A report on the roundtable discussion on-

Digital Mental Health Technologies for Children & Young People

The need and opportunity

7th July 2025

Health Innovation Network
South London

Contents

1. Acknowledgements

The Health Innovation Network South London (HIN) would like to thank all those who attended in the roundtable (participant list on page 4) and all those involved in the 2024/25 discovery project (see 'South London Context' below). This report is a synthesis of the roundtable discussion; organised and chaired by the HIN.

2. Introduction

UK and Global Context

The increase in mental health conditions amongst children and young people (CYP) in the last 5 to 10 years is an issue of significant concern. The Lancet Psychiatry Commission on youth mental health states that this alarming trend signals that global societal changes in the past two decades have harmed the mental health of young people and increased mental ill health among them[1].

The Children's Commissioner 2023-24 report documents rising rates of mental health conditions (958,200 CYP with active referrals)[2]. The report highlights several contributing factors, including long waiting times for specialist services (33% of CYP still waiting to be seen at the end of the year and 31% had their referral closed before entering mental health services), unequal access to care, and the lack of early intervention, which is crucial for preventing more severe problems later in life.

A report from the Tony Blair Institute of Global Change (2024) highlighted that people between the ages of 16 and 24 are now more likely than any other age group to have a common mental health issue, having previously been the least likely[3]. This has contributed to a doubling of those in this age bracket who are economically inactive due to long-term health problems.

South London Context

From the beginning of the Health Innovation Network South London's mental health programme in 2018, south London mental health stakeholders have actively engaged in learning about, testing and implementing digital mental health technologies (DMHTs). However, there remains significant challenges to the widespread adoption and scaling of these technologies within local CYP's mental health and care services. In the current context of an unprecedented demand for services, national and local prioritisation of CYP's mental health and a growing DMHTs market, in 2024-25 the Health Innovation Network South London undertook a discovery project to understand the need for transformation and the opportunities and challenges related to implementing DMHTs at scale for CYP.

Outputs from the project include:
A rapid literature review, exploring reasons for rises in CYP mental ill health. ***Download here***.
A horizon scan on available CYP's digital mental health technologies. ***Download here***.
A report on the project's approach, findings (including engagement with our senior mental health stakeholders) and proposed next steps. ***Download here***.

A key finding in the literature review was that DMHTs could offer flexible, accessible, and scalable approaches to treatment and enhance system efficiency[4]. However, during the discovery project significant barriers to adoption were highlighted by stakeholders, in particular: funding constraints,

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[1] McGorry PD, Mej C, Dalal N et.al (2024). The Lancet Psychiatry Commission on youth mental health. **Lancet Psychiatry 2024; 11: 731-74**

[2] Children's Commissioner for England (2025). Children's mental health services 2023-24. **Children's Commissioner for England**

[3] Bell J, Berry T, Deanfield J et. al. (2024). Prosperity Through Health: The Macroeconomic Case for Investing in Preventative Health Care in the UK. **Tony Blair Institute for Global Change**

[4] Health Innovation Network South London (2024). A Rapid Literature Review of Children and Young People's Mental Health, Post Covid 19. **Health Innovation Network South London**

workforce factors (e.g. staff vacancies, training requirements, lack of confidence in the evidence for DMHTs to improve/support mental health and wellbeing outcomes) and the limited experience around blending DMHTs into a clinical pathway. When reviewing the findings, the idea of seeking investment for an implementation and evaluation fund was raised as a mechanism to leverage the opportunity of DMHTs whilst also addressing the challenges to real world adoption, scaling, and evaluation.

Regulatory Context
The National Institute for Health and Care Excellence (NICE) conducted an early value assessment in 2023 which identified four promising health technologies for guided self-help digital cognitive behavioural therapy (CBT) technologies that can be used as an initial treatment option for CYP (aged 5 to 18) with mild to moderate symptoms of anxiety or low mood' (Further evidence will be generated within the next 3 years to assess if the benefits of these technologies are realised in practice. NICE guidance will be reviewed to include this evidence and make a recommendation on the routine adoption of these technologies across the NHS.)

