

Roundtable discussion: Commercialisation of Digital Mental Health Solutions (including XR)

Summary and Recommendations Paper

March 2026



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Acknowledgements

Innovate UK and the Health Innovation Network South London would like to thank all participants of this roundtable, as well as our programme partners and Advisory Board members who provided us with insights and recommended experts to contribute to the roundtable discussion. The list of participants is provided at Appendix 1.

This paper is a summary of the roundtable discussion on the commercialisation of digital mental health solutions (including XR), hosted by Health Innovation Network South London on 10 February 2026.

Executive summary

Innovate UK's (IUK) £20 million Mindset-XR Programme¹ is driving the growth of extended reality (XR) digital mental health solutions in the UK. IUK have partnered with the Health Innovation Network South London to lead the Mindset XR Innovation Support Programme² which aims to support XR projects for mental health to develop their innovation toward adoption by the health system. IUK funded Mindset-XR projects currently include tools for people with moderate to severe mental illness, common mental illness, wellbeing and prevention, education and training for the health and care workforce, and more (see Appendix 2).

The Mindset-XR Innovation Support Programme has a commitment to stimulate wider consideration of the barriers and enablers for XR in mental health settings. It achieves this in part through conducting a series of roundtable discussions. The first in the series focused on investment in XR for mental health sector³, the second focused on clinical use cases for XR in mental health³ and the third focused on regulation of XR in mental health³.

This report summarises the fourth roundtable discussion on commercialisation of digital mental health solutions (including XR). It is intended to draw together a range of views on where opportunities lie for increased commercialisation, and what can be achieved by digital and XR technology companies. Participants from across industry, academia, investment, procurement, and clinical practice identified clear themes relating to success factors, current barriers, and system enablers for growth. Below is a summary of the discussion at this fourth roundtable, organised around the three questions posed to attendees:

Question 1. What has been key to the success of digital health companies who have scaled widely?

Digital mental health companies that scale successfully share several characteristics including:

- Prioritisation of people and pathways, early engagement of staff and service users, embedding strong change management processes, and ensuring technologies fit clearly within established clinical workflows.
- Reduction of adoption friction through, for example: unlimited licensing; broader platform models; and outcomes-based contracting.
- Utilisation of national or centralised procurement structures, for example, in Scotland⁴ and Wales, to demonstrate impact at scale in centralised systems and readiness to deliver in future to more fragmented systems.
- Alignment of digital mental health solutions and value proposition to health and care system priorities.

Question 2. What currently impedes large scale growth of digital mental health companies?

Significant system level barriers currently impede largescale growth, such as:

- Services often lack the capacity (especially in times of high demand) to adopt new tools, despite a clear need.
- Combined structural issues may compound other challenges:
 - procurement is fragmented
 - digital infrastructure and capabilities are often limited
 - clinicians face cognitive overload when navigating the multiple digital tools on the market
 - regulatory pathways are still evolving, leading to slow approvals and uncertainty
 - reimbursement frameworks are not always suited to digital technologies
- The digital mental health tech market is highly active, with multiple 'point' solutions, some of which lack a clear role within care pathways and/or workflows.
- Evidence gaps, particularly around economic impact and successful implementation, persist and reduce commissioner confidence.
- Workforce fatigue and historical digital failures sometimes limit staff appetite for innovation.
- Investment pathways often favour large platforms that offer multiple digital solutions,
- Long NHS sales cycles can deter private investors and exhaust early-stage companies' capital, slowing or halting growth.

Question 3. What does the innovation ecosystem need in place to support scale and growth of UK based digital mental health companies?

Participants identified several system changes that would support scale and growth of UK based digital mental health companies, including:

- Development of a trusted, evidence-based decision support engine, potentially AI enabled, to guide clinicians, service users and other decisions makers toward validated digital tools, alongside guidance on integration of technologies within pathways.
- Faster and clearer regulatory pathways, particularly for XR technologies that currently face long, costly approval routes beyond the reach of many small enterprises. AI could be incorporated in this proposed solution.
- Mechanisms to increase collaboration between innovators and the consolidation of products to be accessible via platforms. This would help reduce proliferation of isolated point solutions and vendor lock in, while still supporting a competitive market.
- Greater availability of impact driven investment for longer sales cycles than is currently found for innovations addressing challenges within the health and care system.

Summary of recommendations

For consideration by national and regional bodies:

- Establish and communicate ever clearer, more efficient regulatory pathways for XR and digital mental health technologies.
- Develop a trusted AI enabled decision support engine to guide clinicians and patients to validated tools, which also provides integration guidance.
- Publish a 'playbook' of success factors capturing learning from scaled-up companies.

