

Digital Mental Health Technologies for Children & Young People

Optimising care pathways for anxiety and depression

(Interim outputs – February 2026)



Health Innovation Network South London



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Project Aims and Scope

Aim:



- To explore how digital products could support children and young people with anxiety and depression and help address the challenges of long CAMHS waiting lists; specifically, to develop and validate an updated pathway for children and young people with anxiety and depression who are on waiting lists for CAMHS services.

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Through the project we will:



- Identify gaps, barriers and opportunities.
- Consider the ideal pathway design, to enable use of effective digital solutions.
- Establish the necessary steps to get there.

Scope:



- South London Providers only.
- Two conditions: anxiety and depression, and only CYP who are secondary school age and older (11 – 25 years).
- Focus on those specifically waiting to access CAMHS.



Project Approach – Phases 1 & 2 Complete

1. Discover

(Engagement with separate stakeholder groups)

Nov 2025 - Jan 2026

1. HIN to host focus groups with **CAMHS** teams
2. HIN to host a focus group with **Primary Care**
3. HIN to engage **CYP/families/carers** through existing groups
4. HIN to host a focus group with **schools**
5. HIN to Host a focus group with **Local Authority, ICB's** and **VCSE**
6. Host a focus group with **industry partners.**

2. Define

(In-person joint workshop)

Jan 2026

The HIN will host in-person workshop on **Monday 26 January 2026.**

This will provide an opportunity to delve deeper into insights gathered through stakeholder engagement.

3. Develop

(Co-Design Groups)

Feb - Mar 2026

The co-design groups will bring together smaller group of stakeholders from across the system to collaboratively develop practical solutions for improving the CAMHS referral and waiting list process, through digital.

4. Deliver

(Sharing of Findings and Outputs)

Mar 2026

The HIN South London will share outputs and findings from the co-design groups, and next steps.

Outputs from the Discover & Define Phase

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A synthesis of insights from a series of discrete 'Discover' focus groups through December 2025 and January 2026, and a joint 'Define' workshop on the 26th January 2026.

Stakeholders, Perspectives & Sources

Structured Focus Groups

Service Users

CYP with a lived experience of the pathway

Families & Carers

Staff

Local Authority & VCSE

Primary Care

CAMHS

Schools

South London Mental Health Trusts

Industry

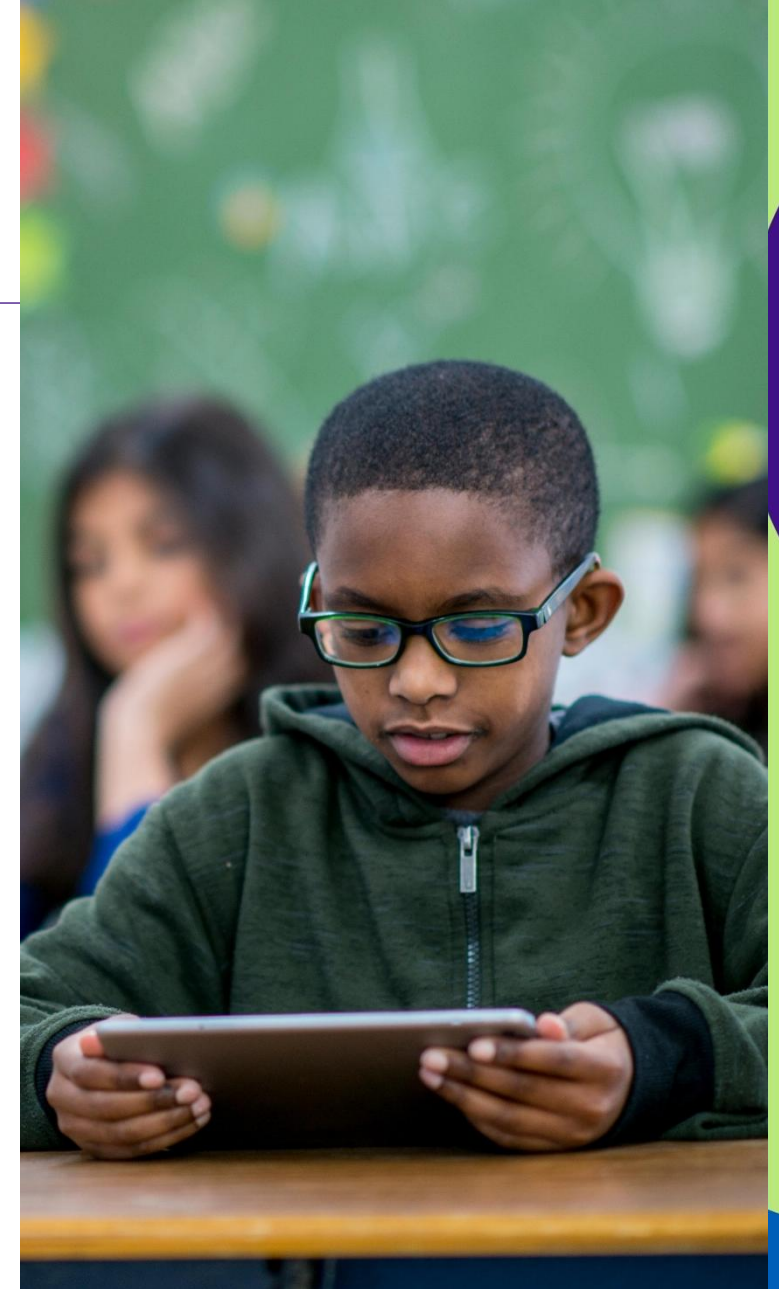
Industry partners identified as providing digital solutions for CYP experiencing anxiety and/or depression