3. Roundtable aim

The aim of this roundtable was to bring together an invited group of NHS clinicians, commissioners, and other relevant organisations, with expertise and an active interest in this topic to discuss areas of need and opportunity for digital mental health technologies for children and young people. Further, the roundtable aimed to demonstrate, and elucidate, the collective case for future investment in the implementation and evaluation of these technologies.

The discussion focused on three main topics:
1. Areas of children and young people's (0 – 25 years) mental health 'pathway' where digital technologies have the most potential to both help children and young people thrive and to benefit the health and care system.
2. The benefits a digital mental health solution for children and young people needs to demonstrate, for adoption to be sustained.
3. The scale we should be working at, and with which networks.

4. Attendance

The HIN compiled an invite list, mainly comprising south London stakeholders who had engaged during the 2024/25 discovery phase of the project and further London and national leaders with relevant interests in CYP mental health and digital. It included a diverse range of stakeholders representing primary care, NHS Trusts, specialist clinics, health innovation and research organisations, national bodies, local government, Integrated Care Boards (ICBs), and charities.

The roundtable event took place on 7th July 14.30pm-16.00pm via Microsoft Teams. An online approach was taken to support attendance.

Professor Andrew George, Chair, Health Innovation Network South London Board , was invited to chair this event, due to his extensive experience across academia, government advisory bodies, and healthcare organisations bringing a cross-sector perspective to the discussion.

Roundtable Attendees on 7th July 2025

Name	Organisation	Job Title
Dan Barrett	Good Thinking	Director
Dr Amanda Begley	Health Innovation Network South London	Exec Director of Digital Transformation
Damian Brady	Sutton Primary Care Networks	Managing Director

Dr Bruce Clark	South London and Maudsley NHS Foundation Trust	CAMHS Clinical Director
Lotte Coppieters	NHS England	Senior Project Manager - Digital Mental Health
Rupinder Dev	South East London Integrated Care System	Director – Mental Health, Children and Young People & Health Inequalities
Professor Andrew George (Chair)	Health Innovation Network South London	Chair
Sarah Holloway	Maudsley Charity	Chief Executive
Dr Muj Husain	Health Innovation Network South London and South London and Maudsley NHS Foundation Trust	Clinical Director, Mental Health, Consultant Psychiatrist
Aileen Jackson	Health Innovation Network South London	Head of Mental Health
Dr Ranjan Kale	South West London Integrated Care System	Head of Mental Health Programmes
Dr Stephanie Lamb	The Well Centre	Clinical Director
Ian Lewis	London Councils and NHS England	Strategic Health Consultant London Innovation, Improvement Alliance and Association of Directors of Children's services
Anthony Mysak	NHS England	Senior Programme Manager – Digital Mental Health
Jessica Penhallow	South London and Maudsley NHS Foundation Trust	CAMHS Digital Lab Programme Manager
Dr Nicola Reynolds	Health Innovation Network South London and Oxleas NHS Foundation Trust	Deputy Clinical Director, Mental Health, Principal Clinical Psychologist
Dale Taylor-Gentles	Health Innovation Network South London	Lived Experience Partner
Dr James Woollard	Oxleas NHS Foundation Trust	Chief Clinical Information Officer and Consultant Child and Adolescent Psychiatrist

5. Discussion

The roundtable discussion was centred around three key questions. Summaries of discussion for each question are shown below – for ease of reading, the discussion points have been grouped under a series of thematic headings. The emphasis of the discussion was placed on question one, which occupied most of the roundtable time.

Question one: Where in the children and young people's mental health 'pathway' do digital mental health solutions have the potential to add most benefit?
Key points discussed by roundtable attendees were:

Consensus
- While there were tensions in some areas of discussion, there was a consensus in relation to two principles:
  1. that there is a need for innovation in mental health care for CYP, and
  2. that digital solutions have the potential to meet at least some of that need.