For consideration by private and public investors:

- Ringfence investment for real world evidence generation including health economics, implementation evidence, measuring patient outcomes and regulation requirements.
- Consider longer-cycle impact-driven approaches to investment.

For consideration by the adopters:

- Fully utilise the role of Health Innovation Networks in understanding and engaging industry, real-world evidence generation, and supporting with the integration of digital products into pathways and workflows.
- Work collaboratively, where appropriate, to centralise procurement processes in order to procure at scale.

For consideration by innovators:

- Ensure at the earliest possible stage that people are at the heart of any transformation by engaging those with lived experience and clinical teams in a meaningful collaboration.
- Utilise mechanisms for market consolidation or develop new models (i.e. a 'publisher' model) to overcome the challenges associated with trying to integrate multiple point solutions, increase scalable platform models and decrease risk to individual innovators.
- Encourage licensing models that minimise burden for adopters and payers.
- Observe and where possible contribute to the development of the NHS 'online hospital' as a potential systemwide demonstration of an end-to-end digital pathway.

Introduction

UKRI's £20 million [Mindset-XR programme](#)¹ is driving the growth of XR technology for mental health (e.g. virtual reality, augmented reality) in the UK. Innovate UK have partnered with [Health Innovation Network South London](#)² to support extended reality (XR) projects for mental health to develop their innovation toward adoption by the health and care system via the Mindset Innovation Support Programme (MISP) (see appendices 2 and 3 for definitions and examples of XR technology).

This roundtable is the fourth in a series of six (previous papers can be found here: [Mindset-XR Innovation Support Programme - Health Innovation Network](#)³), which are designed to stimulate the conditions for development of Mindset-XR projects, and growth of companies who are recipients of Mindset-XR programme funding.

What has been learned through previous roundtables includes:

- **Investment** – Investors are keen on digital mental health and XR tools but may hold back on investing in the UK market due to long sale cycles, a high bar for regulation and procurement complexities. Investors made clear that they respond to clarity around market accessibility and examples of success.
- **Regulation** – Regulators are keen to work with digital developers, but innovation is far outpacing current regulatory processes (which are designed to protect patient safety). There also remains some uncertainty about what constitutes a medical device in the digital space, and what this means in terms of market access, which can cause hesitancy around digital mental health solutions.
- **Clinical priorities** – There is significant interest in the use of digital mental health solutions across pathways, life-course stages and diagnoses. However, there remain challenges with implementation (e.g. digital infrastructure, workforce training, funding), and receptiveness amongst the workforce, especially where evidence is still being built, and/or where clinical teams have insufficient capacity to drive adoption.

This paper provides a summary of the roundtable discussion including recommendations for key stakeholder groups. Where digital mental health solutions are referred to, this includes immersive technology tools for mental health.

Context

The mental health system

Innovation in mental health is needed for multiple reasons, including:

- High prevalence of mental health issues ([UK Government, 2025](#)⁵; [Mind, 2025](#)⁶; [GovScot, 2024](#)⁷; and [HoC, 2024](#)⁸)
- Increase in prevalence of poor mental health amongst children and young people ([Children's Commissioner, 2025](#)⁹; [Tarasenko et al, 2025](#)¹⁰).
- Impact of widespread mental health issues on the health system (i.e. workforce capacity) ([National Audit Office, 2023](#)¹¹; [NHS, 2025](#)¹²; [MIND, 2025](#)⁶; [RCPsych, 2023](#)¹³; and [Kings Fund, 2024](#)¹⁴)
- Societal impact (i.e. economic impact/productivity) ([DWP, 2025](#)¹⁵; [MAKEUK, 2026](#)¹⁶)
- Increasing strategic emphasis on shifting analogue to digital, creating more possibilities for digital mental health ([Torous et al, 2025](#)¹⁷; [Lochner, 2025](#)¹⁸)
- Need for cost saving solutions which improve outcomes and reduce inequalities and variability of care ([NHS Confed, 2023](#)¹⁹; [DHSC, 2025](#)⁵)

The digital mental health market

There is significant potential for the digital mental health market to support the health and care

system in addressing the mental health crisis in the UK. The size of the UK digital mental-health market was estimated at ~\$2 billion in 2024, and is projected to grow to ~\$13 by 2035 ([MarketResearchFuture, 2025²⁰](#); [Spherical Insights, 2025²¹](#)).

