households are more likely to have made their own music, while those in lower income households are less likely to have made an animation, moving picture or image (Ofcom, 2016, p.86). Socio-economically advantaged young people are more likely than their disadvantaged peers to think that the internet is a great resource for obtaining information (OECD, 2017, p.226) which starkly highlights the differences in benefits that are gleaned from resources that are, at least in principle, available to all.

Digital access is not simply about having access to broadband and a smart device. For example, although the vast majority of young people own a mobile phone, they will not necessarily have credit for accessing voicemail and making phone calls, and may not have sufficient memory or data to download a mental health app. Although it is easy to assume that all young people own their own smartphone, we interviewed one 15 year old who had a basic phone for text messaging and calls, and then shared his mother’s smartphone to go online.

In a participatory project to codesign a mental health app with young people, we found that the amount of data storage required by the app was a critical factor in whether teens would download it and keep it on their phone — if it was a choice between Instagram and a clinically provided and endorsed mobile app, then there was simply no competition.

In another project with teens accessing Child and Adolescent Mental Health Services (CAMHS) we discovered that young people were unlikely to pick up a call from the service because it displayed ‘number withheld’ on their phone, and then they would think twice before picking up an answerphone message and responding to it as it would use valuable data. These micro decisions may seem insignificant but they can have a cumulative impact on teens’ engagement and interaction with services.

There are differences in parental supervision of children’s use of the internet. Less educated and less digitally skilled parents are more likely to rely on more restrictive approaches to use of the internet and prefer more technical restrictions (Livingstone et al, 2017, p.84). Clearly, digital divides are not simply about access to the internet but also relate to how young people use the internet and how adults make decisions about what they can and cannot do. Understanding the digital exclusion challenges vulnerable teens face which may impact on their mental health, wellbeing and future prospects are all relevant to mental health services and practitioners.

5.3 A taxonomy of digital and eHealth literacies

Being digitally literate means ‘having the ability to develop a critical relationship with media, and to engage in communication in an autonomous, competent and safe manner’ (Mascheroni & Ólafsson 2014, p.47). Digital skills can be conceptualised as an interplay between having technical knowledge, an appreciation of how media works and an understanding of social norms (Cooper, A. 2012. As quoted in Third et al, 2014, p.35).

A taxonomy of digital skills has been developed by the charity, Go ON UK (which has now merged with the charity, Dot Everyone) that sets out five basic digital skills and a set of associated competencies as follows:

1. Managing information which is characterised by the ability to find, manage and store digital information and content; assessing accurate sources of information and using secure tools when browsing the web

2. Communicating which is characterised by the ability to communicate, interact, collaborate, share and connect with others; understanding how to manage your identities, protecting yourself from scams; using the right security settings (including parental controls); protecting your data
3. **Transacting** which is characterised by the ability to purchase and sell goods and services; organise your finances; register for and use digital government services; using secure websites for financial transactions; protecting your personal data; respecting the privacy of others

4. **Problem-solving** which is characterised by the ability to increase independence and confidence by solving problems and finding solutions using digital tools; using accurate sources of support; avoiding malicious websites, scams and popup windows

5. **Creating** which is characterised by the ability to create basic digital content in order to engage with digital communities and organisations; being aware of copyright law; protecting your personal data; respecting the privacy of others (Tech Partnership, 2015).

So what are the connections between digital know-how and health literacy? Health literacy is defined by the World Health Organisation as:

> The cognitive and social skills which determine the motivation and ability of individuals to gain access to, understand and use information in ways which promote and maintain good health.

In this definition, health literacy addresses the environmental, political and social factors that determine health\(^8\). Combined with digital literacy, eHealth literacy enables people to make use of digital technologies to improve or enable health (Neter & Brainin, 2012). The sheer volume of information available on the internet, encompassing everything from self-published blogs on specific health conditions through to institutionally mediated information, can be overwhelming and the ability to navigate it requires a substantial degree of skill, confidence and application.

There are four specific facets of eHealth literacy that Divani et al (2015) identify from a systematic review of the literature:

- **Evaluation skills** - ability to evaluate online health information
- **Assessment of quality** - perceived quality of online health information
- **Trust** - in the internet as a source of online health information
- **Use of evaluation criteria** - for online health information (Divani et al, 2015, p.3).

The researchers found people with low health literacy are less likely to have or deploy the above attributes. For example, people with low health literacy were most likely to associate the position of a website in health results or the quality of images as evaluation criteria for the trustworthiness of the information. This contrasts with the evidence which shows that institutional sources are likely to be more accurate, whilst position in search results and image quality are not good criteria. The studies in the systematic review tended to conclude that people with lower education levels have worse actual and self-rated skills to evaluate online information and lower trust in online information than those who are more educated (Divani et al, 2015, p.12).

We found limited research in the field of eHealth literacy and mental health. However, a Canadian survey of young adults aged 18-35 who had experienced a first episode in psychosis aimed to understand how technology could assist in their recovery. Respondents, asked to rank barriers to accessing mental health information and support online, identified the following: lack of knowledge on how to perform an internet search (31%); the way in which information is presented online (27%); no interest or need (22%); lack of time (19%); and cost of internet access (19%). Just under a third of respondents reported no barriers to accessing information and support online (Lal et al, 2015, p.4). This mix of access, motivation and absence of basic digital skills aligns to other evidence about skills gaps in young people. Assumptions are sometimes made that those with diagnoses such as schizophrenia and psychosis may be less able to engage with digital technologies due to the impacts of paranoia, disorganisation and/or cognitive impairment. However, this is not borne out by the evidence and there are many apps available on the apps stores specifically targeted towards people with those diagnoses (Firth & Torous, 2015). We should therefore avoid making assumptions about young people’s capabilities and support them in their digital inclusion where appropriate.

Given that the consequences of poor eHealth literacy can contribute to adverse health outcomes, such as lower take up of screening programmes or low adherence to treatment, we argue that eHealth literacy should be a concern to practitioners helping vulnerable young people (Diviani et al, 2015, p.2; Schulz et al, 2017, p.1).
5.4 Appraising health information online — a critical digital skill

Young people often find it hard to ask for and to access help when experiencing mental distress. A systematic review found that the most common reason for teens not seeking help is anticipation of stigma and associated shame. Other reasons for not seeking help are a desire to be self-reliant; a lack of awareness that help is needed; a dislike of sharing personal information with a stranger (Gulliver et al, 2010; Clement et al, 2014). One of our focus groups participants described how she goes online as an alternative to face-to-face services when she is unable to get an appointment:

*Say if you can’t get an appointment to the doctors or something, so what I usually do is I just go on NHS Choices or Boots has one as well, I think it’s called WebMD … so you just go on that and look through stuff.*

It is not surprising that young people often prefer the internet over face-to-face contact to find out about health conditions. The perception that online information is more up-to-date than books, the ability to explore a topic from a variety of different perspectives, the convenience of accessing information when and where you want to, along with avoiding the embarrassment which can be associated with talking to a health professional, are all salient factors. Searching for information about mental health issues online can mitigate fears of stigma (Gray et al, 2005, p.1472).