There was also agreement about the importance, in terms of culture and communication, of how digital solutions are framed – for the benefits and uptake of evidence-based digital solutions to be maximised, the NHS needs to be able to regard, communicate and offer these as legitimate treatments; not seeing digital as an inferior substitute.

Areas of need

[Rather than using a traditional 'pathway' lens, discussions regarding areas of need have been collated under the groupings of the [THRIVE Framework](#)[5]*; a needs-led framework incorporating the mental health and wellbeing needs of all children, young people and families.]*

- Thriving / Getting Advice
  - o Digital technologies offer a scalable prevention opportunity; the potential to avoid the need for many young people to access Children and Adolescent Mental Health Services (CAMHS) services entirely, through early and preventative intervention.
  - o For young people with relatively mild conditions, such as low mood or anxiety, technologies could help children and their parents / carers in high numbers. This is particularly relevant in local authority and school settings – there is a commitment by the Government for schools and colleges to achieve 100% coverage of mental health support teams by 2030[6].
  - o While school settings offer opportunities, there will be challenges with adoption outside of the NHS both in terms of commissioning and quality assurance; the NHS will still need to be involved to ensure digital products are clinically assessed.
  - o Technologies could act as a stand-alone solution to build mental health resilience but could also enable mental health support teams to be more effective. This avoidance of 'mental health services', in the way they are commonly understood, could also help avoid the associated stigma of seeking support.
  - o This aligns with the vision in the 10 Year Health Plan for neighbourhood working, offering a place for young people to seek support whenever they need it.

- Getting Help / Getting More Help
  - o Barriers to accessing CAMHS are a major challenge; limited capacity and growing demand mean long waiting times are common[7]. These significant delays in accessing face-to-face (F2F), or 'traditional' models of care represent the clearest opportunity for digital solutions to provide benefit for CYP mental health.
  - o Digital solutions can be helpful as a harm-reduction tool, to help people manage better while on waiting lists, for example through cognitive behaviour therapy (CBT) based models. Technologies provide an opportunity to start the therapeutic journey while young people are waiting to be seen by a CAMHS clinician.
  - o An attendee noted that commissioners tend to be more aware of technologies that help people while waiting - there is a recognised gap in awareness of digital solutions which could benefit young people with higher acuity or more severe mental health conditions.
- Getting Risk Support
  - o An attendee gave the example of where research has been completed in moderate and severe cases, for example, of obsessive-compulsive disorder (OCD) and body dysmorphia, digital interventions have demonstrated efficacy, mirroring their growing evidence with lower acuity conditions. Several trials in OCD with patients accessing digital health technologies show comparable outcomes to those receiving standard treatment with digital treatment compared with treatment as normal.

The primary users of digital solutions

[5] Wolpert M, Harris R, Hodges S et. al. (2019) [THRIVE Framework for system change](#). **London: CAMHS Press**
[6] UK Government (2025). [FIT FOR THE FUTURE: 10 Year Health Plan for England](#). **UK Government**
[7] Children's Commissioner for England (2025). Children's mental health services 2023-24. **Children's Commissioner for England**

- **Children and young people** - Many potential digital users are likely to be young people themselves - the NHS app is available for everyone aged 13+ years and will be the future 'digital front door', although that vision is yet to be fully realised.
- **Parents, carers, families, and peers** - Beyond CYP, an important benefit digital technologies could bring is to strengthen the support around them. Several attendees raised concerns regarding fragile or shallow support networks for CYP and how this can contribute to poor outcomes, in particular for younger age groups. Peer to peer support is also an important part of mental health and wellbeing for young people.
- There was recognition in the discussion that, while there are good tools already available, uptake tends to be low. There will need to be a focus both on digital literacy and the framing of digital as an evidence-based treatment option, to instil confidence. In both cases, this will apply for CYP, their parents / carers and families, and referring clinicians.
- **Clinicians and commissioners** - Digital efficiency tools can also support analytical caseload management, understanding demographics and profiles before treatment, to facilitate a more effective population health management approach.