Meetings with System Stakeholders

Literature Review

Unpublished Reports and Materials

Joint Workshop (26 January)



Here's what we heard...

How do we see our situation?

Challenges & Opportunities: *pain points in the pathway, and areas of greatest opportunity for improvement*

Challenges

- ❖ **Long waits** – waiting times are often long, and the impact is negative
- ❖ **Fragmentation** - varied pathways, lack of visibility & role clarity between different parts of the system, mirrored by unclear roles for primary care / VCSE
- ❖ **Discharge** - a sense that some CYP feel too risky to discharge, and limited confidence from CYP and parents / carers about stepping down; both staff and CYP aware of how long it might take to re-enter CAMHS
- ❖ **Communications** – limited CYP details available at point of referral. Limited communication channels and flow of information between CYP / families and different parts of the health system (flow often dependent on parents) throughout referral and waiting periods
- ❖ **Varying needs** - a high proportion of CYP have neurodevelopmental conditions, are on multiple pathways and/or may require additional considerations (e.g., children looked after, school avoidance)
- ❖ **High thresholds** – a sense that the CAMHS threshold is rising and set by capacity rather than need, leading to safety concerns and that some CYP may find themselves falling through the 'gap'
- ❖ **CAMHS is seen by some, as the only option**- a risk that 'imperfect' adjacent resources, which may nonetheless be helpful, are rejected
- ❖ **A need for human contact & a blended care approach** - CYP should not be expected to manage a digital intervention alone. Support is required in areas such as appropriate resource selection, encouraging engagement, assisting with setup, and providing reminders to use the digital tool

Opportunities

- ❖ **Scale** – digital may allow for significant scalability, support clinical productivity and efficient use of the finite number of available clinicians
- ❖ Opportunities seen in improving access to **a range of resource types** with a clear waiting 'plan': **CBT, psychoeducation, parent-led and parent-facing materials, peer support, communications, information about the pathway and available tools / resources**
- ❖ **'Active' waiting** – if effective tools were in place, what is currently a wait could become the 'first phase' of treatment
- ❖ **Flexible resource deployment** – CAMHS clinical resources can be redistributed along the pathway to respond to opportunities / need
- ❖ **Improved visibility** – improved communications around waiting and information flow could build confidence, set expectations and support risk identification / escalation
- ❖ **Key moments of opportunity** identified:
 - ❖ Preventative / pre-CAMHS-threshold
 - ❖ Triage / front door team – building preparedness
 - ❖ Initial assessment – starting the therapeutic journey
 - ❖ During treatment / through discharge – enhancing treatment and supporting flow
 - ❖ During transition between CAMHS & adult mental health services

How do we see our situation?

Existing Tools and Resources: *materials and organisations which support CYP while waiting, or which are adjacent to CAMHS*

Great Resources Exist; Challenges Remain

- ❖ Unclear which resources are recommended or 'endorsed' by the NHS
- ❖ Lack of clarity regarding the efficacy, safety and quality of some resources
- ❖ There is limited personalisation and tailoring of resources to the individual – both in which resources to choose and responding during use
- ❖ Concerns raised about wide use of LLMs / chatbots

Digital Tool Trials

- ❖ A range of digital tools are being trialled /deployed at both trust & ICB level (also London and nationally)
- ❖ Patient portals exist in some areas, and are being considered in others
- ❖ Resource libraries are available at different levels both within and outside of the NHS

Current Support Structures

- ❖ Substantial VCSE offer and primary care-based hubs
- ❖ Youth workers; community groups; faith groups
- ❖ CAMHS 3 monthly check-in calls
- ❖ Single session interventions
- ❖ Early help teams
- ❖ Single points of access
- ❖ Signposting
- ❖ 'While you wait' packs
- ❖ Variation between providers and boroughs

Key Enablers

- ❖ Children & Young People
- ❖ Parents / carers and families
- ❖ Children's welfare practitioners
- ❖ Mental health support teams
- ❖ Voluntary Sector & Social Enterprise
- ❖ Freely available tools and resources (both digital and other)

What does success look like?