It would seem that searching for health information online is a common practice, at least amongst some young people. One American qualitative study with 50 college students provides insights into how students use online information. Participants identified that they searched for health information in order to inform a decision about whether to make an appointment with a doctor, which in turn they used to inform their discussion with the doctor, and then to cross-reference what they are told by the doctor (Briones, 2015, p.9). It is clear that the internet has many affordances that are appealing to young people who want to find out more about mental health, but have they got the combination of digital and health literacy skills to do so?

Despite the fact that the internet increasingly contains multimedia content such as video and animation, it remains a largely text based medium and therefore requires basic literacy in order to make sense of it. One observational study of low literacy adults found that they encountered a whole range of barriers including difficulty in generating precise search terms to answer health questions, difficulty in interpreting and retaining health information, reticence to click on links, a preference for sponsored sites and limited critical comprehension or evaluation of material (Birru et al, 2004). A similar study of college educated teens found that this more capable group avoided sponsored links and advertisements, but still used overly general search terms and did not always find it easy to find the information they were seeking. The observed teens tended to scan quickly, jump from site to site, and often missed the salient information they were looking for. Spelling errors were another reason for failing to find relevant health information.

Something as simple as knowing how to search for information via an internet search engine is an important basic skill and we shouldn’t underestimate how opaque and inaccessible mental health services can be to an adolescent. Sam, an 18 year old remembers back to when he was first referred to CAMHS in his early teens. In his first attempt to find out more information online he was unable to find anything about the service because he hadn’t seen the acronym written down and so misspelt it in the search engine. It was only on his first visit to the service that he realised he had been searching for the wrong term and understood what had happened. Mariam, who is aged 14, wishes she’d been pointed to trustworthy online information a lot earlier:

*Even the school nurse didn’t really know much about [the Mindmate website] and she deals with a lot of mental health issues at school. I’d been struggling for a long time. I was struggling since I was about 11 or 12, and then to find out that there was this website, five years later, it was a bit like… I don’t know.*

Several of our interviewees seemed to be unaware that they could find mental health information online. For example, Martha told us: ‘resources aren’t really readily available for mental health type stuff. You go on the internet and it’s all just social media and stuff like this.’

9 Mindmate [https://www.mindmate.org.uk/]
Similarly, in our interview with Olivia, a 17 year old with autism, it was apparent that she had never thought to search for mental health information online: ‘No, I’ve never really looked. You see a lot of things being advertised on Facebook but it’s not really relevant things that could help young people.’ Olivia told us that practitioners hadn’t suggested online information to her and that she would be reluctant to search for it herself without a recommendation to a trustworthy site. We were struck by the fact that the motivation and know-how to search for and find out information about mental health online was highly variable amongst the young people we spoke with.

In conclusion, the evidence indicates that the pervasive popular conceptualisation of young people as digital natives is problematic as it shields highly variable digital access, skills and confidence. It is clear that this is not a useful way to think about young people’s use of the internet (Jenkins et al, 2017, p.48; Livingstone, 2014, p.4) as the phrase tends to obfuscate the nuances and subtleties as well as the diversity of online behaviours we have found.

It also assumes that adults, as supposed digital immigrants, have nothing to offer their counterpart natives. We do not believe this to be the case and find it an oversimplification which does not help adults feel resourceful in helping young people in respect of their engagement with the internet. We believe it is critical that practitioners helping young people with mental health problems take steps to understand how teens use the internet, approaching it in a shared spirit of inquiry and exploration.
6.0 Social media and teen mental health

Social media provide an important context in which today's teens journey through their adolescence. Social media was the topic that young people spoke most about in our conversations with them, so we felt it was important to dedicate a section in this report. Our aim is to raise awareness of how teens are using social media, some of the implications for their mental health, and what practitioners need to know.

Participating in social networks is the most popular online leisure activity for teens, followed by chatting online (OECD, 2017, p.224). 72% of 12-15 year olds in the UK have a social media profile, with 28% saying their access their main social media account more than 10 times a day (p. 224). The NSPCC's NetAware website provides a useful summary of social media platforms popular with young people.

Whilst each social media platform shapes how the user can participate in different ways, there are some shared facets across all of them which are qualitatively different to physical public spaces where teens come together. In particular, four characteristics of social media have been described by Danah Boyd, an American researcher into teens use of social media as:

- **Persistence** - the durability of online expressions and content
- **Visibility** - the potential audience who can bear witness
- **Spreadability** - the ease which which content can be shared
- **Searchability** - the ability to search for and find content (Boyd, 2014; p.11).

These four characteristics shape three dynamics which inform how people interact on social media:

- **Invisible audiences** - we can see who is in earshot in offline environments but when we are online our audiences may be invisible to us and we do not know which point of view they have
- **Context collisions** - social media can collapse contexts that we can more easily keep separate offline (for example, our friends and our parents)
- **Public and private convergence** - in our offline lives our homes might be considered private and everything else public. We can be in the privacy of our homes whilst participating in public through social media. On the internet

6.1 Overall social media are a positive influence in teens' lives

Evidence indicates that overall, young people tend to view social media as a positive influence and value the social benefits as well as the ability to develop their social skills, access information, advice and emotional support (Frith, 2017, p.15). Our findings were consistent with the evidence, although it was clear from our conversations with young people that the vulnerabilities they experience offline also manifest themselves online.

There are some gender differences in the types of social networking that girls and boys engage in, with boys more likely to play interactive online games, and girls more likely to participate in other forms of social networking, such as Instagram (Frith, 2017, p.8). Chatting online is popular amongst both girls and boys (OECD, 2017, p.225). Robby, a 19 year old, described the positive effects he experiences from creating and sharing content online:

> [Twitter is] an excellent tool to broadcast a simple message to a very wide audience, and so you have this sense of empowerment on Twitter as well which can contribute very well to your mental health and wellbeing.

Ava was similarly positive about Snapchat, and in particular the sense of connection it gives her to her friends and the ability to cement her friendships through photo sharing:

> It’s very instant and you feel more connected because most messages are sent through pictures, so you do feel quite connected to who you’re talking
to ...Like, if you went out with a friend and they just posted something with you, that makes you feel happy that they thought about posting something with you.