On the global stage, this market has a number of strengths and challenges, including:

Strengths:

- Robust growth trajectory driven by increasing investment and technological innovation ([MarketResearchFuture, 2025²⁰](#); [Spherical Insights, 2025²¹](#))
- Increased acceptability of digital mental health among service users and the health system, driven by rising awareness of mental health, alongside strategic government backing ([DHSC, 2025⁵](#); [Lau et al, 2024²²](#))
- Evidence growing that digital solutions can reduce overheads compared to traditional therapy and scale quickly to meet unmet demand ([NICE, 2024²³](#); [Health Innovation Network, 2025a²⁴](#)).
- Increasing evidence of effectiveness and improved outcomes, as nascent technologies complete evaluations ([XRHA, 2021²⁵](#))
- Organisations such as [TechUK²⁶](#) and the [Health Innovation Network South London²⁷](#) (see Appendices 4 and 5) have strengthening international links to support innovator scale and growth internationally whilst potentially retaining a UK base.

Challenges:

- The UK digital mental health market is competing for investors in a global investment ecosystem and against other tech sectors, with variations such as regulatory frameworks, procurement processes and other requirements being some of the limiting factors ([Grand View Research, 2025²⁸](#))
- Many digital solutions are still in the process of developing robust clinical evidence and securing regulatory approval ([MHRA, 2025a²⁹](#), [MHRA, 2024³⁰](#)).
- Market proliferation - with over 10,000 digital mental health tools available. This can stifle decision making amongst potential adopters ([MHRA, 2025b³¹](#), [NHSConfed, 2023¹⁹](#))
- The current market of ‘point solutions’ (i.e. products which address a limited aspect of the pathway) may be non-optimal commercially. Navigating steps, such as, fragmented procurement (including individual sales), data infrastructure and integration, individual clinical research and regulatory burden etc. require considerable time and investment from both companies and the health system ([Sutherland et al, 2025³²](#)).
- Concerns around data privacy, accessibility, workforce capacity for transformation, budget constraints and other obstacles complicate the development of digital mental health tools ([NHS Confed, 2023¹⁹](#)).
- Business models which may be reliant solely on investment and grant funding without realising the goal of progressing to revenue generation.

Rationale for supporting commercialisation of digital mental health in the UK

Commercial growth of domestic digital mental health companies stands to benefit the UK in a number of ways, including:

Global Leadership:

- Shaping the global market and driving innovation which fits UK needs and contexts.
- Positioning the UK as a global hub for digital mental health technology and encouraging more companies to base themselves in the UK or form partnerships with UK based companies.
- Creating momentum for increased inward investment, with the UK digital mental health market being viewed as highly investable.

Economic impact:

- Increased employment opportunities for the UK population within digital health companies.
- Attracting inward investment into UK based companies.
- Providing innovations that can reduce work absence associated with poor mental health (one of the largest reasons for sickness absence and disability payments, [DWP, 2025](#)³³).

Health System:

- If clinically proven cost-effective digital solutions for mental health are available, more people will have their mental health improved, whilst costs associated with treating mental ill health can be reduced ([Health Innovation Network, 2025b](#)³⁴).
- Larger companies can respond to procurement at scale offering value for money and reducing variation.
- Wider implementation of digital mental health tools contributes to an improved evidence base of such tools, which in turn can ease further procurement and inform further quality improvement.
- Larger scale and consistent distribution of digital mental health tools can also improve the quality and quantity of data collection, and support ever more accurate data driven insights.
- Increased mainstream use of highly effective digital mental health tools which reduce pressure on clinical teams will lead to improved digital skills and receptiveness among the workforce and public.

Aims and objectives

The aim of the roundtable was to capture expert opinion on how companies focused on digital (including XR solutions) for mental health can achieve rapid growth, significant market penetration and sustainability. The discussion focused on companies who have achieved early implementation and are looking to scale.

Attendance

Julian David, OBE, Chief Executive Officer of TechUK, chaired the roundtable. Attendees from across the UK were invited through individual recommendations from MISIP partners, based on their expertise in commercialisation of technology and mental health.

The roundtable event took place on 10 February 2026 8.30am – 10am. An online approach was taken to support attendance from across the UK and remove geographical barriers to attendance.

Discussion

A summary of the discussion is provided below, organised around the three questions asked at the Roundtable:

Question 1: What has been key to the success of digital health companies who have scaled widely?

People plus technology

Successful digital mental health companies consistently focus on the needs of people (service users and workforce) rather than just the technology. Roundtable participants emphasised the importance of good user experience of technology, strong change management approaches, including early and ongoing engagement with staff, understanding each party's motive for change, and clearly defining how digital tools fit within structured clinical pathways.