The way digital solutions could be used
- Given the scale of the demand for services, the potential for a **'digital first' approach** was discussed, noting the ambition for an 'analogue to digital' shift in the new 10 Year Health Plan:
  - For common mental health disorders, anxiety, and mood disorders, where some digital packages have already demonstrated good efficacy[8], it was proposed that patients could go through a digital-first pathway. An international example was shared; a Swedish approach, which is digital-first for all common mental health problems; primarily due to geography but nonetheless showing good adherence and outcomes.
  - There was agreement that the NHS does not and will not have capacity to resolve current challenges through face-to-face (F2F) appointments alone. Data suggest NHS-funded services are only reaching roughly 40% of young people with a diagnosable mental health condition[9].
  - Attendees raised however, that feedback from young people, indicates a strong and continuing preference for F2F contact with a healthcare professional, even more so when they are most struggling. Likely related to this preference are recognised problems with uptake and adherence for your people with digital mental health solutions in the UK (an example was given of a group on a 6-month waiting list, where only 10% took up the offer of a digital solution while waiting). Roundtable attendees highlighted a large uptake gap in available digital tools so far.
  - To reach a meaningful level of uptake and adherence, thorough consideration will be required on the communications and framing of the solutions, the link between digital solutions and human interaction / contact, and what support is provided alongside digital. There is a risk that, in people's time of need, digital solutions will be seen as inferior or insufficient.
  - Roundtable attendees raised a notable growth in the tendency for young people to use freely available AI tools for therapeutic purposes, and a risk that they may choose these ahead of a validated tool.
- In some cases, digital could instead be used as **an adjunct to other modes of care**:
  - Pilot models have shown some success using a semi-structured package, with digital plus therapist support for patients with higher acuity.
  - For patients with higher need, regardless of their mental health acuity, support alongside early digital solutions has sometimes been too shallow.
  - Attendees discussed the likelihood that products aimed at prevention will likely be more self-led or 'stand-alone' compared to those for higher needs, where digital may act as an adjunct to other elements of a care package.

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[8] Pauley, D., Cuijpers, P., Papola, D., Miguel, C., & Karyotaki, E. (2021). Two decades of digital interventions for anxiety disorders: A systematic review and meta-analysis of treatment effectiveness. **Psychological Medicine, 52(16), 2920-2930**
[9] NHS England. Mental Health: Children and Young People. **NHS England**

- **A package of digital solutions** could support young people to self-navigate their care pathway, as a blended pathway as opposed to purely digital only.
- Instead of selecting options for CYP, a more empowering approach may be to give young people clear information, evidence, and **options to make an informed choice**.

Potential areas of benefit: summary table:

THRIVE Groupings	Primary users	Settings	The way digital could be used
Thriving / Getting Advice	Digital likely to be self-led by CYP, or with parental support for younger children.	Schools the best setting for large, population-level access to digital.	Digital likely to be a stand-alone tool, and a 'digital first' approach could be considered.
Getting Help / Getting More Help	Efficiency tools used by clinicians and commissioners to support CYP and improve caseload management.	Applicable to those on CAMHs waiting lists for to offer mental health support and to start the therapeutic journey.	Potential for a 'digital first' approach, or as an option/choice amongst evidence-based treatments.
Getting Risk Support	Digital to be delivered with support of a healthcare professional.	Digital best as part of a wider suite of services through CAMHS including whilst waiting for treatment.	Digital best as an adjunct to other elements of a care package, with a strong stated preference for F2F care, in high need.