Robby uses social media platforms to express himself and enjoys the fact that he can do this to a wider audience than simply to one person:

*I think one of the great things about like social media, YouTube and Facebook and Twitter and all that, is it’s a great [way] to express yourself and get any feelings out without having to actually say to someone, you are saying it to someone, but you’re not, you’re kind of just saying it to everyone.*

Lonely teens positively benefit from the anonymity of the internet to practice social skills which they are then able to apply to their relationships in an offline context (Valkenbury & Peter, 2008, p.226). Rod, a 17 year old who describes himself as lonely, gave us an insight into how the distanced nature of social media can reduce the barriers to communication and encourage positive risk taking that may be too difficult to achieve in person:

*And it’s, like, I struggled to send a comment on someone’s post the other day, because she’s going to an audition for a drama school, and I was going to wish her good luck, but I didn’t want to come off as creepy. It’s just, like, I struggled to send it, and I had to, like, I actually covered my eyes and pressed enter.*

All our interviewees had positive examples of how they use social media, particularly to maintain relationships with close friends, but also sometimes to take a risk and connect with someone new. They most commonly told us that Snapchat, Instagram and YouTube are their favourite social media platforms. They described how they enjoy the fact that social media enables them to have fun, be entertained and connect with their friends.

### 6.2 With a little help from my peers

Young people who communicate with peers online feel closer to their existing friends (Valkenburg and Peter 2007). Through a longitudinal study, researchers demonstrated that instant messaging increases the quality of relationships between adolescent friends due to intimate self-disclosure (Valkenburg and Peter 2009). This can result in teens being able to release emotions that might otherwise remain pent up (Wood & Bukowski, 2015, p.166). Ruth, who is studying at university describes how she uses a closed Facebook Messenger group for mutual support with her close friends:

*I use social media as like a support group with my friends, so if one of us have like a mental health crisis then we can all support each other, which is great considering we’re all at uni in different cities. So it’s helping you keep supported, but without being physical.*

Mariam told us how she and her friends sometimes share photos that reflect their mood as a means of reaching out and offering help and support:

*Somedtimes they don’t know how to express it, so they might download a photo that tells someone how they’re feeling, and [their friend realises] “Okay, she’s not okay. I’ll message her and talk to her about it.”

Ava has a similar connection with her close friends facilitated through social media:

*They can tell just by conversations online if you’re feeling down or something, like if they’re like, “Are you alright? You don’t seem so chatty,” or things like that.*
Martha finds that knowing her friends are available to her even when they are not physically with her is reassuring: ‘it makes you feel less alone.’ Social media enable teens to be with their friends and support each other even when they are not physically together.

Peer support doesn’t just have to come from close friends. The ability to talk about sensitive topics more openly than may be possible face-to-face is one of the positive implications of the disinhibition effect, whereby anonymity and invisibility can enable people to talk more openly or search for information they may be embarrassed to ask for (Belly, 2014, p.3). Sally describes how she follows Twitter accounts and websites where people share mental health stories. In particular she refers to The Mighty which is a website where individuals can read and share personal stories, create an account, set up a personalised news feed and subscribe to an online newsletter:

Yes, you get involved in online communities that can really make an impact on your life, making friends and having experiences that you wouldn’t meet in the everyday life.

For some young people, these peer-led online communities are more accessible and acceptable than traditional NHS services. Atiya, an older teen, told us:

I use more kind of like online communities and online support, support services. So, basically in [name of city] the ones who do provide online support it’s just basically the best option instead of going through the… How can I say this? The crisis team, who I’m not a big fan of at all.

For Mariam, accessing support online through text is more acceptable as it enables her to compose what she wants to say more readily than when speaking to someone in person:

It’s more about being able to slowly tell [someone] how you’re feeling. And having the time to think about what you’re going to write. I think, on the phone you feel more pressured, into telling people… Like telling the person how you’re feeling in that situation. And I think sometimes you forget to say things.

Peer support, both from close friends and online communities, is clearly an important affordance of social media that some young people are using as a means of managing their mental health difficulties and developing resilience. Helping young people to think about how they might leverage support from friends through, for example, closed chat groups, is something that could be useful to practitioners supporting vulnerable teens.

6.3 Continual connectivity can be problematic

As teens grow older, so does their dependence on anytime and anywhere mobile communication, with almost constant access to their peer group (Mascheroni & Ólafsson, 2014, p.85). The need to respond immediately and to continually hold people in your awareness who are not physically present with you is a particular facet of online social networks (Gabriel, 2014, p.109). Despite the benefits of feeling connected to friends, for some the sense of always being contactable can be overwhelming. As Ella, a 15 year old, told us:

Just even knowing that I’m contactable makes me feel quite suffocated. So it does help me just cutting off in that sense from the internet and whatever. But at the same time, it’s hard to do that in this world, like it is quite tricky.

Teen social norms appear to demand connected presence and Martha describes the pressure to be constantly online and always available:

I know it’s a bit exaggerating, but it’s almost come to the point where you can’t be a functioning member of society without...
being present online or on social media.

However, some young people are able to manage these tensions and set boundaries which help their resilience. For example, Mariam told us how she takes active steps to remove herself from social media when they begin to negatively affect her mood:

"Like, sometimes obviously I switch off my phone, sometimes I just log out of social media. Sometimes I distract myself with other things, and just talk to people about it, who will understand."

It is clear that constant connectivity, whilst positive in some aspects of young people’s lives, can also create pressures which may particularly affect vulnerable teens. Supporting young people to develop positive strategies to manage the impacts of constant connection is an important way in which practitioners can help young people.

6.4 Social conformity and comparison

Teens live out all of the normal developmental aspects of conflict, anxieties and distress through their interactions online, as well as in person (Barth, 2015, p.203). Social comparisons and jealousies can be amplified online where carefully curated Instagram accounts can give the impression of a perfect life. Zoe, who is 14 and has accessed CAMHS since the age of 7, highlights pressures she feels to conform to her peer group and to aspire to the celebrities that she follows:

"My online life can be great. There are loads of pros and cons to it, but there's a lot of pressure to be perfect and be Pinterest goals. Social media goals, like you see celebrities to be. I feel that online life is good but there's a lot of stress on having to be on media. If you're not on media then you’re not cool or you miss out on social events because they’ll all text rather than organise it in person."

For vulnerable young people, teen norms of uploading carefully edited selfies on platforms such as Instagram and Snapchat can feed into a cycle of negative social comparison. Tom told us how he sometimes feels when reading status updates from his peers:

"If you’re feeling particularly depressed and your Facebook live feed is just full of, “Just bought a new car. Just got a new house.” It can actually make you feel worse, because it’s someone else saying, “I’m so positive.” And you’re like, “Oh, I’m not.”"

Despite a similar reaction to Tom, Matt indicates that he is nevertheless aware of and attuned to the artifice and curation behind such posting:

"I guess that when you see other people putting themselves out there on social media, showing themselves having a good time, making you feel bad, you just have to think, “They’re putting the best of themselves out there, but they’re not showing any of the problems in their life.” So you see them and think, “Aw, look at their perfect life,” and all that, but you have to think in your head that, actually, their life isn't perfect, they’ve got all sorts of problems going on, haven’t they?"

Matt, like most teens we spoke with, understood the contrived nature of curated online presence, but nevertheless found it difficult to avoid being negatively affected by social comparison. Some of the young people we spoke with feel compelled to participate. As Zoe describes:

"Obviously, I’m not going to lie, I’m very fake on social media. Quite often, I post things and I’m like, “Oh, yes, we’re having
so much fun,” but quite often I don’t really feel like that on social media, which is why I tend to just watch funny movies or a dance video, something that’s not going to get my self-esteem down.