Offering solutions to support staff mental health was noted as a way to enable adoption, yet again reflecting the themes of addressing the needs of the people at the heart of service transformation. The success of this approach was noted as dependent on awareness among teams that the digital solution was available.

Thoughtful approaches to supply and contracting

Companies that have scaled effectively have taken deliberate steps to reduce barriers for clinicians, for example through shifting from narrow "point solutions" to broader platform-based models, as a way to simplify decision making for services. For example, one company had multiple products for multiple conditions. Providing these individual products within the framework of an unlimited use platform eliminated the need for clinical teams to calculate expected service demand for each product, and in turn enabled a single procurement.

"Consolidating point solutions into platforms that operate across pathways and services in a more coherent fashion: It suits investors more. It's a more robust way to build a company, but I think it also suits the NHS more as well." – **Dr Aaron Kandola, NIHR MindTech Bridge**

Thoughtful and creative approaches to contracting can also incentivise scale, such as offering unlimited (or a high cap) licencing, which removes the cognitive load and time of calculating projected use, and procuring additional licences. This approach also incentivises the adopter to scale up use because the more licenses that are used under one procurement, the greater the value to the service.

Outcomes based models, potentially tying spend directly to reimbursement or to targets (e.g., recovery rates in NHS Talking Therapies), emerged as another enabler. This approach helps align supplier commercial incentives with NHS priorities or reimbursement for outcome.

National or centralised procurement structures (such as those in Scotland and Wales) were highlighted as opportunities for early whole system scaling. The evidence from which can then be extrapolated to other more fragmented systems.

Keeping up with health service priorities

In some cases, success was noted to have come from simply having the right tool at the right time, when it is deemed a sufficient priority or pressure by the health system. Given the timeframes for development of digital health tools to market readiness, this can be difficult to predict and requires watching large scale trends or addressing wicked issues which have not yet been resolved. Alternatively, this can be about a company pivoting their solution to more closely align with immediate priorities.

Question 2. What currently impedes largescale growth of digital mental health companies?

The dichotomy of need vs resource pressure

Services face rising demand and more complex needs, placing pressure on the capacity and resources within clinical, operational and corporate teams. Despite knowing a certain transformation may reduce pressure on a service, there is often insufficient time to meaningfully engage teams and service users, develop the technical skills of staff to embed digital solutions, or free up project management and improvement resource to deliver a transformation programme. Some teams may have attempted digital transformation previously without success, the memory of which fosters 'change fatigue' and deters future investment of resource (human and financial) in trying new products.

Commissioners and adopters can be overwhelmed by a proliferation of digital tools when looking to identify potential solutions. This is made even more challenging when it is unclear how technologies might fit within clinical/ operational workflows and evidence gaps persist, especially around implementation and economic value, both essential to commissioner and adopter confidence.

Innovators in turn face the challenge of creating a tool which is broad enough to scale, yet still clearly articulates a defined place within pathways and addresses identified needs.

"Vague equals vague. If we try and put in something that tries to hit too many things, it won't meet the needs. If it's too niche, it won't be able to scale. So we have to work out a storyline that works to make it scalable, but not so vague that it's not commercially viable" - Amy Manning, MBE - Health Innovation South West/ Amity Consulting

Structural barriers

Structural barriers also exist. Procurement remains fragmented, with commissioners needing to understand the challenges experienced in a complex health and care system and navigate a crowded but also emergent digital market. Procurement can vary from service to service / organisation to organisation, and so governance and business case development may need to be repeated with slight variations multiple times. It is hoped that commitments within the [10 Year Health Plan](#)⁵, such as innovation passports, may alleviate some of this challenge.

Regulation was also noted as a significant consideration for companies in terms of the time and financial commitment involved. It was proposed that ways to streamline regulation of digital mental health tools could be trialled using localised structures to test on a small subset of innovations before rolling out any successful approach more widely. Regulation was discussed in greater depth in an [earlier roundtable on regulation](#)³.

Investment to meet the needs of the health and care system

Investment to scale up can be challenging to navigate. The roundtable discussion indicated that investment may be moving toward concentrating on a small number of high-promise companies to drive greater gains, rather than investing across a broad investment portfolio. Additionally, funders do not always provide 100% funding for companies, and of the funding received, a significant proportion is often allocated to clinical and academic partners to cover their participation costs.

Investment pathways were acknowledged to be often misaligned with NHS realities, as venture capital tends to favour large platforms and time sensitive returns, while long NHS sales cycles strain early-stage companies. Slow academic and NHS partnerships can further inhibit investor (especially

venture capital firms) confidence as these services are duty bound to provide expected returns for their clients.