Question two: What benefits would a digital mental health solution for children and young people need to demonstrate, for adoption to be sustained?
Key points discussed by roundtable attendees were:

Digital solutions should demonstrate effectiveness
- To build confidence in digital solutions amongst CYP and their families, clinicians need to genuinely believe they work.
- The Regulatory requirements and attainment of these requirements by digital solutions need to be clearly communicated.
- The highest priority is that digital mental health solutions for CYP demonstrate that they are clinically effective. Products can then be presented, with confidence, as an effective treatment option.
- As primary care clinicians do not routinely receive 'specialist training' in CYP MH it is often the default to refer to CAMHS – if alternative solutions were available, which had been endorsed by clinicians and the system, then there would likely be a high degree of interest from GPs and frequent opportunities for signposting.
- Clear curation of tools would be necessary, with recommendations for which validated tools should be used and when.
- If an 'app library' model were to be developed, it should be delivered at scale, across several providers or perhaps across London, and with schools and local authorities.

Digital solutions should improve system outcomes
- Given financial constraints across the NHS, it was recognised that innovations which can demonstrate they reduce admissions and GP appointments are likely to attract the most support.
- Increased productivity, efficiency, and the potential for avoiding some young people's need to engage with wider NHS services would all be important outcomes for products to demonstrate. Similarly, a demonstrable reduction in CYP seeking therapeutic support from un-validated

sources, for example, social media or AI tools, would also be valuable.
- Optimally, cash-releasing cost-savings should be demonstrated, however there was agreement that this is an unrealistic expectation in the short term.
- Beyond demonstrating improvements today, digital solutions would also need to demonstrate a sustained benefit in future, for example, a sustained reduction in waiting lists. With evidence over a longer time horizon, the potential for cash-releasing savings may become feasible.

Digital solutions should reduce, not exacerbate, inequalities
- Digital solutions should demonstrate how they can help to reduce health inequalities:
    - Providing availability outside normal hours, and without the need for travel, digital solutions should demonstrate how they support time-poor parents, who may not be able to readily access or support their child to access other services.
    - Solutions could demonstrate how they fill a gap for those who are not otherwise accessing NHS support, particularly in protected characteristic groups.
- At the same time, digital products should demonstrate how they avoid negative impacts in certain groups:
    - They will need to demonstrate that digital literacy is not a major limitation – both the ability for people to use, and acceptability; to want to use.
    - It will be important to demonstrate that digital technologies do not lead to increased drop-out rates, and that young people are not lost to follow up. Once young people have taken the step to seek help, it is important to ensure they are given the support they need.
    - Concerns were raised that some digital technologies may not meet, by default, the needs of underserved populations. There are encouraging early indications of digital product uptake, without bias, across groups. Nonetheless, technologies should demonstrate how they meet the needs, cultures, and differences of the diverse population of London.

Question three: What scale should we be working at, and with which networks?
Key points discussed by roundtable attendees were:

Who should be involved?
- Most importantly, children and young people and their parents, carers and families need to be involved. This is particularly important with the reducing confidence in the NHS brand.
- Engagement on the potential use of digital technologies needs to be done through and with local communities.
- Service designers (i.e., people skilled at developing digitally enabled services), could support with a redesign of pathways.
- Other key stakeholders need to include local authorities, schools, third sector organisations and health care professionals.
- In south London, the South London Partnership is the forum for discussion across the mental health trusts and is actively considering CYP digital options.

In which geographical area should we start working
- The pros and cons of working across London, versus starting work in south London, were discussed. There was a preference to aim for the first phase of work to be in south London, with the potential for a second phase, taking learning to other areas of London:
    - Given the existing engagement and partnerships (for example, the South London Partnership) – we could engage key people through established meetings.
    - There is potential for early wins, for example, implementing the products identified in the NICE Early Value Assessment of digital CBT technologies; some of this is already happening, but we could go further, faster, together.
    - In order for benefits to be realised, pathways will need to be fundamentally redesigned, rather than attaching digital technologies to existing services. Working at a smaller scale will allow for greater agility and feasibility.

6. Summary

There was a diverse representation of CYP mental health expertise in attendance at the roundtable discussion, the summary below reflects the key areas of agreement to inform next steps:

There was agreement that.