Mariam exploits the affordance of online comparison to help herself feel better rather than worse. She does this by viewing the profiles and timelines of peers she finds problematic and ‘judging’ them:

And then you might use social media to have a bit of a bitch to other people about this person, and you might be like, “Oh, look at her.” I don’t know, it gives you something which makes you feel better about yourself, to show that you might be better than this person about something, or the other.

Martha shared her views about how she believes the pressure to conform means that young people carefully self-regulate what they say and how they present themselves in order to avoid being judged:

People find it hard to post what makes them happy and be individual with what they post or even the things they say to other people, through fear of being disliked or cast out or something like that.

Issues of social conformity and social comparison are nothing new to adolescent development. Teen development is a time of experimentation, conflict, and change, and the internet provides an important context for these normal experiences to be played out. It is important that adults are aware that subtle, nuanced and opaque teen cultural practices are a pervasive aspect of their connected realities. Whilst practitioners may not understand the detail of these ever shifting micro-rules and practices, having an appreciation of their salience to teen identity is nevertheless important. Teens told us that they want adults to take their online lives seriously and help them navigate problematic aspects of their engagement with it, as they would other parts of their lives.

6.5 The internet as a tool to cultivate resilience

For young people with mental health problems, the internet can offer a window into any number of activities that afford the possibility to build resilience, strengthen their sense of identity, as well as reduce stress. Tom described how playing video games is not only a distraction from his mental distress but bolsters his sense of self-efficacy:

It’s basically a way of forgetting that we actually have this problem by doing something that we’re not only good at, but we enjoy. And then, they [parents] have a go at us for going at it for so long. But at the same time, it’s just our way of coping with something that we have that makes life difficult for us.

Matt, who is 17 and at college, similarly exploits the affordances of the internet to find new opportunities related to his interests and goals:

I’m always looking for my acting, and performance opportunities. Like, I found a short film competition the other day that I put towards one of my friends who is writing for film and television: I thought it might be good for us to work together.

Young people often share images with friends as a means to extending friendship. In one survey of a representative sample of 1,500 12-17 year olds, respondents said that they shared images to cheer up a friend (40%), share something interesting (38%) and inspire people to do something positive (17%) (UK Safer Internet Centre, 2017, p.19). Zoe describes how she uses social media to connect with and engage in peer support with her best friend and close family members:
[name of best friend] sends me a lot of funny videos. She always makes me feel better. She’ll just send me loads of memes. So that definitely helps, having people like that who are very supportive definitely gives you a reality check in a way, but a good one, that you shouldn’t care about that, life is too short … Even if then I thought it was bad, I’m like, “Thank you, you pulled me out of that,” if you get what I mean.

This quote from Zoe provides a touching insight into how young people can and do use digital technologies to offer support and extend friendship when it counts. However, this is not without its challenges; Zoe describes the pressure that can be associated with supporting friends who are also experiencing mental health problems:

I have a friend that also suffers with mental health. She has depression. When she was having a breakdown, she would write really distressing notes to me and she’d say really distressing things that would really freak me out.

Whilst peer support can be powerfully positive, as Zoe’s story illustrates, it can also create pressure for young people who are themselves already vulnerable. Practitioners should recognise that the well evidenced benefits of peer support can take place in an online context. Practitioners can play a valuable role helping young people recognise and take advantages of possibilities to cultivate resilience both on and offline.

6.6 YouTubers — aspirational and relatable

In our conversations with young people, we were struck by the extent to which YouTubers played a significant and positive role in the lives of almost all of them. YouTube routinely came up as the most important social network to our participants, alongside Instagram and Snapchat. In their qualitative longitudinal study Ofcom found young people found YouTube ‘entertaining, comforting, aspirational’ (Ofcom - media, 2016, p.27) and that they often used vloggers as a means of exploring issues that they themselves are dealing with as adolescents. Lifestyle and beauty YouTubers with massive followers sometimes use their reach to talk about mental health and reduce stigma. For example, Mind has teamed up with YouTube star Zoe Sugg AKA Zoella as a digital ambassador. She has used her vlog to share accounts of her own experience with anxiety and panic attacks (Future in Mind, 2015, p.36). Ruth describes what she gets from following vloggers who she feels can relate to and empathise with, and who at the same time feel like a peer:

Having access to people that aren’t necessarily an authoritative figure or from a specific organisation and making it feel like, you know, it’s not someone official telling you what to do. It gives you the access to … hear other people’s stories that are real people. Whether it’s someone that has been suicidal and they talk about how they coped and how they got through it and you get to see it from a personal point of view or whether it’s someone who has an eating disorder or something ... a hang-up about their body and there are people out there to help and advocate the fact that there are things out there that can help, and that’s with discussion and meeting people who have suffered like you have.

Ruth signals that the value of YouTubers is that they are both relatable but at the same time distanced: “And what I’ve found is that they don’t know you and you don’t know them. So it’s kind of anonymous.” This suggests that young people enjoy the warmth of feeling they get from feeling they know a YouTuber whilst simultaneously not having to engage with them in person. Young people we interviewed tended to have a preference for following YouTubers who vlog about a whole range of topics and only happen to occasionally talk about mental health. As Ruth describes:
Just like a general YouTuber who is going through a rough time in their life and they’re open about it. And you might see them, someone who you are inspired by so much anyway, or you look up to so much, you see them going through a tough time and how they handle it ... just how they were open about it, was quite motivating just to see how they were handling it ... [that's] really good - because when it's unexpected as well.

The young people described how these sorts of vloggers reminded them that it is possible to focus on other things than mental health, and that it is possible to have mental health difficulties, be successful and focus on other things in life. These insights provide practitioners with an alternate means to helping young people find information online that they find accessible and relatable. YouTube may be a more relevant site for young people than institutional websites.

6.7 Distraction from troubling emotions

Despite the fact we found little evidence in the literature, one of the most common themes that young people shared with us was the affordance of the internet to facilitate distraction from troubling emotions. Time and again they told us how they use the ubiquitous functions of social media, games and websites to provide a distraction from distressing experiences, using it as a form of escapism and to manage overwhelming feelings.

For example, Atiya described how she uses Tumblr, a blogging and curation platform, to escape from her reality when she is finding it too much:

I use Tumblr as a bit of an escape as in I like to ... it's easy to get lost in Tumblr, so whenever you really need to get lost or whenever you need an escape, it's just a place that you go to. It's kind of like going on a walk without actually leaving your house.

Whilst Conrad enjoys watching mental health vloggers on YouTube, he tells us that there are times when he needs a break from mental health, preferring instead to watch on demand TV or cooking channels on YouTube:

Because sometimes you don’t want to do more mental health stuff and even though it is for my mental health, it is unrelated, if that makes sense, so that really quick, simple access is, you know, for me, really, really helpful. And it’s something quite small and I know you could probably get that from the TV, but it’s just... I don’t know why, it’s a weird thing, just knowing I can go and watch either ‘The Simpsons’ On Demand or like I have loads of subscriptions on YouTube to food cooking channels.