Investors also noted that software models are changing with the inclusion of AI software development and some investors are weighing up whether 'software as a service' will continue to provide the returns it did in the earlier days of this technology.

A deeper discussion on investment in XR for mental health can be found in an [earlier roundtable on investment](#)³.

Question 3. What does the innovation ecosystem need in place to support scale and growth of UK based digital mental health companies?

Using digital solutions to support digital solutions

One suggestion to support commissioner decision making was the development of a trusted, AI-driven decision support engine to guide clinicians and other decision-makers (ideally including service users) in identifying, selecting, and integrating validated digital tools. It was noted that clinicians are not expected to remember everything about pharmaceuticals, and so similar aides should be developed to enable decision makers to rapidly access information about available digital health solutions.

It was also suggested that the regulatory pathway could be supported through use of AI with the aim of speeding up the timeline for obtaining regulatory approval and potentially reducing the cost to innovators.

The NHS is setting up an 'online hospital', which was identified in the discussion as an opportunity to build a fully end-to-end inclusive digital service for mental health - up to the point which is appropriate, noting that certain conditions or levels of severity may require a different approach.

Innovator mindset

Participants noted that there exist many markets outside of the NHS for digital mental health solutions, including selling direct to consumers whilst building a strong evidence base which would support NHS adoption down the line. This route still requires the meeting of appropriate regulation and safety standards, however, and there are separate considerations when selling direct to consumers such as platform licensing and a different approach to marketing. If appropriately managed and successful, direct sales to consumers was identified as an opportunity to prove 'patient pull'.

Increasing efforts to amplify the voice of service users, including any digital solutions that people identify themselves on the open market, was noted as likely to influence the health and care decision makers to adopt new technologies, especially if they use these insights to understand how people want digital solutions to be used.

Increased collaboration among innovators may also lead to greater commercial gains. This can be through:

- market consolidation mechanisms to reduce the proliferation of unaligned 'point solutions' and potentially enabling easier adoption of individual products through the procurement of product agnostic platforms.
- a publisher model was mentioned as a potential mechanism for collaboration. This was described in much the same way as a book author would not write their book, then purchase a printing press and singlehandedly approach bookstores. Instead, they hire a publisher who helps them (and many other authors) scale.

- an emerging collaboration model was highlighted called 'decentralised autonomous organisations', whereby innovators can share resources and work together. Roundtable members felt this warranted further exploration by those developing digital mental health solutions.

Conversely, it was also noted that 'achieving scale' means different things to different companies. A product which is a 'point solution' by necessity for a niche clinical area may achieve its intended (relatively small) scale by servicing the area or the population it is designed to reach. Dilution of this discrete focus may not be the best solution in all cases.

It was acknowledged that individual digital companies have considerable data and insights on their specific problem domain, and through collaboration companies could gather a much deeper understanding of broader challenges and identify more comprehensive solutions. This also opens other potential markets such as informing clinical research or data driven insights for the health system, with appropriate consents and adherence to regulation such as GDPR.

Impact driven approaches to investment

Both private and public investment were noted to have potential to more closely meet the needs of the health and care system, and innovators.

In many cases, great ideas have come from staff within the health and care system, or from people with lived experience. The current pathway for such innovators requires enormous personal risk, such as, leaving their clinical or other role, and investing heavily through family and friends, personal loans and other personal liabilities. The 'publisher' approach mentioned above may alleviate some of this burden by allowing great ideas to flourish with less risk to the individual innovator, who benefits from some reimbursement and influence but does not take on the full risk.

"If a researcher or a clinician has a great idea for a digital mental health solution then they have to leave their job and set up a company. They have to become a CEO. They have to then become a salesperson and bring in a marketing, and then bring in investment. Whereas actually what they've got is a great idea that should be scaled, but they can't scale it unless they take that very traditional single track of becoming a commercial company and so many clinicians with great ideas don't want to do that. They just want their solutions to be used. So we need to think about alternative models to that traditional VC approach." - **Dr Lloyd Humphries, Cogniss**

Whilst venture capital was thought to not always be appropriate for digital mental health, there are cases of investment firms who take a needs-based approach closely tying their investment decisions to the needs of the health system in a collaborative sense. Examples were given of where investment has been adapted to work with longer sales cycles and also of social capital. These included the Inner Foundation from Sweden, Daring Capital and PXN Group who generally focus on the social impact and therefore may be more tolerant of an NHS business model. An increase in such investment approaches may support more digital innovation in mental health.