- If the NHS continues to approach CYP mental health in the same way, the need will not be met, and the subsequent negative impact on young people, public sector organisations and society will be significant.

- Digital solutions need to show they are clinically effective – not a lesser option than F2F, but as effective, and cost-effective, treatment options for certain conditions; this is a mindset, as much as a funding and implementation challenge. By first building our own confidence in these products, within the health system, we can appropriately frame communications for young people, who currently have a preference for F2F contact.

- There are already some digital solutions that have demonstrated benefits - we should determine how best to integrate these into care and have confidence in them.

- Digital technologies have the potential to reduce inequalities by reducing barriers to access. Evidence generation will need to address valid concerns regarding acceptability, digital exclusion, and the potential for patients to disengage if they are not satisfied with digital and not given the necessary subsequent support.

- In some cases, for example lower acuity, a digital-first approach may be appropriate to meet demand, it can be offered in a way that is largely self-led, and there are products that have been shown to be effective for this population.

- Consideration is needed for higher acuity conditions. We should not limit ourselves to lower acuity mental health conditions even if that is where there is the most attention and clearest opportunity for digital.

- For the benefits of digital for young people's mental health to be realised, it will need to go beyond the NHS; both in terms of the setting in which we work, and the partners who we work with - schools were highlighted as the most important stakeholder missing from the Roundtable discussion. This will bring complexity in terms of commissioning and quality assurance.

- There was a majority view that activity should start in south London and then look to expand to London-wide in later phases of work – working at a manageable scale and through existing infrastructure first.

- To maximise the benefits of digital mental health technologies for children and young people, we will need to develop a new blueprint for a redesigned digitally enabled pathway, with digital embedded throughout, rather than simply bolting individual products on to existing services.

8. Appendix one: Roundtable agenda

Time	Item	Lead
14.30	**Welcome and introductions**	Professor Andrew George
14.40	**Setting the scene and updates on Year 1 progress**	Aileen Jackson
14.50	**Questions and attendees' opening thoughts**	Professor Andrew George facilitating
15.00	**Question 1 – discussion** **Understanding the clinical need** • *Where in the children and young people's mental health 'pathway' do digital mental health solutions have the potential to add most benefit?*	Professor Andrew George facilitating
15.25	**Question 2 – discussion** **Benefits and potential of the technology** • *What benefits would a digital mental health solution for children and young people need to demonstrate, for adoption to be sustained?*	Professor Andrew George facilitating
15.45	**Question 3 – discussion** **Scale and Networks** • *What scale should we be working at, and with which networks?*	Professor Andrew George facilitating
15:55	**Summary and reflections from the chair** **Next Steps** **Close**	Professor Andrew George

9. References

1. McGorry PD, Mej C, Dalal N et.al (2024). The Lancet Psychiatry Commission on youth mental health. **Lancet Psychiatry 2024; 11: 731-74**
2. Children's Commissioner for England (2025). Children's mental health services 2023-24. **Children's Commissioner for England**
3. Bell J, Berry T, Deanfield J et. al. (2024). Prosperity Through Health: The Macroeconomic Case for Investing in Preventative Health Care in the UK. **Tony Blair Institute for Global Change**
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5. Wolpert M, Harris R, Hodges S et. al. (2019) THRIVE Framework for system change. **London: CAMHS Press**
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9. NHS England. Mental Health: Children and Young People. **NHS England**

About us

Health Innovation Network (HIN) South London is one of 15 HINs across England. As the only bodies that connect NHS and academic organisations, local authorities, the third sector and industry, we are catalysts that create the right conditions to facilitate change across whole health and social care economies, with a clear focus on improving outcomes for patients.

This means we are uniquely placed to identify and spread health innovation at pace and scale; driving the adoption and spread of innovative ideas and technologies across large populations.
Our staff bring together a broad range of skills including clinical and lived experience partners, and subject matter expertise in commercial, digital transformation, quality improvement, user involvement, communications and engagement, community and capacity building, research and data analytics, project, and programme management.