However, whilst distraction can be helpful, it is also has its limits and Martha describes how she avoids it tipping over into what she regards as time wasting:

I think if I’m wasting time because of the way that I get when I’m feeling down, often there’s not a lot I can do about that. I actually have a lot of Chrome plugins on my laptop. I have one that you can set your websites that aren’t that good and then you set a time limit. So it can be like half an hour and then after you’ve spent half an hour on one of your blocked websites, it stops you from going on them anymore.
Thinking about the internet as a source of distraction, that may be more accessible and convenient than analogue alternatives, may be useful for practitioners wanting to help young people find new ways of coping when their distress becomes all-consuming. Helping young people balance the benefits of distraction with the pitfalls of spending so much time online that it becomes unhelpful is a pertinent role for practitioners.

6.8 Creativity, campaigning and raising awareness

In worrying about the harms of the internet to young people, it is tempting to overlook its affordances for creative expression and participation in public life. For young people with mental health problems, the internet can offer a window into any number of activities that can help them to build resilience and a sense of identity. A 2016 Ofcom survey found that nearly a third of teens have engaged in civic activity online. Thirty percent of 12-15s who go online say they have signed petitions, shared news stories on social media, written comments or talked online about the news.

The young people in Ofcom’s qualitative research reported using digital technology to support offline creativity, with the internet, and particularly YouTube, providing a source of inspiration, information or instruction for their offline creative hobbies (p.8). Zoe, a dancer, describes how she uses her favourite social media platform, YouTube, to learn new skills which she can then apply in her dance practice:

This sounds really weird, but I watch a lot of fitness videos and stretching videos to help with my dance and stamina and stuff so I can work on my dance and improve and help to do jumps and turns and stuff. Obviously, I’m very passionate about dance and drama, so I like to do my research.

Amen13 told us how he produces multimedia content which he uploads to YouTube, Facebook and Instagram, in order to share his experiences of mental distress and to campaign for greater awareness:

Campaigning has massively helped my own mental health. Being so open is helping me accept what I should have accepted over almost a decade ago. People support mental health when someone famous dies due to a mental health condition or suicide, whereas this is my daily life. I’m not famous, I don’t want to be famous, all I want to do is help people understand what so many people go through. Having social media as a platform allows me to connect with many people miles away, I am still at the very beginning of this campaign and I am already noticing how expressing myself online is helping my physical self and mind.

Amen was happy for us to share his real name as he is a public mental health campaigner.

We found inspiring examples of teens using the internet to raise awareness of mental health and to challenge media stereotypes that can undermine mental health and wellbeing. One such example is the #ihatperfectasme campaign developed by a group of Black and Asian girls to promote body confidence and challenge negative self-image. The campaign is a blend of online and offline activities which have included workshops, short films and photos, and a hashtag on Twitter and Facebook that arose from a self-care conference for young people in Bradford in spring 2017. Whilst, instances of unkind responses to women are commonly reported and do happen, a review of the hashtag on Twitter was shown to be universally positive.

Practitioners should consider how they can leverage the affordances of the internet for peer support, to build resilience, access relatable information from peers, find distractions from distressing feelings, and even to campaign for causes that matter to them. In this way they can help young people
balance some of the more problematic facets of identity display on platforms such as Snapchat and Instagram with more active and creative behaviours that enable them to feel capable and confident.
7.0 Effects of social media use on mental health — what the evidence tells us

Unsurprisingly, given that teen online behaviours are largely unobservable and often a mystery to parents and practitioners, there is significant concern about the damaging effects to their mental health and well-being. But are they right to be worried?

The evidence about the potentially positive, negative or neutral effects of online social networks on young people’s mental health is mixed and sometimes contradictory (Barth, 2015, p.2015, p.201; Seabrook et al, 2016; Berry et al, 2017). One systematic review found that contrary to growing academic and public concern, the majority of empirical research finds either mixed or no effects of social media on adolescent wellbeing (Best et al, 2014, p.33). A more recent systematic review of the literature relating to social media, depression and anxiety, similarly found a mixed picture (Seabrook et al, 2016). The authors identify that use of social media is associated with protective factors such as lower levels of loneliness, greater feelings of belonging and greater access to social support (p.2). However, social media interactions can increase exposure to problematic social interactions which can in turn have a negative impact on mental health and accentuate differences between people who are doing well and people who are less well (3). This theme is exemplified by this comment from Tom:

"There’s something about how everybody seems to have a really good life, they’re out and about and they’re doing stuff and it’s all exciting and all that kind of stuff, and you see that quite obviously, but then when it comes to that kind of well, of feeling down, you see less of that."

Many studies are limited by an overly simplistic focus on the impact of self-reported frequency of going online rather than seeking to understand and distinguish between different types of activities (Valkenburg & Peter, 2011, p.126). For example, watching YouTube videos to learn coding for Minecraft is qualitatively different to posting selfies on Instagram. This reminds us of the need to develop an holistic and context driven understanding of how young people are using the internet.

A global participatory research study with teens found that young people did not necessarily conceptualise their use of the internet in respect of their mental health. However, they did make frequent references to ways in which social media helps them connect with friends, family and wider communities in ways which they found positive and which have proven benefits for mental health and wellbeing (Third et al, 2014, p.48). Given that communicating with friends is the most common use of social media platforms used by teens, it is noteworthy that friendships are of significant importance to the psychosocial development of young people along with their overall wellbeing (Wood & Bukoswki, 2015, p.163). As Matt told us in his interview:

"If you talk to people online a lot, it’s … you have to imagine that 20 to 30 years ago people would never be able to do that kind of thing. So then, being able to just talk to a mate by tapping a few buttons just helps you to feel more connected."

However, Matt’s parents are concerned that he is prioritising online communication over seeing his friends in person, an example perhaps of dichotomous thinking that we discuss in the introduction to this report:

"Yeah, so my mum and dad talk about social media a lot. Especially Dad, he’s really focused on, “Is it bad for us?” So we came up with an analogy, on food supplements. You know, like vitamin tablets and stuff, where it says on them “These should be used as a supplement to a healthy diet. So that’s what we were saying about texting and Messenger, it shouldn’t be used as a replacement for talking to people face-to-face.”"
In conclusion, research relating to mental health and social media is in its infancy and the results are mixed. Teens tend to broadly be positive about social media and, in particular, the ability to maintain contact with friends. However, offline vulnerabilities are often experienced and amplified online. We should avoid the temptation to be susceptible to popular media driven discourses that all social media are bad and aim to help young people make the most of the positive aspects whilst managing the downsides.
8.0 Adverse experiences online

With the internet permeating every aspect of teens’ lives, it is not surprising that adverse as well as positive impacts are coming to the fore. Adverse experiences include, but aren’t limited to: exposure to pornography, bullying, unwanted contact from strangers, troubling content and sharing of sexually explicit images. They also include either witnessing or engaging in self-harming behaviours and sharing suicidal thoughts online. Some evidence suggests that adverse effects may be on the increase — in their 2015-16 annual report, Childline describe an increase in requests for support by young people about issues they are encountering online, which include online grooming, sexting and viewing online sexually explicit images (Childline, 2016, p.5).