Government backed funding is looking towards investing in fewer companies but investing more in those who do achieve funding. This approach may lend itself well to more collaborative working between innovators and the combining of point solutions into end-to-end platforms. More funding

is needed to support real world evidence generation around real world implementation and return on investment.

Finally, Health Innovation Networks were seen as critical enablers, helping match innovations to system need, amplifying the perspectives of service users, supporting the co-design and implementation of blended care models, and strengthening economic and implementation evidence generation.

Summary and recommendations

The message from this roundtable discussion was clear: the 'playbook' exists for scaling up of digital mental health solutions. There are multiple examples of companies who have demonstrated adaptable and strategic approaches to scale, focussing on what matters to their end users whilst also adapting to the wider context of reimbursement, regulation and policy. Many of the conditions for success are in place, as evidenced by those who have achieved scale within the digital mental health sector. Demand for digital mental health solutions is clear also, with high patient need and pull, strong clinical engagement and government policy drive. There is also a growing marketplace of innovation and emerging ideas.

However, system infrastructure required for scale does not work in all circumstances, despite examples of success. Addressing procurement, evidence gaps, regulatory processes, investment, and workforce factors is required to support the scaling of bolder solutions, which address the needs of service users, staff and the health and care system.

Some tangible actions were identified which could support commercialisation of digital mental health solutions. These are recommended for consideration are detailed below according to stakeholders in the digital mental health ecosystem:

For consideration by national and regional bodies

- Establish clearer, faster regulatory pathways for XR and digital mental health technologies. This could be trialled initially with a sandbox approach, using localised structures to test on a small subset of innovations before rolling out successful approaches more widely.
- Develop a trusted, evidence based, AI enabled decision support engine to guide clinicians service users and other decision makers to validated tools, with clear integration guidance.
- Publish a 'playbook' detailing the factors which enable successful scaling of digital mental health innovations, identifying transferable learning. A number of digital mental health system stakeholders could collaborate to deliver the playbook, including HINs, digital companies and adopters (including clinicians, procurement leads, contractors, IT staff and commissioning teams).

For consideration by private and public investors:

- Ringfence investment for the generation of clinical, economic and implementation evidence to meet regulatory requirements and support commissioner decision making.
- Consider longer-cycle impact-driven approaches to investment alongside the more traditional shorter-cycle expectations on returns, using examples of where investment funds are doing this well.

For consideration by the adopters:

- Fully utilise the role of Health Innovation Networks both regionally and nationally in understanding and engaging industry, real-world evidence generation, and supporting with

the integration of digital products into pathways and workflows.

- Streamline procurement processes where possible. This may be addressed by innovation passports as mentioned in the [10 Year Health Plan](#)⁵.

For consideration by innovators:

- Ensure people are at the heart of any transformation by engaging experts with lived experience and the multi-professional workforce at the earliest possible stages in meaningful collaboration.
- Utilise mechanisms for market consolidation or develop new models (e.g., the publisher model) overcome the challenges associated with trying to integrate multiple point solutions, potentially increase scalable platform models and decrease risk to individual innovators.
- Encourage licensing models that minimise burden for clinicians, administrators and other key decision makers (e.g., unlimited licences and outcomes-based commissioning).
- Observe development of the NHS online hospital as a potential systemwide demonstration of an end-to-end digital pathway.
- Utilise a range of markets such as selling directly to consumers, to employers or to the education sector, whilst building a strong evidence base to support entry to the NHS.

"The playbook exists now. It might not be documented anywhere, but if you're part of any kind of mentoring programme, you'll hear the mentors giving the same kind of guidance: gather the evidence base; align with NHS priorities and policy; integrate into existing pathways and infrastructure; make sure your commercial and commissioning model is appropriate to your buyers; embed change management; think about the regulatory roadmap...

All of these kind of things are standard playbook elements of how to scale any digital solution.
It doesn't mean it's easy." - Aahuti Rai, Four Points Consulting



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Appendices



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Appendix 1 - Agenda and attendees list

Time	Item	Lead
08:30	Welcome and introductions	Chair Julian David
08:35	Context and case for change	Dr Amanda Begley
08:45	Question 1 - discussion <i>What has been key to the success of digital health companies who have scaled widely?</i>	All
09:05	Question 2 - discussion <i>What currently impedes large scale growth of digital mental health companies?</i>	All
09:25	Question 3 - discussion <i>What does the innovation ecosystem need in place to support scale and growth of UK based digital mental health companies?</i>	All
09:45	Summary reflections from the chair, next steps and close	Chair Julian David