Impact Measures: What good looks like for CYP waiting for CAMHS

Improved Access

- ❖ Reduced time from Referral to Treatment (RTT)
- ❖ Equitable access

Improved Experience

- ❖ CYP-led and defined outcomes e.g., wake up feeling positive; see a friend for coffee; increased community contact
- ❖ CYP feel informed and empowered
- ❖ CYP feel less lonely
- ❖ Staff feel informed, empowered and that they are working effectively
- ❖ Staff feel confident in step down and discharge
- ❖ Improved staff wellbeing
- ❖ Parents feel informed and empowered
- ❖ Improved perception of CAMHS waiting lists

Improved Outcomes (Clinical)

- ❖ Clinically effective (*i.e., starting the therapeutic journey, rather than just 'managing', the wait*).
- ❖ Increased resilience and improved recovery
- ❖ Increased preparedness for treatment (e.g., improved emotional literacy)
- ❖ Reduced relapse and need of further treatment
- ❖ Reduced sessions required, per CYP

Improved Outcomes (System)

- ❖ Reduced pressure on clinical teams
- ❖ Fewer non-identified escalations and crisis team attendances
- ❖ Increased help-seeking behaviour
- ❖ Improved staff productivity & efficiency
- ❖ Improved awareness, uptake & confidence in existing resources

Improved Outcomes (Family, Education and Society)

- ❖ Improved school attendance/university/employment
- ❖ Improved family outcomes (*i.e., reduced parental anxiety, improved parent/carer capacity and associated onward effects such as workforce productivity*)

What does success look like?

Acceptability: *What digital products would need to demonstrate to be broadly acceptable*

Accessible & Easy

- ❖ Simple, intuitive & user friendly
- ❖ Limit data, storage and log-in requirements (which presents barriers)
- ❖ Available 24/7
- ❖ Clear purpose
- ❖ Free to the user

Supportive & Engaging

- ❖ Personalised, engaging, relevant, responsive, age appropriate and culturally appropriate
- ❖ Gamified
- ❖ Video & audio form
- ❖ Push notifications or reminders (via digital or human prompts)
- ❖ Designed to avoid stigma
- ❖ Blended approach (human relationships providing support & guidance)

Safe, Trusted & Evidence Based

- ❖ Human contact seen as essential; implying digital only as a blended offer (digital-only rejected during acute distress)
- ❖ Evidence-based (not limited to CBT)
- ❖ Endorsed by the NHS
- ❖ Private / confidential
- ❖ Not just another reason to spend time on phones
- ❖ Keep up with the changing landscape (continued research/feedback)

Inclusive

- ❖ Adaptability for CYP with additional needs or complexities and protected characteristics
- ❖ Considers digital exclusion
- ❖ Evidences equity of access and treatment outcomes
- ❖ Accessible in multiple languages

Flexible and Integrated

- ❖ Self-referral options
- ❖ Flexible offer – needs to adapt to uncertain waiting list times

How do we get from here to there?

Implementation: *things which support digital tools being implemented*

Safety & Quality

- ❖ Strong safeguarding & clinical safety processes
- ❖ Evidence-based tools
- ❖ Products pitched at the correct clinical level
- ❖ Adaptable to CYP with additional needs and complexities

Adoption

- ❖ Limited administrative burden
- ❖ Clinical champions are crucial
- ❖ Start small, resolve issues, scale
- ❖ Trust required between different parts of the system
- ❖ NHS endorsement (*avoids every trust developing their own evidence base*)
- ❖ Implementation co-delivered with CYP, families & communities
- ❖ Training for staff and parents/carers
- ❖ Sustainable adoption
- ❖ Aligns with NHS service-level performance measures

Integration

- ❖ Interoperability with NHS systems (when delivered as part of treatment), and considering needs of schools, VCSE, social care, integrated neighbourhood teams etc.
- ❖ Recognition that discrete solutions are sometimes preferable (*e.g., discharge-specific vs pathway-wide*)
- ❖ Consider complexities with in-house tools vs. signposting to external tools
- ❖ Ensure responsive to system restructures by continually assessing and updating the implementation approach

Market Suitability

- ❖ Need to support industry with workable business models (recognising the challenging regulatory and evidence-generation framework for digital)
- ❖ Ensure changes in the product market are continually considered and models are adapted accordingly

Next Steps – Develop Phase (February – March 2026)

Co-Design Groups

- Taking insights from the project so far, the co-design groups will bring together a mixed group of CYP and parents/carers with lived experience, CAMHS services, schools, local authority, integrated care boards, VCSE and primary care.
- The groups will work together to develop practical improvements to the CAMHS anxiety and depression pathway - with a particular focus on digital opportunities.
- The groups will provide an opportunity to draft an updated pathway, consider quality standards for digital offers, and support thinking around future implementation and success measures.
- We are planning two groups, each aligned to one of the key pathway areas below:

1) From referral through the initial assessment

Covers: digital intervention initiated at triage/referral acceptance and at first appointment/assessment



2) From treatment through discharge

Covers: digital intervention initiated at treatment and/or at discharge