Practitioners supporting teens with mental health problems are rightly concerned about the impacts of witnessing troubling content online. The EU Kids Online project, which surveyed more than 25,000 children and their parents in 25 European countries, generated significant insights into the impact of these negative experiences. They found that children who encounter more risks online are not necessarily those who experience more harmful consequences. Although rather counterintuitive, they found that teens who encounter more risks are often more skilled and as a consequence develop more resilience. During her interview, Ava addressed this point in her conversation with us:

*Sometimes you see things that upset you or you shouldn’t really see, but it can make you more mature in what to do about things like that. It gives you a sense of the wider world outside.*

Children who are less exposed to both opportunities and risks tend to be more negatively affected when they do have adverse experiences online. It is also the case, that children and young people who are vulnerable offline as a result of psychological problems or social characteristics, are more negatively affected by online risks. It shouldn’t be any surprise that online and offline vulnerability are closely associated (Mascheroni & Ólafsson, 2014, p.59).

It is for this reason that practitioners working with teens who are already vulnerable as a result of mental health problems should seek to understand their online lives and seek to help them navigate both the positive and negative aspects. The internet has many benefits but it takes skill and literacy to gain from the opportunities and minimise the downsides. Young people want adult guidance but they also want adults to suspend their judgement and to walk alongside them. This requires practitioners to manage their own worries about risk and governance in order to have helpful and non-judgmental conversations. This is something that practitioners need to give careful thought to, understand their own professional guidelines in respect of social media, and which requires a supportive organisational context.
9.0 Privacy — an important issue for teens

The rise of smart devices brings with it concerns about how data is captured and processed. A digital rights project found that young people distinguish less than adults between on and offline; they therefore expect the same rules and fairness to be applied in all aspects of their day-to-day lives whether they take place in person or via the internet. They see rights and responsibilities applying equally in both spheres (Coleman et al, 2017, p.46).

Young people reported concerns about the opaque power companies have to use and track personal data and control content. This piece of work illustrates how once young people are able to consider their digital rights in depth, they are often dissatisfied with and many aspects of the commercialisation of their data. This has particular implications for teens who are searching for information and having conversations related to sensitive topics, such as mental health, which carry stigma and may cause feelings of shame.

We found the teens we conversed with were highly attuned to issues of privacy and they talked about it extensively. Atiya describes how the functionality of Snapchat, which enables a user’s story to automatically disappear after 24 hours, is one of the most appealing aspects of the platform:

**Bringing it back to Snapchat,**
**I really like the fact that it disappears after 24 hours.**
**The main reason I deleted my Instagram and my Facebook was that I could see embarrassing things popping up all the time. I was like, “Oh, yes, I remember I did this,” and then I had to delete it. In regards to Snapchat, it deletes itself so I don’t really have to do the effort.**

Many of the young people we spoke with were highly concerned about their social media presence and went to some lengths to control and contain it. Aliya has stringent practices for managing the people she connects to on Snapchat:

**Recently I’ve deleted my Instagram because I thought that it was too revealing and people could find out anything about me. Now I only have Snapchat and I only add people who I know, and if someone adds me and I don’t know them, then I just block them.**

Young people also desire privacy from adults, particularly those in positions of authority, when it comes to their online lives (Livingstone & Sefton-Green, 2016). As Martha asserts:

**I wouldn’t want an adult to sit there and listen to my conversations with my friends in real life, not because I have anything to hide but just because that’s weird, if I had my friends round and [an adult] sat in the same room as me, just literally sat there listening, that would be weird, in the same way it would be weird if you just read our conversations or something.**

Practitioners should therefore approach conversations with teens in ways which seek to understand and respect their desire for privacy, whilst leaving the door ajar for them to share when they are ready to do so. It also requires that adults appreciate the contextual and complex nature of privacy, which should be conceptualised as a shared and social endeavour that is negotiated between young people rather than as simply a set of individual choices. The refrain of ‘don’t post that online’ or ‘take that down’ is a common one in many households with teens.
10.0 How parent and carers are responding to teens’ connected lives

It is striking that seven in ten parents of 12-15 year olds say that their child knows more about the internet than they do and one in six feel they don’t know enough to help their child manage online risks (Ofcom, 2016, p.145) which suggests that many parents do not feel confident in helping their children navigate their online lives. Zahid, gave us a disparaging assessment of parental knowledge and attitudes towards social media:

> I feel like particularly my family … the only reason that they impose and they’re really strict on social media is because they don’t understand it enough to have a proper opinion, so they say, “I’m just going to say no. It solves me having to go into the effort and trying to find out all about it because I can’t be bothered to find a report, so I’ll just say right, that’s it, we’re not having it, end of.”

Parents have a range of concerns about children’s online lives which include the amount of time they spend online and giving out details to inappropriate people. More than one in four are concerned about their child seeing content online that encourages them to harm themselves (p.148). Five common parental responses to children and young people’s use of the internet are described below:

- **Co-use and active mediation of internet use** involves parents discussing with their children what they do online, sharing their online activities and sitting with them while they are online
- **Active mediation of internet safety** entails parents promoting safer uses of the internet, giving advice on risk and helping children when something on the internet bothers them
- **Restrictive mediation** entails parents setting rules that limit children’s media use (by time or activities)
- **Monitoring** refers to parents checking available records concerning the child’s internet use
- **Technical restrictions** entail the use of software to filter, restrict and monitor the child’s internet use (Mascheroni & Ölafsson, 2014, p.7).

More restrictive parental responses to children’s use of the internet are associated with reduced chances of children benefitting from the positive aspects of internet use. A strong theme in our interviews and focus groups was a frustration with lack of understanding from adults about how young people use the internet as a way to cope with difficult emotions and as a distraction from mental distress. Conrad told us:

> It’s a bit annoying, because if [going online] is your only form of escapism and then someone is telling you to throw it away, it’s basically throwing away one of your only coping mechanisms.