Attendees

Name	Organisation	Role
Julian David OBE - CHAIR	TechUK	Chief Executive Officer
Dr Amanda Begley	Health Innovation Network south London	Director of Digital and Transformation
Christopher Black	London Procurement Partnership	Senior Category Manager
Lotte Coppieters	Wellcome Trust	Implementation Lead - Mental Health
Julia Glenn	EarGym	Chief Ai Officer
Robert Higginson	PXN Group	Partner
Dr Lloyd Humphries	Cogniss	Managing Director
Aileen Jackson	Health Innovation Network south London	Head of Mental Health
Dr Aaron Kandola	NIHR MindTech	Programme Director
Anna King	Health Innovation Network South London	Commercial Director
Clare Leahy	Health Innovation Network south London	Mindset Communications Lead
Dr Emiliios Lemoniatis	Medical Creatives	Chief Executive Officer
Amy Manning MBE	Amity Consulting	Managing Director
Shahajan Miah	London Procurement Partnership	Category Manager, Clinical Digital Solutions
Dr AnneMarie Naylor	University of Liverpool	Commercial Director
Jill Owens	Health Innovation Network south London	National Programme Manager, Mindset
Barnaby Perks	St John's Innovation Centre	Chief Executive Officer
Aahuti Rai	Four Points Consulting	Venture Partner
Hitesh Thakrar	Syncona Limited	Executive Partner
Rosie White	Health Innovation Network south London	Project Support Assistant

Appendix 2 - Examples of IUK Mindset-XR funded projects

Staff facing solutions:

Anagram ([Goliath - Anagram \(weareanagram.co.uk\)](http://weareanagram.co.uk))

Award-winning Goliath: Playing with Reality is a 25-minute animated VR experience about schizophrenia, gaming and connection. Used as a training tool for health care professionals to create empathy and understanding of a person with schizophrenia.

Severe mental illness:

Animorph (<https://www.animorph.coop/work/stayingwell-xr/>)

StayingWell utilises a mixed reality (MR) environment to help individuals with mental health conditions such as bipolar disorder, psychosis, depression, and anxiety to self-identify relapse signs.

SyncVR Medical (<https://www.syncvrmedical.com/>)

Artificial intelligence-based, virtual reality application to provide data-driven, patient-centred treatment for people with eating disorders. Decreasing waitlists for young patients with eating disorders through an evidence-based VR treatment.

Children and young people:

Borderpoint Films (<https://borderpointfilms.com/>)

A virtual reality intervention to help young people who hear voices [Depict VR]. Currently developing Depict VR. Over 1 million (12%) young people in the UK hear voices. Depict VR is designed to help young people share their voice hearing experience and build a more meaningful relationship with a trusted confidante.

Playwellforlife [Dragons Of Afterlands \(playwellforlife.com\)](http://playwellforlife.com)

An augmented reality board game for 2-4 players, aged 13 and over. It has been developed in partnership with clinical psychologists as Royal Holloway University to develop wellbeing skills and improve communication of adolescents.

Physical and mental health:

Rescape (<https://www.rescape.health/>)

Rescape is combining closed-loop Vagus Nerve Stimulation with Virtual Reality therapies to amplify the benefits of both treatments in reducing depression and anxiety in chronic pain sufferers.

Common mental illness:

TendVR ([Mindfulness | Tend VR](#))

Tend is a virtual reality (VR) adaptation of Mindfulness Based Cognitive Therapy (VR-MBCT) delivered to patients at home to reduce symptoms of anxiety and depression.

Appendix 3 - Definitions of Extended Reality (XR)

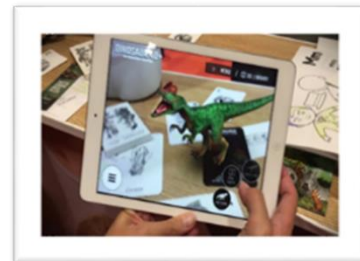
(extract from [XRHA, 2021](#))

Extended Reality (XR) is an umbrella term encapsulating AR, VR, MR, and everything in between.

Virtual Reality (VR) immerses users in a fully digital environment through a headset or surrounding display. This environment can be computer-generated or filmed in 360-degree video.



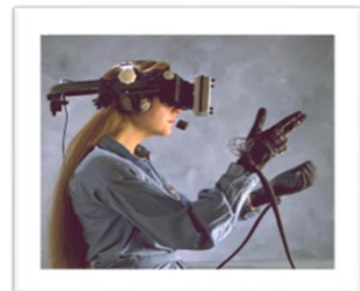
Augmented Reality (AR) presents digital information, objects or media in the real world through a mobile device or headset. These elements can appear as a flat graphical overlay or can behave as a seemingly real '3D' object.