A recent survey of parents in Ireland found what whilst 75% of parents believe using the internet is important for their child’s education, just over a quarter (29%) believe that the benefits of the internet outweigh any risks for their teen (Farrugia et al, 2017, p.10). However, parental views about social media are not always so positive. Zoe describes her family attitudes towards social media:

> Well, I’ve talked to people like my grandma and people. They have Facebook but they never go on it, but they only have it for family and stuff. My mum, she enjoys texting and stuff, but to be honest, even though she has a Facebook she never uses it at all. She’s like, “I don’t really see the point of social media.” I suppose they all kind of think it’s almost frustrating and that they don’t really understand … Again, YouTube none of my family really understand, apart from my cousin Sam who is 12, really understand and get the point of it. They kind of think it’s a bit boring and a bit of a waste of time.
A strong theme in our interviews and focus groups was a frustration with lack of understanding from adults about how young people use the internet as a way to cope with difficult emotions and as a distraction from mental distress. As Conrad told us:

> What I've seen in particular family members don’t seem to realise that different people cope with mental health in different ways … my first thing to jump to is the internet, you know, whether it’s to go on social media, watch videos on YouTube, play video games with people online, something like that …

Mariam believes that common parental responses that endeavour to reduce access or impose strict limitations can backfire:

> I feel like a lot of the time, either parents are too, or adults are too strict on these guidelines. But then sometimes I feel like they don’t really care. I feel like there needs to be that moderate gap, where parents are trying to see what’s going on, but then not pry too much into it. Otherwise, young people will start to rebel, or something like that.

Young people told us that parents and carers don’t always take time to appreciate or understand the motivations and meanings associated with their online activities and this is a source of irritation. In the next section we consider how parents and practitioners can better help young people navigate this tricky terrain.
11.0 Helping teens navigate their online lives

Sam: Just ask them [young people]: “Do you use the internet to help?” But at the same time, you shouldn’t necessarily ask it specifically about mental health. Maybe a better question would be, “What do you use the internet for? Or, “What do you look at on the internet?” That sort of thing, and not pressuring people into telling them exactly what they want, because obviously some people might be embarrassed about some things that they watch on the internet. So it’s like you want to sort of ask them what they look at on the internet without pressuring them into saying anything they don’t want to.

In this section we consider how practitioners can have helpful conversations with young people that enable them to harness the positive aspects of the internet and navigate aspects of online life which may be problematic. The question is not whether practitioners should be incorporating the internet into practice, but rather how to go about doing it in ways which are helpful to young people. Matt describes the inadequate response he got from a teacher when asking for some support relating to his confidence online:

Because it’s like, I’ve gone to one of the teachers, who I’ve started to sort of confide in a lot, about these sorts of things, and she’s a little bit old-fashioned, and she doesn’t understand it, she just sort of says to ignore it, which in theory is good, but is not always the best thing.

In contrast, Matt describes a helpful intervention from his counsellor, which he ascribes to her more nuanced understanding of social media:

My counsellor is fairly young, so she sort of understands where I’m coming from, like I talked about bitchiness and talked about, I’ve talked about the stuff that happened in the group chat, and [she] had doubts, and she understands where I’m coming from. I mean, I get to share the self-experience of it as well. And she’ll just suggest stuff, like, “Why don’t you go and make a group chat with someone else?” like make group chats with the drama group, which I’ve actually done, as a way of getting back.

Gabriel (2014) identifies three common adult responses to teen participation in online culture as follows:

• **Banning** - restricting, filtering or banning internet access in order to remove or reduce risk
• **Blaming** - blaming and even demonising teens for their use of internet when they behave in socially unacceptable ways, alongside explaining their use in terms of mental illness or family dysfunction
• **Educating** - educating about the potentially harmful effects of the internet and helping them behave reflectively and responsibly online (p.107).

We argue that whilst the setting of boundaries is appropriate, blaming and banning as default options are not only unhelpful but may restrict teens’ access to the many beneficial aspects of internet use. Whilst education has a valuable role, we have seen that parents and practitioners often lack the knowledge to transmit educational messages about the internet to teens. Indeed, teen online practices are largely hidden from the adult gaze and so it can be challenging for practitioners to have a credible and knowledgeable voice in this regard. That is not to say that adults should not have an authoritative voice when discussing the internet with teens but it is to say we should be aware of the limitations of our knowledge and avoid lecturing. Sometimes an educative position can be something quite simple, such as pointing young people to useful content. As Mariam describes:
I was given, obviously, the website for MindMate, and my school nurse encouraged me to go and have a look at it. And have a look and see what was on the website. So I went on it one time, and it was just really helpful.

Young people tend to be more self-regulated in their use of the internet and social media when parents support their autonomy, are involved in their lives and give them unconditional positive regard (Hansen & Holmes, 2014, p.16). Practitioners need their own authoritative voice and to help parents and carers develop theirs — that is where clear standards and limits are set but reasons and motivations are provided. Authoritative is markedly different to an authoritarian style of parenting which is characterised by expecting rules to be obeyed without reason or explanation. However, adults also need to take into account and leverage the tacit knowledge of young people themselves, as suggested by Martha:

Also, I am aware of the fact that that is difficult for parents because they’re not as aware on social media. But it can be a two-way thing. The child can help the parent with understanding social media and the parent can help the child with posting the right things and saying the right things on social media.

In our focus groups and interviews we found that young people often had wise advice to share, such as this from Ruth:

I think kind of education for young people and for adults on where the internet is good and where is not so good. I think there’s, necessarily, from the education point of view I think maybe more like less — need to do less work through the internet and more pen to paper. And, actually, let the young people, actually, realise just how intelligent they are without using the internet, because everyone has got something good in them and they’re not necessarily going to find it from the internet, they’re going to find it from themselves.

The OECD argue that educators who engage with students through shared inquiry, problem-based and cooperative approaches are most likely to navigate this territory successfully (OECD, 2015, p.191). We believe this applies not just to educators, but to any practitioner working with young people who wants to leverage the potential of the internet. Through our conversations with young people, we found they had a range of strategies to manage their mental health and to reduce negative impacts on their emotions. Zoe described how she self-regulates her internet use:

I think if it makes you feel worse, I definitely switch off Instagram and stuff. As I said before, I’ll either dance or listen to music, just do something chilled to zone out and get in my own bubble. I’ll definitely switch off from interacting on social media and more just using my phone for music or something, just something that focuses on me rather than what everybody else is doing and looking at everything else in life, what’s going on, rather than my own. Sometimes I even switch my Wi-Fi off. So if I’m not on my phone, I’ll turn the Wi-Fi thing off so I’m not tempted.

Practitioners should consider how digital technologies are contextualised in the wider context of a young person’s life. A recent report from the American Academy of Pediatrics, suggests that practitioners should aim to:
Understand each family’s values and health goals—for example, how good nutrition, an active lifestyle, good sleep hygiene, parent–child emotional connection, and creative play fit into the family’s typical day— and identify areas in which good health and wellness can be enhanced. Pediatricians can suggest ways in which media can be used to connect, learn, and create instead of simply consume (Chassiakos et al, 2016, p.12)

This holistic approach to understanding values, context and meanings of digital technology use is a constant message arising from the literature. Professor Livingstone, lead investigator for the Parenting for a Digital Future research project, draws on interviews with over seventy families, to challenge the predilection many adults have for setting blanket time limits for technology use. Rather than focus on restricting time on digital technologies and the internet, Livingstone and Blum-Ross argue that adults should focus on the following indicators of a balanced young person. Are they:

- Eating and sleeping enough?
- Physically healthy?
- Connecting socially with friends and family – through technology or otherwise?
- Engaged in school?
- Enjoying and pursuing hobbies and interests – through technology or beyond?15

This orientation avoids blanket or inconsistent banning and instead pays attention to the context in which digital technology is playing a part in a young person’s life. As Matt reminds us:

**People shouldn’t exactly assume that the internet is a bad place. There are good points and bad points to the internet and it’s not what it is, but how it’s used ... I guess it depends on what you’re doing, is the thing.**

As we have already proposed, we believe conversations with teens should seek to balance the authoritative voice of the adult with the agency of the child (Yardi & Brookman, 2011, p.2). They should orientate towards facilitating resilience which is characterised by assets that reside within the individual that can be taught such as self-efficacy, social skills, reflectiveness and a willingness to try new things; and resilience channelled from resources around the young person such as family, peers and community. Resilience is a process rather than a stable set of factors, and occurs when:

Promotive factors feed into and enhance one another, setting up positive spirals and pathways. So for example, a willingness to try new things might enable a young person to try mentoring, which then builds their self-confidence and enables them to apply successfully for a work placement (and so on) (Hanson & Holmes, 2014, p.21).

Furthermore, in addition to a supportive family and authoritative parenting, some research suggests that young people’s level of digital optimism may also boost resilience:

Young people who believed the internet and digital technology benefit society, as well as those who have built more skills using digital technologies, were more likely to be resilient self-regulators online. This suggests that building the fundamental digital competencies of young people could have unexpected yet positive knock on effects in terms of fostering resilience and positive engagement across a host of online settings (The Parent Zone, 2014, p.4).

The Parent Zone undertook a survey of over 2000 young people from across the UK to test out the extent to which self-regulation along with positive parental support have a positive impact on online resilience. The survey also tested digital skills and the extent to which caregivers mediate young people’s online activities. The results showed the importance of all of these factors combined enabled young people to take risks and develop coping strategies in the online world, just as they would in the offline world (2014, p.20).

Practitioners helping vulnerable teens will recognise that the family and social contexts in which young people find themselves may mitigate against them making choices that are likely to have a positive

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14. [http://www.lse.ac.uk/media@lse/research/Preparing-for-a-Digital-Future.aspx](http://www.lse.ac.uk/media@lse/research/Preparing-for-a-Digital-Future.aspx)

impact on resilience. Sometimes they may have limited choices and at the other end of the spectrum they may have few, if any, boundaries to help them self-regulate. A practitioner can help young people navigate this often tricky and complex landscape.

In a review of mental health service websites for a digital project, we found highly variable content in terms of design and content of websites. Young people told us that information can be hard to find, is unappealing to look at and the information is often not teen-friendly. A search using hashtags such as #CAMHSlogic on Twitter and Tumblr unearth a stream of often negative observations from young people about their experience of mental health services.

We believe it is imperative that mental health services provide high quality, accessible and friendly web services that are codesigned with young people. It is vitally important that mental health services for young people ensure that they have a high quality online presence that is highly relatable to young people. This may help reduce barriers to access and increase trust and motivation to engage with services. Whilst young people are enthusiastic about online services, they are clear that face-to-face services are valuable and are concerned that they could be diminished as digital technologies gain momentum. As Zahid told us:

*I think with it being a great learning tool, it is really, really helpful. But as well, with the NHS putting money into developments and projects online, not to take away the focus that still face-to-face meetings and things like that are very important. You find lots of services stripped of people and a website to signpost them to, which will make everything feel all better. And sometimes, that's not the case, people still do need that one on one care and attention.*

Teens are clear that the internet is vitally important but it is not everything. As in their everyday lives, they want mental health support that mirrors their connected realities, a blend of on and offline, in person and remote. Forget dichotomous thinking, services need to take digital seriously if they are to stay relevant and useful to the young people they are there to help.
12.0 Conclusion and recommendations

Table 1. Summary of recommendations

Recommendations for practitioners:

• Be curious about teens’ online lives and seek to understand meanings and context
• Keep conversations open with teens so they can talk to you about their online lives
• Support young people to think critically about their use of the internet
• Help young people develop digital skills and confidence
• Recognise that teens will take risks and help them learn from their mistakes
• Support young people to make the most of the creative and civic affordances of the internet
• Help young people to use the internet to enhance mental wellbeing and resilience (for example, through online peer support).

Recommendations for organisations:

• Assess the digital skills of your workforce
• Provide support and development for staff to develop their digital capabilities
• Create opportunities for young people accessing services to develop their digital confidence
• Incorporate digital communication channels into services in ways which are meaningful and useful to young people
• Provide free Wi-Fi in your services to increase access
• Provide smart devices for your workforce so they can engage
• Develop policies for use of social media, digital tools and the internet
• Always consider digital technologies as an enabler in improving services
• Ensure a high quality and young-person friendly digital organisational presence.

This report draws on evidence regarding teens’ connected lives, digital inclusion, eHealth literacy, social media and mental health. Whilst it does not claim to be an exhaustive review of the evidence, it brings together insights from research aligned to insights shared by young people with whom we were lucky enough to have conversations. A summary of recommendations can be found in Table 1.

In conclusion, our interviews showed us that young people want parents and practitioners to help them navigate their online as well as their offline lives. They value an orientation of shared inquiry whilst welcoming an authoritative voice. Young people want practitioners to be interested in their connected lives, whilst at the same time having a desire for their privacy to be respected, and for adults not to intrude or pry.

Whilst many practitioners may feel confused by teen online practices and social norms, they have a valuable role in encouraging critical and reflective thinking and helping young people take risks and learn from their mistakes. Practitioners can work with parents and carers to develop an authoritative voice whilst keeping conversations open with young people about their online lives.

Having a focus on building digital skills and confidence is a valuable way in which practitioners can support young people to not only manage their mental health, but to engage in creative activities that enable them to develop into civically engaged citizens. As well as supporting young people as individuals, the opportunities for peer-to-peer mentorship are promising.

Organisations who have a role in providing support to young people with mental health difficulties also have an important role to play. Firstly they should seek to assess the digital skills of their workforce and provide opportunities for practitioners to develop their digital capabilities. This may be through formal learning or through structured peer discussion.

Organisations may wish to consider how they can create opportunities for digital inclusion for young people through their existing services. Services which incorporate digital channels into their operations, such as text message are likely to increase
accessibility and acceptability to young people. Organisations which routinely take into account the role of digital technologies when improving services are more likely to reap the benefits.

The provision of free wifi in service locations along with smart devices for staff can be a productive way of enabling more digital interactions and conversations to occur. Sometimes getting the basic infrastructure right, along with permissive policies, can be enough to enable practitioners to innovate.

Lastly, having a high quality up-to-date website and social media presence can help build trust with young people and give them access to informative and accurate information that is both relatable and relevant to their needs.

Involving teens in all the above will ensure an organisational approach to incorporating digital technologies is acceptable, usable and appealing to young people.
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