Mixed Reality (MR) is the latter form of AR described above where physical and digital objects co-exist. In other words, the digital objects appear anchored to the real-world environment.

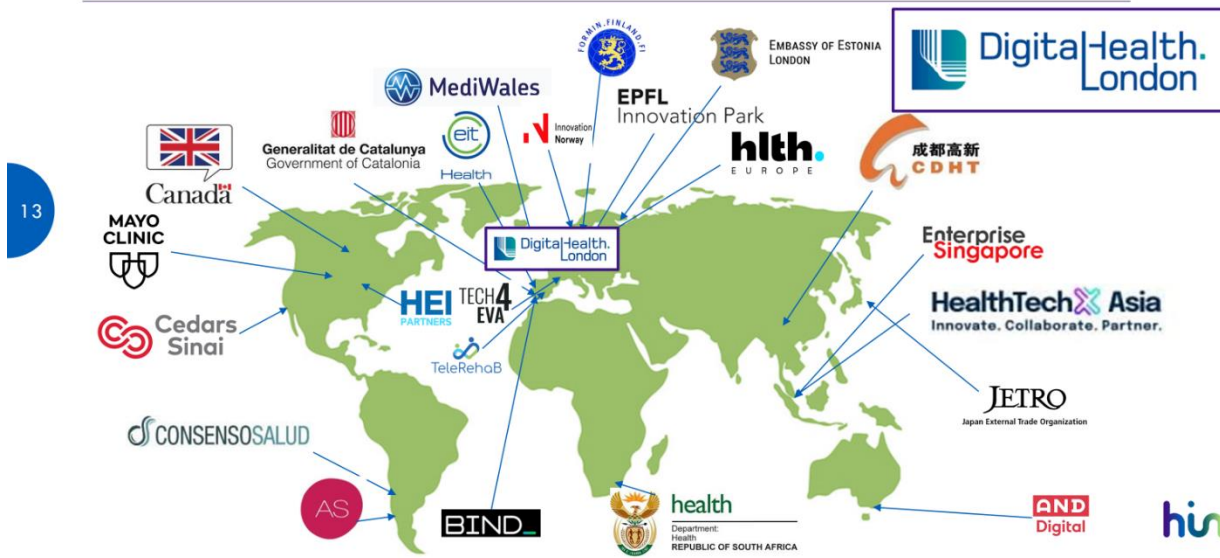


Haptics assist in immersing the user in a virtual world through an enhanced sense of touch. Often taking the form of a pair of gloves or an articulated arm, haptic technology enables users to not only see and hear their environment but feel it through vibration and changes in temperature.



Appendix 4: Examples of ways in which the Health Innovation Network South London supports global positioning of digital health

Global collaborations to source and spread innovations



Appendix 5: Examples of successful investment in digital health companies supported by Health Innovation Network South London

Driving investment – Successful investment in digital health companies supported

- **Physitrack**^{#1} floated on **NASDAQ Nordic**
- **Peppy**^{#5} raised £37m series B led by **Albion**
- **Birdie**^{#4} raised £8.2m led by **Index Ventures**
- **AccuRx**^{#3} raised £27.5m series B led by **Lakestar** in 2021
- **Phlo**^{#5} £9m raised led by **Par Equity** in post-series A round
- **CeraCare**^{#1} raised £69m, and allegedly has a £1bn+ valuation
- **Patchwork**^{#4} raised £3.5m in 2021 led by **Praetura Ventures** and **BMJ New Ventures**
- **PKB** raised £3.5m from **Omron Ventures** and **Balderton Capital**
- **Oxford Heart Beat** raised \$2.1m
- **eConsult** raised £5m in 2020 and £7m in 2021
- **Huma**^{#1} raised \$80m series D to reach near \$1bn valuation in July 2024 from a range of investors including **Astra Zeneca** and **Bayer**
- **Islacare**^{#6} – Undisclosed
- **Little Journey** - £2m from **Lego Foundation**
- **Perci Health**^{#7} - £3.4m seed led by **Octopus Ventures**
- **Quit Genius**^{#1} raised \$64m in 2020
- **DrDoctor**^{#1} raised £10m on series B funding in 2023 led by **YFM Equity Partners** and supported by existing investors **Ananda Impact Ventures** and **24 Haymarket**
- **Lumeon**^{#1} raised \$30m Series D to support US growth led by **Optum Ventures** and **Endeavour Vision**
- **Sweatcoin**^{#4} raised £6.3m
- **Limbic**^{#6} raised \$14m led by **Khosla Ventures**

Note: DigitalHealth.London Accelerator Cohorts #1-8

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